Medicaid Funded Peer Support Services in PA
Frequently Asked Questions
Index by Topic

(Updated 06/2009)

Frequently Asked Questions are organized in two parts. Part one is General Medicaid Requirements such as Enrollment. Part two is organized by using the 17 point "Peer Support Service Description-Review Checklist" that is used to complete the application process. The question and answer text may be searched by topic from the index. Questions are coded by letters to correspond to topic. Following the Table of Topics is a Table listing all questions. Clicking on a topic in the index will link directly to the section covering that topic. A key word search can also be done by clicking the "search" icon in the menu bar. Some search functions indicate "Find in this document" at the bottom of the Search box, where a word can be entered as instructed. Or follow your search tool instructions.

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a. - A consumer who runs a drop-in center, whose functions include managing the budget, supervising volunteers, coordinating the daily schedule, etc.

b. - A consumer who was hired by the partial hospitalization program who runs groups (which include self-help and wrap) and is part of the overall required staffing to meet the regulatory requirements for partial.

c. - A consumer who is employed by the community residential rehabilitation program whose work may include peer support and advocacy.

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For questions concerning enrollment and billing not addressed above, contact the inquiry line at 1-800-433-4459.

PART TWO (Questions)

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PP 4. Is it accurate that Peer Specialist positions cannot be "embedded" into services, such as clubhouses, not currently reimbursed through Medicaid? It would not make sense to have Peer Support Services operate separately from the functioning of the rest of the team, i.e. to have a separate supervisory structure, separate record, etc. Please explain.

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MHP 1. We believe that that the requirement for a “mental health professional” to supervise peer support services is too restrictive and sets a higher standard than exists with case management services.

MHP 2. In the staffing section of the OMHSAS Peer Support Services bulletin, a mental health professional must provide clinical oversight to the program and review and sign all plans, etc. Can an RN without a master’s degree qualify as a mental health professional as outlined in the intensive case management regulations?

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PR 2. Can you explain how Peer Support Services would interface with targeted case management?

PR 3. What if a provider agency that employs a Peer Specialist wants the Peer Specialist to assist in getting an individual to cooperate with taking their medication? Is that an appropriate role?

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PART ONE (Questions and Answers)

Medicaid Requirements/CMS (M)

M1. Is every county required to offer Peer Support Services?

Answer: Yes, under Medicaid. Pennsylvania submitted a Medicaid State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS), and has received approval to implement Peer Support Services in Pennsylvania. Peer Support Services are now a required Medicaid service in Pennsylvania. That means that any Medicaid recipient who meets the medical necessity criteria for the service is entitled to receive the service. Therefore, every county or county joinder must insure that this service is available, under Medicaid, to meet the need.

M2. Are HealthChoices Counties required to offer Peer Support Services?

Answer: Yes. Peer Support Services have been added to the State Medicaid Plan and are now a required in-plan service in HealthChoices. HealthChoices counties must insure that the service is available in sufficient quantity to meet the need and must insure that there is a choice of at least two providers.

M3. Who is responsible for the state match for Peer Support Services? The counties in the peer pilot project used county/provider funds to pay for the peer specialist positions. Will the match be paid by the Department once CMS approves the service?

Answer: The Department of Public Welfare has assumed responsibility for the state Medicaid match for Peer Support Services. No adjustments to county base allocations will be made to implement the service.

M4. Why is there a limit of 16 units a day on Peer Support Services? People will not be able to get the help they need with this limit.

Answer: Sixteen (16) units a day (which equates to 4 hours a day) of Peer Support Services is a per person limit in Medicaid Fee for Service only. In Health Choices, which is where the vast majority of individuals will receive the service, the Behavioral

Health Managed Care Organization has the authority to set or remove any limits to payment, limits, etc. This limit was established based upon the belief that the maximum amount of time a Peer Specialist would likely spend in one day with any one individual they are working with was 4 hours.

M5. Are Medicaid funded peer support services allowed to be embedded in an already existing service, such as partial hospitalization or psychiatric rehabilitation services?

Answer: In answering this question, it is important to clarify what is meant by "embedding". In order to bill PA Medicaid, Peer Support Services must be a separate and distinct service, must meet all requirements of the Peer Support Services bulletin (including OMHSAS approval to provide Peer Support Services), 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. If a provider can demonstrate that all of these program requirements are met, and the county can demonstrate that a choice of at least two Peer Support Service providers are available to meet the medically necessary need for this service in the county, additional providers may be permitted to provide Peer Support Services, exclusively designed to serve their recipients.

Other related questions: **B1, B2, B10, PP 3, PP 4, POP 3, POS 1**

a. Licensing and Approval (L &A)

L&A 1. Is a provider required to be licensed by DPW to provide peer support services?

Answer: Yes. A provider must be licensed by DPW to be a Medicaid Peer Support Services provider. A provider can be "licensed" as a peer support services provider, in which case they would receive a Letter of Approval from OMHSAS. A provider may also operate under a limited number of other licenses including: outpatient psychiatric clinic, partial hospitalization program, crisis intervention,-resource coordination, intensive case management, or psychiatric rehabilitation. In all cases, the provider must be approved by OMHSAS to be a provider of Peer Support Services.

L&A 2. OMHSAS seems to prefer that Peer Support Service providers enroll in Medicaid as a new provider. It also seems that the state is discouraging non-Medicaid provider affiliation with a Medicaid provider in order to enroll in the Medicaid program. Please clarify.

Answer: OMHSAS would like to encourage the development of new Peer Support Services to insure maximum independence of the service and to keep a strong advocacy and recovery focus apart from the delivery of other services. OMHSAS will permit providers that are unable to become directly enrolled in the Medicaid program to enter into a sub-contract arrangement as outlined in the bulletin, (Medical Assistance Bulletin to Provide Peer Support Services). Because of the joint responsibilities and liabilities related to such an arrangement, written justification must be submitted to DPW along with the sub-contract agreement in the bulletin.

L&A 3. A Peer Support program may operate as a free-standing service that has been approved for Medicaid funding. Does this equate to needing a license from DPW?

Answer: Yes. All providers of Medicaid funded Peer Support Services must be reviewed and approved by DPW under the standards set forth in the OMHSAS Peer Support Services bulletin. A DPW- approved freestanding Peer Support Services program will receive a Letter of Approval to provide peer support services.

L&A 4. Can a licensed D&A provider that does not have a MH license be an eligible provider for Medicaid Peer Support Services?

Answer: No. Only a select group of Mental Health provider types can currently offer the service under Medicaid including: psychiatric outpatient clinics, mental health partial hospitalization programs, crisis intervention programs, resource coordination providers, intensive case management providers, and in HealthChoices psychiatric rehabilitation providers.

L&A 5. What process will OMHSAS use to approve peer providers?

Answer: A Service Description covering the 17 required points will be submitted to the OMHSAS Regional Field Office for approval. Providers will receive a letter of approval from OMHSAS, based upon compliance with the standards set forth in the OMHSAS Peer Support Services Bulletin. For the initial phase-in of the service statewide, some reviews will be done primarily through the submission and approval of required paperwork. Site reviews will occur either up-front or at the time of the annual licensing visit. After OMHSAS approval has been received, the provider must complete a PROMISe provider enrollment base application and be enrolled in PROMISe as a provider of Peer Support Services. For more information, please contact your local OMHSAS field office.

L&A 6. Can the county mental health office review and approve providers that want to offer Peer services?

Answer: Not directly. Counties can provide input to OMHSAS regarding providers that apply to OMHSAS to be approved to provide the service. This input will be considered in the approval process and may be used to support or deny approval by OMHSAS.

L&A 7. Can individual peer specialists be enrolled to provide services?

Answer: No. Only agencies are enrolled in Medicaid to provide peer support services.

b. PROMISe Enrollment (PM)

PM 1. Our agency has been approved by OMHSAS to be a provider of Peer Support Services. I understand I must proceed with enrollment into PROMISe™ in order to bill and/or report on these services. What must I submit?

Answer: You are required to submit a PROMISe™ Provider Enrollment Base Application to have the necessary provider type/specialty code combinations added to your PROMISe™ provider file in order to bill for these services and report on services rendered. Additionally, these documents are to be included with the submission of the completed application:

- Signed DPW Outpatient Provider Agreement

- Copy of Tax Document generated by the IRS showing both the name and tax ID of the entity applying for enrollment
- Copy of Certificate of Compliance (if ICM or RC provider, copy of Field Office letter of approval)
- OMHSAS letter of approval to provide Peer Support Services
- Copy of OMHSAS-approved Peer Support Services service description
- Signed Supplemental Provider Agreement for Peer Support Services
- Copy of Subcontract Agreement (for subcontracted providers only)

PM 2. Our agency is an OMHSAS-approved Peer Support Services provider, and will be providing services for more than one county. How many PROMISe™ enrollment applications must we submit?

Answer: The answer to this depends on the base license(s)/Certificate of Compliance(s) being used for the county (ies) being served. If you are using the same base license type (e.g. Psychiatric Outpatient) and license number for more than one of your peer support services, you should submit one PROMISe™ Provider Enrollment Base Application. The necessary provider type/specialty code combinations for peer support services will be placed on the PROMISe™ service location that accommodates your main site. You can bill for more than one peer support service from one PROMISe™ service location as long as they share the same base license. Note, however, that for each new Peer Support Program that is developed, the OMHSAS Field Office must approve each service description prior to peer support services being provided. When the service description is reviewed/approved, it will be determined if a new/different base license is required to insure adequate supervision and management of the program.

If you have more than one base license/Certificate of Compliance for your Peer Support Services program, you must submit a PROMISe™ Provider Enrollment Base Application for each base license/Certificate of Compliance. 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 Psych. 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™.

PM 3. Our agency is an OMHSAS-approved Peer Support Services provider, and we are providing services at more than one location. How many PROMISe™ enrollment applications must we submit?

Answer: When OMHSAS staff reviews the provider's service description, it will determine if a provider can offer peer support services 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 Peer Support Services provider type/specialty code combination will be placed on your PROMISe™ service location that accommodates the main site listed on your base license.

PM 4. In the case of sub-contracting, what is the procedure for enrollment?

Answer: Services may be delivered, with Departmental approval, by subcontract between an enrolled provider and a program or an agency that is not enrolled in the Medical Assistance program. If services are delivered through a subcontract arrangement, the MA enrolled provider remains responsible for all aspects of service delivery, including clinical and administrative oversight.

The primary provider must be licensed by the Department, be enrolled in the MA Program (PROMISe) and receive a letter of approval to provide peer support services from the Department. A copy of the sub-contract must be included in the Application packet (service description, justification explaining why a subcontract is necessary and the completed "Subcontract Agreement Form") submitted to the field office for OMHSAS review. The OMHSAS approval letter to operate as a provider of peer support services (sent to the primary provider and copied to the sub-contractor) documents the sub-contracting agreement, including the name of the sub-contracting provider. Once a primary provider is enrolled in PROMISe to provide peer support services, other sub-contracting agreements may be contracted by that provider if they have been approved by the Department. Each subcontracting arrangement requires Departmental approval, which results in a separate OMHSAS approval letter designating the sub-contractor as being approved. These checks and balances are to ensure accountability and fidelity to the program.

c. Billing/Reimbursable Services

B 1. Can you clarify if any of the below Peer Support Specialist functions are reimbursable under Medicaid? (Please note that these are intended as examples and real situations may vary).

a. - A consumer who runs a drop-in center, whose functions include managing the budget, supervising volunteers, coordinating the daily schedule, etc.

Answer: No. The functions listed are not Peer Specialist work. The functions described are related to the operation of the drop-in center. Peer Specialist work is a direct service. If this individual also provides direct Peer Specialist work, they may be able to bill Medicaid for those services, as long as they are trained and certified and the agency is approved by OMHSAS, and enrolled directly, or through a sub-contract arrangement, in Medicaid.

b. - A consumer who was hired by the partial hospitalization program who runs groups (which include self-help and wrap) and is part of the overall required staffing to meet the regulatory requirements for partial.

Answer: No. The individual is employed by the partial program to perform essential work of the partial hospitalization program. Since they are meeting the provider's staffing requirements under the partial regulations, they cannot separately perform and bill for the work of a peer specialist. Also, the work of the peer specialist is different from that of an individual hired to run "groups" in a partial program.

c. - A consumer who is employed by the community residential rehabilitation program whose work may include peer support and advocacy.

Answer: No, unless the residential program agrees to become separately approved and enrolled as a Medicaid provider to offer Peer Support Services. The individual peer

would be required to be trained and certified and could not be one of the staff used to meet the residential program licensing requirements.

d. - A consumer hired by the county to provide leadership around policies, development of a local recovery focus, etc.

Answer: No. Peer Support Services are a direct service that must be documented as provided to Medicaid eligible recipients. Counties are encouraged to hire consumers to assist with county policies, service development, etc, but this is not a Medicaid reimbursable service.

e. - A consumer hired by an inpatient hospitalization program or community treatment team (CTT) or Assertive Community Treatment (ACT) to provide peer support services

Answer: Inpatient hospital programs and CTT/ACT programs are encouraged to hire Peer Specialists within their facilities/agencies, but cannot bill separately for these services under Medicaid, since they are already receiving a bundled rate for services provided.

B 2. Can individuals receive Peer Support Services and other Medicaid billable services such as case management, partial, etc?

Answer: Yes. Peer Support Services may be provided in conjunction with other Medicaid services, including case management; however, in fee for service, more than one service cannot be provided to the same individual during the same time period.

B 3. Will providers be eligible to retroactively bill for peer services?

Answer: The Office of Mental Health and Substance Abuse Services will consider requests for timely filing if the provider enrolls in the MA Program, through OMHSAS, to receive federal reimbursement for peer services and when service delivery began prior to the enrollment date. Within six months after the enrollment date, the provider must complete and submit all claims in excess of 180 days in accordance with the billing guide for this service. The claims must be submitted in one complete package and mailed to:

DPW-OMHSAS
112 East Azalea Drive
Harrisburg, PA 17110-3594
Attn: Medicaid Operations Unit – Lisa Page

B4. How is effective date of billing determined?

Answer: It is the date on which the provider is approved by the Department as being in compliance with the OMHSAS Peer Support Services Bulletin. The date is indicated on the PROMISe enrollment notification letter.

B 5. Will a program that employs peer specialists be required to provide all eligible peer services? If not, hypothetically, will a participant have a peer specialist for crisis management from one agency and an advocate from another if neither provides both services?

Answer: Peer Support Services are a distinct set of interventions as described in the Peer Support Services Bulletin. Since Peer Services are also a separately billable service under Medicaid, the interventions should be distinct from the provider agency in which they are being offered. The Peer Specialist's role is generic no matter what setting they may be employed in, but how services are provided may vary based upon the program that hires them and job descriptions developed by that provider agency.

B 6. How do I document/bill for a Peer Support Services group activity? What group activities/services are considered allowable for billing purposes?

Answer: Peer Support Services 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. Individuals receiving Peer Support Services in a group must share a common goal and each individual must agree to participate in the group. Services such as psycho education or WRAP are the types of services that may be provided in groups, when approved by the county or behavioral health managed care organization. Appropriate Medicaid Peer Support group services do *not* include social, recreational or leisure activities.

The unit of service for billing purposes is ¼ hour. When one or more certified peer specialists acting together provide a group service for one or more individuals during a ¼ hour period, the maximum number of units billed shall equal the number of certified peer specialists involved or the number of consumers served, whichever is smaller.

Units of service may be billed entirely to one individual participant or the units of service can be divided among group members, at the discretion of the provider. In any case, all case records of individuals involved in the group must include appropriate documentation of their involvement in the group, whether or not actual units were billed to the individual. In Health Choices, Behavioral Health Managed Care Organizations can develop their own group rate by establishing their own HIPAA compliant modifier to the group bills and mapping them to the Peer procedure codes permitted by OMHSAS for reporting purposes.

B 7. Are co-payments required for Peer Support Services?

Answer: Since Health Choices is now available in all counties and since Peer Support Services are a required in-plan service in Health Choices, co payments are now under the jurisdiction of the Behavioral Health Managed Care Organizations (BHMCO) in most cases. ***Deputy Secretary Joan Erney is instructing the BHMCO's not to assess a co payment for Peer Support Services in Health Choices.*** Although co payments are required for this service in the Medical Assistance Fee for Service (FFS) program, OMHSAS anticipates this will be a very infrequent occurrence since the numbers of individuals served in FFS will be nominal.

B 8. Why do Peer Support Services need to be deemed "medically necessary"?

Answer: Peer Support Services are now being funded by Medicaid. Medicaid only provides payment for medical services and therefore requires that the services are "medically necessary" in order for providers to receive federal reimbursement. Please keep in mind that Peer Support Services funded through Medicaid, are only one piece of funding and there are many kinds of services that can and should be provided by Peers outside of Medicaid. OMHSAS expects that the helpful services provided by drop-in centers, consumer staffed programs or other informal peer to peer activities will continue to be funded with state, county and other dollars.

B 9. If I have to travel 30-50 miles to meet with my peers and I can't bill for phone calls and research time, I don't see how I will get enough billable hours in to compensate for my time. Can you explain?

Answer: The Department has been diligent in its efforts to research and evaluate the development of Peer Support Services, including the establishment of a rate. Pennsylvania's rate is commensurate with what is currently being paid by other states that have had a state plan amendment approved by the Centers for Medicare and Medicaid Service. It is also in proportion with other reimbursement rates that are on the Medicaid fee schedule. When we developed the rate for Peer Support Services we took into consideration the "down time" when a peer cannot bill for direct services. Much like the method we used for developing the rate for case management services, the Peer Support Services rate factors in a certain level of "productivity". That is, we subtracted time spent in training, on holidays, vacation, sick time and time spent in non-direct service and determined the average number of hours per week or year that a Peer Specialist would be able to bill for direct services. The Department acknowledges that, just as with the provision of other services, it may not be feasible for all interested parties to provide Medicaid funded Peer Support Services without additional fiscal support. The submission of a State Plan Amendment for this service was not intended to meet all of the needs for peer support in Pennsylvania, but rather to offer one option for the payment of these services. Since Peer Support Services are now a required service in Health Choices, the Behavioral Health Managed Care Organizations (BHMCO) have the authority to establish their own rates, and activities (including travel time, phone time, etc) that they will pay for. Providers should be in discussion with their BHMCO around these issues.

B 9a. Is the provider responsible for costs incurred for travel associated with performing the job?

Answer: Yes. The provider is required to provide the tools and means required to perform the peer specialist job. During licensing visits, the agency's policies and procedures, including travel/vehicle policies, are reviewed and must apply universally to all staff.

B 10. If a Psychiatric rehabilitation service embeds a peer specialist in their program, is the peer specialist billed separately? How do we know when it is psychiatric rehab and when it is a Peer Support Service?

Answer: Currently, Psychiatric rehabilitation (PRS) is not included in the Medicaid state plan. PRS can be developed, however, as a supplemental service in HealthChoices counties. If a PRS programs wants to receive Medicaid funding for Peer Support Services provided in the program, they would need to be approved by OMHSAS and enrolled as a supplemental service provider of PRS, and also be enrolled directly or through a sub-contract arrangement, to provide Peer Support Services under Medicaid. Job descriptions for peer staff should clearly demonstrate that the work is Peer Specialist work and not administrative or other work to support the obligations related to operating a PRS program. If the PRS program is in HealthChoices and licensed by OMHSAS, the staffing standards for both PRS and Peer Services must be individually met, without overlap of roles.

B 11. MATP Question: Is the Medical Assistance Transportation Program (MATP) available for an individual receiving peer support services?

Answer: Yes. If an individual qualifies for MATP, that individual can use MATP for transportation to and from a peer support session to meet with an MA funded certified peer specialist. However for billing purposes MATP can only transport a consumer to an MA licensed provider agency setting not a community setting. Also MATP can not provide transportation for the peer support specialist. They can only provide transportation for the person receiving the service.

d. Managed Care (MC)

MC 1. Do providers 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.
For other questions related to Managed Care, use search icon and type in the word.

e. Recipient Eligibility (EL)

EL 1. Are persons who are not eligible for Medicaid eligible for Peer Support Services?

Answer: Individuals who are not eligible for Medicaid would not be eligible for Medicaid funded Peer Support Services. However, OMHSAS encourages counties to develop Peer Support Services for individuals not eligible for Medicaid out of state/county or other funding.

EL 2. Will Peer Support Services be limited to persons who meet the diagnostic criteria for serious mental illness?

Answer: No. The Peer Support Services Bulletin indicates that eligibility for the service is targeted to persons with a serious mental illness as defined by Mental Health Bulletin number OMH-94-04 (Serious Mental Illness: Adult Priority Group). However, in fee for service, providers may request an exception to these criteria by submitting a written request and documentation to the Department of Public Welfare for review. In Health Choices counties, Behavioral Health Managed Care Organizations can utilize their own medical necessity criteria, if approved by the Department.

EL 3. Question: Is there any length of stay expectation for Peer Support Services?

Answer: No. Individuals can receive the service as long as they continue to meet the continued stay medical necessity criteria. Peer Support Services are, however, subject to restrictions of no more than 16 units (four hours) per day or 3600 units per year.

EL 4. Question: If a person is already receiving a service such as case management, wouldn't they automatically meet the criteria for Peer Support Services?

Answer: No. All persons receiving case management may not be in need of/or desire to participate in Peer Support Services. Individuals need to meet the medical necessity criteria for Peer Support Services, in addition to case management.

f. Documentation (D)

D 1. What are the documentation requirements for Peer Support Services?

Answer: The documentation requirements for Peer Support Services are contained on page VII-8 section D of the provider handbook pages of the Peer Support Services bulletin. Also cross-referenced in the bulletin, is 55 PA codes 1101.51 (d) that contains the medical record requirements for all Medicaid enrolled providers.

D 2. Is it accurate that Peer Specialist positions cannot be "embedded" into services, such as clubhouses, not currently reimbursed through Medicaid? It would not make sense to have Peer Support Services operate separately from the functioning of the rest of the team, i.e. to have a separate supervisory structure, separate record, etc. Please explain.

Answer: Yes. Peer Specialist Services are separate and distinct services that must be documented separately for Medicaid billing. For some services, such as ACT/CTT, Peer Specialists are integrated into the team and their services cannot be billed separately to Medicaid. It is possible, however, under the standards for the Peer Support Service, to integrate the records for both programs and to share supervisory responsibilities, as long as the standards for accountability/ non-duplication of roles are met. See Medical Assistance Handbook for Psychiatric Services VII-9.

See **Bulletin** and **Handbook**

For questions concerning enrollment and billing not addressed above, contact the inquiry line at 1-800-433-4459.

PART TWO (Questions and Answers)

Topics by 17 Point Outline in Service Descriptions Checklist

1. Governing Body (GB) See **Bulletin** and **Handbook**

2. Program Philosophy (PP)

PP 1. What if a provider agency that employs a Peer Specialist wants the Peer Specialist to assist in getting an individual to cooperate with taking their medication? Is that an appropriate role?

Answer: The role of the Peer specialist is to develop an agreement with the individual regarding what areas they will work on together, not to provide treatment or to implement agency treatment goals. Using the Peer Specialist to get the person's cooperation with medication, would likely be a provider goal rather than something the individual has requested the Peer Specialist to assist with and could be detrimental to the relationship. The Peer Specialist is obligated to document and share information with the treatment team regarding the person's progress in their recovery and toward designated goals. While the Peer Specialist should not be expected to insist/encourage the person to take medication that the person is refusing, they should encourage the person to be assertive in expressing their needs to the team, give instruction on how to discuss their issues with their psychiatrist and advocate that the person's concerns are heard and responded to appropriately.

PP 2. Why are the guidelines for MA reimbursement for Peer Specialist services written to support a continuation of medically-oriented system of payment for services which are inconsistent with the philosophy of a recovery-oriented system of services? There is a conflict between the "self-directed" idea of recovery and the need to require a "physician, licensed practitioner of the healing arts" to recommend the provision of peer services.

Answer: OMHSAS staff and the Peer Support Services workgroup who designed Peer Support Services are aware of the challenges in designing a recovery-oriented service under Medicaid. While it creates challenges, it also creates a payment mechanism to expand a much needed service in Pennsylvania. Six other states are currently funding Peer Services through Medicaid and at least as many more are moving in this direction. We have tried to build into the Peer standards as much flexibility as allowed under Medicaid, as well as safeguards for insuring that peers have an opportunity for support and networking to maintain their identity. As already mentioned, Medicaid Peer Support Services are only one part of the continuum of peer services and supports and OMHSAS encourages the development and maintenance of peer services through other funding sources. Per Medicaid requirements, the service must be recommended by a licensed practitioner of the healing arts which may include a physician, a licensed psychologist, a certified registered nurse practitioner or a physician's assistant.

PP 3. Please clarify the role a Peer Support Specialist would have in assisting consumers with crisis management?

Answer: The role a Peer Support Specialist would have in assisting with crisis management would depend upon what the individual and Peer Specialist negotiates based upon the interests and needs of the person, as well as the job description developed by the provider agency. Assistance might include developing a Wellness Recovery Action Plan (WRAP), providing information, education and support to the individual and family, identifying triggers and developing strategies to avoid hospitalization, support and encouragement if hospitalization does occur, etc. As noted above however, only one Medicaid service, (in this case, either Peer Support services or crisis) can be billed for the same time period.

PP 4. Is it accurate that Peer Specialist positions cannot be "embedded" into services, such as clubhouses, not currently reimbursed through Medicaid? It would not make sense to have Peer Support Services operate separately from the functioning of the rest of the team, i.e. to have a separate supervisory structure, separate record, etc. Please explain.

Answer: Yes. Peer Specialist Services are separate and distinct services that must be documented separately for Medicaid billing. For some services, such as ACT/CTT, Peer Specialists are integrated into the team and their services cannot be billed separately to Medicaid. It is possible, however, under the standards for the Peer Support Service, to integrate the records for both programs and to share supervisory responsibilities, as long as the standards for accountability/ non-duplication of roles are met. See Medical Assistance Handbook for Psychiatric Services VII-9.

PP 5. Can you explain how Peer Support Services would interface with targeted case management?

Answer: Peer Support Services should compliment the services provided by targeted case management. By federal definition, targeted case management is to be primarily a linkage and brokerage service, rather than a direct service. Case managers have overall responsibility for assisting the consumer in locating and obtaining services specified in the treatment or service plan and must insure that the overall plan for that individual is being addressed. The Peer Specialists are unique in that they draw upon and share their personal experiences to help individuals with their own personal recovery. The Peer Specialist will be modeling recovery, and engaging individuals to work on their own personal recovery plan. The relationship with the consumer is also different in that the case manager is engaging the person as a professional. The Peer Specialist would be engaging the person as a co-equal with mutual responsibility.

PP6. Will a program that employs peer specialists be required to provide all eligible peer services? If not, hypothetically, will a participant have a peer specialist for crisis management from one agency and an advocate from another if neither provides both services?

Answer: Peer Support Services are a distinct set of interventions as described in the Peer Support Services Bulletin. Since Peer Services are also a separately billable service under Medicaid, the interventions should be distinct from the provider agency in which they are being offered. The Peer Specialist's role is generic no matter what setting they may be employed in, but how services are provided may vary based upon the program that hires them and job descriptions developed by that provide agency

3. Population to be Served (POP)

POP 1. Are Peer Support Services only a mental health service?

Answer: Peer Support Services are currently designed for individuals with a mental illness or a mental illness and co-occurring substance disorder.

POP 2. Can the age requirement be waived in order to serve a person younger than age 18?

Answer: Age requirement cannot be waived because it is in the Medicaid State Plan Amendment. If an agency wants to serve an individual under 18, they will need to request a Behavioral Health Rehabilitation Services Program exception.

POP 3. Can I choose to provide Peer Support Services only to the individuals in my program?

Answer: No. In the initial development phase of statewide Medicaid Peer Support Services, when there is a limited number of providers available, access to the service must be assured for *anyone* who meets the medical necessity criteria. Peer Support is a separate and distinct service, even when it is part of another Medicaid agency. So, for example, if Peer Services are provided by a partial program, individuals can receive peer services from that agency even if they are not part of the partial program or have been discharged from partial. As the number of providers in a county/region expands and wider access is available, it may be more feasible to target peer services to specific providers/or specific populations.

POP 4. The Peer Support Services bulletin does not include adolescents. Will this be added in the future?

Answer: Maybe. Peer Support Services are currently designed for individuals who are 18 years of age or older. The majority of Peer Support Services currently provided nationally under Medicaid are for adults. Additional work would need to be done to modify the service for this population.

POP 5. Will Peer Support Services be limited to persons who meet the diagnostic criteria for serious mental illness?

Answer: No. The Peer Support Services Bulletin indicates that eligibility for the service is targeted to persons with a serious mental illness as defined by Mental Health Bulletin number OMH-94-04 (Serious Mental Illness: Adult Priority Group). However, in fee for service, providers may request an exception to these criteria by submitting a written request and documentation to the Department of Public Welfare for review. In Health Choices counties, Behavioral Health Managed Care Organizations can utilize their own medical necessity criteria, if approved by the Department.

POP 6. Must the functional impairment that qualifies a person for the service be due to the mental illness or can it be caused by other factors such as secondary diagnosis that is physical in nature?

Answer: The functional impairment must be related to the mental illness.

POP 7. If a person is already receiving a service such as case management, wouldn't they automatically meet the criteria for Peer Support Services?

Answer: No. All persons receiving case management may not be in need of/or desire to participate in Peer Support Services. Individuals need to meet the medical necessity criteria for Peer Support Services, in addition to case management.

4. Types of Services and Activities Offered/Expected Outcomes (TOS)

TOS 1. Are there standardized tools that are being recommended for use?

Answer: There are no standardized tools that have been developed by OMHSAS, at this point. There are some national tools that have been developed by Patricia Deegan, and others, and OMHSAS will be providing information on such resources in the future.

TOS 2. The Peer Support Services bulletin indicates that social, recreational or leisure activities are not appropriate Medicaid Peer Support services. Does this mean that socialization will no longer be an appropriate goal?

Answer: No. If an individual identifies that one of the things they want the Peer Specialist to help them with is to socialize and become more integrated into the community, the Peer Specialist can include this in the person's individualized service plan as a goal. In order to bill for Medicaid, all services provided by the Peer Specialist need to be identified within the person's plan and activity directed towards any goal must be documented within the record.

If an individual, however, merely wants to participate in a leisure or recreational activity, this would not be reimbursable through Medicaid and should be paid for out of funding sources. For example, social rehabilitation programs, drop-in centers and clubhouses organize group activities for their members such as movies, ballgames, etc which the Peer Specialist can help connect people to.

5. Program Capacity/Staff Qualifications (SQ)

SQ 1. What if an individual doesn't meet the qualifications for a Peer Specialist

Answer: As noted above, individuals with various levels of experience and education currently provide both paid and volunteer peer services in Pennsylvania. Only those services defined as Peer Support Services, which will be reimbursed through Medicaid, must meet the guidelines as outlined in the OMHSAS Peer Support Services bulletin. Individuals who do not meet the staff qualifications in the bulletin may choose to continue providing services in non-Medicaid reimbursable service and support activities or may decide to develop the qualifications necessary to become a Peer Specialist. Individuals that successfully completed the certified peer specialist training curriculum, with the understanding that they met the qualifications prior to issuance of the Peer Support Services Bulletin, will be "grandfathered" in as certified peer specialists.

SQ 2. What is a "certified" Peer Specialist?

Answer: A certified peer specialist is an individual who meets the eligibility criteria for a peer specialist as outlined in the OMHSAS Peer Support Services bulletin and who has successfully completed a peer certification training program, as defined by the Department.

SQ 3. Could a Certified Peer Specialist from another state get certified as a Pennsylvania Peer Specialist? What about a peer who has been trained and certified by another agency (Veteran's Administration or PA Office of Developmental Programs or PA Department of Corrections)?

Answer. The requirement is certification by one of the two OMHSAS recognized training vendors, which are the Institute for Recovery and Community Integration and Recovery Innovations of PA. The Pennsylvania State Civil Service Commission recognizes certification only from the two named training vendors. Any other requests will be reviewed on an individual case basis until state or national credentialing for CPS is established. Requests can be submitted to OMHSAS, Bureau of Policy and Program Development for review of a person's eligibility.

SQ 4. Will Peer Specialists be expected to get the usual background checks as employees, including a criminal background check? (updated 03/2009)

Answer: Yes. Policies and procedures should apply to all employees, including Certified Peer Specialists. Due to the recent influx of mental health consumers entering the workforce, questions have risen regarding how previous criminal offenses should be handled by providers and agencies. Criminal background checks are prudent employment practices, but are not to be used as a barrier to employment.

Chapter 20 (Licensure or Approval of Facilities and Agencies) states the Department will review and may deny, refuse to renew or revoke a certificate of compliance… This provision gives the Department leeway in determining if a staff person's background is serious enough to warrant denial of the provider's application for licensure. The Department must balance this responsibility with consideration as to whether the agency's policies and procedures are being followed and being applied universally for all staff and job applicants so as not to indicate potential discrimination. OMHSAS Licensing staff will review Peer Program policies and procedures to assess compliance with state and federal requirements.

A history of conviction(s) does not automatically prohibit employment, unless mandated by law such as the Child Protective Services Act 33 and the Older Adult Protective Services Act 169. Per OMHSAS Bulletin 07-01, Act 169 only applies to DPW licensed/operated residential facilities for adults as well as a limited number of facilities specified by other Departments.

In order to assess the degree to which an individual's criminal history relates to the performance of relevant job duties, possible factors to be considered are:

- The job and its responsibilities;
- Degree of contact with vulnerable people;
- The nature of the offense;
- The date of the offense;
- The final disposition of the offense;
- Whether or not the person is currently on probation or parole;
- Employment history before and after the conviction; and
- Rehabilitation and recovery efforts and progress after the offense.

6. Service Delivery Patterns (SD) See Bulletin and Handbook

7. Days and hours of program operation. (DH) See Bulletin and Handbook

8. Geographic limits of program operation. (GL) See Bulletin and Handbook

9. Place of Service (POS)

POS 1. Will all peer services, such as drop-in centers or individuals who are providing peer services as part of another mental health service, be required to become Peer Support Services as outlined in the Peer Support Services bulletin?

Answer: No. Peer Support Services are distinct services that may be reimbursed through Medicaid. They are meant to complement other peer run services. There are numerous other consumer-run peer activities in Pennsylvania such as drop-in centers or support groups and numerous individuals with mental illness who are currently working in paid and volunteer positions within the mental health system and outside the system in informal peer support activities. It is not the intent to convert all services offered by consumers to Medicaid funded Peer Support Services.

POS 2. Does the agency have to describe the physical plant including the space/floor plan utilized by the Peer Support Program?

Answer: Yes, per the OMHSAS Peer Support Services Bulletin, programs should demonstrate that the space, equipment and supplies that are used for the Peer Support Program are adequate and comparable to what is available to other staff in the program. Floor plans will allow licensing staff to understand how the space is configured. For Peer Support Programs that are embedded within another services, the space does not have to be separate, but a description will help OMHSAS licensing staff understand the relationship of the Peer Support Program to the host agency.

POS 3. Can Peer Support Services be provided solely as an office-based Service?

Answer: No. Peer services are designed to meet individualized needs and to go to the individual as needed. Providers will be required to submit a service description and describe how they will meet the needs of individuals served.

10. Training (T)

T 1. Providers are concerned about the availability and cost of training for peer specialists and supervisors. When and how will additional Peer Specialist trainings be available?

Answer: Pennsylvania contracted with two vendors with proven track records to provide training for the first two years of implementation. The approved rate for the service includes the cost for providers to purchase training directly. Counties and Behavioral Health Managed Care Organizations are encouraged to use reinvestment funds, "Performance Based" funds, or other local resources to purchase additional training for peers and providers in their area. Counties and providers are encouraged to contact either of the training vendors to establish a training contract either locally or in partnership with other agencies in their region. OMHSAS should be contacted if there are concerns about the availability of training so that we can facilitate partnerships between agencies and individuals. The two current DPW-OMHSAS approved trainers are The Mental Health Association of Southeast Pennsylvania at www.mhrecovery.org. and Recovery Innovations at www.recoveryinnovations.org.

We are also making available a sample contract of an agreement that was established between the Mental Health Association of SE Pa and the Philadelphia District Office of Vocational Rehabilitation. We encourage other counties to establish similar agreements with their district OVR offices to pay for the Peer level training.

T 2. Can we design our own local Peer Specialist training program to "certify" our peers?

Answer: No. Only DPW-OMHSAS approved training vendors are permitted to train and certify peer specialists. OMHSAS has developed a vendor agreement with which all training vendors must comply. To insure quality and consistency of training for all persons in Pennsylvania during the first several years of start up, OMHSAS will be contracting with no more than 2 – 3 training vendors. Training vendors will need to have a proven track record in providing and evaluating a Peer Training curriculum on a state or national level. After the first two years of implementation, Pennsylvania will re-evaluate the consistency, quality and availability of training to determine if additional vendors are required.

T 3. Can a Peer Support Specialist Supervisor perform supervisory functions before completing the DPW-OMHSAS approved training?

Answer: Yes. Please refer to the Peer Support Services Bulletin.

T 4. What is the content of the Peer Support Services Supervisory training?

Answer: The Peer Support Services Supervisory training is two days in length and includes an orientation to recovery principles, the components, values and competencies of Peer Support Services, the role of the Peer Support Specialist, a

systems shift in behavioral health services, barriers to systems change and the development of action plans for implementing Peer Support Services.

T 5. Are the continuing education requirements in the Peer Support Services Bulletin applicable to the supervisor?

Answer: No.

T6. Will the county or OMHSAS be approving what continuing education courses meet the obligation? Will OMHSAS sponsor such training and who will pay for it?

Answer: The cost of continuing education has been factored into the rate for the service. Compliance with the continuing education requirement will be monitored by OMHSAS as part of annual provider approvals. Providers will want to take advantage of courses offered at no cost/minimal cost provided by Pennsylvania's Training Institutes, or may purchase training from other vendors.

T 7. What are the requirements to lead Wellness Action Recovery Plan (WRAP) groups? Are there different levels of certification?

Answer: According to Copeland Center for Wellness and Recovery the two or three day WRAP™ overview is intended to assist people in writing their own WRAP™. A person with a two or three day overview of WRAP ™ is not qualified to teach WRAP™ to others even one to one or to lead WRAP™ groups. This clarification was made by The Copeland Center on March 10, 2008.

The Copeland Center for Wellness and Recovery has established a firm set of prerequisites for facilitating WRAP™. The primary qualifications for facilitating WRAP include not only the steps, but also the attitude and mindset set forth in the values and ethics and from having actual lived experience using a personal WRAP™ for a long enough period of time to experience its value in personal terms of improved quality of life or wellbeing. WRAP is not for everyone, but an option based on individual preference.

A person certified as a CPS would be required to complete the Copeland Center for Wellness and Recovery process to conduct one to one and/or classroom training on WRAP™. For more specific information on expectations, prerequisites and application see www.copelandcenter.org . Opportunities for WRAP™ training in Pennsylvania are listed at www.parecovery.org .

T8. We have concerns that the supervisory requirements in the Peer Support Services bulletin are not sufficient to develop the necessary supervisory skills.

Answer: The supervisory requirements in the Peer Support services bulletin are: a high school diploma or equivalency, 4 years of MH direct care experience and completion of the Peer Specialist supervisory training. These baseline standards were recommended and agreed to by a broad-based advisory group that helped to develop the overall standards for Peer Support Services. These requirements are a minimum expectation and providers/BHMCO are free to establish higher qualifications to insure that supervisors are qualified for the position.

T 9a. What are the annual training requirements to maintain Peer Specialist certification? (Revised May 2009)

Answer: A Peer Specialist, who is employed by a Medicaid Funded Peer Support Service, is required to complete 18 hours of continuing education/ training per year with 12 hours specifically focused on peer support or Recovery practices, or both.

b. How is "annual" defined?

Answer: Training requirements should be documented by the calendar year; however training may be recorded at the discretion of the provider according to hire date. In the case of a person being hired in the latter part of a year, training requirements may be met within one year of hire. The year in which a person completes the training to become certified as a CPS meets the requirement for one year.

c. Does a Certified Peer Specialist who is not employed need to obtain annual continuing education hours?

Answer: No. If a peer specialist is not employed by a Medicaid Funded Peer Support Program, continuing education is not required. However it is suggested to maintain employability.

d. If a CPS was trained in 2007 and has not received any continuing education, has been unemployed for the last year, but is now applying for a job as a CPS is this person employable in an MA Funded Program?

Answer: Yes. In the above situation, the individual can be hired, but would need to get the 18 hours of continuing education within one year of hire. At the current time, individuals who are certified peer specialists and are unemployed are not required to complete annual continuing education hours to maintain their certification. The completion of continuation education requirements are only required if a person is employed by a licensed Peer Support Services Provider agency. In the future, as guidelines for national Peer specialists develop, continuing education may be required to maintain certification.

e. Does OMHSAS require formal Continuing Education Unit's (CEU's)?

Answer: No. CEU's are not required.

f. How are continuing education/training hours counted?

Answer: Annual requirements for training are counted by the hour. Training is credited hour for hour for time actually spent in training, not counting lunch and breaks. CEU's are not required. College credits are generally calculated as one credit equaling 15 clock hours.

g. Where can I obtain continuing education/training hours?

Answer: Continuing education may be obtained from various sources, such as conferences, workshops, college courses, teleconferences, and on-line offerings. Psychiatric Rehabilitation courses are offered by Drexel University Behavioral Healthcare Education. In addition, associations such as the Pennsylvania Mental Health Consumers Association, the Pennsylvania Association of Psychosocial Rehabilitation Services and the United States Psychiatric Rehabilitation Association provide a wide scope of training. Information for conferences and other offerings of training are posted on individual organization websites. The PA Peer Support Coalition is available through www.pmhca.org which posts resources and notice of

training opportunities. Several other resources are www.mhrecovery.org , www.recoveryinnovations.org , www.uspra.org , www.papsrs.org, www.namipa.nami.org , www.wpic.pitt.edu and www.drexelmed.edu.bhe.

h. How is training documented/verified?

Answer: Verification of training hours must be kept by the licensed peer support services provider and be available for the annual licensing review. Documentation should include date, time, place, name of presenter, title of training, educational objectives and course summary and names of staff attending.

i. How is training documented if training is presented by teleconference and/or internet?

Answer: If the training is conducted through teleconference and/ or by internet, a director or supervisor should sign the training documentation as verification of participation. Using a copy of the training announcement signed by the supervisor as verification of participation is suggested if required information is included (see question h above).

j. Can a Certified Peer Specialist earn continuing education credits by preparing and presenting training to others?

Answer: No.

11. Supervision/Clinical Oversight/MH Professional/ (MHP)

MHP 1. We believe that that the requirement for a "mental health professional" to supervise peer support services is too restrictive and sets a higher standard than exists with case management services.

Answer: The Centers for Medicare and Medicaid Services has set this requirement for the service.

MHP 2. In the staffing section of the OMHSAS Peer Support Services bulletin, a mental health professional must provide clinical oversight to the program and review and sign all plans, etc. Can an RN without a master's degree qualify as a mental health professional as outlined in the intensive case management regulations?

Answer: Yes. Our intent is to allow flexibility in defining mental health professional in accordance with current practice.

MHP 3. Why does a Mental Health professional have to sign off on the individual service plan? We only have limited access to a mental health professional within our program.

Answer: The Centers for Medicare and Medicaid services have set forth in a white paper their requirements for approval of Peer Services under Medicaid. One of those requirements is that a Mental Health Professional must supervise the service. Therefore, in order for Pennsylvania to receive Medicaid funding for this service, we must be in compliance with this requirement. We are allowing providers to meet this requirement through a variety of options. They can utilize a MH professional that is on staff, a MH professional that is within the umbrella agency that holds the license for the program, or if necessary, an agency can subcontract with a licensed agency that can fulfill this function.

MHP 4 Does the mental health professional need to be physically present when Peer Support Services are rendered?

Answer: No.

MHP 5. Who determines if a person meets the criteria that a Peer Support Program is under the "clinical oversight" of a mental health professional?

Answer: OMHSAS staff will review provider provisions for clinical oversight as part of the provider approval process.

MHP 6. Can a part time supervisor supervise other non-Peer Support Specialists and if so, do these get included in the staff to supervisory cap?

Answer: Yes, a part time Peer Support Specialist Supervisor can supervise non-peer staff as long as the staffing ratios for the Peer Support Program are met.

MHP 7. Can the weekly supervisory meeting be a group supervisory meeting or can a treatment team meeting count?

Answer: No. The weekly supervisory meeting is intended to be a one to one meeting between the supervisor and the Peer Support Specialist.

MHP 8. Is the 7 FTE limit for a full time supervisor or can a supervisor be part time and supervise 7?

Answer: A full time supervisor may supervise up to 7 peers. Part time supervisors can supervise on a proportional basis. Also please refer to Supplemental Provider Agreement part 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.

MHP 9. MHP 3. Are there limits on the number of Peer Specialist staff that can be supervised?

Answer: Yes. A full time Peer Specialist Supervisor may supervise no more that seven FTE Peer Support Specialists. Please refer to the Peer Support Services Provider Agreement and MHP 8 above.

12. Peer Specialist /Peer Support/ Peer Roles (PR)

PR 1. Please clarify the role a Peer Support Specialist would have in assisting consumers with crisis management.

Answer: The role a Peer Support Specialist would have in assisting with crisis management would depend upon what the individual and Peer Specialist negotiates based upon the interests and needs of the person, as well as the job description developed by the provider agency. Assistance might include developing a Wellness Recovery Action Plan (WRAP), providing information, education and support to the individual and family, identifying triggers and developing strategies to avoid hospitalization, support and encouragement if hospitalization does occur, etc. As noted above however, only one Medicaid service, (in this case, either Peer Support services or crisis) can be billed for the same time period.

PR 2. Can you explain how Peer Support Services would interface with targeted case management?

Answer: Peer Support Services should compliment the services provided by targeted case management. By federal definition, targeted case management is to be primarily a linkage and brokerage service, rather than a direct service. Case managers have overall responsibility for assisting the consumer in locating and obtaining services specified in the treatment or service plan and must insure that the overall plan for that individual is being addressed. The Peer Specialists are unique in that they draw upon and share their personal experiences to help individuals with their own personal recovery. The Peer Specialist will be modeling recovery, and engaging individuals to work on their own personal recovery plan. The relationship with the consumer is also different in that the case manager is engaging the person as a professional. The Peer Specialist would be engaging the person as a co-equal with mutual responsibility.

PR 3. What if a provider agency that employs a Peer Specialist wants the Peer Specialist to assist in getting an individual to cooperate with taking their medication? Is that an appropriate role?

Answer: The role of the Peer specialist is to develop an agreement with the individual regarding what areas they will work on together, not to provide treatment or to implement agency treatment goals. Using the Peer Specialist to get the person's cooperation with medication, would likely be a provider goal rather than something the individual has requested the Peer Specialist to assist with and could be detrimental to the relationship. The Peer Specialist is obligated to document and share information with the treatment team regarding the person's progress in their recovery and toward designated goals. While the Peer Specialist should not be expected to insist/encourage the person to take medication that the person is refusing, they should encourage the person to be assertive in expressing their needs to the team, give instruction on how to discuss their issues with their psychiatrist and advocate that the person's concerns are heard and responded to appropriately.

13. Individual Recovery Plan (IRP)

IRP 1. Please clarify if the goals developed by the Peer Specialist for the Individual Recovery Plan are part of the overall treatment plan/service plan developed by the treatment team that is working with an individual, or whether the Peer goals are included in a separate plan

Answer: All service providers should be working with each individual they serve to develop an individualized recovery-oriented plan. The plans developed by each agency may vary in focus depending upon the type of service that provider offers. In all cases, including Peer Support Services, goals that are developed by a provider agency should be integrated into and consistent with the person's overall treatment plan. In a recovery-oriented system, goals identified in all agency plans should be goals that the *individual* has identified and is working towards.

14. Treatment Team Collaboration (TT)

TT 1. What if a peer specialist is employed by a free-standing, non-clinical agency that is approved to provide Peer Support Services? What mechanism would be in place to allow for participation in treatment team meetings at the clinical provider?

Answer: The Peer Specialist would need to determine if it is necessary to be involved in treatment planning meetings and the person they are working with would need to agree to their Peer Specialist attendance at these meetings. If attendance is deemed to be important, the Peer agency would need to work out an agreement/process with the treatment provider.

15. Referral (Intake) Process (R)

R 1. Does a physician/mental health professional need to make the referral to Peer Support Services, or can a person self-refer?

Answer: Anyone, including the individual, can make a referral to Peer Support Services. However, a practitioner of the healing arts which includes a physician, licensed psychologist, certified registered nurse practitioner, or a physician's assistant must "recommend" that this is a medically necessary service.

R 2. The criterion for acceptance includes a functional assessment. Who should do the GAF- the referring agency or the CPS provider?

Answer: Peer support services may be provided when recommended by a physician or other practitioner of the healing arts. Eligibility requirements include global assessment of functioning scale (SDM-III-R, pages 12 and 20) rating of 50 or below, which must be established before entrance into the program.

16. Linkages (L) **See #12 Peer Specialist/Peer Support/Peer Roles (PR)**
Also see Bulletin and Handbook

17. Quality Assurance Plan (QA) See Bulletin and Handbook