

Virginia Medicaid Peer Support Services UM Guideline

Subject: Virginia Medicaid Peer Support Services

Current Effective Date: 8/24/2017

Status: Approved

Last Review Date: 01/20/2021

Description

Please note, this communication applies to Anthem HealthKeepers Plus offered by HealthKeepers, Inc.

Peer Supports Services are a necessary component for a comprehensive, person-centered and recovery focused program for the treatment of addiction and mental health conditions. The following Utilization Management Guideline was derived from *Peer Support Services: Integrating Recovery Focused Peer Supports into Virginia's Medicaid Program* training materials and Peer Services Supplement Manual: Peer Support Services and Family Support Partners, July 1, 2017.

Recovery is not limited to substance use disorder treatment. The provision of Peer Support Services facilitates Recovery from both serious mental health conditions and substance use disorders. Recovery is a process in which people are able to live, work, learn and fully participate in their communities.

Service Delivery

- 1) Based on the individual's needs and medical necessity criteria;
- 2) Consistent with recommendation of the referring practitioner;
- 3) Based on goals identified in Recovery, Resiliency and Wellness Plan;
- 4) Services delivered in the provider's office or in the community;
- 5) Services provided with the individual present;
- 6) Service is rendered at least twice monthly, with at least one contact being face to face;
- 7) Strategies and activities during service delivery must include at a minimum:
 - a. Person centered, strength based planning to promote the development of self-advocacy skills;
 - b. Empowering the individual to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan;
 - c. Crisis support;
 - d. Assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the Recovery Resiliency and Wellness Plan.

Targeted populations

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| <ol style="list-style-type: none"> 1) Adults 2) Over 21 <ol style="list-style-type: none"> a. Peer Support Services b. Addiction and Recovery Treatment Services (ARTS) c. Mental Health | <ol style="list-style-type: none"> 1) Youth 2) Under 21 <ol style="list-style-type: none"> a. Family Support Partners b. Addiction and Recovery Treatment Services (ARTS) c. Mental Health |
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<https://mediproviders.anthem.com/va>

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Targeted settings

ARTS

- 1) Acute Care General Hospital American Society of Addiction Medicine (ASAM) 4.0 licensed by Virginia Department of Health;
- 2) Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by Department of Behavioral Health and Developmental Services;
- 3) Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services;
- 4) Partial Hospitalization and Intensive Outpatient ASAM Levels 2.5 & 2.1;
- 5) Outpatient Services ASAM Level 1;
- 6) Opioid Treatment Program (OTP);
- 7) Office Based Opioid Treatment (OBOT);
- 8) Hospital Emergency Department Services licensed by Virginia Department of Health;
- 9) Pharmacy Services licensed by Virginia Department of Health.

Mental Health

- 1) Acute Care General and Emergency Department Hospital Services licensed by Virginia Department of Health;
- 2) Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by Department of Behavioral Health and Developmental Services;
- 3) Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services;
- 4) Outpatient psychiatric services provider;
- 5) Community Mental Health Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services.

Supervision

The Peer Recovery Services (PRS) shall perform peer services under the oversight and clinical direction of the practitioner making the recommendation for services who is enrolled/credentialed with Medicaid (or its contractor) or who is practicing within an enrolled/credentialed provider agency or facility.

ARTS Direct Supervision

ARTS Peer Supports direct supervisors must include:

- 1) A practitioner who meets either (i)-(xii) in the definition of "Credentialed Addiction Treatment Professional" found in 12VAC30-130-5020, who has documented completion of the Department of Behavioral Health and Disability Services (DBHDS) PRS supervisor training; **OR**
- 2) A Certified Substance Abuse Counselor (CSAC) as defined in §54.1-3507.1 acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional and who has documented completion of the DBHDS PRS supervisor training.

Mental Health Direct Supervision

Documentation of all supervision sessions must be maintained in a supervisor's log or in the PRS' personnel file.

ARTS Peer Supports direct supervisors must include:

- 1) A practitioner who meets either (i)-(xii) in the definition of "Credentialed Addiction Treatment Professional" found in 12VAC30-130-5020, who has documented completion of the DBHDS PRS supervisor training; **OR**

- 2) A Certified Substance Abuse Counselor (CSAC) as defined in §54.1-3507.1 acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional and who has documented completion of the DBHDS PRS supervisor training.

Mental Health Peer Support direct supervisors must include:

- 1) An individual who is a qualified mental health professional (QMHP) with at least two consecutive years of documented experience as a QMHP and who has documented completion of the DBHDS PRS supervisor training; **OR**
- 2) An individual who is a licensed mental health professional (LMHP¹) and who has documented completion of the DBHDS PRS supervisor training.

PRS qualifications

- 1) A parent of a minor or adult child with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder; **OR**
- 2) An adult with personal experience with a family member with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder with experience navigating substance use or behavioral health care services;
- 3) Effective July 1, 2017 a PRS must have the qualifications, education, and experience established by DBHDS; **AND**
- 4) Show certification in good standing by U.S. Department of Veteran's Affairs, National Association for Alcoholism and Drug Abuse Counselors (NAADAC), a member board of the International Certification, and Reciprocity Consortium (IC&RC), or any other certifying body or state certification with standards comparable to or higher than those specified by the DBHDS;
- 5) Above required in order to be eligible to register with the Board of Counseling at the Department of Health Professions (§ 54.1-3503) on or after July 1, 2018.

Peer Support services are provided through a treatment plan that is identified as a Recovery, Resiliency and Wellness plan.

Clinical Indications

Medically Necessary:

Peer Support

In order to receive Peer Support Services, individuals 21 years or older² shall require recovery oriented assistance and support for:

- 1) The acquisition of skills needed to engage in and maintain recovery;
- 2) The development of self-advocacy skills to achieve a higher level of community tenure while decreasing dependency on formalized treatment systems; **AND**
- 3) Increasing responsibilities, wellness potential, and shared accountability for the individual's own recovery.

IN addition, they shall:

- 4) Have a documented mental health, substance use disorder or co-occurring mental health and substance use disorder; **AND**

¹ LMHP-RP, LMHP-R, LMHP-S included

² There will be an allowance for 18-20 year olds to receive an adult peer services if they choose **AND** meet the medical necessity

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- 5) Demonstrate moderate to severe functional impairment as a result of the diagnosis, and the functional impairment shall be of a degree that it interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains:
 - a. Educational (e.g., obtaining a high school or college degree); social (e.g., developing a social support system);
 - b. Vocational (e.g., obtaining part-time or full-time employment);
 - c. Self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).
 - d. In order to receive ARTS Peer Support Services the individual must have a documented substance use disorder or co-occurring mental health and substance use disorder.

Family Support

Caretakers of youth under age 21 must have a youth diagnosed with a mental health, substance use disorder or co-occurring mental health and substance use disorder within the past year who requires recovery assistance, and who also meet two or more of the following:

- 1) Individual and caregiver needs peer-based recovery oriented services for the maintenance of wellness and acquisition of skills needed to support the youth;
- 2) Individual and caregiver needs assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
- 3) Individual and caregiver needs assistance and support to prepare the youth for a successful work/school experience; **OR**
- 4) Individual and caregiver needs peer assistance to help the youth to assume responsibility for their recovery.

Recovery, Resiliency, and Wellness Plan

- 1) The Recovery, Resiliency, and Wellness Plan must be:
 - a. Developed under the clinical oversight of the Credentialed Addiction Treatment;
 - b. Professional, CSAC, or LMHP³ making the recommendation for services;
 - c. Developed by the PRS in consultation with the direct supervisor;
 - d. Based on the recommendation for the service;
 - e. Based on the individual's, and as applicable, the caregiver's perceived recovery needs and any clinical or multidisciplinary assessment or Service Specific Provider Assessment;
 - f. Developed within 30 calendar days of the initiation of services;
 - g. Individualized and focused on the individual's identified needs for self-advocacy, recovery, and self-efficacy;
 - h. Include documentation of how many days per week and how many hours per week are required to carry out the service in order to meet the goals;
 - i. Completed, signed, and dated by the practitioner making the recommendation for services, the PRS, the direct supervisor, the individual, and as applicable the caregiver.
- 2) Review of Recovery, Resiliency, and Wellness Plan
 - a. Under the clinical oversight of the practitioner making the recommendation for services;
 - b. By the PRS in consultation with their direct supervisor;
 - c. With the individual and family or caregiver as applicable;

³ Also includes LMHP-R, LMHP-RP, and LMHP-S

- d. Every 90 calendar days;
 - e. Include evaluating and updating the goals and strategies to reflect the individual's progress and as needed to reflect any change in the individual's recovery as well as any newly identified needs;
 - f. Be conducted in a manner that enables the individual to actively participate in the process;
AND
 - g. Be documented by the PRS in the individual's medical record no later than 15 calendar days from the date of the review.
- 3) As determined by the goal(s) identified in the Recovery, Resiliency, and Wellness Plan services may be rendered in the provider's office or in the community, or both.

Care Coordination

- 1) Documentation of all collaboration must be maintained in the individual's record;
- 2) Plans for collaboration must be included in the Recovery, Resiliency, and Wellness Plan;
- 3) Must not be performed without properly signed release(s) of information.

Continued Stay Criteria

To qualify for continued Peer Support Services and Family Support Partners, the following must be met:

- 1) Medical necessity criteria continues to be met;
- 2) Peer Services progress notes document the status of progress relative to the goals identified in the Recovery Resiliency and Wellness Plan; **AND**
- 3) The continued need for a minimum of monthly contact.

Not Medically Necessary:

Peer Support services are not medically necessary when the above conditions are not met. In addition, Peer Support services are not medically necessary if any of the following apply:

- 1) Contact not made with the individual receiving services a minimum of twice each month. At least one of these contacts must be face-to-face.
- 2) In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented;
- 3) Discharge is required after two consecutive months of unsuccessful attempts to make face-to-face contact.

Coding

Peer Support Services and Family Support Partners are billed separately from the per diem or Diagnostic Related Group (DRG) for the following ARTS and Mental Health Settings. Source: Peer Support Services: Integrating Recovery Focused Peer Supports into Virginia's Medicaid Program

Peer Support Services & Family Support Partners	Unit Value	Procedure Code	Daily Limits	Annual Limits

ARTS Individual	1 unit = 15 minutes	T1012	4 hours/16 units per calendar day	Up to 900 hours/3600 units per calendar year
ARTS Group		S9445		
Mental Health Individual		H0024		Up to 900 hours/3600 units per calendar year
Mental Health Group		H0025		

- 1) Service authorization or registration must be submitted by the enrolled/credentialed provider prior to service delivery in order for reimbursement to occur;
- 2) To obtain service authorization, all providers' information supplied to DMAS or its contractor shall be fully substantiated throughout the individual's record.

Documentation Requirements

- 1) Recommendation for Services;
- 2) Recovery, Resilience, and Wellness Plan;
- 3) Quarterly Review of Recovery, Resilience, and Wellness Plan;
- 4) Progress Notes;
- 5) Supervision;
- 6) Collaboration of services;
- 7) Documentation includes:
 - a. The extent of services provided in order to support claims for reimbursement;
 - b. Support of medical necessity criteria;
 - c. How the individual's needs for the service match the level of care criteria;
 - d. Documentation must be written, signed, and dated at the time the services are rendered or within one business day from the time the services were rendered.

Discussion/General Information

Recovery is not limited to substance use disorder treatment. The provision of Peer Services facilitates recovery from both serious mental health conditions and substance use disorders.

The PRS shall be empowered to convene multidisciplinary team meetings regarding a participating individual's needs and desires, and the PRS shall participate as an equal practitioner partner with all staff in multidisciplinary team meetings.

The PRS shall act as an advocate for the individual, encouraging the individual and as applicable the identified family member or caregiver guardian to steer goals and objectives in the individualized recovery planning.

The PRS shall collaborate with all behavioral health service providers who are involved in the individual's health care. As appropriate, collaboration shall include the individual, or caregiver as applicable. Documentation of all collaboration shall be maintained in the individual's record.

Definitions

ASAM: Clinical guidelines developed by the American Society of Addiction Medicine (ASAM) to improve assessment and outcomes-driven treatment and recovery services. The ASAM Criteria seeks to de-emphasize the notion of “placement” and to respond to advances in clinical knowledge, practice, and public policy. In general, the purpose of the ASAM Criteria is to enhance the use of multidimensional assessments to develop person-centered service plans. It also includes the conceptual framework of Recovery-Oriented Systems of Care to facilitate understanding of addiction treatment services within a recovery-oriented “chronic disease management” continuum, rather than repeated and disconnected “acute episodes of treatment” for the acute complications of addiction; and/or repeated and disconnected readmissions to addiction or mental health programs that employ rigid lengths of stay into which members are “placed.”

Caregiver: means the family members, friends, or neighbors who provide unpaid assistance to a Medicaid member with a mental health or substance use disorder or co-occurring mental health and substance use disorder. “Caregiver” does not include individuals who are employed to care for the member.

Peer Recovery Specialist (PRS): means a person who has the qualifications, education, and experience established by the Department of Behavioral Health and Developmental Services (DBHDS) and who has received certification in good standing by a certifying body recognized by DBHDS. A PRS is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both and provides peer support as a self-identified individual with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in the recovery and community-integration process. The PRS shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

Recovery: a process in which people are able to live, work, learn and fully participate in their communities.

Recovery, Resiliency, and Wellness plan: written set of goals, strategies, and actions that guide the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community. It is developed by the individual, caregiver as applicable, the Peer Recovery Specialist (PRS), and the direct supervisor within 30 days of the initiation of services and describes how the plan for peer support services and activities will meet the individual’s needs.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. [American Society of Addiction Medicine](#), Accessed on 01/20/2021

2. [Peer Services Supplement Manual: Peer Support Services and Family Support Partners](#), Accessed on 01/20/2021
3. Virginia Law, Administrative Code, [Definitions 12VAC30-130-5020](#), Accessed on 01/20/2021
4. Virginia Law, Code of Virginia, [Board of Counseling § 54.1-3503](#), Accessed on 01/20/2021
5. Virginia Law, Code of Virginia, [Scope of practice, supervision, and qualifications of certified substance abuse counselors, § 54.1-3507.1](#), Accessed on 01/20/2021

Websites for Additional Information
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1. None

History		
Status	Date	Action
New		Created from Peer Support Training from the state of Virginia
Reviewed	8/24/2017	Approved by MOC
Approved	03/26/2020	Approved by Medical Operation Committee
Reviewed	01/20/2021	Reviewed-no changes
Approved	01/28/2021	Approved by Medical Operation Committee