

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 24-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 22, 2024

Valerie A. Arkoosh, MD, MPH  
Secretary, Department of Human Services  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 24-0003

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment updates the description of Peer Support Services and revises the qualifications and licensing requirements for Certified Peer Specialists.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations §440.130(d). This letter is to inform you that Pennsylvania Medicaid SPA 24-0003 was approved on January 22, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc: Sally Kozak  
Eve Lickers  
Lacey Walker

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 4 — 0 0 0 3

2. STATE  
PA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 C.F.R 440.130(d)**

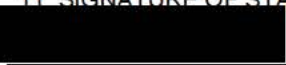
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1A/3.1B, Pages 6g and 6h**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1A/3.1B, Pages 6g and 6h**

9. SUBJECT OF AMENDMENT  
**Peer Support Services - This amendment revises provisions for the coverage of peer support services.**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Valerie A. Arkoosh, MD, MPH**

13. TITLE  
**Secretary of Human Services**

14. DATE SUBMITTED  
**12/22/2023**

15. RETURN TO  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**12/22/2023**

17. DATE APPROVED  
**01/22/2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**01/01/2024**

19. SIG  


20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS

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SERVICES

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**13d. Rehabilitative Services (continued)**

**(iv) Peer Support Services (42 CFR 440.130(d))**

Peer Support Services (PSS) are mental health rehabilitative services recommended by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to reduce the disabling effects of an illness or disability and restore the beneficiary to the best possible functional level in the community. PSS are self-directed and person-centered with a resiliency and recovery focus. The purpose of PSS is for Certified Peer Specialists (CPS) to use their lived experience to help other individuals going through a similar experience successfully navigate the recovery process, provide support, inspire hope, and build confidence that recovery from mental illness and co-occurring substance abuse is not only possible, but probable.

Providers must be licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) as a PSS provider and be enrolled in, and comply with, all requirements that govern participation in, the Medical Assistance Program.

PSS include: *mentoring, crisis support, development of community roles and natural supports, individual advocacy, self-help, self-improvement, and social network*. The following is a description of these service components:

- **Mentoring:** To serve as a role model for a beneficiary in recovery; to coach and guide through shared experiences.
- **Crisis support:** Assisting the beneficiary to recognize the early signs of relapse and how to implement identified coping strategies.
- **Development of Community Roles and Natural Supports:** Assisting the beneficiary to gain information about school, job training, work, housing and how to become an active community member.
- **Individual Advocacy:** Assisting the beneficiary toward a proactive role in his or her own recovery.
- **Self Help:** Cultivating the beneficiary's ability to make informed, independent choices.
- **Self-improvement:** Planning and facilitating practical activities leading to increased self-worth and improved self-concepts.
- **Social Network:** Assisting the beneficiary to develop and maintain positive personal and social support networks.

**All service components described above are provided by a CPS whose qualifications are listed below:**

- Be a self-identified individual with a mental health diagnosis and who has reached a point in their recovery pathway where they can positively support others in similar situations.
- Be eighteen (18) years of age or older.
- Have completed a peer support services training approved by the Department.

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SERVICES

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**13d. (iv) Peer Support Services (42 CFR 440.130(d))(continued)**

- Obtain and maintain, current, valid, and in good standing the CPS credential through a certification entity identified by the Department.

**Supervision:** A PSS mental health professional shall maintain clinical oversight of PSS, which includes ensuring that services and supervision are provided consistent with the service requirements. An individual qualifies as a PSS mental health professional if they meet either (a) or (b) below:

- a) A Mental Health Professional who meets one of the following criteria:
  - A master's degree in social work, psychology, rehabilitation, activity therapies, counseling, education or related fields and three (3) years of mental health direct care experience
  - A bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field, or be a registered nurse, and five (5) years of mental health direct care experience, two (2) of which shall include supervisory experience
  - A bachelor's degree in nursing and three (3) years of mental health direct care experience
  - A registered nurse license, certified in psychology or psychiatry
- b) A Mental Health Professional who is trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing or rehabilitation or activity therapies who has a graduate degree and one year of mental health clinical experience.

**Care Coordination:** The provider will ensure the initial and all subsequent Individual Service Plans will specify the following: measurable goals and objectives written in individualized and outcome-oriented language; the services to be provided, including the expected frequency and duration; the location where the services will be provided; and the CPS's role in relating to the individual receiving services and involved other persons.