

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(ix) *Peer Support Services (continued)*

Peer Support Services is available evenings and weekends as needed, but is not a crisis response service. Peer Support Services is primarily provided in a range of community settings and can also be provided for individuals living in independent living, supervised living (low or moderate), or group living (low or moderate).

The definition state-funded Supervised Living (Low) is a service typically provided in individual apartments and is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home and they are not licensed facilities. Supervised Living (Moderate) is a residential service, typically in an apartment which includes room and periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate.

The definition of state-funded Group Living (Low) is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff. Group Living (Moderate) is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. Group Living facilities are licensed under the North Carolina Administrative Code (10A NCAC 27G).

Independent living refers to an individual residing in their own residence in the community with or without others (for example, family, friends, roommates, etc.). Peer Support Services may only be provided by a Critical Access Behavioral Health Agency. The Critical Access Behavioral Health Agency (CABHA) is a behavioral health services provider agency that ensures mental health and substance abuse services are delivered within a clinically sound provider organization with appropriate medical oversight and the ability to deliver a robust array of services. CABHAs promote a coherent service delivery model through service continuums to reduce clinical fragmentation and improve access, quality, and outcomes for people

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
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(x) *Peer Support Services (continued)*

receiving services. Provider qualifications for CABHA agencies providing Peer Support Services include meeting the terms and conditions of the Medicaid Provider Administrative Participation Agreement as well as being in compliance with all Department of Health and Human Services rules, regulations, and policies. These include but are not limited to endorsement by the Local Management Entity, enrollment with the Division of Medical Assistance, national accreditation, and appropriate licensure for services provided. The CABHA certification process includes an onsite interview by staff from the Division of Medical Assistance, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, as well as the Local Management Entity who will be evaluating the ability of the CABHA to provide and deliver a continuum of services as well as freedom of choice for recipients.

Each Certified Peer Support Specialist within the Peer Support Services provider agency shall hold a valid North Carolina Peer Support Specialist certification approved by the Division of MH/DD/SAS. A Licensed Professional shall provide program oversight and clinical supervision for this service. The Licensed Professional is required to provide weekly individual supervision with Peer Support Services staff. Licensed individuals able to provide supervision and oversight of peer support services would consist of the following license types as outlined in clinical coverage policy 8A: physicians, doctors of osteopathy, psychologists, professional counselors, marriage and family therapists, clinical social workers, clinical addiction specialists, Certified Clinical Supervisors, Certified Clinical Nurse Specialists, and nurse practitioners. The Licensed Professional may supervise no more than eight Certified Peer Support Specialists. The ratio of Certified Peer Support Specialists to recipients shall be no more than 1:10. The Certified Peer Support Specialist and Licensed Professional must complete DHHS approved curriculum of Peer Support Specialist training prior to the delivery of this service. This service must be ordered by an MD, NP, PA or PhD psychologist. Evidenced based best practices for this service have been incorporated into the service definitions. Clinical eligibility criteria are also included in the definition.

Units are billed in 15-minute increments. Prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions,

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13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(xi) *Peer Support Services (continued)*

includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

A maximum of 16 units of Peer Support Services can be provided in a 24-hour period. No more than 32 units of services per week for the first 30 days of Peer Support Services may be authorized. Peer Support Services should be titrated after the first 30 days and no more than 16 units of services per week may be authorized for the duration of the authorization period. Reauthorizations for Peer Support Services shall not exceed 16 units per week.

Provider Qualifications:

Peer Support Specialists are not required to have a high school diploma but must be 18 years of age, have self identified as a current or former consumer of mental health or substance abuse services, have documented one year of continuous and current recovery experience, and have completed a DHHS-approved Peer Support Specialist training course that is a minimum of 40 hours and requires personal recommendations. The certification training program consists of an application, documentation of one year of recovery, a job history, two personal references from individuals other than relatives or previous employers, certifications documenting 20 hours of training such as WRAP, person centered thinking, crisis response, as well as a certificate showing completion of 40 hours of Peer Support Specialist training, chosen from an approved list of training found at the following website (<http://bhrp.sowo.unc.edu/index.php?q=psshome/courses>). The reference forms obtain information about the applicant's strengths, the nature of the relationship between the applicant and the reference, and any reservations the reference might have concerning the applicant. Peer Support Specialists must be recertified every two years and must document 20 hours of continuing education or in-service training pertaining to the skills related to the development of peer support services.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

11) Peer Support Services

Payment for Peer Support Services is based on a 15 minute unit of service. This service is provided in accordance with Attachment 3.1-A.1, Page 15a.7-B, section 13 D, paragraph (ix).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Peer Support Services. The agency's fee schedule rate was set as of July 1, 2010 and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

The reimbursement rates are established utilizing cost modeling. Based on input from providers and compared to national data, the cost model recognizes direct care service costs for staff salaries and related fringe benefits, program-related expenses, supervision costs, provider overhead, and productivity.

The cost model based the direct care service costs for staff salaries and related fringe benefits on a compensation survey conducted to determine typical salaries for the provider qualification. These numbers were regionalized through provider input.

Program-related expenses (include supplies, travel and other items that assist the direct care delivery of the program) are allowed at 3.5% based on an average across all providers.

Facility overhead costs are recognized at 10% of total direct care service costs. The 10% was determined through a market analysis of provider overhead costs and adjusted for reasonable expectations, utilization and service comparisons.

Productivity was determined utilizing provider input and supported by national studies.

The facilities providing these services are not IMD facilities and NC Medicaid is not reimbursing Room and Board for this service.

Annual cost reporting will continue to be required of providers who provide mental health services as outlined in attachment 4.19-B, Section 13, Page 2, paragraph (E) and (F).

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