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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

October 22, 2019

Mr. Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Dear Mr. Richard:

We have reviewed the proposed amendment to the North Carolina State Plan (SPA) NC 19-0006 which was submitted on September 16, 2019. This SPA was submitted to allow Medicaid to add Peer Support as a service in the State Plan.

Based on the information provided, we have approved Medicaid State Plan Amendment NC 19-0006 on October 21, 2019. The effective date of this amendment is July 1, 2019.

Should you have questions or need further assistance, please contact Donald Graves at (919) 828-2999, or Charles Friedrich at (404) 562-7404.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>19-0006</u>	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201	7. FEDERAL BUDGET IMPACT a FFY 2019 _____ \$ 12,305,164.00 b FFY 2020 _____ \$ 49,958,490.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachments 3.1-A.1 pages 15a.2, 15a.2a, 15a.2b. Attachment 4.19-B, Section 13, Page 26.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachments 3.1-A.1 pages 15a.2, 15a.2a, 15a.2b. Attachment 4.19-B, Section 13, Page 26.	
10. SUBJECT OF AMENDMENT		

Peer Support Services

11. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME Mandy Cohen, MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED 09/16/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/16/19	18. DATE APPROVED: 10/21/19
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/19	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Davida R. Kimble	22. TITLE Acting Deputy Director Division of Medicaid Field Operations South
23. REMARKS	

MEDICAL ASSISTANCE

State: North Carolina

PA YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

26) Peer Support Services (H0038)

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 rates of \$11.97 (individual) and \$2.88 (group) per 15-minute were set as of July 1, 2019 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1- A.1 Page 15a.2.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

TN No.: 19-0006

Supersedes

TN No.: 14-032

Approval Date: 10/21/19

Effective Date: 07/01/2019

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

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

Peer Support Services (PSS)

Peer Support Services (PSS) are an evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult beneficiary diagnosed with a mental health or substance use disorder. PSS provides structured, scheduled services that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of beneficiaries. PSS services are directly provided by Certified Peer Support Specialists (CPSS) who have self-identified as a person(s) in recovery from a mental health or substance use disorder. PSS can be provided in combination with other approved mental health or substance use services or as an independent service. Due to the high prevalence of beneficiaries with co-occurring disorders (mental health, substance use or physical health disorders) it is a priority that integrated treatment be available to these beneficiaries.

PSS are based on the belief that beneficiaries diagnosed with serious mental health or substance use disorders can and do recover. The focus of the services is on the person, rather than the identified mental health or substance use disorder and emphasizes the acquisition, development, and expansion of rehabilitative skills needed to move forward in recovery. The services promote skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

Peer Support Services (PSS) are provided one-on-one to the beneficiary or in a group setting. Providing one-on-one support builds on the relationship of mutuality between the beneficiary and CPSS; supports the beneficiary in accomplishing self-identified goals; and may further support the beneficiary's engagement in treatment. Peer Support Services provided in a group setting allow the beneficiary the opportunity to engage in structured services with others that share similar recovery challenges or interest; improve or develop recovery skills; and explore community resources to assist the beneficiary in his or her recovery. PSS are based on the beneficiary's needs and coordinated within the context of the beneficiary's Person-Centered Plan. Structured services provided by PSS include:

- a. Peer mentoring or coaching (one-on-one) - to encourage, motivate, and support beneficiary moving forward in recovery. Assist beneficiary with setting self-identified recovery goals, developing recovery action plans, and solving problems directly related to recovery, such as finding housing, developing natural support system, finding new uses of spare time, and improving job skills. Assist with issues that arise in connection with collateral problems such as legal issues or co-existing physical or mental challenges.
- b. Recovery resource connecting – connecting a beneficiary to professional and nonprofessional services and resources available in the community that can assist a beneficiary in meeting recovery goals.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

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

Peer Support Services (PSS) (continued)

- c. Skill Building Recovery groups – structured skill development groups that focus on job skills, budgeting and managing credit, relapse prevention, and conflict resolution skills and support recovery.
- d. Building community – assist a beneficiary in enhancing his or her social networks that promote and help sustain mental health and substance use disorder recovery. Organization of recovery-oriented services that provide a sense of acceptance and belonging to the community, promote learning of social skills and the opportunity to practice newly learned skills.

A comprehensive clinical assessment (CCA) that demonstrates medical necessity must be completed prior to the provision of this service. Relevant clinical information must be obtained and included in the beneficiary's Person-Centered Plan (PCP). A service order must be signed by a physician or other licensed clinician prior to or on the first day service is rendered.

Program and Staff requirements:

The Peer Support Services (PSS) program is provided by qualified providers with the capacity and adequate workforce to offer this service to eligible Medicaid beneficiaries. PSS must be available during times that meet the needs of the beneficiary which may include evening, weekends, or both.

The PSS program must be under the direction of a full-time Qualified Professional (QP).

Program services and interventions shall be provided by Peer Support Specialist that are certified by the North Carolina's Certified Peer Support Specialist Program or other state-approved certification program.

The PSS program must have designated competent mental health or substance use professionals to provide supervision to CPSS during the times of service provision

The PSS program must follow the NC Peer Support Specialist Code of Ethics and Values and principles when rendering PSS services. All ethical issues shall be governed by the administrators of the Peer Support Specialist Registry and policies and procedures established by the hiring provider agency.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

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

Peer Support Services (PSS) (continued)

Unmanaged visits, that do not require prior authorization, are available only once per episode of care per state fiscal year. Medicaid shall require prior approval for Peer Support Services beyond the unmanaged units limit.

A full-service note is required for each contact or intervention for each date of service, written and signed by the person who provided the service. More than one intervention, activity, or goal may be reported in one service note, if applicable.

Service limitations:

- a. A beneficiary can receive PSS from only one provider organization during an active authorization period. The beneficiary may choose a new provider at any time, which will initiate a new service authorization request and a new authorization period.
- b. Family members or legally responsible person(s) of the beneficiary are not eligible to provide this service to the beneficiary.
- c. A beneficiary with a sole diagnosis of Intellectual/Developmental Disabilities is not eligible for PSS funded by Medicaid.
- d. Peer Support must not be provided during the same authorization period as ACTT, as a peer support specialist is a requirement of that team.
- e. Peer Support must not be provided during the same authorization period as CST, as a peer support specialist may be a component of the service and a beneficiary who is in need of CST and peer support will be offered CST providers who have peers on the team.
- f. PSS must not be provided during the same time of day when a beneficiary is receiving Substance Abuse Intensive Outpatient Program (SAIOP) or Substance Abuse Comprehensive Outpatient Treatment (SACOT), Partial Hospitalization, Psychosocial Rehabilitation, Respite, or Individual Support services.
- g. PSS must not be duplicative of other Medicaid services the beneficiary is receiving.
- h. Transportation of a beneficiary is not covered as a component for this policy. Any provision of services provided to a beneficiary during travel must be indicated in the PCP prior to the travel and must have corresponding documentation supporting intervention provided. This limitation does not impact a beneficiary's ability to access non-emergency medical transportation (NEMT).

Place of service:

PSS is a direct periodic service provided in a range of community settings. It may be provided in the beneficiary's place of residence, community, in an emergency department, or in an office setting. It may not be provided in the residence of PSS staff.