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Peer Support Services

Peer support services (PSS) are evidence-based behavioral health services that consist of qualified peer support providers, who assist members with their recovery from mental illness and/or substance use disorders. PSS are provided by Office of Behavioral Health (OBH) recognized peer support specialists (RPSS). These specialists possess personal lived experience with recovery from behavioral health conditions and successfully navigating the behavioral health services system.

PSS are:

1. Behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the member to the best possible functional level in the community;
2. Person-centered and recovery focused; and
3. Face-to-face interventions with the member present. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

PSS, or consumer-operated services, are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice. PSS are designed on the principles of individual choice and the active involvement of members in their own recovery process. Peer support practice is guided by the belief that people with mental illness and substance use disorders need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community.

Evaluation of the Evidence Based Practice

Research studies have supported the value and benefits of integrating PSS into the behavioral health services array as having a positive impact on outcomes, as well as the cost effectiveness of the service. The following are related studies:

1. Annotated bibliography of current research on the effectiveness of peers. Conducted by BRSS TACS in November 2019. Available at: <https://c4innovates-my.sharepoint.com/:w:/p/jbushell/EZjrQ0vGFLNDnGDmxBcGQDoBUrYr8wPq7W21rSPUmk72aA?e=qZvI9B>; and

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2. Recovery Research Review (2014). Conducted by BRSS TACS. Available at: https://c4innovates-my.sharepoint.com/:w:/p/jbushell/EZKFIEdnGQ9Pp0py-6zxdZABBoJ661kkxYEBBg_U3KH43g?e=h7VXV9.

Components

PSS include a range of tasks to assist the member during the recovery process. Recovery planning assists members in setting and accomplishing goals related to their home, work, community and health. PSS may include, but are not limited to:

1. Utilizing ‘lived experience’ to translate and explain the recovery process step by step and expectations of services;
2. Assisting in the clinical process through:
 - a. Providing feedback to the treatment team regarding identified needs and the level of engagement of the member;
 - b. Developing of goals;
 - c. Acting as an advocate, with permission of the member, in the therapeutic alliance between the provider and the member;
 - d. Encouraging members with a low level of engagement to become actively involved in treatment; and
 - e. Ensuring that members are receiving the appropriate services of their choice in a manner consistent with confidentiality regulations and professional standards of care.
3. Rebuilding, practicing, and reinforcing skills necessary to assist in the restoration of the member’s health and functioning throughout the treatment process;
4. Providing support to members and assisting them with participation and engagement in meetings and appointments;
5. Assisting the member in effectively contributing to planning and accessing services to aid in the member’s recovery process;
6. Aiding the member in identifying and overcoming barriers to treatment, and supporting the member in communicating these barriers to treatment and service providers;
7. Assisting the member with supporting strategies for symptom/behavior management;

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8. Supporting members in better understanding their diagnoses and related symptoms;
9. Assisting the member with finding and using effective psychoeducational materials;
10. Assisting the member in identifying and practicing self-care behaviors, including but not limited to developing a wellness recovery plan and relapse prevention planning;
11. Explaining service and treatment options;
12. Assisting the member in developing support systems with family and community members;
13. Serving as an advocate, mentor, or facilitator for resolution of personal issues and reinforcement of skills necessary to enhance and improve the member's health;
14. Fostering the member in setting goals, promoting effective skills building for overall health, safety and wellbeing that support whole health improvements and achievements of identified goals and healthy choices;
15. Functioning as part of the member's clinical team to support the principles of self-direction to:
 - a. Assist and support the member to set goals and plan for the future;
 - b. Propose strategies to help the member accomplish tasks or goals; and
 - c. Support the member to use decision-making strategies when choosing services and supports.
16. Providing support necessary to ensure the member's engagement and active participation in the treatment planning process;
17. Supporting the member to arrange services that will assist them to meet their treatment plan goals, inclusive of identifying providers such as:
 - a. Primary care services;
 - b. Behavioral health management and treatment services;
 - c. Local housing support programs;
 - d. Supportive employment;
 - e. Education, other supportive services;
 - f. Referral to other benefit programs;

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- g. Arranging non-emergency medical transportation; and
- 18. Providing support with transitioning members from a nursing facility and adjustment to community living.

Eligibility Criteria

Medicaid-eligible members who meet medical necessity criteria may receive PSS when recommended by a licensed mental health professional (LMHP) or physician within their scope of practice. Members must meet the following criteria:

- 1. Be 21 years of age or older; and
- 2. Have a mental illness and/or substance use disorder diagnosis.

In addition to the above criteria, to be eligible to receive PSS from an Office of Aging and Adult Services (OAAS) certified permanent supportive housing (PSH) provider agency, members must:

- 1. Currently receive PSH services; or
- 2. Have transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.

Allowed Modes of Delivery

- 1. Individual;
- 2. Group;
- 3. On-site; and
- 4. Off-site.

Service Utilization

Service authorization is required for peer services exceeding 24 units of service. Such initial encounters may be subject to retrospective review. If it is determined the service was not medically necessary, the payment may be subject to recoupment. It is recommended the provider submit the

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Service Authorization Request for additional peer services as warranted directly following the initial encounter to ensure sufficient time to process the request.

Providers shall submit sufficient documentation to determine medical necessity with the authorization request. Failure to do so may result in a partial or non-authorization for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

Service Delivery

Member involvement is required throughout the planning and delivery of services. Services must be:

1. Delivered in a culturally and linguistically competent manner;
2. Respectful of the member receiving services;
3. Appropriate to members of diverse racial, ethnic, religious, sexual and gender identities and other cultural and linguistic groups; and
4. Appropriate for age, development, and education.

Any licensed practitioner providing behavioral health services must operate within their license and scope of practice.

Staff Ratios

1. One (1) RPSS to twenty-five (25) active members; and
2. One (1) RPSS to twelve (12) members is maximum group size for adults:
 - a. Peer-facilitated group sessions shall focus on the topic areas identified in the Components section above to assist the member during the recovery process and comply with all areas of the service definition.

Provider Responsibilities

All services shall be delivered in compliance with federal and state laws and regulations, the relevant provider manual, and any other notices or directives issued by the Department. The

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provider must create and maintain documents to substantiate that all requirements are met. (See Section 2.6: Record Keeping of this manual chapter).

The provider must ensure that no staff provides unsupervised direct care prior to obtaining the results of the statewide criminal background check and addressing the results of the background check, if applicable.

Supervision**Recognized Peer Supervisor (RPS) Eligibility Criteria**

1. Minimum of 21 years of age;
2. Successfully complete an OBH approved RPS Training as evidenced by completion certificate;
3. Currently employed with the behavioral health service provider agency; and
4. For RPS who are RPSS, the following requirements must be completed annually:
 - a. Continuing education which includes 10 CEUs in Peer Competencies (minimum of three units in Peer Supervisor Ethics annually) plus two CEU hours in supervision annually. LMHPs who are RPS will comply with the CEUs of specified licensing board.

RPSS must receive regularly scheduled clinical supervision from an RPS. The RPS must be either an LMHP or directly supervised by an LMHP. All LMHPs supervising RPSs are required to successfully complete a state approved Peer Supervisor Training. LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services. Supervision refers to treatment team support, guidance and consultation afforded to unlicensed staff rendering rehabilitation services, and shall not be confused with clinical supervision of bachelor's or master's level individuals pursuing licensure. Discussions during treatment planning and treatment team meetings between the RPS and RPSS do not count as supervision.

1. Supervision must be provided by an RPS who has successfully completed an OBH approved peer recovery specialist supervisor training;

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2. Supervision must be provided in a culturally sensitive manner that represents the cultural needs and characteristics of the staff, the service area, and the population being served;
3. A full-time supervisor shall not supervise more than seven (7) full-time RPSS. Supervisory staff time for part-time peer supervisors shall be at least proportionate to the ratio of one full-time supervisor to seven RPSS;
4. RPSS shall receive a minimum of:
 - a. **Four (4)** hours of supervision per month for full time RPSS;
 - b. **Two (2)** hours of supervision per month for employees providing reimbursable services with member contact 21 to 32 hours per week; and
 - c. **One (1)** hour of supervision per month for employees providing reimbursable services with member contact less than 20 hours per week. Each month, the remaining hours of supervision may be in a group setting. Given consideration of case load and acuity, additional supervision may be indicated.
5. Group supervision means one RPS and not more than seven (7) supervisees in supervision session;
6. A maximum of 50 percent of the individual and group supervision may be telephonic or via a secure Health Insurance Portability and Accountability Act (HIPAA) compliant online synchronous videoconferencing platform. Remaining supervision hours shall be provided in face-to-face meetings between the supervisor and the RPSS. Texts and/or emails cannot be used as a form of supervision to satisfy this requirement;
7. Supervision of the RPSS shall include direct observation, assessment and feedback regarding the delivery of services, and teaching and monitoring of the application of recovery/resiliency and system of care principles and practices;
8. Non-licensed peer supervisors will consult with their LMHP peer supervisor within 24 hours of becoming aware of the issues and situations that may require clinical support;

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9. The RPS must ensure services are in compliance with the established and approved treatment plan;
10. The supervision with the RPS must:
 - a. Occur before initial services on a new member begin and, at a minimum, twice a month preferably every fifteen (15) days (except under extenuating or emergent circumstances that are reflected in the supervisory notes); and
 - b. Progress notes that are discussed in supervision must have the RPS signature.
11. Supervision with the RPS must be documented. Documentation shall reflect the content of the training and/or treatment team guidance. The documentation must include the following:
 - a. Date and duration of supervision;
 - b. Identification of supervision type as individual or group supervision;
 - c. If the RPS is not an LMHP, then the name, licensure credentials, and signature of the LMHP supervisor must be provided;
 - d. Name and credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees;
 - e. Focus of the session and subsequent actions that the supervisee/s must take;
 - f. Date and signature of the RPS;
 - g. Date and signature of the supervisee/s;
 - h. Member identifier, service and date range of cases reviewed and/or PSS topics addressed; and
 - i. Start and end time of each supervision session.

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Provider Qualifications

PSS must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs) or OAAS certified PSH providers (as determined by LDH OAAS). LGEs and OAAS certified PSH provider agencies must meet state and federal requirements for providing PSS.

Agency

To provide PSS, agencies must meet the following requirements:

1. Licensed by the LDH per La. R.S. 40:2151 et seq.;
2. Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in compliance with all of the below:
 - a. La. R.S. 40:1203.1 *et seq.* associated with criminal background checks of un-licensed workers providing patient care;
 - b. La. R.S. 15:587, as applicable; and
 - c. Any other applicable state or federal law.
3. Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record. Evidence of the individual passing the criminal background check requirements must be maintained on file with the provider agency;
4. The provider must review the Department of Health and Human Services (DHHS)' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed

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staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the DHHS' OIG. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who has been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the DHHS' OIG;

5. Providers are required to maintain results that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website;
6. Arranges for and maintains documentation that all RPSS, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement;
7. Establishes and maintains written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use (See Appendix D);
8. Maintains documentation that all RPSS providing direct care, who are required to complete first aid and cardiopulmonary resuscitation (CPR), complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);
9. Maintains documentation of verification of completion of required trainings for all RPSS staff;
10. Maintains documentation that all persons employed by the organization complete training in a state recognized Crisis Intervention curriculum prior to handling or managing crisis responses, which shall be updated annually. (See Appendix D for list of trainings); and
11. Has a National Provider Identification (NPI) number, and must include the agency NPI number and the NPI number of the individual rendering PSS on its behalf on all claims for Medicaid reimbursement, where applicable.

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Staff

Individuals providing PSS must operate under the administrative oversight of a licensed and accredited LGE or an OAAS certified PSH provider agency.

RPSS must meet the following qualifications:

1. Must have lived experience with a mental illness and/or substance use challenge, disorder, or condition;
2. Must be at least 21 years of age;
3. Must have a high school diploma or GED;
4. Must successfully complete an LDH/OBH approved peer training program prior to providing PSS. Training must provide RPSS with a basic set of competencies necessary to perform the peer support function. Successful completion requires obtaining the minimum qualifying score or better on required knowledge and skill assessments;
5. Individuals rendering PSS services must meet the following requirements:
 - a. Have the minimum qualifications of being at least 21 years of age;
 - b. Possess a high school diploma or GED;
 - c. Successfully completed the LDH/OBH approved training for RPSS;
 - d. Received 25 hours of documented clinical Supervision in Core Competencies; and
 - e. Be in good standing with documenting and submitting annual continuing education units (CEUs).
6. Must be recognized by an OBH approved certification organization;
7. Must maintain and adhere to continuing education standards as defined in this manual chapter;
8. Must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery. Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

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- a. **Health** – Overcoming or managing one’s disease(s) or symptoms, and for everyone in recovery, making informed, healthy choices that support physical, mental, and emotional wellbeing;
 - b. **Home** – A stable and safe place to live;
 - c. **Purpose** – Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
 - d. **Community** - Relationships and social networks that provide support, friendship, love, and hope.
- 9. Must complete continuing education in confidentiality requirements, HIPAA requirements and mandated reporting;
 - 10. Must sign acknowledgement and receipt of Peer Support Specialist Code of Ethics;
 - 11. Satisfactory completion of criminal background checks pursuant to the, La R.S. 40:1203.1 *et seq.*, La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;
 - 12. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the DHHS’ OIG;
 - 13. Employees and contractors must not have a finding on the Louisiana State Adverse Action List;
 - 14. Must pass a TB test prior to employment;
 - 15. Must pass drug screening tests as required by provider agency’s policies and procedures;
 - 16. Must complete American Heart Association (AHA) recognized First Aid and CPR training. Psychiatrists, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs) are exempt from this training (See Appendix D); and
 - 17. Individuals providing PSS for the provider agency must have an NPI number which must be included on any claim submitted by that provider agency for reimbursement, when applicable.

Additional qualifications may be required by the agency employing the RPSS. The employing agency must ensure that the RPSS possesses the minimum requisite skills, qualifications, training,

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supervision, and coverage in accordance with the requirements described in the version of the Medicaid Behavioral Health Services Provider Manual effective on the date of service, State Plan amendments, and all applicable state and federal laws, regulations, and rules.

RPSS Training

1. RPSS employed by the provider agency must successfully complete a comprehensive peer training plan and curriculum that is inclusive of the Core Competencies for Peer Workers, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by the OBH;
2. Training must provide the RPSS with a basic set of competencies that complies with the core competencies of the profession to perform the peer support function. To achieve successful completion, the RPSS must obtain the minimum qualifying score, or better, on the required knowledge and skill assessments;
3. The RPSS is required to complete 25 hours of documented Recovery Support Supervision in Core Competencies, with five (5) hours targeting each domain, prior to working independently. Additionally, mentoring from an RPS or LMHP clinical supervisor in the field is necessary before the RPSS can work independently. The immediate supervisor of a RPSS shall determine the need for additional supervision or mentoring, prior to allowing a RPSS to work independently. Supervision must take place in a setting where behavioral health and/or recovery and crisis support services are being provided, and it must be provided by qualified supervisory staff, as outlined in the organization's job description;
4. The RPSS must complete a minimum of ten (10) CEUs in the tenets of peer support approved by OBH per calendar year. Out of these, three (3) CEUs must be in the area of Ethics, while the remaining seven (7) will be in the principles and competencies related to tenets of peer support. Mandatory job training courses, such as blood borne pathogens, sexual harassment, or prohibited political activity, that are neither recovery oriented or related to Peer Support shall not be counted towards this continuing education requirement. Documentation of completion of the ten (10) approved CEUs must be submitted to OBH by December 31 each year; otherwise, the RPSS will be considered lapsed. (See Appendix D); and
5. Submission of annual attestation statement, as approved by LDH/OBH, indicating compliance with the Code of Ethics and Scope of Practice to OBH by December 31st of each year.

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Allowed Provider Types and Specialties

PT 74 Mental Health Clinic PS 70 Clinic/Group PSS 8E Coordinated System of Care (CSoc)/ Behavioral Health.

Limitations/Exclusions

The following services shall be excluded from Medicaid coverage and reimbursement:

1. Services that are purely recreational, social or leisure in nature, or have no therapeutic or programmatic content;
2. PSS that are provided to members as an integral part of another covered Medicaid service;
3. Transportation;
4. General office/clerical tasks; and
5. Attendance in meetings or sessions without a documented purpose/benefit from the peer's presence in that meeting or session.