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Peer Support (CPS) Services

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Overview of Presentation

- **Peer Support Services –Revised OMHSAS Bulletin 16-12, December 12, 2016. Provider Handbook for Psychiatric and Partial Hospitalization Services Section VII-Other Services (define CPS services, CPS supervision, admission criteria, assessment, individual service plan or ISP, discharge criteria, compensable vs. non compensable services)**

***Obsolete bulletins: Mental Health Bulletin OMHSAS-09-07: Peer Support Services, Revised, January 1, 2010

- **Documentation Requirements for CPS**
- **CPS Compliance Tools**



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Peer Support Services (CPS):

Regulations & Requirements



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State Regulations

Peer Support Services- Revised OMHSAS Bulletin 16-12, December 12, 2016

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_253197.pdf

What is peer support services?

- Based on the fundamental principles of recovery
- Specialized supportive interventions conducted by Certified Peer Specialists (CPS). A CPS is a self-identified individual who currently or previously received behavioral health services who is trained and certified to offer support and assistance in helping others in their recovery and community-integration process.

State Regulations Continued

Provider Handbook for Psychiatric and Partial Hospitalization Services Section VII- Other Services

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_253198.pdf

CPS Supervision:

To receive MA payment for peer support services, a providers' service description must describe how the **mental health professional will maintain oversight** of peer specialists, and ensure that services and supervision are provided consistent with these standards and the service description.

State Regulations Continued

CPS Supervision Continued:

- Supervisors will conduct at least one face-to-face meeting with each peer specialist per week with additional support as needed or requested. *****Group supervision does not count towards this requirement. Supervision should be 1:1.**
- Peer specialists will receive at least 6 hours of direct supervision and mentoring from the supervisor in the field before working independently off-site “field supervision”.
- Supervisors need to maintain a log of all supervisory meetings which documents:
 - (a) The date of the supervision meeting;
 - (b) The length of time in the supervision meeting; and
 - (c) A summary of the points addressed during the meeting.

State Regulations Continued

CPS Supervision Continued:

- A full time (FTE) supervisor may supervise no more than 7 FTE peer specialists. Supervisory staff time for part-time peer specialist supervisors shall be at least proportionate to the ratio of one full-time supervisor to 7 CPSs.

*****Please refer to state regulations in link above for provider staff qualifications and training requirements.**

State Regulations Continued

Admission Criteria:

(1) Adult Peer Support Services:

To be eligible for adult peer support services, an individual shall meet the following:

- (a) Be 18 years of age and older.
- (b) Have the presence of or a history of a serious mental illness.
- (c) Have a written recommendation for peer support services from a LPHA acting within the scope of professional practice.
- (d) Chooses to receive peer support services.

*("LPHA" refers to Licensed Practitioner of the Healing Arts: physician, physician's assistant, certified registered nurse practitioner "CRNP", and psychologist)

State Regulations Continued

Admission Criteria Continued:

(2) Youth and Young Adult Peer Support Services

To be eligible for youth and young adult peer support services, an individual shall meet the following:

- (a) Be 14 years of age and older but under 27 years of age.
- (b) Have the presence of or a history of a serious emotional disturbance or serious mental illness.
- (c) Have a written recommendation for peer support services from a LPHA acting within the scope of professional practice.
- (d) Chooses to receive peer support services.

*("LPHA" refers to Licensed Practitioner of the Healing Arts: physician, physician's assistant, certified registered nurse practitioner "CRNP", and psychologist)

State Regulations Continued

Assessment:

- (1) A PSS agency shall complete an assessment of an individual prior to the development of the ISP.
- (2) The assessment shall be completed in collaboration with the individual and must:
 - (a) Identify the functioning of the individual in the living, educational, working and social domains.
 - (b) Identify the strengths and needs of the individual.
 - (c) Identify existing and needed natural and formal supports, including treatment or health care providers and social service agencies, including those identified by the individual.

State Regulations Continued

Assessment Continued:

- (d) Identify the specific skills, supports and resources the individual needs and prefers to accomplish stated goals.
- (e) Identify cultural needs and preferences of the individual.
- (f) Be signed by the individual and staff.
- (g) Be updated annually.

State Regulations Continued

Individual Service Plan (ISP):

(1) The certified peer specialist and an individual shall jointly develop an ISP that is consistent with the assessment and includes the following:

- (a) A goal designed to achieve an outcome.
- (b) The method of service provision, including skill development, resource acquisition and coordination with other service providers.
- (c) The responsibilities of the individual and the peer specialist.
- (d) Action steps and estimated time frame for completion.
- (e) The expected frequency and duration of participation in the peer support services.

State Regulations Continued

Individual Service Plan (ISP) Continued:

(f) The intended service location.

(g) Dated signatures of the individual, the certified peer specialist working with the individual and the mental health professional.

(2) PSS agencies shall ensure that an ISP is developed by the individual, the certified peer specialist, and the mental health professional **within one month of enrollment and every six months thereafter**. If the ISP is not completed within one month due to circumstances outside the PSS agency's control, the provider shall document attempts to complete the ISP within one month and the reason for the delay.

State Regulations Continued

Individual Service Plan (ISP) Continued:

(3) A certified peer specialist and an individual shall update the ISP at least every six months and when:

- (a) The individual requests an update.
- (b) The individual completes a goal.
- (c) The individual is not progressing towards stated goals.

(4) An ISP update is a comprehensive summary of the individual's progress and shall include the following:

- (a) A description of the services in the context of the goal identified in the ISP.
- (b) Documentation of an individual's participation and response to services.
- (c) A summary of progress or lack of progress toward the goal in the ISP.

State Regulations Continued

Individual Service Plan (ISP) Continued:

- (d) A summary of changes made to the ISP.
- (e) The dated signature of the individual or documentation of the reason the individual did not sign the ISP.
- (f) The dated signature of the certified peer specialist working with the individual and the dated signature of the mental health professional.

State Regulations Continued

Discharge Criteria:

- (1) When an individual no longer meets eligibility requirements or meets one of the following criteria, discharge may occur:
 - (a) Has achieved goals and sustained progress as designated in the ISP.
 - (b) Has gained maximum benefit.
 - (c) Will not lose attained progress as a result of withdrawal of service.
- (2) An individual may request to withdraw from PSS.
- (3) A decision to discharge should be a joint decision between the individual and the PSS agency.
- (4) When a decision to discharge is not a joint decision, the PSS agency shall document the reason for discharge.
- (5) When a decision to discharge is reached, a PSS agency shall offer the individual the opportunity to participate in future service.

State Regulations Continued

Discharge Criteria Continued:

(6) When an individual has a recurring or new need for PSS and meets admission criteria, the PSS agency shall consider the individual for readmission without regard to previous participation.

(7) When an individual voluntarily withdraws from the peer support services program, a PSS agency shall plan and document next steps with the individual, including recommended service and referral.

(8) When it is necessary to discharge an individual from peer support services due to the individual's disengagement, prior to discharge the PSS agency shall document:

- (a) Attempts to reengage the individual.
- (b) The circumstances and rationale for discharge.

State Regulations Continued

Discharge Criteria Continued:

(9) Upon discharge, a PSS agency shall complete a dated and signed discharge summary that must include a description of the following:

- (a) Service provided.
- (b) Outcomes and progress on goals.
- (c) Reason for discharge.
- (d) Referral or recommendation for future service.

(10) A PSS agency shall ensure that the discharge summary is:

- (a) Completed no more than 30 days after the date of discharge.
- (b) Reviewed and signed by the mental health professional.

State Regulations Continued

Compensable Services:

To be compensable, services provided shall be identified in the individual service plan and must correspond to specific service goals.

(1) Compensable peer support service activities include, but are not limited to:

- (a) Assisting individuals with developing individual service plans and other formal mentoring activities aimed at increasing the active participation of individuals in person-centered planning and delivery of individualized services.
- (b) Assisting individuals with the development of mental health advanced directives.
- (c) Supporting individuals in problem solving related to reintegration into the community.
- (d) Crisis support activities including assisting the individual to recognize the early signs of relapse and how to implement identified coping strategies.

State Regulations Continued

Compensable Services Continued:

(e) Assisting the individual to develop and maintain positive personal and social support networks.

(f) Assisting the individual to develop self-help skills and cultivating the individual's ability to make informed, independent choices.

(g) Planning and facilitating practical activities leading to increased self-worth and improved self-concepts.

***Collaborative Documentation-OMHSAS Policy Clarification, January 15, 2015

http://www.paproviders.org/wp-content/uploads/2015/05/CD_Cover_Letter_Guidelines_012015.pdf

State Regulations Continued

Non-Compensable Services:

Payment will not be made to a PSS agency for the following:

- (1) Services that are purely recreational, social or leisure in nature, or have no therapeutic or programmatic content.
- (2) Peer support services that are provided to individuals as an integral part of another covered MA service.
- (3) Administrative costs, such as those resulting from agency staff meetings, record-keeping activities and other **non-direct services**.
- (4) Costs related to travel.

State Regulations Continued

Payment Conditions for Various Services:

- (1) Payment will only be made for medically necessary peer support services provided to individuals eligible in accordance with this handbook.
- (2) Services may be billed for the time that the CPS has face-to-face interaction with the individual.
- (3) Services may be billed for the time that the CPS has face-to-face interaction with the individual's family, friends, service providers or other essential persons if the individual is present.
- (4) PSS that is provided by telephone for the purpose of assisting the individual in meeting the goals in the ISP when it is a reasonable and justifiable portion of a person's recovery may be billed.

State Regulations Continued

Payment Conditions for Various Services Continued:

(5) If direct contact with the individual cannot be made in person or by telephone, the service is not billable. However, the progress note must reflect the attempts to contact the individual.

(6) PSS may be provided by peer specialist supervisors only if they are certified peer specialists and comply with the continuing education training requirements.

(7) *Telephonic services.* PSS that is provided by telephone is limited to 25% or less of total service time provided per individual per calendar year.

State Regulations Continued

Payment Conditions for Various Services Continued:

(8) *Group services.* PSS may be provided in group format when group services are specified in the individual's ISP. PSS agencies shall not allow individuals who are not currently receiving peer support services from that agency to participate in group services.

(9) *Transition Services.* PSS may be provided on the date of admission at an inpatient facility. Peer support services may be provided the last 30 days prior to discharge, including the day of discharge. However, only one agency can bill for peer support services per day while an individual is in inpatient. PSS agencies within each county/regional area should have agreements in place to ensure that peer support services are coordinated to avoid duplicate billing.



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Provider Responsibilities with Compliance

Documentation Requirements



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Documentation Requirements

(1) In accordance with recognized and acceptable principles of patient record keeping, a PSS agency shall maintain a record for each individual admitted for service. The record shall include the following:

- (a) The individual's identifying and contact information.
- (b) A strengths-based assessment.
- (c) Consent forms signed by the individual.
- (d) The individual's diagnosis and written recommendation for peer support services from a LPHA.
- (e) The individual's initial and subsequent ISP.
- (f) Progress notes for each contact which record the date, start and end time and place of service, summarize the purpose and content of the peer support session along with interventions used that relate to the goals in the individual's ISP.

Documentation Requirements Continued

(g) Discharge summary including a summary report of participation, services provided, progress made, and reason for discharge.

(h) Referrals to other agencies, when indicated.

(2) Records shall be maintained as follows:

(a) Records must be legible throughout.

(b) The record must identify the individual on each page.

(c) Entries shall be signed and dated by the responsible staff.

(d) The record must indicate progress at each day of service, changes in service and response to services.

(e) Updates of the record shall be signed and dated.

(f) The record must be kept in a permanent, secure location.

(g) The record shall be maintained for a minimum of four (4) years.

(h) Records shall be disposed of in a manner that protects confidentiality.

Documentation Requirements Continued

**Provider Handbook for Psychiatric and Partial Hospitalization
Services Section VII- Other Services**

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_253198.pdf

Documentation Requirements Continued

The Key Components of a member record are:

1. Consent to Peer Support Services
2. Release of Information (ROI) following best practice standards for VBH-PA
3. Individual Service Plan (ISP)
4. Service Note/Progress Note
5. Encounter Form

Please refer to the Minimum Documentation Standards

<http://www.vbh-pa.com/wp-content/uploads/sites/9/fraud/pdfs/Therapeutic-Rehabilitation-Services.pdf>



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Consent To Treatment



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Documentation Requirements Continued

Consent to Peer Support Services:

- Name and signature of the member, or if appropriate, legal representative
- Name of the provider (should correspond with license)
- Type of service is listed (peer support services or CPS)
- Benefits and any potential risks
- Alternatives to peer support services
- Date consent is obtained
- Statement that services were explained to member or guardian
- Signature of person witnessing the consent (clinician, specialist, professional, or worker)
- Name and signature of person who explained peer support services to the member or guardian

***The person witnessing the consent and the person explaining the service can be the same person.



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Release of Information



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Documentation Requirements Continued

Release of Information:

- A release of information should be completed prior to initiating peer support services. This allows VBH-PA to review the entire member chart for audit, quality, and payment purposes.
- Member's name or Medical Assistance identification number
- Date of release
- Expiration of release
- Dates of service range for the release
- Statement that the complete member record including peer support services information in service notes and assessments will be released for audit, quality, and payment purposes
- Signature of member or guardian and signature date
- Clinician, specialist, professional, or worker's signature, credentials, and signature date



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Individual Service Plan (ISP)



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Documentation Requirements Continued

Individual Service Plan (ISP):

- Must be completed according to service requirements
 - *Developed by the individual, CPS, and mental health professional within 1 month of enrollment and every 6 months thereafter. If the ISP is not completed within one month due to circumstances outside the PSS agency's control, the provider shall document attempts to complete the ISP within one month and the reason for the delay.
- Service/rehabilitation/recovery plan date
- Strengths and needs specific to the member's diagnosis and/or functional impairments
- Clinician, specialist, professional, or worker's signature, credentials, and signature date
- Member or guardian's signature and signature date
- Evidence member or guardian participated with ISP development

Documentation Requirements Continued

Individual Service Plan (ISP) Continued:

- Goals and objectives based on referral and assessments of the member's strengths and needs
- Service goals are measurable
- Service goals have established timeframes
- ISP is easy to read and understand
- ISP documents necessity for services
- ISP documents the utilization of services, such as frequency and time
- ISP reviews must be completed with member or guardian signature and signature date



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Progress Note



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Documentation Requirements Continued

Progress Note:

- Must be completed for each billable encounter
- Name or Medical Assistance identification number
- Date of service
- Start and stop times of service
- Units match the claims billing
- Place of service (specific location for community services)
- Reason for the session or encounter specific to member's needs
- Service goals addressed
- Description of services provided by clinician, specialist, professional, or worker
- Member's response to service goals and objectives
- Next steps and plans for continued services
- Narrative with the justification to support utilization and time billed
- Supporting documentation, when applicable

Documentation Requirements Continued

Progress Note Continued:

- Includes the signature of the individual, or if the individual does not sign, documents the reason (Psych Rehab services only)
- Clinician, specialist, professional, or worker's signature, credentials, and signature date

*All amendments or changes to the documentation must be signed and dated by the clinician, specialist, professional, or worker amending or changing the documentation.



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Encounter Form



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Documentation Requirements Continued

Encounter Form:

- Must be completed for each billable encounter (except for crisis and indirect services)
- Member name including member identification number (as required in the PA Medicaid Bulletin)
- Type of service
- Date with start and stop times
- Total units billed
- Signature of Member for each encounter
- Clinician, specialist, professional, or worker's signature, credentials, and signature date



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Compliance Tools



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Compliance Tools

Please reference the PA State Regulations listed below for **all** Peer Support Service requirements.

Medical Assistance Bulletin 08-07-09, May 22,2007

http://164.156.7.185/parecovery/documents/PSS_MA_Bulletin_052207.pdf

**Provider Handbook for Psychiatric and Partial Hospitalization Services
Section VII- Other Services**

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_253198.pdf

Peer Support Services- Revised OMHSAS Bulletin 16-12, December 12, 2016

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_253197.pdf

Collaborative Documentation-OMHSAS Policy Clarification, January 15, 2015

http://www.paproviders.org/wp-content/uploads/2015/05/CD_Cover_Letter_Guidelines_012015.pdf

VBH-PA Provider Manual Requirements

VBH-PA Provider Manual

<http://www.vbh-pa.com/provider/info/prvmanual/toc.htm>

FWA Webpage

http://www.vbh-pa.com/provider/info/prvmanual/6_ClmsPyt/fraud_abuse.htm

Minimum Documentation Requirements

VBH-PA Fraud & Abuse Webpage

Therapeutic & Rehabilitation Services

<http://www.vbh-pa.com/fraud/pdfs/Therapeutic-Rehabilitation-Services.pdf>

Helpful Links

Pennsylvania Peer Support Coalition

<http://papeersupportcoalition.org/>

Pennsylvania Recovery and Resiliency

<http://www.parecovery.org/>

International Association of Peer Supporters

<https://inaops.org/>

Medicaid Funded Peer Support Services in PA Frequently Asked Questions-Index by Topic

http://papeersupportcoalition.org/wp-content/uploads/2015/09/FAQ_PPS.pdf

Updates

As per OMHSAS, the implementation date for Youth and Young Adult Peer Support Services is January 1, 2019.



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Questions?

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