
CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES**PAGE(S) 13**

Peer Support Services

Peer support services (PSS) are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use. The PSS are provided by Office of Behavioral Health Recognized Peer Support Specialists (RPSS), who are individuals with personal lived experience with recovery from behavioral health conditions and successfully navigating the behavioral health services system. PSS are 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. PSS are person-centered and recovery focused. PSS are face-to-face interventions with the member present. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

Peer Support Services, or Consumer Operated Services, are recognized by SAMHSA as an Evidence-Based Practice. PSS is 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 disorder 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
2. Recovery Research Review (2014). Conducted by BRSS TACS. Available at: https://c4innovates-my.sharepoint.com/:w:/p/jbushell/EZKFIEdnGQ9Pp0py-6zxdZABBoJ661kkxYEBBg_U3KH43g?e=h7VXV9.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES**PAGE(S) 13**

Components

PSS include a range of tasks to assist the member during the recovery process. Recovery planning assists members to set and accomplish goals related to 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 of the member and the level of engagement of the member;
 - b. Development of goals;
 - c. Acting as an advocate, with the permission of the member, in the therapeutic alliance between the provider and the member;
 - d. Encouraging a member with a low level of engagement to become actively involved in treatment; and
 - e. Ensuring that the member is receiving the appropriate services of their choice and 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 the member to assist them with participation and engagement in meetings and appointments;
5. Assist members 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 support member in communicating these barriers to treatment and service providers;
7. Assisting the member with supporting strategies for symptom/behavior management;
8. Supporting the member to better understand their diagnoses and related symptoms;
9. Assisting the member with finding and using effective psychoeducational materials;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

10. Assisting the member to identify and practice 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 to develop 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. Support 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; and
 - g. Arranging non-emergency medical transportation.
18. Provides support with transitioning members from a nursing facility and adjustment to community living.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

Eligibility Criteria

Medicaid eligible members who meet medical necessity criteria may receive PSS when recommended by an 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.

Allowed Modes of Delivery

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

Service Utilization

Services are subject to prior authorization. Providers shall submit sufficient documentation to determine medical necessity. 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

There shall be member involvement throughout the planning and delivery of services. Services shall 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

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES**PAGE(S) 13**

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:

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 accordance with federal and state laws and regulations, the applicable provider manual and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met. (See Section 2.6 of this manual chapter regarding record keeping).

The provider must ensure no staff is providing 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 Support Specialists (RPSS) must receive regularly scheduled clinical supervision from a Licensed Mental Health Professional (LMHP). LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services. Supervision refers to clinical support, guidance and consultation afforded to unlicensed staff rendering rehabilitation services, and should 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 LMHP supervisor and PSS do not count as supervision.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES**PAGE(S) 13**

1. Supervision must be provided by an LMHP who has successfully completed an OBH approved Peer Recovery Specialist Supervisor Training;
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 specialist supervisors shall be at least proportionate to the ratio of one full-time supervisor to seven RPSS;
4. RPSS shall receive a minimum of **four (4)** hours of supervision per month for full time RPSS, **two (2)** hours of supervision per month for employees providing reimbursable services with member contact 21 to 32 hours per week, and **one (1)** hour of supervision per month for employees providing reimbursable services with member contact less than 20 hours per week, that shall consist of **no less than one (1) hour of individual supervision**. 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 LMHP supervisor and not more than seven (7) supervisees in supervision session;
6. A maximum of 50% 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 clinical review, 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. The LMHP supervisor must ensure services are in compliance with the established and approved treatment plan;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

~~10.9.~~ The supervision with the LMHP 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 LMHP supervisor signature.
10. Have documentation reflecting the content of the training and/or clinical guidance. The documentation must include the following:
- a. Date and duration of supervision;
 - b. Identification of supervision type as individual or group supervision;
 - c. Name and licensure credentials of the LMHP supervisor;
 - d. Name and credentials (provisionally licensed, master’s degree, bachelor’s degree, or high school degree) of the supervisees;
 - e. The focus of the session and subsequent actions that the supervisee/s must take;
 - f. Date and signature of the LMHP supervisor;
 - 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.

Provider Qualifications

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

PSS must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs). LGEs must meet state and federal requirements for providing PSS.

Agency

To provide PSS, agencies must meet the following requirements:

1. Licensed by the Louisiana Department of Health (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 accordance 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’ 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 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

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General. 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 have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General;

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 is located at <https://adverseactions.ldh.la.gov/SelSearch>;
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. Ensure and maintain 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.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

Staff

Individuals providing PSS must operate under the administrative oversight of a licensed and accredited LGE.

A RPSS must meet the following qualifications:

1. Must have lived experience with a mental illness and/or substance use challenge 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 OBH approved peer training program prior to providing peer support services. Training must provide the 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. Effective on or after February 1, 2021, individuals rendering PSS services must have the minimum qualifications of being at least 21 years of age, possess a high school diploma or GED, successfully completed the LDH/OBH approved training for RPSS, received 25 hours of documented clinical Supervision in Core Competencies, and be in good standing with documenting and submitting annual continuing education units. Individuals already providing PSS services for a licensed and accredited agency and who do not possess the 25 hours of documented clinical supervision in Core Competencies and have met all other minimum qualifications prior to February 1, 2021, may continue to provide PSS for the same licensed and accredited provider agency. Prior to the individual rendering PSS for a different provider agency, the individual must meet the minimum requirements in effect as of February 1, 2021;
6. Must be recognized by an OBH approved certification organization;
7. Must maintain and adhere to continuing education standards as defined in this manual;
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,

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

SAMHSA has delineated four major dimensions that support a life in recovery:

- a. Health – Overcoming or managing one’s disease(s) or symptoms, and for everyone in recovery, making informed, healthy choices that support physical 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.

~~8.9.~~ Must complete continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting;

~~9.10.~~ Must sign acknowledgement and receipt of Peer Support Specialist Code of Ethics;

~~10.11.~~ 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;

~~11.12.~~ Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General;

~~12.13.~~ Employees and contractors must not have a finding on the Louisiana State Adverse Action List;

~~13.14.~~ Must pass a TB test prior to employment;

~~14.15.~~ Must pass drug screening tests as required by provider agency’s policies and procedures;

~~15.16.~~ Must complete American Heart Association (AHA) recognized First Aid and CPR training. Psychiatrists, APRNs, PAs, RNs and LPNs are exempt from this training (See Appendix D); and

~~16.17.~~ Individuals rendering PSS for the provider agency must have an NPI number and that NPI number must be included on any claim submitted by that provider agency for reimbursement, where applicable.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES**PAGE(S) 13**

Additional qualifications may be required by the agency through which the RPSS is employed. The agency through which the individual is employed must ensure that the RPSS possesses the minimum requisite skills, qualifications, training, 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 state and federal rules, regulations and laws.

RPSS Training

1. The 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 Office of Behavioral Health (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. Successful completion requires obtaining the minimum qualifying score, or better, on required knowledge and skill assessments;
3. The RPSS must receive 25 hours of documented clinical Supervision in Core Competencies, with 5 hours targeting each domain, before working independently, and mentoring from the LMHP clinical supervisor in the field before working 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. Supervision must be provided by an organization's documented and qualified supervisory staff per job description;
4. The RPSS must complete a minimum of ten (10) Continuing Education Units (CEU) in the tenets of peer support approved by OBH per calendar year. Three (3) of the ten (10) CEUs must be in the area of Ethics. The other seven (7) will be in the principles and competencies related to tenets of peer support. Courses which are mandatory job trainings such as blood borne pathogens, sexual harassment, or prohibited political activity and are neither recovery oriented or related to Peer Support should not be counted towards this continuing education requirement. Documentation of completion of the ten approved CEUs shall be submitted to OBH

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES – PEER SUPPORT SERVICES

by December 31 each year; otherwise, the RPSS will be considered to be lapsed. (See Appendix D); and

5. Submission to OBH by December 31 each year of annual attestation statement as approved by LDH/OBH indicating compliance with the Code of Ethics and Scope of Practice.

Allowed Provider Types and Specialties

PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E 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. Peer support services 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.