

## DHSS/BH Weekly TA Teleconference on Integrated Regulations

### Peer Support Services – Training Topic Presentation DBH Wednesday Morning Teleconference; June 19, 2013

#### **History / Intent**

- Utilization of recipients within grantee agencies in Alaska began unofficially in the late 1980's, and officially in the mid '90's with a grant requirement to have at least one recipient on a treatment agency's Board of Directors
- SAMHSA has historically encouraged States to utilize recipient or recipient family involvement in treatment planning, policy development, and for advocacy and support of other recipients. SAMHSA now recognizes peer support services as an evidence based practice.
- The field of substance use treatment was predicated on the fact that those who had recovered from addiction were the best qualified to assist others struggling with alcoholism or drug addiction.
- The intent for the addition of peer support services to the new integrated regulations was to acknowledge this emerging best practice, and to encourage Providers to utilize the service by creating the opportunity to bill for it thru the Medicaid program.
- Peer Support Services was intended originally for individuals with mental health diagnosis, but is clearly available for individuals with an SUD diagnosis.

#### **Service Description**

- Peer Support Services [7 AAC 135.210] is one of the rehabilitation services, and was designed to be provided in conjunction with TBHS for Children [7 AAC 135.220] and CCSS for Adults [7 AAC 135.200] – see Documentation and Medicaid Billing below.
- Like TBHS and CCSS, PSS is provided to help recipients and their families to:
  - Regain sense of control and balance in their life
  - Transition from institutional setting to community
  - Build upon living skills
  - Support independence and recovery.
- Unlike CCSS and TBHS, PSS may NOT be provided to a group.
  - Intended to establish the boundary between medically necessary services and public support / recovery groups such as AA, NA, etc. (which the Dept. does not recognize as a medically necessary [and billable] service).
- The person who renders PSS must meet all the qualifications of a Behavioral Health Clinical Associate [7 AAC 160.990(86)], AND must be an individual who has experienced behavioral health issues themselves, or is a family member of someone who has experienced BH problems.
- The person who renders PSS must also be directly supervised by a mental health professional clinician, who themselves is competent in peer support services.
- Peer Support Services:
  - May be provided at the same time as Recipient Support Services, and Case Management Services.

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- May be provided telephonically (“to support the recipient”) [7 AAC 135.210(b)(1)]
- May be provided at CBHS provider or any appropriate community setting

### Documentation

- PSS is documented upon deliver just as any other behavioral health service
- PSS must focus on “specific goals and objectives, including identified outcomes or other measureable outcomes” [7 AAC 135.210(a)(4)] which should be reflected clearly in all documentation
- Treatment plan must include:
  - Either CCSS or TBHS, and the targeted goals & related interventions
  - PSS, and the targeted goals, and related interventions
  - *(Day Treatment Services for Children – as applicable)*

### Medicaid Billing

- Billed at \$17 / 15-minute unit of service
- Share service limits with TBHS and CCSS:
  - TBHS, Ind. – 100hrs / FY combined
  - TBHS, Family – 180hrs / FY combined
  - CCSS, Ind. – 240hrs / FY combined
- Billing Codes for PSS:
  - PSS, Ind. – H0038
  - PSS, Family (with patient present) – H0038-HR
  - PSS, Family (without patient present) – H0038-HS
- If a recipient who is receiving PSS also receives a rehab service provided to a group, that service MUST be billed as either:
  - CCSS, Group – H2015 – HQ
  - TBHS, Group – H2019 – HQ
  - *(Day Treatment Services for Children – as applicable)*

### Related FAQ's

- ⌘ People who provide PSS are employees of the CBHS provider, and must qualify as a BHC Associate;
  - minimum age for employees is determined by labor laws and agency policy.
  - Younger employees may require closer monitoring / supervision
- ⌘ People who provide PSS are hired expressly for this purpose, and disclosing either their personal health history or a family member's health history is a requirement for job application.
- ⌘ A CBHS provider is the only enrolled provider allowed to bill Medicaid for PSS.

### Additional Resources

Peer Support 101 (Manual)

Peer Support Consortium / Alaska Mental Health Trust Authority, 2013

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