Peer Support Services are structured and scheduled activities for adults ages eighteen (18) and older with a diagnosis of mental health or substance use disorders. Peer Supports are provided by North Carolina Certified Peer Support Specialists. Peer Support Service is an individualized, recovery-focused service that empowers members to manage their own recovery by being hopeful, resilient and responsible. Interventions of Peer Support staff serve to enhance the development of natural supports, as well as coping and self-management skills. Interventions of Peer Support staff also may provide supportive services to assist a member with community integration and maintaining wellness following treatment.

Peer Support Services emphasize personal safety, self-worth, confidence, growth, community engagement, boundary setting, planning, self-advocacy, personal fulfillment, positive social supports and effective communication. Services emphasize the acquisition, development and expansion of rehabilitative skills needed to move forward in recovery.

Peer Support Services should be collaborating with the other clinical service providers, such as an outpatient therapist and/or a psychiatrist. If members are not engaged in these clinical services, Peer Support Specialists should provide education on these services and help to coordinate initiation as clinically appropriate. If these services are recommended, but members are not yet willing to engage, this should be documented in the service notes. This should include a plan for evaluating the ongoing effectiveness of Peer Support, if the member is not willing to engage in services that are consistent with clinical practice guidelines. Part of the role of the Qualified Professional is to ensure that the member is assessed for and connected to clinically appropriate services.

Examples of specific interventions include, but are not limited to, the following.

- **Instill Hope**: Assisting the member to talk about his/her experiences through modeling of sharing recovery stories and use of recovery language as a means to instill hope and reduce stigma
- **Self-Determination**: Cultivating the member’s ability to make informed,
independent choices; helping the member develop a network of contacts for information and support

- **System Navigation:** Helping the member navigate the system for psychiatric and general medical treatment and connecting with community resources; assisting the member with writing letters or making telephone calls about an issue related to his/her recovery

- **Individual Advocacy:** Encouraging members to speak on their own behalf and take initiative to self-direct their recovery; guiding the member toward taking a proactive role in whole health management

- **Pre-Crisis and Post-Crisis Support:** Assisting the member with the development of a personal crisis plan, and/or a Psychiatric Advance Directive (PAD) and sharing with appropriate supports – including developing the Wellness Recovery Action Plan (WRAP); helping the member identify early signs of relapse and how to request help to prevent a crisis; supporting the member in seeking less restrictive alternatives to admission to locked hospital facilities, jails and Emergency Departments, as clinically indicated

- **Housing:** Assisting the member with learning how to maintain stable housing through bill paying, abiding by rental agreements, cleaning and organizing his or her belongings, etc.

- **Education/Employment:** Assisting the member in gaining information about going back to school or job readiness training; coaching the member about discussions with employer regarding reasonable accommodations for wellness recovery needs

- **Whole Health Wellness Activities:** Teaching the member about the benefits of nutrition, meditation/relaxation, exercise, development of natural supports, etc. The focus is on linking members to wellness activities in the community. Activities reflect empowerment, increasing independence, skill maintenance, planning and enhancement and show fading of professional supports.

### Provider Requirements

Peer Support Services must be delivered by staff employed by a MH/DD/SA provider organization that meet the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A N.C.A.C. 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being a member of the Cardinal Innovations Healthcare provider network. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

Staff should follow the North Carolina Peer Support Specialist Code of Ethics and Values for the Peer Support Definition (all ethical issues shall be governed by policies and procedures established within the hiring entity): [http://pss.unc.edu](http://pss.unc.edu).
The provider ensures documented clinical oversight to certified Peer Support Specialists and Qualified Professionals by a licensed clinician at least monthly. Supervision should address member-specific dimensions of wellness, progress and outcomes and should ensure appropriate collaboration/coordination of care.

**Staffing Requirements**

Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance use disorder and must be North Carolina Certified Peer Support Specialists who

- Self identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder which meets federal definitions, AND
- Are well established in their own recovery, AND
- Are currently in recovery and are stable, AND
- Have a high school diploma or GED equivalency, AND
- Are supervised by a Qualified Professional (QP), AND
- Are not a family member of the member who receives Peer Support services

Peer Support Staff must follow the NC Peer Support Certification Guidelines under the Behavioral Health Resource Plan (BHRP), School of Social Work, UNC Chapel Hill.

In the event that a Certified Peer Support Specialist is not available (e.g., termination), the QP is responsible for transitioning members to other Certified Peer Support Specialists within 30 calendar days.

**Service Type/Setting**

Services may be provided in any location with the exception of the Peer Support staff person’s place of residence. The intent of this service is to be community-based, rather than office-based. Eighty percent (80%) of contacts must be face to face with the member. Travel time may be billed when the certified Peer Support staff is providing an intervention. The purpose of the travel is to help the member access an activity related to this service. Billable activities also include telephone time with the member and collateral contact with persons who assist the member in meeting his/her rehabilitation goals.

**Program Requirements**

Peer Support groups for psychoeducation that are facility-based shall not exceed a ratio of 1:15; this includes group activities such as Wellness Recovery Action Planning, illness
management, etc. Group activities that are focused on interactive skill development and practice in the community or other non-facility based settings shall not exceed 1:5.

The QP supervising Peer Support staff may not exceed 1:8 full time equivalents QP to Peer Support staff ratio

Peer Support staff can bill for time developing Psychiatric Advanced Directives as well as Wellness Recovery Action Plans, Recovery Assessment Scale (RAS) measurement and pre and/or post-crisis plans.

### Utilization Management

Units are billed in fifteen (15) minute increments.

To allow for initial member engagement and the development of an Individual Support Plan (ISP), Person Centered Plan (PCP) or Service Plan, the first five (5) hours (20 units) of service do not require prior authorization.

After the first five hours/20 units, the service must be pre-authorized. The need for the service must be reflected in the Individual Support Plan, Person Centered Plan or Service Plan. The Recovery Assessment Scale (RAS) must be completed and submitted with each Treatment Authorization Request (TAR).

Authorizations will be made as follows:

- **Initial Authorization** – First 90 days (or when a member is experiencing a period of instability): no more than 20 hours per week individual or group
- **Step down to sustaining support** – After first 90 days, and up to subsequent 90 days no more than 15 hours per week except when necessary to address short-term problems/issues.
- **Intermittent Support** – After 180 days, no more than ten 10 hours per week of individual and/or group.

A maximum of twenty (20) units of Individual and/or Group Peer Support services can be provided in a twenty-four (24) hour period by any one Peer Support staff. No more than eighty (80) units per week of services can be provided to a member. A week is defined as Sunday through Saturday.

If medical necessity dictates the need for more service hours, consideration should be given to interventions with a more intense clinical component; additional units may be authorized as clinically appropriate.

TARs should be individualized to reflect mutually agreed upon meeting frequency and duration.

### Entrance Criteria
The member is eligible for this service when
- Member is an adult age eighteen (18) and older with identified needs in life skills;
- Member has a DSM-5 diagnosis of mental health and/or substance use disorder;
- Member meets LOCUS Level 1 “Recovery Maintenance and Health Management” or greater on the LOCUS or ASAM Level 1.

The member is experiencing difficulty in at least one of the following areas, or lacks useful life experience, in one of the following areas.
- Is receiving or has recently received crisis intervention services
- Is experiencing functional problems in the residence, community, church, school, job or volunteer activity
- Is missing appointments or frequently is late
- Is in active recovery from substance use/dependency and is in need of mutual support from a peer for relapse prevention support
- Needs to develop self-advocacy skills
- Needs to maintain a routine of daily whole health management

The member must be able to be receptive to services in an unstructured environment without professional presence.

Members are also eligible for this service when
- They are in the special population receiving treatment planning, have Serious and Persistent Mental Illness (SPMI) and reside in an Adult Care Home determined to be an Institution for Mental Disease;
  OR
- They have SPMI and are transitioning from Adult Care Homes and State Psychiatric Institutions;
  OR
- They are diverted from entry into Adult Care Homes due to preadmission screening and diversion.

**Continued Stay Criteria**

After a maximum of seven hundred and seventy-four (774) hours, or three thousand and ninety six (3096) units of service, the member may have further units authorized if the member continues to meet admission criteria and treatment goals have not yet been reached. The member may choose not to participate in any other treatment/support option. The service received by the member should be reviewed for effectiveness every six months. The Peer Support Service must be included in the member’s Service Plan. The Service Plan must be developed as part of an Individual Support Planning Process and reflect the strengths, needs and priorities of the member.
## Discharge Criteria

- Member meets criteria for higher level of care (e.g., return to use that impacts the member’s functioning, multiple hospitalizations, multiple crisis episodes, etc.); or
- Member no longer wishes to receive Peer Support services; or
- Member has achieved two (2) years of abstinence from misuse of substances; or
- Member has achieved two (2) years of successful wellness/recovery from mental illness; or
- Goals of the Service Plan have been substantially met; or
- Individual designed Pre Crisis/Post Crisis and Crisis Plan have worked for two years to avoid involuntary treatment and hospital emergency room usage.

## Expected Outcomes

The Recovery Assessment Scale (RAS) is a required outcome measurement tool that will guide treatment goals and interventions. Administration of the RAS is required upon admission and at least every six (6) months to monitor progress and outcomes.

The service will support recovery, and the expected outcome will reduce the need for a higher level of care. This service promotes integration into the community at large and self-reliance.

Compared to previous twelve (12) months without Peer Supports there will be
- Reduction in use of formal treatment based services: Intensive Outpatient Programs, Psychosocial Rehabilitation
- Reduced crisis and psychiatric hospital utilization because the member has reliable contacts and a customized Crisis Plan
- Shortened hospital stays

## Service Order

A Master's level behavioral health professional licensed by the state of North Carolina with at least two years of post-Master's Degree experience with the population served orders this service.

## Documentation Requirements

Minimum standard is a daily full service note or grid that meets the criteria specified in the Service DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2). Service notes include, but are not limited to,
- the member’s name,
- Medicaid identification number
- date of service
- name of the service provided
- duration of the service
- purpose of contact
• the provider’s interventions, including the time spent performing the interventions
• effectiveness of the intervention
• the signature, credentials and job title of the staff providing the service

### Service Exclusions/ Limitations

Peer Support cannot be provided at the same time of day as Psychosocial Rehabilitation (PSR).

Peer Support may not be provided during the same authorization period as the following services:

- Partial Hospitalization
- ACTT
- Community Support Team
- Individual Support (MH Only)
- SAIOP (Substance Abuse Intensive Outpatient)
- SACOT (Substance Abuse Comprehensive Outpatient Treatment)
- Members ages eighteen (18) to twenty-one (21) may not live in a child residential treatment facility.

(b)(3) services, with the exception of Psychiatric Consultation, are not available to participants of all state 1915(c) waivers.

(b)(3) services are only available up to the capitation amount provided to fund these services.

This service may not be provided by family members.

Administrative activities, such as writing service notes or completing TARs, are not billable activities.