

**PROVIDER HANDBOOK FOR PSYCHIATRIC AND
PARTIAL HOSPITALIZATION SERVICES**

SECTION VII – OTHER SERVICES

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II. PEER SUPPORT SERVICES STANDARDS

These standards apply to all providers of Peer Support Services (PSS) that are enrolled or seek to enroll in the Medical Assistance (MA) Program in the Fee-For-Service (FFS) system and/or the HealthChoices Behavioral Health Program (HealthChoices) and contain the minimum requirements that shall be met to obtain a license to provide PSS.

The MA program provides payment for specific medically necessary peer support services rendered to eligible individuals by peer support services agencies enrolled as providers under the program. Payment for peer support services is subject to the provisions of these requirements, 55 Pa. Code Chapter 1101 (relating to general provisions) and the limitations established in 55 Pa. Code Chapter 1150 (relating to the MA program payment policies) and the MA program fee schedule. Payment will not be made for compensable peer support services if payment is available from another public agency or another insurance or health program.

A. PSS Definitions.

The following words and terms, when used in this handbook, have the following meanings, unless the context clearly indicates otherwise:

Adult—An individual 18 years of age or older.

BH-MCO—Behavioral Health Managed Care Organization—An entity that manages the purchase and provision of mental health and substance abuse services.

CPS—Certified Peer Specialist—An individual with lived mental health recovery experience who has been trained and certified by a Department-approved training entity to help their peers gain hope and move forward in their own recovery.

CPS certificate—Certified Peer Specialist certificate—A certificate awarded to a person who has successfully completed the Department-approved training in peer support services.

County MH/ID administrator—The Mental Health/Intellectual Disability administrator who has authority in the geographic area.

Culturally competent—The ability to provide service in a manner that shows awareness of and is responsive to the beliefs, interpersonal styles, attitudes, language and behavior of an individual and family who are referred for or receiving service.

Department—The Department of Human Services of the Commonwealth.

EBP—Evidence based practice—Service delivery practice identified, recognized and verified by research and empirical data to be effective in producing a positive outcome and supporting recovery.

FTE—Full-time equivalent—37.5 hours per calendar week of staff time.

Functional Impairment—Difficulties that substantially interfere with or limit:

- (i) A person from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills;
- (ii) Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing);
- (iii) Instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and
- (iv) Functioning in social, family, and vocational/educational contexts.

GED—General Equivalency Diploma.

Individual—A person, 14 years of age or older, who receives peer support services.

ISP—Individual Service Plan—A document that describes the current service needs based on a comprehensive assessment of the individual and identifies the individual's goals, interventions to be provided, the location, frequency and duration of services, and staff who will provide the service.

LPHA—Licensed practitioner of the healing arts:

- (i) A person licensed by the Commonwealth to practice the healing arts.
- (ii) The term is limited to a physician, physician's assistant, certified registered nurse practitioner and psychologist.

MA—Medical Assistance.

Natural support—A person or organization selected by an individual to provide assistance or resources in the context of a personal or nonofficial role.

PSS agency—An organization that operates a PSS program licensed by the Department.

PSS Core Competencies, Principles and Values—A list of core values inherent in peer support services as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SED—Serious Emotional Disturbance—A condition experienced by a person under 18 years of age who currently or at any time during the past year had a diagnosable mental,

behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual; and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SMI—Serious Mental Illness—A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria within the current DSM and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders and developmental disorders are not included.

Trauma—The result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Trauma-informed care—An intervention and organizational approach that focuses on how trauma may affect an individual's life and his or her response to behavioral health services from prevention through treatment.

Youth—An individual 14 years of age and older but under 18 years of age.

Young Adult—An individual 18 years of age and older but under 27 years of age.

B. Provider Qualifications for MA payment.

General Qualifications:

- (1) Peer Support Services may be provided by:
 - (a) An agency that provides only peer support services,
 - (b) An outpatient psychiatric clinic,
 - (c) A partial hospitalization program,
 - (d) A crisis intervention provider,
 - (e) A case management provider,
 - (f) A psychiatric rehabilitation provider.

- (2) The PSS program shall be a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern.
- (3) A PSS agency shall meet the requirements under Chapter 20 (relating to licensure or approval of facilities and agencies).
- (4) A PSS agency may file an appeal relating to licensure or approval in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

Enrollment:

An agency that is not currently licensed as required above must submit an application for licensure, before or at the time the request to provide PSS is submitted. An application for licensure may be obtained by contacting the regional OMHSAS field office.

Agencies must be licensed by the Department, be enrolled in the MA Program as a PSS provider and have a letter of approval from the Department to provide PSS. Additionally, providers in the HealthChoices Program must be credentialed by the BH-MCO.

A request to provide PSS, which includes a service description containing the elements specified in the following PSS standards should be submitted to the regional OMHSAS field office (ATTN: Peer Support Services) and the County Mental Health/Intellectual Disability (MH/ID) program of the county in which the service will be delivered. OMHSAS will conduct a review of the submitted information, which may include an onsite survey of the facility, and approve or deny the request. The service description must also be approved by the Department before services are initiated. **Existing PSS agencies must submit an amended service description for approval in order to serve individuals under 18 years of age.**

After receiving approval from the Department to provide PSS and, if applicable, a license to provide PSS, a PSS agency must enroll in the MA Program. Instructions, forms, and an online application to enroll in the MA Program are available on the Department's website at:

<http://www.dhs.pa.gov/provider/promise/enrollmentinformation/>

The entire enrollment package includes the following information:

1. PROMISe Provider enrollment base application;
2. Outpatient Provider Agreement signed by an authorized representative of the entity holding the base license;
3. Copy of Certificate of Compliance;
4. Copy of Department approved PSS description;
5. Copy of Department letter of approval to operate a PSS program; and

6. Copy of Tax Document generated by the IRS showing both the name and tax ID of the entity applying for enrollment.

The completed MA enrollment package must be mailed to the appropriate regional OMHSAS field office, **ATTN: Peer Support Services**:

Northeast Field Office OMHSAS
Scranton State Office Bldg
100 Lackawanna Avenue
Room 321
Scranton, PA 18503-1939

Southeast Field Office OMHSAS
Norristown State Hospital
1001 Sterigere Street
Bldg. 48, Room 208
Norristown, PA 19401-5397

Southwest Field Office OMHSAS
Pittsburgh State Office Bldg
301 Fifth Avenue, Suite 480
Pittsburgh, PA 15222-1210

Central Field Office OMHSAS
303 Walnut Street
Commonwealth Tower, 12th Floor
PO Box 2675
Harrisburg, PA 17105-2675

Service Descriptions:

Prior to the initial licensing visit, and when changes occur to the service description, a PSS agency shall submit to the Department for prior approval a service description that includes the following:

- (1) A description of the governing body and advisory structures, including an agency table of organization that shows the structure of the program with all service components.
- (2) The program philosophy which reflects recovery and resiliency principles as articulated in the OMHSAS vision statement and guiding principles.
- (3) A description of the population to be served, including the diagnosis, developmental needs, and age range of the individuals to be served.
- (4) A description of any specialized services and the target population for the specialized services offered by the program.
- (5) A description of the approach of peer support services offered, including:
 - (a) The evidence-based practices and best practices utilized,
 - (b) Trauma-informed care approach and interventions,
 - (c) Types of service activities offered to individuals, and

- (d) Expected outcomes.
- (6) Program capacity, including:
 - (a) Staffing patterns,
 - (b) Staff-to-individual ratios, and
 - (c) Staff qualifications.
- (7) Cultural competency reflective of population to be served.
- (8) Staff supervision plans.
- (9) Staff training protocols, including specialized training requirements based upon the target population to be served.
- (10) Service delivery patterns, including frequency, duration, and method of service delivery.
- (11) Days and hours of program operation.
- (12) Geographic limits of program operation.
- (13) A description of the physical site, including copies of applicable licenses and certificates.
- (14) A description of 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.
- (15) A description of how the peer specialist and peer specialist supervisor will participate in and coordinate with treatment teams and the procedure by which a team meeting may be requested.
- (16) A description of how the peer specialist will coordinate services with natural supports, including those identified by the individual, and treatment, rehabilitation, medical and community resources.
- (17) The referral and intake process and individual empowerment models and tools utilized in delivering the service.
- (18) The method by which each individual's recovery-focused ISP will be developed and how the services and activities will meet the needs specified in the ISP.

- (19) The method by which an individual may request changes in services or their ISP.
- (20) A description of how the quality assurance plan will be developed and monitored as required under Section VII-G of these standards.

Coordination of services:

- (1) A PSS agency shall have written agreements to coordinate care with other service providers as needed, including the following:
 - (a) Case management service providers.
 - (b) Psychiatric outpatient clinics.
 - (c) Psychiatric inpatient facilities.
 - (d) Drug and alcohol programs.
 - (e) Crisis intervention programs.
- (2) A PSS agency serving youth and young adults under 21 years of age shall also have written agreements to coordinate care with:
 - (a) County juvenile probation or juvenile justice agencies; and
 - (b) School districts or local education agencies.
- (3) A PSS agency may have written agreements to coordinate services with other service providers, including the following:
 - (a) County children and youth agencies.
 - (b) County intellectual disability programs.

Staffing:

- (1) *PSS Director.* The PSS director shall be a mental health professional and is responsible to maintain oversight of peer support services, which includes ensuring that services and supervision are provided consistent with these standards and the PSS agency service description.

- (2) The PSS director may also be a CPS supervisor if he or she meets the qualifications and training requirements for peer specialist supervisors.
- (3) The number of individuals assigned to a certified peer specialist shall be based upon the needs of the population served, the community in which the program is located, the service delivery method, and the length of service provided.
- (4) Certified peer specialists and supervisors may work in another program or agency, but their time must be pro-rated and their hours of service in each program clearly and separately identified.
- (5) No peer support staff person may have duplicate or overlapping hours of service in a peer support program and another program or agency.
- (6) Peer support staff shall be required to disclose to their program director when they are co-employed with another program or agency.

Staff qualifications:

(1) *Mental Health Professionals.* Mental health professionals shall meet one of the following:

- (a) Has a master's degree in social work, psychology, rehabilitation or activity therapies, counseling, education, nursing or related fields from a program that is accredited by an agency recognized by the U.S. Department of Education (USDOE) or the Council for Higher Education Accreditation (CHEA), or an equivalent degree from a foreign college or university approved by the USDOE and at least one year of mental health direct service experience.
- (b) Has a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field from a program that is accredited by an agency recognized by the USDOE or the CHEA, or an equivalent degree from a foreign college or university approved by the USDOE; and at least five years of mental health direct service experience, two of which shall include supervisory experience.
- (c) Has a bachelor's degree in nursing from a program that is accredited by an agency recognized by the USDOE or the CHEA, or an equivalent degree from a foreign college or university approved by the USDOE; and at least three years of mental health direct service experience.

(d) Be a registered nurse with five years of mental health direct service experience, two of which shall include supervisory experience.

(e) Be a licensed registered nurse and hold a current mental health certification from the American Nurses Credentialing Center or the Pediatric Nursing Certification Board.

(2) *Certified Peer Specialists.* Certified peer specialists shall meet all of the following:

(a) Be self-identified individuals who have received or are receiving mental health services for a serious emotional disturbance or serious mental illness.

(b) Eighteen (18) years of age and older.

(c) Have a high school diploma or general equivalency diploma.

(d) Within the last three (3) years, have either maintained at least 12 months of successful work or volunteer experience, or earned at least 24 credit hours at a college or post-secondary educational institution; and

(e) Completed the Department-approved certified peer specialist training.

(3) *Peer Specialist Supervisors.* A supervisor of certified peer specialists shall meet one of the following:

(a) A mental health professional who has completed the Department-approved peer specialist supervisory training; or

(b) A person who has a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field from a program that is accredited by an agency recognized by the USDOE or the CHEA, or an equivalent degree from a foreign college or university approved by the USDOE; and two years of mental health direct service experience that may include peer support services; and has completed the peer specialist supervisory training curriculum approved by the Department; or

(c) A person who has a high school diploma or general equivalency diploma and four years of mental health direct service experience that may include peer support services, and has completed the peer specialist supervisory training curriculum approved by the Department.

Supervision:

- (1) A full-time equivalent peer specialist supervisor shall not supervise more than seven (7) full-time equivalent CPSs. Supervisory staff time for part-time peer specialist supervisors shall be at least proportionate to the ratio of one full-time supervisor to seven CPSs.
- (2) Supervisors shall conduct a minimum of one face-to-face meeting with each certified peer specialist per week with additional support as needed or requested.
- (3) Supervisors shall maintain a log of 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.
- (4) Certified peer specialists shall receive at least six hours of direct supervision and mentoring from the supervisor in the field before working independently.
- (5) The immediate supervisor of a CPS shall determine the need for additional supervision or mentoring prior to allowing a CPS to work independently.

Staff training and professional development:

- (1) PSS agencies shall develop a written staff training plan that ensures that each CPS receives ongoing individualized training appropriate to their identified strengths and needs and the other requirements identified in this section. The training plan shall include a description of the opportunities for certified peer specialists to network with other certified peer specialists both within and outside the PSS agency.
- (2) PSS agencies shall provide opportunities for CPSs to meet with or otherwise receive support from other CPSs both within and outside the agency. Staff training plans shall identify learning objectives specific to providing services to the population being served that ensure that certified peer specialists and their supervisors are sufficiently skilled to provide services in a developmentally appropriate and culturally competent manner and that staff attain and maintain the peer support certification required.
- (3) Peer specialist supervisors shall complete a peer specialist supervisory training course approved by the Department within six months of assuming the position of peer specialist supervisor.

- (4) Peer specialist supervisors may not provide PSS unless they are certified peer specialists and comply with the continuing education training requirements in (6).
- (5) CPSs shall complete the Department-approved Certified Peer Specialist training prior to providing PSS.
- (6) CPSs shall complete a minimum of 18 hours of continuing education training per calendar year beginning with the first calendar year after the year in which the CPS obtains certification. The 18 hours of training shall include 12 training hours that are specifically focused on peer support or recovery practices, or both.
- (7) Documentation of completion of required trainings shall be kept in each staff's personnel file.

Criminal history and child abuse background clearances:

If a PSS agency offers services to individuals under 18 years of age, criminal history and child abuse clearances shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

C. 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.
 - (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.

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.

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.
- (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.

(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.

D. Medical necessity review guidelines.

Service Initiation:

(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.

(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.

Continued Stay Requirements:

- (1) A PSS agency shall determine an individual's eligibility for continued stay during an ISP update.
- (2) An individual's eligibility for continued stay shall be determined by documentation of the following:
 - (a) The individual chooses to continue participation with PSS.
 - (b) There is a continued need for the service based upon one or both of the following:
 - (i) As a result of mental illness, there is a functional impairment or skill deficit that is addressed in the ISP.
 - (ii) The withdrawal of service could result in loss of gains or goals attained by the individual.

Discharge requirements:

- (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.
- (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.
- (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.

E. 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.
 - (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.

Confidentiality:

A PSS agency shall protect information about an individual in compliance with the Mental Health Procedures Act (50 P. S. § § 7101—7503), 55 Pa. Code § § 5100.31—5100.39 (relating to confidentiality of mental health records), the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191, 110 Stat. 1936) and 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information). A PSS agency shall comply with all applicable federal and state laws and regulations concerning privacy and security of medical and mental health records.

F. Service Planning and Delivery.

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.
 - (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.

Individual service plan:

- (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.
 - (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.
- (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.
 - (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.

Service provision:

- (1) Services shall be provided as specified in the individual's ISP.
- (2) Services may be site-based or off-site in the community, or both, as identified in the ISP.
- (3) Services may be provided on a group basis if specified in the ISP. PSS agencies shall not allow individuals who are not currently receiving peer support services from that agency to participate in group services.

- (4) Services shall be provided in accordance with the PSS agency service description (see page VII-15).

G. Quality Assurance.

- (1) Each PSS agency shall establish and implement a written Continuous Quality Improvement plan that includes at least the following:
 - (a) An identification of the reviewers.
 - (b) The frequency of reviews.
 - (c) The types of reviews.
 - (d) The methodology for establishing sample size.
 - (e) An annual review of the quality, timeliness and appropriateness of services by reviewing the following:
 - (i) Outcomes for peer support services.
 - (ii) Individual record reviews.
 - (iii) Individual satisfaction.
 - (iv) Evaluation of compliance with the approved PSS agency service description.
- (2) A PSS agency shall document that individuals served participate in QI plan development and follow up.
- (3) A PSS agency shall prepare an annual report that:
 - (a) Documents analysis of the findings of the annual review.
 - (b) Identifies actions to address annual review findings.
 - (c) Is available to the public.

H. Individual Participation and Freedom of Choice.

Nondiscrimination:

A PSS agency shall not discriminate against staff or individuals receiving services on the basis of race, color, creed, disability, religious affiliation, ancestry, sex, gender, gender identity or expression, sexual orientation, national origin, ethnicity, or economic status, and must observe all applicable State and Federal statutes and regulations.

Rights:

- (1) An individual may refuse to participate in PSS without jeopardizing other parts of his or her treatment or service program.
- (2) Eligibility for participation in PSS is not dependent upon compliance or participation in other services.
- (3) The individual to be served should have input in the assignment of a CPS.
 - (a) If a CPS assigned to work with an individual has a preexisting relationship with the individual from a different setting or context, the potential conflict should be disclosed and the individual given the opportunity to request assignment of a different CPS.
 - (b) An individual's request for assignment or change of a CPS should be honored if possible, and the request and outcome of the request documented in the individual's record.
 - (c) An individual who is re-admitted to PSS should be assigned to the CPS who previously assisted the individual whenever possible, unless the individual objects.
- (4) Efforts should be made to re-engage an individual who has not been participating in PSS as a result of his or her mental illness or co-occurring disorder.
- (5) Individuals that have PSS reduced or terminated have the right to appeal the decision in accordance with procedures set forth in Title 55 Pa. Code Chapter 275, Appeal and Fair Hearing and Administrative Disqualification Hearings.

I. Submission of Claims.

When submitting claims for PSS, use procedure code H0038 to identify the service delivered as being peer support-self-help/peer services, the provider type assigned at enrollment, and provider specialty code 076.

PSS delivered via telephone:

When submitting claims for telephone contact, add the 'GT' Informational Modifier ("via interactive audio and video telecommunication systems"). PSS delivered via telephone are limited to 25% of total services provided per recipient per calendar year. Providers are encouraged to monitor appropriate use of telephone-delivered PSS by conducting record reviews and internal audit of units of services billed. Each BH-MCO should assess their PSS network providers' adherence to service guidelines in order to assure quality services for members and must monitor utilization rates of telephone contacts. OMHSAS monitors the amount and appropriate use of telephone-delivered PSS through on-going licensing activities and review of claims data.

Submit claims using the CMS-1500 Claim Form to:

Department of Human Services
Office of Medical Assistance Programs
P.O. Box 8194
Harrisburg, Pennsylvania 17105

Instructions for ordering CMS-1500 Claim Forms and for submitting claims electronically are available on the Department's website.

Billing related inquiries should be directed to OMHSAS Behavioral Health toll free inquiry line at 1-800-433-4459.

The procedure code for MA fees that apply to PSS are as follows:

National Procedure Code	Modifier	Procedure Code Description	MA Fee	Unit of Service	Limits Outpatient
H0038		Self-help/peer services	\$10.00/ unit	15 minutes	
H0038	GT	Self-help/peer services - interactive telecommunication systems	\$10.00/ unit	15 minutes	25% or less of services provided per calendar year

Approved place of service codes are as follows:

Provider Type	POS Code	Place of Service Description
Clinic		
08	12	Home
08	21	Inpatient Hospital
08	23	Emergency Room
08	49	Independent Clinic
08	99	Other
Mental Health & Substance Abuse		
11	11	Office
11	12	Home
11	21	Inpatient Hospital
11	52	Psychiatric Facility - PH
11	99	Other
Case Management		
21	11	Office
21	12	Home
21	21	Inpatient Hospital
21	31	Skilled Nursing Facility
21	32	Nursing Facility
21	99	Other

J. Other information.

Waivers:

Any requests for the waiver of the standards in this bulletin shall be sent through the OMHSAS regional field office for consideration and comply with the requirements for waiver requests in Mental Health Bulletin **OMHSAS-16-03**. Any waiver request that diminishes the effectiveness of the program, violates the purposes of the program, or adversely affects individuals' health and welfare will not be approved. Additionally, waiver requests that are inconsistent with individual rights or federal, state, or local laws and federal regulations will not be granted.