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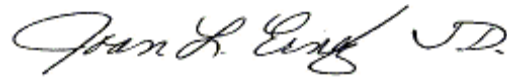
NUMBER:

OMHSAS-09-07

SUBJECT:

Peer Support Services - Revised

BY:



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PURPOSE

The purpose of this bulletin is to:

1. Announce that the Department of Public Welfare (Department) is adding Peer Support Services (PSS) telephone contact as a reimbursable service to the Medical Assistance (MA) Program Fee Schedule.
2. Issue provider handbook pages that contain service guidelines, prior approval procedures, and billing instructions as well as other information necessary for the provision of and payment for PSS including telephone contact.

This Bulletin, which allows for telephone contact as a reimbursable part of PSS, obsoletes Medical Assistance Bulletin (MAB) 08-07-09, 11-07-03, and 21-07-01, issued May 22, 2007 with an effective date of November 1, 2006. and OMHSAS Bulletin OMHSAS-09-05 issued September 10, 2009 with an effective date of October 1, 2009.

SCOPE:

This bulletin applies to all approved providers of PSS that are enrolled or seek to enroll in the MA Program in the Fee-For-Service (FFS) system and/or the HealthChoices Behavioral Health Program (HealthChoices).

BACKGROUND:

Prompted by the final report of the federal New Freedom Commission on Mental Health, issued in July 2003, the Office of Mental Health and Substance Abuse Services (OMHSAS) has engaged in a statewide system transformation initiative that focuses on the provision of recovery-oriented mental health and co-occurring (psychiatric and substance use disorders) services throughout the Commonwealth.

A key component of the system transformation is the Department's commitment to develop services that facilitate and support recovery. Consistent with that commitment, effective November 1, 2006, the Department has added PSS to the MA Program Fee Schedule for MA

recipients 18 years of age and older in both the FFS delivery system and the HealthChoices Behavioral Health Program. To develop the service guidelines for peer support, OMHSAS sought input from and consulted with the entire spectrum of stakeholders, including consumers, family members, advocates, county personnel, and provider organizations.

DISCUSSION:

Based upon the fundamental principles of recovery, PSS are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities.

Peer support is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community. For this reason, the agreement of the individual to receive services is critical.

On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person centered with a recovery focus. PSS facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support, skills training, effective utilization of the service delivery system, and coordination of and linkage to other service providers.

The purposes of PSS are to:

1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy processes;
2. Teach and support acquisition and utilization of the skills needed to facilitate an individual's recovery;
3. Promote the knowledge of available service options and choices;
4. Promote the utilization of natural resources within the community; and
5. Facilitate the development of a sense of wellness and self-worth.

Specific service goals are based on individual needs and personal aspirations, which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. Goals pertaining to system advocacy will be limited to the coordination with or linkage to community resources. The relationship between the peer specialist and the individual served is intended to facilitate accomplishment of the goals specified in the Recovery-focused Individual Service Plan (ISP) which is also referred to as an Individual Recovery Plan. Face-to-face contact is critical to develop the relationship effectively, but there may be times when a telephone contact with the individual served may be appropriate.

PROCEDURE:

Provider Qualifications

PSS may be provided by an agency that provides only peer support services or by a psychiatric outpatient clinic, partial hospitalization program, crisis intervention provider, resource coordination provider, intensive case management provider or psychiatric rehabilitation service (PRS) provider enrolled in HealthChoices. Providers must be licensed by the Department, be enrolled in the MA Program as a provider of PSS and have received a letter of approval from the Department to provide PSS. Additionally, providers in the HealthChoices Program must be credentialed by the BH-MCO.

Services may be delivered directly by the enrolled provider or, with Departmental approval, by subcontract between an enrolled provider and a program or an agency that is not enrolled. If services are delivered through a subcontract arrangement, the enrolled provider remains responsible for all aspects of service delivery, including clinical and administrative oversight. Services must be provided as specified in the individual's ISP. Services may be site-based or off-site in the community, or both, as determined by the goal(s) identified in the ISP and may be provided, in limited circumstances, on a group basis, if specified in the ISP.

In addition to complying with Title 55 Pa.Code Chapters 1101 (General Provisions Chapter), 1150 (MA Program Payment Policies), and 1153 (Outpatient Psychiatric Services), providers who choose to deliver PSS will sign a Supplemental Provider Agreement for the Delivery of PSS, and complete and deliver services in accordance with a service description. The service description and any subcontract arrangement must be approved by the Department before services are initiated.

A request to provide PSS, which includes the service description, with the elements specified in the attached handbook pages, as well as the details of any subcontract arrangement, including the subcontract agreement, should be submitted to the regional OMHSAS office (ATTN: Peer Support Services) and the County Mental Health/Mental Retardation (MH/MR) program of the county in which the service will be delivered. OMHSAS will conduct a review of the submitted information, which in some cases may include an onsite survey of the provider, and approve or deny the request.

An agency that is not currently licensed must also 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 office.

After receiving approval from OMHSAS to provide PSS and, if applicable, a license to provide PSS, a PSS agency must be enrolled in the MA Program. Instructions and forms for enrolling in the MA Program are available on the Department's website.

In addition to the forms identified on the website, the provider must submit the Supplemental Provider Agreement for PSS included with the handbook pages, as part of the enrollment package. In order to provide PSS in the HealthChoices Program, the provider must be credentialed by the BH-MCO. 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. Signed Supplemental Provider Agreement for the Delivery of PSS;
4. Copy of Certificate of Compliance
5. Copy of OMHSAS approved PSS description
6. Copy of OMHSAS letter of approval to operate a PSS program; and
7. 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.

Service Provision

PSS may be provided without prior Departmental approval when recommended by a physician or other practitioner of the healing arts acting within their scope of practice to an individual who is a member of the adult priority group as defined in ***Mental Health Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group***, and as otherwise described in the attached handbook pages. A request for PSS on behalf of an individual who is not a member of the adult priority group may be submitted through the Program Exception Process (1150 Administrative Waiver), as specified in the attached handbook pages.

Note: Program exception requests on behalf of individuals who are members in the HealthChoices Behavioral Health Program should be submitted in accordance with the procedures established by each BH-MCO.

Individuals whose PSS are 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.

Billing for Services

The procedure code for MA fee and limits 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	16 units day/ individual 3600 units/ year/ individual
H0038	GT	Self-help/peer services - interactive tele-communication systems	\$10.00/unit	15 minutes	25% or less of the per calendar year limit above

The MA fee and per day/per year limits apply to the Medical Assistance Fee- For -Service Program (MA FFS). The limit on telephone billing (25%) applies to both FFS and HealthChoices. Services may be billed for the time that the peer specialist has face-to-face interaction with the individual and/or while the individual is present, with the individual's family, friends, service providers or other essential persons.

PSS may be provided by supervisors who are also Certified Peer Specialists if they provide service directly to an individual(s) or in circumstances when they are required to cover for a peer specialist due to their unavailability. Contact with the individual, either in person or by telephone for the purpose of assisting the individual in meeting the goals in the ISP and as a reasonable and justifiable portion of a person's recovery, is compensable. Telephone delivered services will be limited to 25% or less of total service time provided per individual /per calendar year in both the FFS and HealthChoices Behavioral Health programs. Since PSS are now in the PA State Plan, the BH-MCO has the authority to establish its own rate in the HealthChoices Program for this service. 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.

Provider staff meetings, record-keeping activities and other non-direct services are not billable as peer support units of service. Costs related to travel were included in developing the current MA fee for PSS and are therefore not billable. The co-payment for the service provided by the MA FFS Program will follow the current DPW policy. There are no co-payments in HealthChoices Behavioral Health.

A systems edit will be applied to claims to pay no more than the maximum of 16 units per day. Example: A claim for 3 hours (12 units) is submitted and is paid. A different claim for 2 hours (8 units) is subsequently submitted on the same day. The second claim will be paid for 4 units. Claims will be paid in the order they are submitted.

OMHSAS will generate a periodic report to monitor the 25% maximum limit for telephone contact. In addition:

- Providers are encouraged to monitor appropriate use of telephone-delivered PSS by conducting record reviews and internal audits of units of service billed, and self report overpayment findings;
- Each BH-MCO should assess their network providers' adherence to service guidelines in order to assure quality services for members and should monitor utilization rates of telephone contacts; and
- OMHSAS will be monitoring the amount and appropriate use of telephone-delivered PSS through on-going licensing activities and review of claims data.

When an individual receiving services has a disability as defined by the Americans with Disabilities Act (ADA) and documented as such, those services must be made accessible. For example, instant messaging is considered a reasonable accommodation for an individual with a communication disability when used as a necessary alternative to telephone contact in order to receive direct PSS. Although instant messaging is considered an immediate, direct, and reciprocal exchange of communication, as is telephone, TTY or webcam contact, it is not intended to replace or decrease the frequency of face-to-face contact. The provider may include instant messaging when used as an alternative to telephone contact with a person with a documented requirement of the need for a communication accommodation. All other existing parameters, such as limits and documentation requirements, remain in effect.

The service guidelines, prior approval procedures, billing instructions, and other information regarding MA payment for PSS are described in the attached updated pages of the Provider Handbook for Outpatient Psychiatric and Partial Hospitalization Services. As set forth in Title 55 Pa.Code § 1101.67(a), a provider must comply with the procedures described in the handbook pages to receive MA payment.

NOTE: Providers who render peer support services in the HealthChoices Behavioral Health Program should submit claims in accordance with the procedures established by each Behavioral Health Managed Care Organization.

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

ATTACHMENTS:

Medical Assistance Handbook, Outpatient Psychiatric and Partial Hospitalization Services, Updated Handbook pages, Peer Support Services and Attachments, revised for telephone billing.

OBSOLETE BULLETIN: Medical Assistance Bulletin (MAB) 08-07-09, 11-07-03, and 21-07-01, issued May 22, 2007 with an effective date of November 1, 2006 and OMHSAS Bulletin OMHSAS-09-05 issued September 10, 2009 with an effective date of October 1, 2009.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

For additional information :

The Department of Public Welfare website is located at www.dpw.state.pa.us