

## Peer Frequently Asked Questions-Part 2

6/15/07

### Question 1:

Are co-payments required for Peer Support Services?

Answer:

Since Health Choices is now available in all counties and since Peer Support Services are a required in-plan service in Health Choices, co payments are now under the jurisdiction of the Behavioral Health Managed Care Organizations (BHMCO) in most cases. ***Deputy Secretary Joan Erney is instructing the BHMCO's not to assess a co- payment for Peer Support Services in Health Choices.*** Although co-payments are required for this service in the Medical Assistance Fee For Service (FFS) program, OMHSAS anticipates this will be a very infrequent occurrence since the numbers of individuals served in FFS will be nominal.

### Question 2:

The Peer Support Services bulletin indicates that social, recreational or leisure activities are not appropriate Medicaid Peer Support services. Does this mean that socialization will no longer be an appropriate goal?

Answer:

No. If an individual identifies that one of the things they want the Peer Specialist to help them with is to socialize and become more integrated into the community, the Peer Specialist can include this in the person's individualized service plan as a goal. In order to bill for Medicaid, all services provided by the Peer Specialist need to be identified within the person's plan and activity directed towards any goal must be documented within the record.

If an individual, however, merely wants to participate in a leisure or recreational activity, this would not be reimbursable through Medicaid and should be paid for out of funding sources. For example, social rehabilitation programs, drop-in centers and clubhouses organize group activities for their members such as movies, ballgames, etc which the Peer Specialist can help connect people to.

### Question 3:

Why does a Mental Health professional have to sign off on the individual service plan? We only have limited access to a mental health professional within our program,

Answer:

The Centers for Medicare and Medicaid services have set forth in a white paper their requirements for approval of Peer Services under Medicaid. One of those requirements is that a Mental Health Professional must supervise the service. Therefore, in order for Pennsylvania to receive Medicaid funding for this service, we must be in compliance with this requirement.

We are allowing providers to meet this requirement through a variety of options. They can utilize a MH professional that is on staff or on, a MH professional that is within the umbrella agency that holds the license for the program, or if necessary, an agency can subcontract with a licensed agency that can fulfill this function.

### Question 4:

Why do Peer Support Services need to be deemed "medically necessary"?

Answer:

Peer Support Services are now being funded by Medicaid. Medicaid only provides payment for medical services and therefore requires that the services are "medically necessary" in order for providers to receive federal reimbursement.

Please keep in mind that Peer Support Services funded through Medicaid, are only one piece of funding and there are many kinds of services that can and should be provided by Peers outside of Medicaid. OMHSAS expects that the helpful services provided by drop-in centers, consumer staffed programs or other informal peer to peer activities will continue to be funded with state, county and other dollars.

### Question 5:

If I have to travel 30-50 miles to meet with my peers and I can't bill for phone calls and research time, I don't see how I will get enough billable hours in to compensate for my time. Can you explain?

Answer:

The Department has been diligent in its efforts to research and evaluate the development of Peer Support Services, including the establishment of a rate. Pennsylvania's rate is commensurate with what is currently being paid by other states that have had a state plan amendment approved by the Centers for Medicare and Medicaid Service. It is also in proportion with other reimbursement rates that are on the Medicaid fee schedule. When we developed the rate for Peer Support Services we took into consideration the "down time" when a peer cannot bill for direct services. Much like the method we used for developing the rate for case management services, the Peer Support Services rate factors in a certain level of "productivity". That is, we subtracted time spent in training, on holidays, vacation, sick time and time spent in non-direct service and determined the average number of hours per week or year that a Peer Specialist would be able to bill for direct services.

The Department acknowledges that, just as with the provision of other services, it may not be feasible for all interested parties to provide Medicaid funded Peer Support Services without additional fiscal support. The submission of a State Plan Amendment for this service was not intended to meet all of the needs for peer support in Pennsylvania, but rather to offer one option for the payment of these services.

Since Peer Support Services are now a required service in Health Choices, the Behavioral Health Managed Care Organizations (BHMCO) have the authority to establish their own rates, and activities (including travel time, phone time, etc) that they will pay for. Providers should be in discussion with their BHMCO around these issues.

Question 6:

Why is there a limit of 16 units a day on Peer Support Services? People will not be able to get the help they need with this limit.

Answer:

Sixteen (16) units a day or 4 hours of Peer Support Services is a *per person limit* in Medicaid Fee For Service only. In Health Choices, which is where the vast majority of individuals will receive the service, the Behavioral Health Managed Care Organization has the authority to set or remove any limits to payment, limits, etc. This limit was established based upon the belief that the maximum amount of time a Peer Specialist would likely spend in one day with any one individual they are working with was 4 hours.

Question 7:

Please clarify if the goals developed by the Peer Specialist for the Individual Service Plan are part of the overall treatment plan/service plan developed by the treatment team that is working with an individual, or whether the Peer goals are included in a separate plan

Answer:

All service providers should be working with each individual they serve to develop an individualized recovery-oriented plan. The plans developed by each agency may vary in focus depending upon the type of service that provider offers. In all cases, including Peer Support Services, goals that are developed by a provider agency should be integrated into and consistent with the person's overall treatment plan. In a recovery-oriented system, goals identified in all agency plans should be goals that the *individual* has identified and is working towards.

Question 8:

Providers are concerned about the availability and cost of training for peer specialists and supervisors. Only one program has been available and the requirements for holding training sessions have been costly. There have been insufficient numbers of training slots available to meet the initial and ongoing need.

Answer:

OMHSAS is about to enter into an agreement with a second training vendor –Recovery Innovations (formerly known as META). OMHSAS has also issued a request for proposals to counties that want to apply for free training slots within their communities. This round of free training will insure that another 120+ individuals will be trained statewide. Counties and providers are encouraged to contact either of the training vendors to establish a training class in their area. OMHSAS should be contacted if there are concerns about the availability of training so that we can resolve problems when and where they arise. Per question 10 in the May 1, 2007 FAQ, Pennsylvania will be contracting with 2-3 vendors with proven track records for the first two years of implementation and then will assess the consistency, quality and availability of training. Any issues regarding these three areas should be directed to OMHSAS.

We are encouraging counties to use reinvestment or other funds to pay for the initial training. We are also making available a sample contract of an agreement that was established between the Mental Health Association of SE Pa and the Philadelphia District Office of Vocational Rehabilitation. We encourage other counties to establish similar agreements with their district OVR offices to pay for the Peer level training.

Question 9:

We have concerns that the supervisory requirements in the Peer Support Services bulletin are not sufficient to develop the necessary supervisory skills.

Answer:

The supervisory requirements in the Peer Support services bulletin are: a high school diploma or equivalency, 4 years of MH direct care experience and completion of the Peer Specialist supervisory training. These baseline standards were recommended and agreed to by a broad-based advisory group that helped to develop the overall standards for Peer Support Services. These requirements are a minimum expectation and providers/BHMCO'S are free to establish higher qualifications to insure that supervisors are qualified for the position.

Question 10:

What are the documentation requirements for Peer Support Services?

Answer:

The documentation requirements for Peer Support Services are contained on page VII-8 section D of the provider handbook pages of the Peer Support Services bulletin. Also cross-referenced in the bulletin, is 55 PA code 1101.51 (d) that contains the medical record requirements for all Medicaid enrolled providers.