

## Clinical Policy: Peer Support Services

Reference Number: LA.CP.BH.505c

Last Review Date: 06/12/24

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

Peer support services (PSS) are ~~an~~ evidence-based behavioral health ~~services~~ services that ~~consists~~ consist of a qualified peer support ~~provider~~ providers, who assists members/enrollees with their recovery from mental illness and/or substance use. ~~The disorders.~~ PSS are provided by Office of Behavioral Health ~~Recognized Peer Support Specialists~~ (OBH) recognized peer support specialists (RPSS), ~~who are individuals with~~ These specialist ~~possess~~ possess personal lived experience with recovery from behavioral health conditions and successfully navigating the behavioral health services system. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the member/enrollee to the best possible functional level in the community. PSS are person-centered and recovery focused. PSS are face-to-face interventions with the member/enrollee present. Most contacts occur in community locations where the member/enrollee lives, works, attends school and/or socializes.

Peer Support Services, or ~~Consumer-Operated Services~~ consumer-operated services, are recognized by ~~the Substance Abuse and Mental Health Services Administration~~ SAMHSA as an Evidence-Based Practice. PSS ~~is~~ are designed on the principles of individual choice and the active involvement of members/enrollees in their own recovery process. Peer support practice is guided by the belief that people with mental illness and substance use ~~disorder~~ disorders need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community.

Louisiana Healthcare Connections will determine if services are medically necessary based upon the preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services as well as supplemental information provided by the treating practitioner.

### Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that peer support services (PSS) are **medically necessary** when the following is met:
  - A. Admission Criteria: All must be met to satisfy admission criteria
    - i. Member/enrollee must be 21 years of age or older
    - ii. Must have a mental illness and/or substance use disorder diagnosis
    - iii. Member/enrollee must be actively receiving a behavioral health treatment service and, in the pre-contemplative, or contemplative stage of change
    - iv. Member/enrollee must be willing to participate in services
    - v. Must provide documentation showing one or more tasks to assist the member/enrollee during the recovery process
  - B. Continued Stay Criteria: All must be met to satisfy continued stay criteria
    - i. Member/enrollee continues to meet admission criteria

- ii. Progress notes document progress relative to goals identified in the Individual Care Plan, but treatment/recovery goals have yet been achieved
  - C. Discharge Criteria: Criteria i and either ii, iii or iv must be met to satisfy discharge criteria
    - i. An adequate continuing care plan has been established
    - ii. Goals to the Individual Care Plan have been substantially met
    - iii. Member/enrollee/family requests discharge
    - iv. Transfer to another service/level is more clinically appropriate
- II. It is the policy of Louisiana Healthcare Connections that peer support services (PSS) is **not medically necessary** when:
  - A. Services that are purely recreational, social or leisure in nature or have no therapeutic or programmatic content;
  - B. Peer support services that are provided to members/enrollees as an integral part of another covered service;
  - C. Transportation;
  - D. General office/clerical tasks; and
  - E. Attendance in meetings or sessions without a documented purpose/benefit from the peer's presence in that meeting or session

### Service Utilization

Service authorization is required for peer services exceeding 24 units of service. Such initial encounters may be subject to retrospective review. If it is determined the service was not medically necessary, the payment may be subject to recoupment. It is recommended the provider submit the Service Authorization Request for additional peer services as warranted directly following the initial encounter to ensure sufficient time to process the request.

Providers shall submit sufficient documentation to determine medical necessity with the authorization request. Failure to do so may result in a partial or non-authorization for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

### **Background**

Peer support services are an evidence-based health ~~services~~ services that ~~consists~~ consist of a qualified peer support ~~provider~~ providers, who ~~assists~~ assist members/enrollees with their recovery from mental illness and/or substance use disorders. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the member/enrollee to the best possible functional level in the community. PSS are person-centered and recovery focused. PSS are face-to-face interventions with the member/enrollee present. Most contacts occur in community locations where the member/enrollee lives, works, attends school and/or socializes. Members/enrollees cannot receive services from a peer support specialist in lieu of services to be provided by a clinician (i.e. seeing walk-in when a licensed clinician is not available) or services provided by a personal care attendant.

Recognized Peer Support Specialists (RPSS) must receive regularly scheduled clinical supervision from ~~ana~~ Recognized Peer Supervisor (RPSS [CG1][LT2]). The RPS must be either ~~ana~~ Licensed Mental

Health Professional (LMHP) ~~or~~ an RPSS who has successfully completed an OBH approved Recognized Peer Supervisor (RPS) Training and is ~~[CG3][LT4]~~ directly supervised by an LMHP. All LMHPs supervising RPSs are required to successfully complete a state approved Peer Supervisor Training. LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services. Supervision refers to clinical support, guidance and consultation afforded to unlicensed staff rendering rehabilitation services and should not be confused with clinical supervision of bachelor's or master's level individuals pursuing licensure. Discussions during treatment planning and treatment team meetings between the LMHP supervisor and PSS do not count as supervision. ~~[CG5][LT6]~~

PSS must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs) or OAAS certified PSH providers (as determined by LDH OAAS). LGEs and OAAS certified PSH provider agencies must meet state and federal requirements for providing PSS.

PSS include a range of tasks to assist the member/enrollee during the recovery process. Recovery planning assists members/enrollee ~~to set in setting~~ and ~~accomplish~~ accomplishing goals related to their home, work, community and health. PSS may include, but are not limited to:

- Utilizing 'lived experience' to translate and explain the recovery process step by step and expectations of services;
  - Assisting in the clinical process through:
    - Providing feedback to the treatment team regarding identified needs ~~of the member/enrollee~~ and the level of ~~engagement~~ engagement of the member/enrollee;
    - ~~Development~~ Developing of goals;
    - Acting as an advocate, with ~~the~~ permission of the member/enrollee, in the therapeutic alliance between the provider and the member/enrollee;
    - Encouraging ~~a member/enrollee~~ members/enrollees with a low level of engagement to become actively involved in treatment; and
    - Ensuring that ~~the member/enrollee~~ members/enrollees is receiving the appropriate services of their choice ~~and~~ in a manner consistent with confidentiality regulations and professional standards of care;
- Rebuilding, practicing, and reinforcing skills necessary to assist in the restoration of the member's/enrollees health and functioning throughout the treatment process;
- Providing support to ~~the member/enrollee to assist members/enrollees~~ and assisting them with participation and engagement in meetings and appointments
- ~~Assist~~ Assisting the members/enrollees in effectively contributing to planning and accessing services to aid in the member's/enrollees recovery process
- Aiding the member/enrollee in identifying and overcoming barriers to treatment and ~~support~~ supporting the member/enrollee in communicating these barriers to treatment and service providers;
- Assisting the member/enrollee with supporting strategies for symptom/behavior management;
- Supporting ~~the member/enrollee to~~ members/enrollees in better ~~understand~~ understanding their diagnoses and related symptoms;

- Assisting the member/enrollee with finding and using effective psychoeducational materials;
- Assisting the member/enrollee ~~to~~ in identify and ~~practice~~ practicing self-care behaviors, including but not limited to developing a wellness recovery plan and relapse prevention planning;
- Explaining service and treatment options;
- Assisting the member/enrollee to develop support systems with family and community members/enrollees;
- Serving as an advocate, mentor, or facilitator for resolution of personal issues and reinforcement of skills necessary to enhance and improve the member's/enrollees health;
- Fostering the member/enrollee in setting goals, promoting effective skills building for overall health, safety and wellbeing that support whole health improvements and achievements of identified goals and healthy choices;
- Functioning as part of the member's/enrollees clinical team to support the principles of self-direction to:
  - Assist and support the member/enrollee to set goals and plan for the future;
  - Propose strategies to help the member/enrollee accomplish tasks or goals; and
  - Support the member/enrollee to use decision-making strategies when choosing services and supports; and
- Providing support necessary to ensure the member's/enrollees engagement and active participation in the treatment planning process.
- Support the member/enrollee to arrange services that will assist them to meet their treatment plan goals, inclusive of identifying providers such as:
  - Primary care services;
  - Behavioral health management and treatment services;
  - Local housing support programs;
  - Supportive employment;
  - Education, other supportive services;
  - Referral to other benefit programs; and
  - Arranging non-emergency medical transportation.
- Provides support with transitioning members/enrollees from a nursing facility and adjustment to community living.

Reviews, Revisions, and Approvals	Revision Date	Approval Date	<u>Effective Date</u>
Original approval date	01/2021		
No content changes. Moved to clinical policy template. Changed Certified Peer Support Specialists to Recognized Peer Support Specialists.	04/2023	7/10/23	
Annual Review. Background updated to include OAAS certified PSH providers. References reviewed and updated.	06/24	9/25/24	10/25/24
<u>Added Service Utilization section. Updated wording throughout.</u>	<u>12/24</u>		

## **References**

1. Louisiana Department of Health Behavioral Health Services Provider Manual

## **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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