

1915(i) MEDICAID STATE PLAN AMENDMENT

Family Peer Support Service 510-08-65-25

This policy contains the following information about the 1915(i) family peer support service:

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APPLICABILITY

This policy is for members receiving family peer support and service providers rendering family peer support.

DEFINITIONS

Americans with Disabilities Act (ADA) – means a federal civil rights law prohibiting discrimination against people with disabilities in everyday activities.

Care coordinator - means the professional responsible for plan of care development and coordinating access to needed services.

Department – means North Dakota Department of Health and Human Services (NDDHHS).

Family – means primary caregiving unit.

Functional needs-based assessment – means determining the needs between current and desired outcomes. For the purposes of 1915(i), the needs-based assessments utilized are the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), or the Daily Living Activities-20 (DLA).

Home and Community Based Setting (HCBS) - means a member's own home or community rather than an institution or other isolated setting.

Member – means the individual eligible for the service.

Person-centered planning – means a planning technique emphasizing member choice and providing an opportunity to fully participate in the process.

Place of Service (POS) code - means the location a provider delivers a service to a member.

Plan of care - means a document that identifies the supports and services provided to a member to address their needs.

Primary caregiver – means a wide diversity of primary caregiving units with significant attachment to the child including, but not limited to, birth, foster, adoptive, or guardianships even if the child is living outside of the home.

Provider qualifications – means the skills or requirements needed to provide the service.

Reevaluation – means redetermining or reassessing 1915(i) eligibility.

Render – means to provide the service.

Service authorization – means prior approval of the service by the Department.

Service duplication – means services that are the same in scope or nature.

Service limit – means to not exceed or go beyond the established amount.

Service requirements – means necessary factors to provide the service.

Service scope – means the range of services allowed to be provided.

Telehealth – means the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance.

DEFINITION (SCOPE)

Family peer support services are for families caring for a 1915(i) member, under the age of 18. Family peer support specialists are trained and certified specialists with lived experience as a parent or primary caregiver who has navigated child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs. Services provide a structured, strength-based relationship between a family peer support provider and the primary caregiver for the benefit of the child.

Services are provided in a variety of home and community-based settings (HCBS) including: the member’s home, a community mental health center, a peer recovery center, and other community settings where a member and a peer may meet and interact (i.e. community center, park, grocery store, etc.).

Members set goals with their care coordinators, and family peer specialists help achieve the goals or objectives in a member’s person-centered plan. Specific goals are flexibly tailored to the member and attempt to use the member’s community and natural supports. The intent of these activities is to assist members in beginning recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

Family peer support services include:

1. Engagement and Bridging

- Serving as a bridge between families and service providers supporting a productive and respectful partnership by assisting the families to express their strengths, needs, and goals.
- Based on the strengths and needs of the child and family, connecting them with appropriate services and supports. Accompanying the family when visiting programs.
- Facilitating meetings between families and service providers.
- Assisting the family to gather, organize, and prepare documents needed for specific services.
- Addressing any concrete or subjective barriers that may prevent full participation in services.
- Supporting and assisting families during stages of transition which may be unfamiliar (e.g. placements, in crisis, and between service systems, etc.).

- Promoting continuity of engagement and supports as families' needs and services change.

2. Self-Advocacy, Self-Efficacy, and Empowerment

- Coaching and model shared decision-making and skills that support collaboration in addition to providing opportunities for families to self-advocate.
- Supporting families to advocate on behalf of themselves to promote shared decision-making.
- Ensuring that family members inform all planning and decision-making.
- Modeling strengths-based interactions by accentuating the positive.
- Supporting the families in discovering their strengths and concerns.
- Assisting families to identify and set goals and short-term objectives.
- Preparing families for meetings and accompanying them when needed.
- Empowering families to express their fears, expectations, and anxieties to promote positive, effective communication.
- Assisting families to frame questions to ask providers.
- Providing opportunities for families to connect to and support one another.
- Supporting and encouraging family participation in community, regional, state, and national activities to develop their leadership skills and expand their circles of support.
- Providing leadership opportunities for families who are receiving family peer support services.
- Empowering families to make informed decisions regarding the nature of supports for themselves and their child through:
 - Sharing information about resources, services and supports, and exploring what might be appropriate for their child and family.
 - Exploring the needs and preferences of the family and locating relevant resources.
 - Helping families understand eligibility rules.
 - Helping families understand the assessment process and identify their child's strengths, needs, and diagnosis.

3. Parent Skill Development

- Supporting the efforts of families in caring for and strengthening the health, development, and well-being of their child(ren).
- Helping the family learn and practice strategies to support their child's positive behavior.
- Assisting the family to implement strategies recommended by clinicians.
- Assisting families in talking with clinicians about their comfort with their treatment plans.
- Providing emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame, and hopelessness.
- Providing member or group parent skill development related to the needs of the child (i.e., training on special needs parenting skills).
- Supporting families as children transition from out of home placement.
- Assisting families on how to access transportation.
- Supporting the parent in their role as their child's educational advocate by providing information, modeling, coaching in how to build effective partnerships, and exploring educational options with families and school staff.

4. Community Connections and Natural Supports

- Enhancing the quality of life by integration and supports for families in their own communities.
- Helping the family to rediscover and reconnect to natural supports already present in their lives.
- Utilizing the families' knowledge of their community in developing new supportive relationships.
- Helping the family identify and become involved in leisure and recreational activities in their community.
- In partnership with community leaders, encouraging families who express an interest to become more involved in faith or cultural organizations.
- Arranging support and training as needed to facilitate participation in community activities.
- Conducting groups with families to strengthen social skills, decrease isolation, provide emotional support, and create opportunities for ongoing natural support.
- Working collaboratively with schools to promote family engagement.

MODEL

A member may have more than one peer support specialist, within the same provider agency, assigned to them based on their needs. Each peer specialist will work in their area of expertise. For example, one peer specialist may provide support in parent skill development and the other peer specialist provides support to the family as the child transitions back to home placement.

NECESSITY

The determination of need for initial and continued family peer support services shall be discussed at each 1915(i) person-centered plan of care meeting and formally evaluated during the functional needs assessment as part of the initial and annual reevaluation process. The care coordinator must document the need for family peer support services to support the member's identified goal(s) in the plan of care.

The care coordinator reviews the family peer support provider's case notes monthly for two reasons: 1) to ensure progress toward the member's goals, and 2) to evaluate service necessity. The member's progress is discussed at each 1915(i) plan of care meeting and documented in the plan.

REQUIREMENTS

The following are requirements for this service:

1. All services must receive prior authorization. Services rendered prior to authorization will not be reimbursed. See the [Service Authorization](#) policy for requirements.
2. Services must be rendered in a setting compliant with the [HCBS Settings Rule](#).
3. The member must be present to bill for this service.

LIMITS

Service limits are:

- Eligibility for this service is limited to the primary caregiver for the member under the age of 18.
- Daily maximum of 8 hours (32 units).

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed

by the Department. All requests to exceed limits must initiate with the care coordinator.

Services are limited to the activities contained in the service description. Activities performed outside the service description are non-reimbursable. The following are examples of what is not reimbursable to the provider:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs and other activities designed to increase the number of members served or the number of services received by members accessing services, community education services, such as health presentations to community groups, PTAs, etc.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program) with the exception of attending school meetings with the primary caregiver on behalf of the child.
- Childcare services or services provided as a substitute for the parent or other members responsible for providing care and supervision.
- Respite care.
- Services not identified on the member's plan of care.
- Services not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the member or others in the member's life to address problems not directly related to the member's issues and not listed on the member's plan of care.
- Services provided to a member not meeting the specific requirements of the service such as age.
- See the [Claims](#) policy for other non-reimbursable activities.

DUPLICATION

1915(i) services cannot be provided to a member at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities.

At this time, the Department has identified no duplication between this service offered in the 1915(i) and services offered in the State's HCBS 1915(c) Waivers.

TELEHEALTH SERVICE DELIVERY

The following are requirements for telehealth service delivery:

- The initial meeting between the family peer support specialist, primary caregiver, and member must be in-person.
- There must be at least one in-person meeting per quarter.
- No less than 25% of all services provided in a calendar month must be delivered in-person.

See the [Telehealth Service Delivery](#) policy for requirements.

PROVIDER QUALIFICATIONS

Provider Type: Group

Agencies must enroll with North Dakota Medicaid as a 1915(i) group provider of family peer support services. Providers are required to renew their enrollments at least once every five (5) years.

There are no licensing requirements. However, a group family peer support provider must meet the group provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

Provider Type: Individual

Individual providers must enroll with North Dakota Medicaid as a 1915(i) individual provider of family peer support services. Providers are required to renew their enrollments at least once every five (5) years.

The individual provider rendering the service must:

1. Be certified by the Department's Behavioral Health Division as a peer support specialist under NDAC 75-03-43 Certified Peer Support Specialists.
2. Maintain current certification as a peer support specialist as required by NDAC 75-03-43-06 Recertification and 75-03-43-07 Continuing Education.
3. Meet the other individual provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

Supervision

For every 30 hours of peer support provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor. The provider agency employing the peer specialist and

supervisor is required to document the following requirements and have the documentation accessible for review by the Department.

A qualified peer supervisor must:

1. Have completed a state approved peer support specialist supervision training (this training is included in the Peer Support Specialist II certification).
2. Be certified as a Peer Support Specialist II or have one of the following combinations:
 - High school diploma or GED and at least one of the following:
 - Be a North Dakota certified Peer Support Specialist I.
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service.
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service, and at least one year of full-time work experience supervising others.
 - Associate's degree from an accredited college or university and at least two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service.
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others.
 - Be the director of an organization providing peer support services.
3. Meet the other individual provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

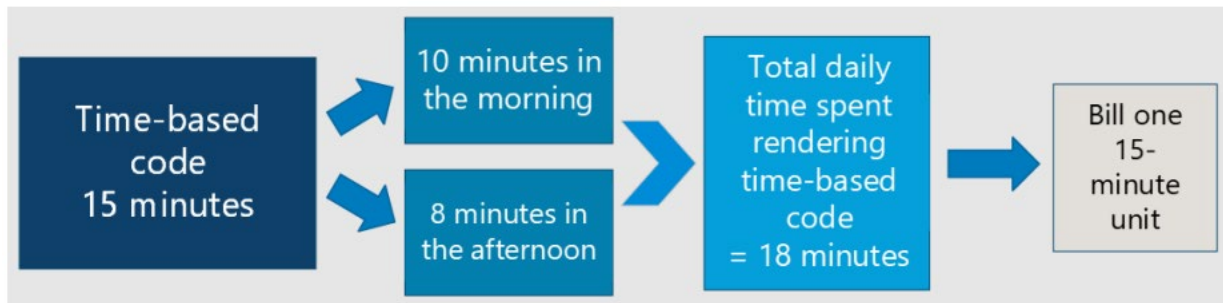
VERIFICATION OF PROVIDER QUALIFICATIONS

Agencies must have records documenting group and individual provider qualifications available for the Department's review. The Department conducts an annual review of agency records. Any non-compliance will result in payment recoupment. See the [Quality Assurance](#) policy for provider qualification review requirements.

PAYMENT RATE

Peer support is a 15-minute rate. The rates are published on the [Department's website](#).

Providers can bill a single 15-minute unit for services greater than or equal to 8 minutes. Services performed for less than 8 minutes should not be billed. Minutes from the same day, with the same Place of Service (POS) code, and for the same member can be combined and billed when adding up to at least 8 minutes. See the [Claims](#) policy for requirements.



RELATED 1915(i) POLICIES

[Claims](#)

[Conflict of Interest](#)

[HCBS Settings Rule](#)

[Medical Records](#)

[Plan of Care](#)

[Provider Enrollment and Provider Integrity](#)

[Quality Assurance](#)

[Service Authorization](#)

[Service Duplication](#)

[Telehealth Service Delivery](#)

POLICY UPDATES

- 7/11/2024