

## **1915(i) MEDICAID STATE PLAN AMENDMENT**

### **Peer Support Service 510-08-65-35**

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

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#### **APPLICABILITY**

This policy is for members receiving peer support and service providers rendering 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 (NDHHS).

*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.

*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 parameters.

*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)**

Peer support specialists are trained and certified in behavioral health support. These services support members Ages 18 and older by promoting hope, self-

determination, and skills to achieve long-term recovery in their communities. Peer support specialists have lived experiences as recipients of behavioral health services with willingness to share personal, practical experience, knowledge, and first-hand insight to benefit members.

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 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.

Peer support services include:

1. Engagement and Bridging

- Providing engagement and support to a member following their transition from an institutional setting (state hospital, inpatient hospital, congregate care, nursing facility, or correctional setting) to their home communities.

2. Coaching and Enhancing a Recovery-Oriented Attitude

- Promoting wellness through modeling.
- Assisting with understanding the person-centered planning meeting.
- Coaching the member to identify and talk about their recovery goals.
- Providing mutual support, hope, reassurance, and advocacy that include sharing one's own "personal recovery/resiliency story".

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

- Sharing stories of recovery and/or advocacy involvement for the purpose of assisting recovery and self-advocacy.
- Serving as an advocate, mentor, or facilitator for resolution of issues.
- Assisting in navigating the service system including helping develop self-advocacy skills (e.g. assistance with shared decision making, developing mental health advanced directives).
- Assisting the member with gaining and regaining the ability to make independent choices and assist members in playing a

proactive role in their own treatment (assisting/mentoring them in discussing questions or concerns about medications, diagnoses, or treatment approaches with their treating clinician). The peer specialist guides the member to effectively communicate their preferences to providers.

- Assisting with developing skills to advocate for needed services and benefits and seeking to effectively resolve unmet needs.
- Advocacy and coaching on reasonable accommodations as defined by Americans with Disabilities Act (ADA).

#### 4. Skill Development

- Developing skills for coping with and managing psychiatric symptoms, trauma, and substance use disorders.
- Developing skills for wellness, resiliency, and recovery support.
- Developing, implementing, and providing health and wellness training to address preventable risk factors for medical conditions.
- Developing skills to independently navigate the service system and promoting the integration of physical and mental health care.
- Developing goal-setting skills.
- Building community living skills.

#### 5. Community connections and natural support are provided by peers and completed in partnership with members for the specific purpose of achieving increased community inclusion and participation, independence, and productivity.

- Connecting members to community resources and services.
- Accompanying members to appointments and meetings for the purpose of mentoring and support.
- Helping develop a network for information and support including connecting members with cultural/spiritual activities, locating groups/programs based on a member's interest including peer-run programs and support groups.

### **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 with the member in their area of expertise. For example, one peer specialist may provide support in addiction recovery and the other peer specialist provides support in depression management.

## **NECESSITY**

The determination of need for initial and continued 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 peer support services to support the member's identified goal(s) in the plan of care.

The care coordinator reviews the 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:

- Member eligibility for this service begins at Age 18 and older.
- 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. See the [Claims](#) policy for 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 peer support specialist and the 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 peer support services. Providers are required to renew their enrollments at least once every five (5) years.

There are no group licensing requirements. However, a group 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 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 1500 hours of direct client service, and at least one year of full-time work experience supervising others.
    - Associate 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 1500 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.

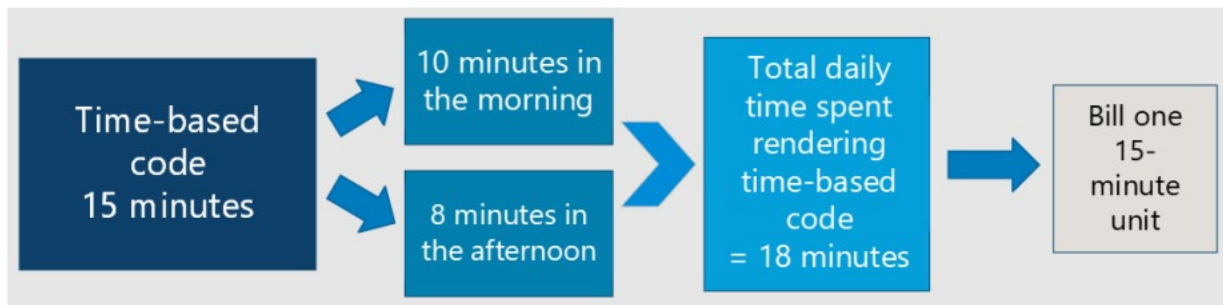
## VERIFICATION OF PROVIDER QUALIFICATIONS

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