



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**OFFICE OF MENTAL HEALTH  
AND SUBSTANCE ABUSE  
SERVICES BULLETIN**

ISSUE DATE:

**December 28, 2022**

EFFECTIVE DATE:

**December 28, 2022**

NUMBER:

**OMHSAS-22-08**

SUBJECT:

**Peer Support Services**

BY:

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Office of Mental Health and Substance Abuse  
Services**

**SCOPE:**

Peer Support Service Providers  
Behavioral Health Managed Care Organizations (BH-MCOs)

**PURPOSE:**

The purpose of this bulletin is to:

1. Announce that Peer Support Services (PSS), identified in the Individual Service Plan (ISP), may be provided during transit.
2. Issue revised provider handbook pages.

**BACKGROUND:**

PSS, which was added to the Medical Assistance Program Fee Schedule in 2006, is designed on the principles of individual choice and the active involvement of individuals in their own recovery process. Individuals receiving PSS participate in and make decisions about therapeutic activities and goals on an ongoing basis. Services are self-directed and person centered with a resiliency and recovery focus. PSS facilitate the development of resiliency and recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, psychoeducation, development of natural supports, support of employment 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.

PSS are provided by PSS providers that sign a supplemental provider agreement and are enrolled in the MA Program. PSS providers must complete and deliver services in accordance with a service description that is approved by the Department of Human Services (Department). PSS providers employ certified peer support specialists

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

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(CPSs) to render PSS. CPSs are self-identified individuals, who currently receive, or previously received, behavioral health services and are certified by the Pennsylvania Certification Board.

**DISCUSSION:**

The Department recognizes that there are times a CPS travels with the individual being served. The Department has determined that it may be clinically appropriate for individuals to receive services identified in their ISP during transit with their CPS. The CPS and individual receiving services can use the time spent traveling together to work on service goals included in the ISP. PSS should only be provided while in transit if the CPS determines that providing PSS while in transit is safe and appropriate. The Department has revised the provider handbook to allow for services that are identified in the ISP and are provided while in transit to be compensable.

Providers should follow the instructions in the accompanying handbook pages for the delivery of PSS.

**OBSOLETE:**

Mental Health Bulletin OMHSAS-19-05: Peer Support Services – Revised.

**ATTACHMENTS:**

Attachment 1 - Provider Handbook for Psychiatric and Partial Hospitalization Services; Section VII – Other Services; Updated Handbook pages, Peer Support Services.

**ATTACHMENT 1**

**PROVIDER HANDBOOK FOR PSYCHIATRIC AND  
PARTIAL HOSPITALIZATION SERVICES**

**SECTION VII – OTHER SERVICES**

**December 2022  
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Peer Support Services (PSS) Standards

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## PEER SUPPORT SERVICES (PSS) STANDARDS

These standards apply to all providers of Peer Support Services (PSS) that are enrolled or seek to enroll in the Medical Assistance (MA) Program in the Fee-For-Service (FFS) system and/or the HealthChoices Behavioral Health Program (HealthChoices) and contain the minimum requirements that shall be met to obtain a license to provide PSS.

The MA program provides payment for medically necessary PSS rendered to eligible individuals by PSS agencies enrolled as providers under the program. Payment for PSS is subject to the provisions of these requirements, 55 Pa. Code Chapter 1101 (relating to general provisions) and the limitations established in 55 Pa. Code Chapter 1150 (relating to the MA program payment policies) and the MA program fee schedule. Payment will not be made for compensable PSS if payment is available from another public agency or another insurance or health program.

### A. PSS Definitions.

The following words and terms, when used in this handbook, have the following meanings, unless the context clearly indicates otherwise:

*Certified Peer Specialist—CPS*—An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB)-approved training entity and certified by the PCB.

*Co-Occurring Disorder—COD*—Co-occurring substance-related and mental disorder, when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

*CPS certification*—A certification awarded to a person who has successfully completed the PCB-approved training and examination in PSS.

*Culturally competent*—The ability to provide service in a manner that shows awareness of and is responsive to the beliefs, interpersonal styles, attitudes, language and behavior of an individual and family who are referred for or receiving service.

*Evidence-based practice—EBP*—Service delivery practice identified, recognized and verified by research and empirical data to be effective in producing a positive outcome and supporting recovery.

*Full-time equivalent—FTE*—37.5 hours per calendar week of staff time.

*Functional Impairment*—Difficulties that substantially interfere with or limit:

- (i) A person from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills;
- (ii) Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing);

- (iii) Instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and
- (iv) Functioning in social, family, and vocational/educational contexts.

*Individual Service Plan—ISP*—A document that describes the current service needs based on a comprehensive assessment of the individual and identifies the individual's goals, interventions to be provided, the location, frequency and duration of services, and staff who will provide the service.

*Licensed practitioner of the healing arts—LPHA:*

- (i) A person licensed by the Commonwealth to practice the healing arts.
- (ii) The term is limited to a physician, physician's assistant, certified registered nurse practitioner, psychologist, licensed clinical social worker, licensed professional counselor, and licensed marriage and family therapist.

*Mental Health Professional (MHP)*—A person trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing or rehabilitation or activity therapies who has a graduate degree and mental health clinical experience.

*Mental health worker (MHW)*—A person without a graduate degree who by training and experience has achieved recognition as a mental health worker.

*Natural support*—A person or organization selected by an individual to provide assistance or resources in the context of a personal or nonofficial role.

*Pennsylvania Certification Board—PCB.*

*SED—Serious Emotional Disturbance*—A condition experienced by a person under 18 years of age who currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual (DSM); and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Substance use disorders, developmental disorders, and neurodevelopmental disorders are not included.

*SMI—Serious Mental Illness*—A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria within the current DSM and that has resulted in functional impairment, and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders, developmental disorders, and neurodevelopmental disorders are not included.

*Substance Use Disorder—SUD*—A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, tobacco, and/or other

drugs despite significant related problems.

*Trauma*—The result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.

*Trauma-informed care*—An intervention and organizational approach that focuses on how trauma may affect an individual’s life and the individual’s response to behavioral health services from prevention through treatment.

## **B. Provider Qualifications for MA payment**

### General Qualifications:

A provider must be licensed by the Department as a PSS agency and enrolled in the MA Program to receive MA payment for PSS services.

- (1) The PSS program shall be a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern.
- (2) A PSS agency shall meet the requirements under Chapter 20 (relating to licensure or approval of facilities and agencies).

### Enrollment:

An agency that is not currently licensed as required above must 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 field office.

Agencies must be licensed by the Department and be enrolled in the MA Program as a PSS agency. Additionally, providers in the HealthChoices Program must be credentialed by the Behavioral Health Managed Care Organization (BH-MCO).

A request for licensure as a PSS agency requires the submission of a service description containing the elements specified below, and a letter of support from the county Mental Health/Intellectual Disability (MH/ID) Administrator’s office of the county in which the service will be delivered, to the regional OMHSAS field office (ATTN: PSS) or the request for a letter of support and an explanation of why there is no letter of support. OMHSAS will conduct a review of the submitted information and an onsite survey of the facility. The service description must be approved by the Department before services are initiated.

After receiving a license from the Department to provide PSS, a PSS agency must enroll in the MA Program. Information is available on the Department’s website at:

<http://www.dhs.pa.gov/provider/promise/enrollmentinformation/>

The entire enrollment package includes the following information:

- (1) PROMISe Provider enrollment base online application;
- (2) Outpatient Provider Agreement signed by an authorized representative;
- (3) Supplemental Provider Agreement for the Delivery of PSS;
- (4) Copy of Certificate of Compliance and letter signed by the Deputy Secretary;
- (5) Copy of Department-approved PSS Service Description;
- (6) Copy of Tax Document generated by the IRS showing both the legal name and tax ID of the entity applying for enrollment;
- (7) National Provider Identifier;
- (8) Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement; and
- (9) If Provider is tax-exempt, IRS letter confirming this status (i.e. IRS 501(c)(3)).

Service Descriptions:

To receive MA payment for PSS, a PSS agency must submit a service description, and deliver services in accordance with the approved service description. The service description must be submitted prior to the initial licensing visit, and when changes occur to the service description. The service description must include the following:

- (1) A description of the governing body and advisory structures, including an agency table of organization that shows the structure of the program with all service components.
- (2) The program philosophy which reflects recovery and resiliency principles as articulated in the OMHSAS vision statement and guiding principles.
- (3) A description of the population to be served, including the diagnosis, developmental needs, and age range of the individuals to be served.
- (4) A description of any specialized services and the target population for the specialized services offered by the program.
- (5) A description of the approach of PSS offered, including:
  - (a) The evidence-based practices and best practices utilized,
  - (b) Trauma-informed care approach and interventions,
  - (c) Types of service activities offered to individuals; and
  - (d) Expected outcomes.

- (6) Program capacity, including:
  - (a) Staffing patterns,
  - (b) Staff-to-individual ratios, and
  - (c) Staff qualifications.
- (7) Cultural competency reflective of population to be served.
- (8) Staff supervision plans.
- (9) Staff training protocols, including specialized training requirements based upon the target population to be served.
- (10) Service delivery patterns, including frequency, duration, and method of service delivery.
- (11) Days and hours of program operation.
- (12) Geographic limits of program operation.
- (13) A description of the physical site, including copies of applicable licenses and certificates.
- (14) A description of how the mental health professional will maintain oversight of CPSs and ensure that services and supervision are provided consistent with these standards and the service description.
- (15) A description of how the CPS and CPS supervisor will participate in and coordinate with treatment teams and the procedure by which a team meeting may be requested.
- (16) A description of how the CPS will coordinate services with natural supports, including those identified by the individual, and treatment, rehabilitation, medical and community resources.
- (17) The referral and intake process and individual empowerment models and tools utilized in delivering the service.
- (18) The method by which each individual's recovery-focused ISP will be developed and how the services and activities will meet the needs specified in the ISP.
- (19) The method by which an individual may request changes in services or their ISP.
- (20) A description of how the quality assurance plan will be developed and monitored as required under Section VII-G of these standards.



Written Agreement for coordination of care:

- (1) A PSS agency shall have written agreements to coordinate care with other service providers as needed, including the following:
  - (a) Case management service providers.
  - (b) Psychiatric outpatient clinics.
  - (c) Psychiatric inpatient facilities.
  - (d) Drug and alcohol programs.
  - (e) Crisis intervention programs.
- (2) A PSS agency serving individuals under 21 years of age shall also have written agreements to coordinate care with:
  - (a) County juvenile probation or juvenile justice agencies; and
  - (b) School districts or local education agencies.
- (3) A PSS agency may have written agreements to coordinate services with other service providers, including the following:
  - (a) County children and youth agencies.
  - (b) County intellectual disability programs.

General Staffing:

- (1) The PSS director shall be a mental health professional and is responsible to maintain oversight of PSS, which includes ensuring that services and supervision are provided consistent with these standards and the PSS agency service description.
- (2) The PSS director may also be a CPS supervisor if he or she meets the qualifications and training requirements for CPS supervisors.
- (3) The number of individuals assigned to a CPS shall be based upon the needs of the population served, the community in which the program is located, the service delivery method, and the length of service provided.
- (4) CPSs and CPS supervisors may work in another program or agency, but their time must be pro-rated and their hours of service in each program clearly and separately identified.
- (5) No CPS may have duplicate or overlapping hours of service in a peer support

program and another program or agency.

- (6) CPSs shall be required to disclose to their program director when they are co-employed with another program or agency.

PSS Staff Backgrounds:

- (1) *Certified Peer Specialists*. CPSs must meet all of the following:

- (a) Be self-identified individuals who have received or are receiving mental health services for a serious mental illness or serious emotional disturbance.
- (b) Be eighteen (18) years of age or older.
- (c) Have a high school diploma or General Equivalency Diploma (GED).
- (d) Within the last three (3) years, maintained at least 12 months of successful full or part-time paid or voluntary work experience or obtained at least 24 credit hours of post-secondary education; and have related, supervised work or volunteer experience, as approved by the Pennsylvania Certification Board (PCB).
- (e) Have completed the PCB-approved CPS training.
- (f) Hold and maintain CPS certification through the PCB or attain certification through the PCB within six months of hire and maintain CPS certification.

- (2) *CPS Supervisors*. A supervisor of CPSs must meet one of the following:

- (a) Be a mental health professional who has completed the Department-approved CPS supervisory training; or
- (b) Have a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field from a program that is accredited by an agency recognized by the USDOE or the CHEA, or an equivalent degree from a foreign college or university approved by the USDOE; and two years of mental health direct service experience that may include PSS; and has completed the CPS supervisory training curriculum approved by the Department; or
- (c) Have a high school diploma or GED and four years of mental health direct service experience that may include PSS; and has completed the CPS supervisory training curriculum approved by the Department.

Supervision:

- (1) A full-time equivalent CPS supervisor shall not supervise more than seven (7) full-

time equivalent CPSs. Supervisory staff time for part-time CPS supervisors shall be at least proportionate to the ratio of one full-time supervisor to seven CPSs.

- (2) Supervisors shall conduct a minimum of one in-person, individual meeting with each CPS per week, with additional support as needed or requested.
- (3) Supervisors shall maintain a log of supervisory meetings which documents:
  - (a) The date of the supervision meeting;
  - (b) The length of time in the supervision meeting; and
  - (c) A summary of the points addressed during the meeting.
- (4) CPSs shall receive at least six hours of direct supervision and mentoring from the supervisor in the field before working independently.
- (5) The immediate supervisor of a CPS shall determine the need for additional supervision or mentoring prior to allowing a CPS to work independently.

Staff training and professional development:

- (1) PSS agencies shall develop a written staff training plan that ensures that each CPS receives ongoing individualized training appropriate to their identified strengths and needs and the other requirements identified in this section. The training plan shall include a description of the opportunities for CPSs to network with other certified CPSs both within and outside the PSS agency.
- (2) PSS agencies shall provide opportunities for CPSs to meet with or otherwise receive support from other CPSs both within and outside the agency. Staff training plans shall identify learning objectives specific to providing services to the population being served that ensure that CPSs and their supervisors are sufficiently skilled to provide services in a developmentally appropriate and culturally competent manner and that staff attain and maintain the CPS certification required.
- (3) CPS supervisors shall complete a CPS supervisory training course approved by the Department within six months of assuming the position of CPS supervisor.
- (4) CPS supervisors may not provide PSS unless they are CPSs and comply with the continuing education training requirements in (7).
- (5) CPSs shall complete the PCB-approved CPS training prior to providing PSS.
- (6) CPS certification through the PCB shall be attained within six months of hire as a CPS.
- (7) CPSs shall complete a minimum of 18 hours of continuing education training per calendar year, beginning with the first calendar year after the year in which the CPS

obtains certification. The 18 hours of training shall include 12 training hours that are specifically focused on peer support or recovery practices, or both.

- (8) Documentation of completion of required trainings shall be kept in each staff's personnel file.

#### Criminal history checks and child abuse certification.

If a PSS agency offers services to individuals under 18 years of age, criminal history and child abuse clearances shall be completed in accordance with 23 Pa.C.S. §§ 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

#### **C. Compensable Services.**

To be compensable, services provided shall be identified in the ISP and must correspond to specific service goals.

- (1) Compensable PSS activities include, but are not limited to:

- (a) Assisting individuals with developing individual service plans and other formal mentoring activities aimed at increasing the active participation of individuals in person-centered planning and delivery of individualized services.
- (b) Assisting individuals with the development of mental health advance directives.
- (c) Supporting individuals in problem-solving related to reintegration into the community.
- (d) Crisis support activities including assisting individuals to recognize the early signs of relapse and how to implement identified coping strategies.
- (e) Assisting individuals to develop and maintain positive personal and social support networks.
- (f) Assisting individuals to develop self-help skills and cultivating the individual's ability to make informed, independent choices.
- (g) Planning and facilitating practical activities leading to increased self-worth and improved self-concepts.
- (h) Time spent in transit with the individual if delivering services identified in the ISP. Services should be delivered while in transit only if the CPS determines service delivery to be safe and appropriate.

#### Non-compensable services:

Payment will not be made to a PSS agency for the following:

- (1) Services that are purely recreational, social or leisure in nature, or have no therapeutic or programmatic content.
- (2) PSS that are provided to individuals as an integral part of another covered MA service.
- (3) Administrative services, such as agency staff meetings, record-keeping activities and other non-direct services.
- (4) Time a CPS spends in transit while not delivering a compensable service.

Payment conditions for various services:

- (1) Payment will only be made for medically necessary PSS provided to individuals eligible in accordance with this handbook.
- (2) Services may be billed for the time that the CPS has face-to-face interaction with the individual.
- (3) Services may be billed for the time that the CPS has face-to-face interaction with the individual's family, friends, service providers or other essential persons if the individual is present.
- (4) If direct contact with an 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.
- (5) PSS may be provided by CPS supervisors only if they are Certified Peer Specialists and comply with the continuing education training requirements.
- (6) *Telephonic services.* PSS may be provided by telephone for the purpose of assisting the individual in meeting the goals in the ISP, provided that PSS that is provided by telephone is limited to 25% or less of total service time provided per individual per calendar year.
- (7) *Group services.* PSS may be provided in group format when group services are specified in the individual's ISP. PSS agencies shall not allow individuals who are not currently receiving PSS from that agency to participate in group services.
- (8) *Transition Services.* PSS may be provided on the date of admission at an inpatient facility. PSS may be provided the last 30 days prior to discharge, including the day of discharge. However, only one agency can bill for PSS per day while an individual is in

inpatient. PSS agencies within each county/regional area should have agreements in place to ensure that PSS are coordinated to avoid duplicate billing.

#### **D. Service Planning and Delivery.**

##### Assessment:

- (1) A PSS agency shall complete an assessment of an individual prior to the development of the ISP.
- (2) The assessment shall be completed in collaboration with the individual and must:
  - (a) Identify the functioning of the individual in the living, educational, working, wellness, and social domains.
  - (b) Identify the strengths and needs of the individual.
  - (c) Identify existing and needed natural and formal supports, including treatment or health care providers and social service agencies, including those identified by the individual.
  - (d) Identify the specific skills, supports and resources the individual needs and prefers to accomplish stated goals.
  - (e) Identify cultural needs and preferences of the individual.
  - (f) Be signed by the individual and staff.
  - (g) Be updated annually.

##### Individual service plan (ISP):

- (1) PSS agencies shall ensure that an ISP is developed by the individual, the CPS, and the mental health professional within one month of service initiation and every six months thereafter. If the ISP is not completed within one month due to circumstances outside the PSS agency's control, the agency shall document attempts to complete the ISP within one month and the reason for the delay.
- (2) The ISP must be consistent with the assessment and include the following:
  - (a) A goal designed to achieve an outcome.
  - (b) The method of service provision, including skill development, resource acquisition and coordination with other service providers.
  - (c) The responsibilities of the individual and the CPS.

- (d) Action steps and estimated time frame for completion.
  - (e) The expected frequency and duration of participation in PSS.
  - (f) The intended service location, including whether PSS will be provided during transit, and the expected frequency and duration of the service that will be provided at each service location.
  - (g) Dated signatures of the individual, the CPS working with the individual and the mental health professional.
- (3) The CPS and the individual shall update the ISP at least every six months and when:
- (a) The individual requests an update.
  - (b) The individual completes a goal.
  - (c) The individual is not progressing towards stated goals.
- (4) An ISP update is a comprehensive summary of the individual's progress and shall include the following:
- (a) A description of the services in the context of the goal identified in the ISP.
  - (b) Documentation of an individual's participation and response to services.
  - (c) A summary of progress or lack of progress toward the goal in the ISP.
  - (d) A summary of changes made to the ISP.
  - (e) The dated signature of the individual or documentation of the reason the individual did not sign the ISP.
  - (f) The dated signature of the CPS working with the individual and the dated signature of the mental health professional.

Service provision:

- (1) Services shall be provided as specified in the individual's ISP.
- (2) Services may be site-based or off-site in the community, or both, as identified in the ISP.
- (3) Services may be provided on a group basis if specified in the ISP. PSS agencies shall not allow individuals who are not currently receiving PSS from that agency to participate in group services.

- (4) Services shall be provided in accordance with the PSS agency service description (see pages VII-5 and 6).

## **E. Service Eligibility.**

### Service Initiation:

- (1) To be eligible for PSS, services must be medically necessary and the individual must meet the following:
  - (a) Be 14 years of age or older.
  - (b) Have the presence or history of an SMI or SED.
  - (c) Have a written recommendation for PSS from a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of professional practice.
  - (d) Chooses to receive PSS.

### Continued Stay Requirements:

- (1) A PSS agency shall determine an individual's eligibility for continued stay during an ISP update.
- (2) An individual's eligibility for continued stay shall be determined by documentation of the following:
  - (a) The individual chooses to continue participation with PSS.
  - (b) There is a continued need for the service based upon one or both of the following:
    - (i) As a result of an SMI or SED, there is a functional impairment or skill deficit that is addressed in the ISP.
    - (ii) The withdrawal of service could result in loss of gains or goals attained by the individual.

### Discharge from PSS:

- (1) An individual may be discharged when PSS is no longer medically necessary, the individual no longer meets eligibility requirements or the individual has achieved the goals and sustained progress as identified in the ISP and services are not expected to provide additional benefit to the individual.
- (2) An individual may request to withdraw from PSS.



- (3) A decision to discharge should be a joint decision between the individual and the PSS agency.
- (4) When a decision to discharge is not a joint decision, the PSS agency shall document the reason for discharge.
- (5) When a decision to discharge is reached, a PSS agency shall offer the individual the opportunity to participate in future service.
- (6) When an individual who was discharged from PSS has a subsequent need for PSS and meets admission criteria, the PSS agency shall consider the individual for readmission without regard to previous participation.
- (7) When an individual voluntarily withdraws from the PSS program, a PSS agency shall plan and document next steps with the individual, including recommended service and referral.
- (8) When it is necessary to discharge an individual from PSS due to the individual's disengagement, prior to discharge the PSS agency shall document:
  - (a) Attempts to reengage the individual.
  - (b) The circumstances and rationale for discharge.
- (9) Upon discharge, a PSS agency shall complete a dated and signed discharge summary that include a description of the following:
  - (a) Services provided.
  - (b) Outcomes and progress on goals.
  - (c) Reason for discharge.
  - (d) Referral or recommendation for future service.
- (10) A PSS agency shall ensure that the discharge summary is:
  - (a) Completed no more than 30 days after the date of discharge.
  - (b) Reviewed and signed by a mental health professional.

#### **F. Documentation requirements.**

- (1) In accordance with recognized and acceptable principles of patient record keeping, a PSS agency shall maintain a record for each individual admitted for service, as required by 55 Pa. Code § 1101.51(d). The record shall include the following:

- (a) The individual's identifying and contact information.
  - (b) A strengths-based assessment.
  - (c) Consent forms signed by the individual.
  - (d) The individual's diagnosis and written recommendation for PSS from an LPHA.
  - (e) The individual's initial and subsequent ISP.
  - (f) Progress notes for each contact which record the date, start and end time and place of service, (e.g., restaurant, park, school, hospital, during transit), summarize the purpose and content of the peer support session along with interventions used that relate to the goals in the individual's ISP, and the responses to the interventions. If contact with the individual cannot be made, the progress note will reflect attempts to contact the individual.
  - (g) Discharge summary, as specified above in Section VII-E, Discharge From PSS.
  - (h) Referrals to other agencies.
- (2) Records shall be maintained in accordance with 55 Pa. Code § 1101.51(e) as follows:
- (a) Records must be legible throughout.
  - (b) The record must identify the individual on each page.
  - (c) Entries shall be signed and dated by the responsible staff.
  - (d) The record must indicate progress at each date of service, as described above, and changes in service.
  - (e) Updates of the record shall be signed and dated.
  - (f) The record must be kept in a permanent, secure location.
  - (g) The record shall be maintained for a minimum of four (4) years.
  - (h) Records shall be disposed of in a manner that protects confidentiality.

Confidentiality:

A PSS agency shall protect information about an individual in compliance with the Mental Health Procedures Act (50 P.S. §§ 7101—7503), 55 Pa. Code §§ 5100.31—5100.39 (relating to confidentiality of mental health records), the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191, 110 Stat. 1936) and 4 Pa. Code § 255.5

(relating to projects and coordinating bodies: disclosure of client-oriented information). A PSS agency shall comply with all applicable federal and state laws and regulations concerning privacy and security of medical and mental health records.

### **G. Quality Assurance.**

- (1) Each PSS agency shall establish and implement a written Continuous Quality Improvement plan that includes at least the following:
  - (a) An identification of the reviewers.
  - (b) The frequency of reviews.
  - (c) The types of reviews.
  - (d) The methodology for establishing sample size.
  - (e) An annual review of the quality, timeliness and appropriateness of services by reviewing the following:
    - (i) Outcome for PSS.
    - (ii) Individual record reviews.
    - (iii) Individual satisfaction.
    - (iv) Evaluation of compliance with the approved PSS agency service description.
- (2) Establish and implement a monitoring and reporting process that ensures that the time billed by the PSS agency for service delivery during transit is in accordance with this handbook.
- (3) A PSS agency shall document that individuals served participate in QI plan development and follow up.
- (4) A PSS agency shall prepare an annual report that:
  - (a) Documents analysis of the findings of the annual review.
  - (b) Identifies actions to address annual review findings.
  - (c) Is available to the public.

### **H. Individual Participation and Freedom of Choice.**

### Nondiscrimination:

A PSS agency shall not discriminate against staff or individuals receiving services on the basis of race, color, creed, disability, religious affiliation, ancestry, sex, gender, gender identity or expression, sexual orientation, national origin, ethnicity, or economic status, and must observe all applicable State and Federal statutes and regulations.

### A PSS agency must ensure:

- (1) An individual's right to refuse participation in PSS without jeopardizing other parts of the individual's treatment or service program.
- (2) Eligibility for participation in PSS is not dependent upon compliance or participation in other services.
- (3) The individual to be served has input in the assignment of a CPS.
  - (a) If a CPS assigned to work with an individual has a preexisting relationship with the individual from a different setting or context, the potential conflict should be disclosed, and the individual given the opportunity to request assignment of a different CPS.
  - (b) An individual's request for assignment or change of a CPS should be honored if possible, and the request and outcome of the request documented in the individual's record.
  - (c) An individual who is re-admitted to PSS should be assigned to the CPS who previously assisted the individual whenever possible, unless the individual objects.
- (4) Efforts are made to re-engage an individual who has not been participating in PSS as a result of his or her SED, SMI or co-occurring disorder.

### **I. Submission of Claims.**

When submitting claims for PSS in the Fee-For-Service delivery system, use procedure code H0038 to identify the service delivered as being peer support-self-help/peer services, the provider type assigned at enrollment, and provider specialty code '076'.

### PSS delivered via telephone:

When submitting claims for telephone contact, add the 'GT' Informational Modifier ("via interactive audio and video telecommunication systems"). PSS delivered via telephone are limited to 25% of total services provided per beneficiary per calendar year. Agencies are encouraged to monitor appropriate use of telephone-delivered PSS by conducting record

reviews and internal audit of units of services billed. Each BH-MCO should assess their PSS network providers' adherence to service guidelines in order to assure quality services for members and must monitor utilization rates of telephone contact. OMHSAS monitors the amount and appropriate use of telephone-delivered PSS through ongoing licensing activities and review of claims data.

Submit claims using the CMS-1500 Claim Form to:

Department of Human Services  
Office of Medical Assistance Programs  
P.O. Box 8194  
Harrisburg, Pennsylvania 17105

Instructions for ordering CMS-1500 Claim Forms and for submitting claims electronically are available on the Department's website. Billing related inquiries should be directed to OMHSAS Behavioral Health toll-free inquiry line at 1-800-433-4459. Procedure codes for MA fees that apply to PSS are as follows:

<b>National Procedure Code</b>	<b>Modifier</b>	<b>Procedure Code Description</b>	<b>MA Fee</b>	<b>Unit of Service</b>	<b>Limits Outpatient</b>
H0038		Self-help/peer services	\$10.00/unit	15 minutes	
H0038	GT	Self-help/peer services – interactive telecommunications systems	\$10.00/unit	15 minutes	25% or less of services provided per calendar year

Approved place of service (POS) codes are as follows:

<b>Provider Type (Mental Health and Substance Abuse)</b>	<b>Provider Specialty (PSS)</b>	<b>POS Code</b>	<b>POS Description</b>
11	076	11	Office
11	076	12	Home
11	076	21	Inpatient Hospital
11	076	23	Emergency Room
11	076	31	Skilled Nursing Facility
11	076	32	Nursing Facility
11	076	49	Independent Clinic
11	076	52	Psychiatric Facility - PH
11	076	99	Other

**J. Other Information.**

Waivers:

Any requests for the waiver of the standards in this bulletin shall be sent through the OMHSAS regional field office for consideration and comply with the requirements for waiver requests in Mental Health Bulletin **OMHSAS-16-03**. Any waiver request that diminishes the effectiveness of the program, violates the purposes of the program, or adversely affects individuals' health and welfare will not be approved. Additionally, waiver requests that are inconsistent with individual rights or federal, state, or local laws and federal regulations will not be granted.