

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS) (DMH & DAODAS ONLY)      **Current Effective Date:** 07/01/2016

**Status:** Active      **Last Review Date:** 08/14/2023

### Description

The purpose of this face-to-face service is to assist beneficiaries' recovery from mental health and/or substance use disorders (SUD) by sharing similar lived experience. The qualified peer support specialist gives advice and guidance, provides insight, shares information on services and empowers the beneficiary to make healthy decisions. The unique relationship between the peer support specialist and the beneficiary fosters understanding and trust in beneficiaries who otherwise would be alienated from treatment. The beneficiary's individualized plan of care (IPOC) determines the focus of Peer Support Services (PSS). Due to the high prevalence of beneficiaries with mental health and SUDs and the value of PSS in promoting dual recovery, individuals who require dual treatment is a priority.

This service is person centered with a recovery focus and allows beneficiaries the opportunity to direct their own recovery and advocacy process. The service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

The qualified peer support specialist will utilize their own experience and training to assist the beneficiary in understanding how to manage their illness in their daily lives by helping them to identify key resources, listening and encouraging beneficiaries to cope with barriers and work towards their goals. The peer support specialist will also provide ongoing support to keep beneficiaries engaged in proactive and continual follow up treatment.

The qualified peer support specialist actively engages the beneficiary to lead and direct the design of the plan of care and empowers the beneficiary to achieve their specific individualized goals. Beneficiaries are empowered to make changes to enhance their lives and make decisions about the activities and services they receive. The peer support specialist guides the beneficiary through self-help and self-improvement activities that cultivate the beneficiary's ability to make informed independent choices and facilitates specific, realistic activities that lead to increased self-worth and improved self-concepts.

Services are multi-faceted and emphasize the following:

- Personal safety
- Self-worth
- Introspection
- Choice
- Confidence
- Growth
- Connection
- Boundary setting
- Planning
- Self-advocacy
- Personal fulfillment
- The Helper Therapy Principle
- Crisis management
- Education
- Meaningful activity and work
- Effective communications skills

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association. To report fraud, call our confidential Fraud Hotline at **800-736-0703**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email [fraudres@scdhhs.gov](mailto:fraudres@scdhhs.gov).

## South Carolina Medicaid UM Guideline

---

**Subject:** Peer Support Services (PSS)  
**Status:** Active

**Current Effective Date:** 07/01/2016  
**Last Review Date:** 08/14/2023

Such methods actively engage and empower the beneficiary and individuals selected by the beneficiary, in leading and directing the design of the IPOC and, thereby, ensure that the plan reflects the needs and preferences of the beneficiary in achieving the specific, individualized goals that have measurable results and are specified in the IPOC.

PSS reinforces and enhances the beneficiary's ability to cope and function in the community and develop natural supports. The beneficiary must be willing to participate in the service delivery. Services are structured or planned one-to-one or group activities that promote socialization, recovery, self-advocacy, and preservation.

Service interventions include the following:

- Self-help activities that cultivate the beneficiary's ability to make informed and independent choices. Activities help the beneficiary develop a network for information and support from others who have been through similar experiences.
- Self-improvement planning and facilitating specific, realistic activities leading to increased self-worth and improved self-concepts.
- Assistance with substance use reduction or elimination by providing support for self-help, self-improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding SUDs or mental illness and recovery.
- System advocacy by assisting beneficiaries in making telephone calls and composing letters about issues related to SUDs, or mental illness and recovery.
- Individual advocacy through discussing concerns about medications or diagnoses with a physician or nurse at the beneficiary's requests. Additionally, helping beneficiaries arrange the necessary treatment when requested, guiding them toward a proactive role in their own treatment.
- Crisis support assisting beneficiaries with the development of a crisis plan. It teaches beneficiaries:
  - How to recognize the early signs of a relapse
  - How to request help to prevent a crisis
  - How to use a crisis plan
  - How to use less restrictive, hospital alternatives
  - How to divert from using the emergency room
  - How to make choices about alternative crisis support
  - Housing interventions instruct beneficiaries in learning how to maintain stable housing or learning how to change an inadequate housing situation.
- Social network interventions to assist beneficiaries with learning about the need to end unhealthy personal relationships, how to start a new relationship, and how to improve communication with family members.
- Education and/or employment interventions to assist beneficiaries in obtaining information about going back to school or getting job training. Interventions that give beneficiaries an opportunity to acquire knowledge about mainstreaming back into full-time or part-time work.

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS)  
**Status:** Active

**Current Effective Date:** 07/01/2016  
**Last Review Date:** 08/14/2023

Additionally, teaching them how to obtain reasonable accommodations under the Americans with Disabilities Acts (ADA).

To the extent measurable, the service will be evaluated on the effectiveness of developing rehabilitative skills and diminishing the effects of mental illness, substance use, or co-occurring disorders. Particular attention will be given to measuring outcomes for individuals who identify as having concurrent mental illness and substance use disorders, as well as those who may have greater difficulties with access to the appropriate services.

PSS should be monitored and reviewed every 90 days using the following measures:

- A client advisory group that consists of the peer support specialist, the clinical supervisor, and other clinical staff shall meet at least every 90 days to discuss the services and provide guidance as needed.
- The focus group consists of the beneficiaries, clinical staff and the peer support specialist. The group will meet to discuss comments from the suggestion box and any other issues.
- Service satisfaction surveys and system-wide surveys must provide outcome measures in the following areas for PSS:
  - **Satisfaction with Services** — Beneficiaries will rate their satisfaction of PSS as evidenced by a survey that measures their own perception of care. Service satisfaction surveys and system-wide surveys will be used to improve access to treatment and to improve the quality of treatment.
  - **Access to Services** — Beneficiaries will rate the accessibility of the services and how much assistance the program provided. The survey should be given at the beginning of the service and at the end of the service. The survey will assist in providing a guide to help determine treatment intensity for mental health and/or substance use disorders.
  - **Clinical Outcomes** — Beneficiaries receiving PSS will maintain or improve their functioning as evidenced by a combination of the beneficiary's self-report measure of outcome (*e.g.*, MHSIP); and a clinical measure, such as the Global Assessment of Functioning (GAF).

### Clinical Indications

#### Medically Necessary:

**Criteria A-G must be met to satisfy criteria for admission into Peer Support Services (PSS).**

- A. Beneficiary has been diagnosed with a serious and persistent mental illness (SPMI), and/or a substance use disorder (SUD); AND
- B. Beneficiary meets **two or more** of the following criteria as a result of the mental illness or SUD:
  1. Has had significant difficulty independently and consistently accessing behavioral health services (*e.g.*, relies on emergency department services, has had two or more inpatient admissions over the last year);

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS)

**Current Effective Date:** 07/01/2016

**Status:** Active

**Last Review Date:** 08/14/2023

2. Is being released from incarceration, or being discharged from a hospital or facility-based program;
  3. Has had severe functional impairment that interferes with activities of daily living, including hygiene, nutrition, finances, home maintenance, child care or difficulties with other community service needs, such as housing, transportation or legal issues ;
  4. Has experienced significant challenges meeting educational or employment goals;
  5. Lives in unsafe or temporary housing;
  6. Does not have sufficient family or other social support, or the supports that are in place are insufficient to help ameliorate or manage his or her condition.
- C. Beneficiary is assessed to be at low risk of serious harm to self or others.
- D. Beneficiary has demonstrated a need for assistance with community living and the service is recommended by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure.
- E. The service, including frequency of the service, is recommended as a result of the Diagnostic Assessment (DA).
- F. Beneficiary has an IPOC that addresses mental health concerns and any co-occurring general medical condition.
- G. The person is expected to benefit from the intervention and needs would not be better clinically met by any other formal or informal system or support.

### ***Continued Stay Criteria***

To satisfy criteria for continued PSS services **one** of Criteria A-E must be met.

- A. The beneficiary continues to meet admission guidelines for this level of care.
- B. The IPOC, current or revised, can be reasonably expected to improve the presenting mental illness, and objective behavioral indicator or improvement are documented in the beneficiary's progress notes.
- C. Beneficiary is actively involved in the Peer Support process and participating in interventions.
- D. Beneficiary does not require a higher level of care and no other intervention level would be appropriate.
- E. Beneficiary is making some progress, but the interventions need to be modified so that greater gains can be achieved.

### ***Not Medically Necessary:***

PSS is not Medicaid reimbursable if it is not provided by a South Carolina Certified Peer Support Specialist receiving supervision by a master's level staff or higher or a bachelor's level staff with a CAC II certification. The supervisor is required to chair monthly staff meetings with the peer support specialist. The supervisor is also required to perform at least one evaluation no later than six months after admission to the program and reevaluated annually. Services must be rendered in a setting that is convenient for the beneficiary, affords an adequate therapeutic environment, and protects the beneficiary's rights to privacy and confidentiality. Group services that exceed 1:8 ratio.

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS)  
**Status:** Active

**Current Effective Date:** 07/01/2016  
**Last Review Date:** 08/14/2023

### Coding

\*\*\* Peer Support Services can only be offered by the South Carolina Department of Mental Health (DMH) and the South Carolina Department of Alcohol and Other Drug Abuse Services. (DAODAS)\*\*\*

Procedure / HCPC Code	Modifier	Service Definition
H0038	-	Peer Support Services

### Discussion/General Information

The only excluded settings are acute care hospitals. PSS can be rendered in a community mental health center, substance abuse facility, or setting that is convenient for both the beneficiary and the professional that affords an adequate therapeutic environment and that protects the beneficiary's rights to privacy and confidentiality.

As a group service, PSS may operate in the same building as other day services. However, regarding staffing, content, and physical space; a clear distinction must exist between day services during the hours the PSS is in operation. PSS do not operate in isolation from the rest of the programs in the facility.

PSS cannot be billed for Medicaid beneficiaries that reside in an acute care hospital facility.

PSS can only be provided by DMH and DAODAS.

### Definitions

Serious and Persistent Mental Illness (SPMI) "is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" [nimh.nih.gov](http://nimh.nih.gov)\*

Severe Emotional Disability (SED) is defined as "persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities." *Collaborative for Children and Families*.

Substance Use Disorders (SUD)s: SUDs are a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol or medications which lead to significant impairment in the ability to function at home, school, and work. [Nimh.nih.gov](http://Nimh.nih.gov)\*

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS)  
**Status:** Active

**Current Effective Date:** 07/01/2016  
**Last Review Date:** 08/14/2023

<b>References</b>
-------------------

**Government Agency, Medical Society, and Other Authoritative Publications:**

1. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition-Text Revision
2. Child and Adolescent Level of Care Utilization System (CALOCUS-CASII\*). American Association of Community Psychiatrists. Accessed August 14, 2023
3. Coding Source: Healthy Connections Medicaid Provider Manual, “Rehabilitative Behavioral Health Services”, Updated July 1, 2023
4. South Carolina Department of Health and Human Services (2023) Rehabilitative Behavioral Health Services Provider Manual

<b>Websites for Additional Information</b>
--

1. South Carolina Department of Health and Human Services [www.scdhhs.gov](http://www.scdhhs.gov).\* Accessed on August 11, 2023.

\*These link to third party sites. These organizations are solely responsible for the contents on their sites.

<b>History</b>
----------------

Status	Date	Action
New		Created
Updated	6/24/2019	Medical Operations Committee (MOC) Annual cycle Review
Reviewed	06/25/2020	MOC Approval-no changes
Approved	06/25/2020	Medical Operations Committee MOC
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	Medical Operations Committee MOC
Reviewed	08/14/2023	Updated to align with updated SCDHHS RBHS manual

## South Carolina Medicaid UM Guideline

**Subject:** Peer Support Services (PSS)  
**Status:** Active

**Current Effective Date:** 07/01/2016  
**Last Review Date:** 08/14/2023