

# PEER SUPPORT BILLING ARE WE THERE YET?

---

REBECCA GRASER, MSW R-CPRS (MPNN CSB RECOVERY SERVICES)

CRISTY CORBIN (

DIANNA WEGKAMP, (MPNN CSB RECOVERY SERVICES),

CHRISTINE DUBOIS (

# VA CPRS ROAD TO BILLING

---

- Effective July 1, 2017, the Department of Medical Assistance Services (DMAS) expanded the Medicaid benefit to allow for reimbursement of Peer Recovery Support Services to include Peer Support Services and Family Support Partners.

# PEER RECOVERY SPECIALIST

---

“is an individual successful in the recovery process with lived experience with mental health, substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in recovery to reduce the disabling effects of a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support.”



# FAMILY SUPPORT PARTNERS (FSP)

---

“means a peer recovery support service that is a person- centered strength-based and recovery oriented rehabilitative service provided to the caregiver of Medicaid-eligible member under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth.”

# CERTIFICATION AND BILLING CRITERIA

---

- **Certified Peer Support Specialist in Virginia have to take State mandated training of 70+ hours**
- **Certified through a certification board and register through the Dept of Health Professions as other professionals.**
- **Must have the credentials of CPRS and R-CPRS to bill Medicaid.**
- **As of Jan. 2019, have to be certified to work under the job title of “Peer Support Specialist” regardless if billing Medicaid or not.**
- **CPRS in Virginia have to work at least 500 hours in the field in a approved Peer Support role to become certified.**
- **Have to pass a State exam**
- **Certified peer workers have a professional Code of Ethics, as well as professional best-practice standards.**
- **Have to re-certify every two years and complete approved continuing educations hours to be re-certified. (20 hours of peer support specific education, including six hours in ethics.)**
- **This training parallels other professional positions**

# CPRS CASELOAD CRITERIA

---

- The PRS shall perform services within the scope of their knowledge, lived experience, and education.
- The caseload assignment of a full time PRS shall not exceed 15 members at any one time allowing for new case assignments as those on the existing caseload begin to self-manage with less support.
- Part-time PRS shall not exceed 9 members at any one time.

# REGISTRATION CRITERIA: REGISTERED PEER RECOVERY SPECIALIST

---

- Sufficiently trained and certified to deliver services;
- Meets the definition of a Peer Recovery Specialist “PRS”
- Has the qualifications, education and experience as established by DBHDS in 12VAC35-250-30;
- Has a current certification with the VA Certification Board (approved by DBHDS)
- Is registered with the Board of Counseling at the Department of Health Professions; and,
- Is employed by or has a contractual relationship with a provider enrolled with DMAS

# DBHDS PRS – (12VAC35-250-30.) QUALIFICATIONS

---

- Have a high school diploma or equivalent.
- Sign and abide by the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, effective April 4, 2017.
- Complete the DBHDS peer recovery specialist training. (72 hours training)
- Show current certification in good standing by the U.S. Department of Veterans Affairs or one of the following certifying bodies:
  - a. National Association for Alcoholism and Drug Abuse Counselors (NAADAC);
  - b. A member board of the International Certification and Reciprocity Consortium (IC&RC);  
or
  - c. Any other certifying body approved by DBHDS.



# PEER SUPPORT SERVICE AND FAMILY SUPPORT PARTNERS

---

- Peer Support

Services shall target members 21 years or older with mental health or substance use disorders or co-occurring mental health and substance use disorders.

- Family Support

Partners may be provided to eligible members under the age of 21 who have a mental health or substance use disorder or co-occurring mental health and substance use disorders which are the focus of the support with their families or caregivers.

\*Members

- 18-20 years-old who meet the medical necessity criteria, may choose to receive Peer Support Services or Family Support Partners.



# TARGETED POPULATIONS

---

## **ADULTS\***

- **Over 21**
  - **Peer Support Services”**
  - **ARTS**
  - **Mental Health**

\*Allowance for 18-20 year olds

## **YOUTH**

- **Under 21**
  - **Family Support Partners”**
  - **ARTS**
  - **Mental Health**

# REFERRAL FOR PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS

---

- There are NO LIMITS to who can refer members for Peer Support Services and Family Support Partners.
- Any person involved in the member's treatment, caregiver or community partner can make a referral for services.
- The member may also self-refer.

# ASSESSMENT FOR SERVICES

---

- An assessment for Peer Support Services or Family Support Partners shall be completed and must include the dated signature of the LMHP, LMHP-R, LMHP-RP, or LMHP-S or practitioner making the recommendation and their credentials.
- The assessment for services shall be included as part of the Recovery, Resiliency, and Wellness Plan and medical record and may serve as verification that the member meets the medical necessity criteria for Peer Support Services or Family Support Partners.

# RECOVERY RESILIENCY WELLNESS PLAN (R2WP)

---

“Recovery, Resiliency, and Wellness plan” is the written set of goals, strategies, and actions that guide the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community.

It is developed by the individual, caregiver as applicable, the PRS, and the direct supervisor within 30 days of the initiation of services and describes how the plan for peer support services and activities will meet the individual’s needs.

# RECOVERY RESILIENCY WELLNESS PLAN INCLUDES

---

The Recovery Resiliency Wellness Plan (RRWP) is a conversational framework for the Peer Recovery Specialist (PRS) or Family Support Partner (FSP) working with a member seeking recovery.

The RRWP establishes a peer relationship and integrates person-centered approaches to support the implementation of goals, strategies and actions based upon the individual's readiness for recovery services.

# LINKS TO HELP CREATE THE RRWP

---

- DMAS Guidance Document

<https://www.dmas.virginia.gov/media/3797/recovery-resiliency-wellness-plan-guidance-document.pdf>

- Peggy Swarbrick model “Wellness in 8 Dimensions”

[https://www.state.nj.us/humanservices/dmhas/resources/mental/CSP\\_Wellness\\_8\\_Dimensions.pdf](https://www.state.nj.us/humanservices/dmhas/resources/mental/CSP_Wellness_8_Dimensions.pdf)

- CCAR – Conn. Wellness Plan (can offer as handout)

# BUILDING RRWP

---

- The Eight Dimensions of Wellness provide a framework; and the goals we set, activities we engage in to reach those goals, and the timelines are unique, individualized, and up to each one of us.
- What's great about this perspective on wellness is that there is no one way, and no right way, to wellness.
- For me, spiritual wellness might overlap with intellectual wellness and mean spending more time reading Brene Brown books. For someone else, intellectual wellness might mean enrolling in school. I generally get eight hours of sleep each night (or more!), so my physical wellness might include goals of maintaining activity and increasing healthy foods, whereas someone else may excel in those areas but desire support and techniques for getting enough Zs.



# BUILDING RRWP

## 8 DIMENSIONS OF WELLNESS SAMHSA, 2015)

---

- Emotional—Coping effectively with life and creating satisfying relationships
- Environmental—Good health by occupying pleasant, stimulating environments that support well-being
- Financial—Satisfaction with current and future financial situations
- Intellectual—recognizing creative abilities and finding ways to expand knowledge and skills
- Occupational—Personal satisfaction and enrichment from one's work
- Physical—recognizing the need for physical activity, healthy foods, and sleep
- Social—developing a sense of connection, belonging, and a well-developed support system
- Spiritual—expanding a sense of purpose and meaning in life

# ADDITIONAL HEADINGS OF RRWP

---

- Connectedness to the Recovery Community
- Physical Health
- Emotional Health
- Spiritual Health
- Living Accommodations
- School/Job/Education
- Personal Daily Living Management
- Any others

# ON SCREEN ACTIVITY

---

- Have handout of guidance DMAS guidance
- Show example of how RRWP is set up in EHR (Credible - MPNN Recovery Services)
- Walk through service items that trigger billing in HER
- Walk through initial visit, Dimensions of Wellness and Smart Goals in EHR

# SMART GOALS ARE REQUIRED IN RRWP

---

<b>Specific</b>	<ul style="list-style-type: none"><li>• <b>What, where, how many, who ?</b></li></ul>
<b>Measurable</b>	<ul style="list-style-type: none"><li>• How will I know when I meet this goal?</li></ul>
<b>Achievable</b>	<ul style="list-style-type: none"><li>• Have I planned for obstacles?</li></ul>
<b>Relevant</b>	<ul style="list-style-type: none"><li>• Is this important to my recovery?</li></ul>
<b>Time-bound</b>	<ul style="list-style-type: none"><li>• Short term, Specify date or elapsed time</li></ul>

# REVIEWS OF R2WP

---

For DMAS to determine that these reviews are complete, the reviews shall

- (i) update the goals and strategies as needed to reflect any change in the member's recovery as well as any newly identified needs;
- (ii) be conducted in a manner that enables the member or caregiver as applicable to actively participate in the process;
- (iii) be documented by the PRS in the member's medical record no later than 15 calendar days from the date of the review.

# SUPERVISION OF PEER RECOVERY SPECIALISTS

---

- Under the clinical oversight of the qualified practitioner making the recommendation for service, the PRS in consultation with their direct supervisor shall conduct and document a Review of the Recovery.
- Resiliency, and Wellness Plan every 90 calendar days with the member and caregiver as applicable. The review shall be signed by the PRS and the member, and as applicable the identified caregiver. Review of the Recovery Resiliency and Wellness Plan means the PRS evaluates and updates the member's progress every 90 calendar days toward meeting the Recovery, Resiliency, and Wellness Plan's goals and documents the outcome of this review in the member's medical record.

# SUPERVISION

---

- If the PRS has less than 12 months of experience delivering Peer Support Services or Family Support Partners, they shall receive face-to-face, one-to-one supervisory meetings of sufficient length to address identified challenges for a minimum of 30 minutes, two times a month. A direct supervisor must be available at least by telephone while the PRS is on duty. If the primary direct supervisor is not available, another direct supervisor meeting the qualifications is acceptable.
- If the PRS has been delivering Peer Support Services or Family Support Partners over 12 months and fewer than 24 months, they must receive monthly face-to-face, one-to-one supervision of sufficient length to address identified challenges for a minimum of 30 minutes. A direct supervisor must be available by phone for consult within 24 hours of service delivery if needed for challenging situations. If the primary direct supervisor is not available, another direct supervisor meeting the qualifications is acceptable.

# SUPERVISION

---

- Face-to-face supervision can occur either in-person or through the use of two-way, real time interactive electronic communication between the PRS and their supervisor. This electronic communication must include, at a minimum, the use of secure audio and video equipment
- The Direct Supervisor shall have an employment (or contract) relationship with the same provider entity that employs/contracts with the PRS.
- Documentation of all supervision sessions shall be maintained by the enrolled and credentialed provider in a supervisor's log or the PRS' personnel file.



# AUTHORIZATIONS

- Dianna to share on process and experience with providers

<b>ARTS Individual</b>	<b>1 unit = 15 minutes</b>	<b>T1012</b>		<b>4 hours or 16 units per calendar day</b>	<b>Up to 900 hours or 3600 units per calendar year</b>	
<b>ARTS Group</b>		S9445				
<b>Mental Health Individual</b>		H0024				<b>Up to 900 hours or 3600 units per calendar year</b>
<b>Mental Health Group</b>		H0025				

# MEDICAID BILLING SUPPORT RFP

---

- CSB Peer and Family Support Services Request for Proposal

## **Metrics**

Develop a plan to specifically implement Medicaid billing for Peer/Family Support Services within 1 year of award. The plan must address what is needed to meet additional Medicaid billing requirements.

Sustain Peer/Family Support Services Medicaid billing through 2025.

Successful proposals will include simple pagination, SMART Goals (Specific, Measurable, Achievable, Realistic and anchored within a Time Frame), and outcomes.

Funding began in May 2, 2022 (MHBG ARPA) and run till December 2025.

# MPNN RECOVERY SERVICES IMPLEMENTATION TEAM

---

- **Mitzi Torres, Project Support Manager**  
Department of Information Technology
- Becky Graser Recovery Services Program Director
- Dianna Wegkamp, Medicaid Billing Specialist and Peer Support Supervisor
- Karen Pitts, R-CPRS Team Lead
- Evelyn Hunnington, R-CPRS Peer Support

# MPNN RSTEAM PROCESS

---

- It will take time to implement – 18 months is good benchmark.
- July to November – preparation, planning, hiring for billing team.
- Team met every other week for approx. 18 months to create all elements of billing, discharge procedures, RRWP everything related to process.
- Nov. – June to build RRWP and create training guidance documents for employees.
- Be patient this is new to your agency – it will take some time to implement fully with your staff.

# TRAINING STAFF

---

- Allow time to train staff on EHR
- Create documents for staff to follow as you troubleshoot and perfect each service of billing.
- Have some examples of guidance documents.

# JUST GETTING STARTED

---

- **Christine DuBois, CPRS, Rappahannock Area Community Services Board.**
- Will share on experience getting billing off the ground at Rappahannock CSB

# REFERENCES

---

- Peer Recovery Support Services Supplement Chapter Title: Peer Support Services and Family Support Partners. (Dec. 2023). <https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-12/Peer%20Services%20Manual%20Supplement%20%28updated%2012.29.23%29.pdf>

