**Rehabilitative Behavioral Health Services Provider Manual Updated 02/01/12**
**SECTION 2 POLICIES AND PROCEDURES**
**COMMUNITY SUPPORT SERVICESPEER SUPPORT SERVICES**
**(PSS)**

**Purpose**
The purpose of this service is to allow people adult Medicaid beneficiaries with similar life experiences to share their understanding with other beneficiaries to assist in their recovery from mental illness and/or substance use disorders. The 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 plan of care determines the focus of Peer Support Services (PSS). 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 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 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.

Service Description Services are multi-faceted and emphasize the following:

- Personal safety
- Self-worth
- Introspection
- Choice
- Confidence
- Growth
- The Helper Principle
- Connection
- Boundary setting
- Planning
- Self-advocacy
- Personal fulfillment
- Crisis management

- Education
- Meaningful activity and work
- Effective communications skills

Due to the high prevalence of beneficiaries with mental health illness and/or substance use disorders and the value of peer support in promoting dual recovery, identifying individuals co-occurring disorders who require a dual treatment is a priority.

The availability of services is a vital part of PSS to reinforce and enhance the beneficiary's ability to cope and function in the community and develop natural supports. Services must be rendered face to-face. 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.

PSS must be coordinated within the context of a comprehensive, individualized POC that includes specific individualized goals. Providers should use a person-centered planning process to help promote beneficiary ownership of the POC.

Such methods actively engage and empower the beneficiary and individuals selected by the beneficiary, in leading and directing the design of the service plan 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 service plan.

- 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 includes planning and facilitating specific, realistic activities leading to increased self-worth and improved self-concepts.
- Assistance with substance use reduction or elimination provides support for self-help, self-improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding substance use disorders or mental illness and recovery.
- System advocacy assists beneficiaries in making telephone calls and composing letters about issues related to substance use disorders, or mental illness or recovery. o Individual advocacy discusses concerns about medications or diagnoses with a physician or nurse at the beneficiary's requests.

Further, it helps beneficiaries arrange the necessary treatment when requested, guiding them toward a proactive role in their own treatment.

- Crisis support assists beneficiaries with the development of a crisis plan. It teaches beneficiaries:
  1. How to recognize the early signs of a relapse
  2. How to request help to prevent a crisis

3. How to use a crisis plan
4. How to use less restrictive, hospital alternatives
5. How to divert from using the emergency room
6. 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 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 assist beneficiaries in obtaining information about going back to school or getting job training. Interventions give beneficiaries an opportunity to acquire knowledge about mainstreaming back into full-time or part-time work. Additionally, they are taught how to obtain reasonable accommodations under the Americans with Disabilities Acts (ADA).

**Services Evaluation and Outcome Criteria**

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 quarterly using the following measures:

- A client advisory board that consists of beneficiaries and agency staff members shall meet to discuss the services and provide reports.
- Focus groups consist of the beneficiary and the peer support specialist. Focus groups meet to discuss specific issues of the group.
- Comments from the suggestion boxes are reviewed by the client advisory board and responded to accordingly.
- Services satisfaction surveys and system-wide surveys will produce outcome measures in the following areas for PSS:
  1. 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.
  2. 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.

3. 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).

**Eligibility**

Adult beneficiaries diagnosed with severe mental illness and/or substance use disorders are eligible. Eligible services are those necessary to provide support and encouragement to beneficiaries and their families when beneficiaries first begin to receive services. Intake and assessment, adjusting to new medications, relapse, and discharge planning are examples of beginning services.

**Staff Qualifications**

PSS are provided under the supervision of a qualified mental health professional (MHP) or master's level substance abuse professional specified in the "Clinical Supervision" section of this manual and in accordance with South Carolina State Law. The degree of direct supervision will be contingent upon the qualifications, competencies and experience of the peer support provider specialist.

Peer Support Specialist The peer support specialist must possess, at a minimum, a high school diploma or GED, and he or she must have successfully completed and passed a certification training program, and he/she must be a current or former beneficiary of services as defined by SCDHHS.

**The criteria for meeting the consumer of services qualification are:**

1. Have had a diagnosis of mental illness or substance use disorder, as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and received treatment for the disorder
2. Self-identify as having had a mental illness and/or substance use disorder
3. Be in a recovery program

**Peer support specialists must have the following experience:**

1. The ability to demonstrate recovery expertise including knowledge of approaches to support others in recovery and dual recovery, as well as the ability to demonstrate his or her own efforts at self-directed recovery
2. One year of active participation in a local or a national mental health and/or substance use consumer movement, which is evidenced by previous volunteer service or work experience
3. Peer support providers must successfully complete a precertification program that consists of: Forty hours of training. The curriculum must include the following topics: recovery goal setting, wellness recovery plans and problem solving, person-centered services, and advocacy.

4. Additionally, peer support providers must complete a minimum of 20 hours of continuing education training annually, of which at least 12 hours must be face-to-face training. All trainings must be approved by SCDHHS or other authorized entity.

**Note:** For beneficiaries in dual recovery, experience with recovery self-help programs for individuals with mental illnesses, substance use disorders, or with co-occurring disorders is particularly valuable.

**Clinical Supervision**

Clinical supervision must be provided by an individual who holds at least a master's degree in a health or a human services field, is SCAADAC credentialed, or holds any of the following credentials/licensures: CSAP, LPHA, or MHP.

The clinical supervisor must be available to supervise the peer support specialist and ensure that he or she provides services in a safe, efficient manner in accordance with accepted standards of clinical practice and certification and/or training standards as approved by SCDHHS.

The clinical supervisor is required to chair regularly scheduled staff meetings with the peer support specialists to discuss administrative and individual treatment issues. At a minimum, staff meetings shall occur every two weeks.

Staff meetings are not separately billable under another clinical service, unless the staffing includes a physician consultation. The clinical supervisor shall review services that address specific program content and assess the beneficiary's needs. Issues relevant to the individual beneficiary will be documented in a staff note and noted in the beneficiary's medical record.

The clinical supervisor is also required to perform at least one evaluation of the beneficiary no later than six months after admission to the program. The evaluation shall be repeated annually to:

- Monitor the recovery process of the beneficiary
- Monitor the focus of the services provided
- Ensure that the beneficiary continues to meet the Peer Support criteria
- The evaluation must be kept in the beneficiary's file. The evaluation may be billed separately as an assessment.

**Service Documentation**

Providers shall submit an annual report to the SCDHHS program manager within 60 calendar days after the close of the state fiscal year. This report should include summaries of the service provision and the service evaluation and outcome criteria, and the number of beneficiaries participating in the service. PSS are required to be listed on the POC and may be listed with PRN frequency. PSS must be documented daily in the beneficiary's record.

**Staff-to-Beneficiary Ratio**

PSS are provided one-to-one or in a group setting. When rendered in groups, PSS shall not exceed one professional per eight beneficiaries.

**Allowable Place of Service**

PSS may be provided in the beneficiary's home or natural environment, community mental health center, substance abuse facility, or other approved community mental health facility. As a group service, PSS may operate in the same building as other day services. However, with regard to staffing, content, and physical space, a clear distinction must exist between day services during the hours the PSS' are in operation. PSS do not operate in isolation from the rest of the programs in the facility.

**Relationship to Other Services**

PSS cannot be billed for Medicaid beneficiaries that are residents of an inpatient facility. PSS may only be billed to Medicaid when the beneficiary begins to receive outpatient treatment services and within 14 days of discharge from the residential facility.

**Special Restrictions**

None

**See** http://www.scdhhs.gov/internet/pdf/manuals/RBHS/SECTION%202.pdf

**To check for the latest PSS Section Policies go to** http://www2.scdhhs.gov/service/provider-manuals