

## **II. Peer Support Services Standards**

**Question:** Some of the requirements the BH-MCO develop for PSS are different from those stated in the OMHSAS PSS standards, please explain.

**Answer:** OMHSAS sets the minimum standards for PSS established through Bulletin OMHSAS-12-16 and Provider Handbook Section VII-Other Services, II Peer Support Services. A managed care organization (MCO) has the option to require PSS standards that exceed the OMHSAS minimum standards. This applies to any service, not just PSS.

**Question:** For clarification purposes, does the expansion of Peer Services include services under Certified "Recovery" specialist for D & A or only for MH clients?

**Answer:** No, the expansion of PSS does not include expansion of services to individuals with substance use disorders only. Bulletin OMHSAS-12-16 and the accompanying Provider Handbook Section VII-Other Services, II Peer Support Services apply only to Medicaid funded peer support services for persons with serious mental illness or serious emotional disturbance.

**Question:** Can an individual be referred to receive services from a certified peer specialist and certified recovery specialist?

**Answer:** CPS and CRS are both forms of peer support services and aspects of the service may be duplicative. The primary diagnosis of the individual would determine which peer service would best suit the needs of the individual at a given point in time. The BHMCO or County would determine if the individual could receive both services.

### **A. PSS Definitions:**

**Question:** You mentioned the federal definition of SMI for the purposes of PSS. Will this expanded definition of SMI be imposed to other services?

**Answer:** Bulletin OMHSAS 12-16 and the accompanying Provider Handbook Section VII-Other Services, II Peer Support Services apply only to Medicaid funded peer support services.

**Question:** Does LPHA include Licensed Professional Counselors and licensed therapists?

**Answer:** No. The term is limited to a physician, physician's assistant, certified registered nurse practitioner and psychologist.

**Question:** To be eligible for PSS what diagnostic categories apply?

**Answer:** SMI is defined in the PSS bulletin as a diagnosable mental, behavioral, or emotional disorder that meets 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. Serious Emotional Disturbance (SED) is defined as 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; and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**Question:** OMHSAS no longer refers to Bulletin OMH-94-04 Serious Mental Illness: Adult Priority Group in the new set of PSS standards. How is Serious Mental Illness (SMI) defined in the new standards?

**Answer:** The updated SMI definition (Provider Handbook Section VII-Other Services page VII-13) better aligns with the current federal definition of SMI indicating that the individual is required to meet the SMI diagnostic criteria within the current Diagnostic and Statistical Manual (DSM) and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. Adults who have met functional impairment criteria during the referenced year without benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders and developmental disorders are not included. Additionally a definition for Serious Emotional Disturbance (SED) has been added to the revised standards (Provider Handbook pages VII-12 &13).

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

### **General Qualifications:**

**Question:** Are Medicaid-funded peer support services allowed to be embedded in an already existing service, such as partial hospitalization or crisis services?

**Answer:** No. Embedded peer support services are included in the rate for the service where peer delivered services is provided (e.g.: inpatient, crisis). In order to bill Pennsylvania Medicaid directly, PSS must be a separate and distinct service, must meet all requirements of the Peer Support Services Bulletin (including OMHSAS approval to provide peer support services), and may not be providing essential staffing to meet the licensing requirements of another service. No staff person may have duplicate or overlapping hours of service in a peer support program and another program or agency.

**Question:** Is a PSS agency required to be licensed by DHS in order to enroll in the PROMISe™ system?

**Answer:** Yes. A provider must be licensed/approved by DHS to be a Medicaid-funded peer support services provider. A free-standing PSS agency must be licensed. PSS programs that are attached to other licensed facilities including outpatient psychiatric clinic, partial hospitalization program, crisis intervention, targeted case management, or psychiatric rehabilitation receive approvals from the Department.

**Question:** Do PSS Agencies need to meet the behavioral health managed care organization (BHMCO) credentialing standards and are they subject to BHMCO site evaluation audits?

**Answer:** Yes, as determined by the BHMCO.

**Question:** Can a licensed drug and alcohol provider that does not have a mental health license be an eligible provider for Medicaid-funded peer support services?

**Answer:** No. Only the following licensed/approved mental health agencies who are enrolled in the MA program can offer the service attached to a base license: psychiatric outpatient clinic, mental health partial hospitalization, crisis intervention, targeted case management, and psychiatric rehabilitation.

**Enrollment:**

**Question:** Can individual Certified Peer Specialists be enrolled to provide services?

**Answer:** No. Only agencies can be licensed by the Department and enrolled to provide peer support in the MA program.

**Question:** What process will OMHSAS use to approve PSS provider agencies?

**Answer:** Before starting the process with OMHSAS a potential agency will need a letter of support from the county. A service description covering 20 required points will be submitted to the OMHSAS Regional Field Office for approval. Agencies will receive a letter of approval from OMHSAS, based upon compliance with the standards set forth in the PSS Bulletin OMHSAS-12-16. Site reviews are required for all new PSS provider agencies. Desk audits will be conducted for PSS agencies that are currently licensed/approved.

Although not a requirement for licensure approval it is recommended that the PSS agency contact the BHMCO to discuss the credentialing process required to become a contracted network provider.

**Question:** Our agency is an OMHSAS-approved peer support services provider and will be providing services for more than one county. How many PROMISe™ enrollment applications must we submit?

**Answer:** OMHSAS will determine if your agency will need one or more than one PSS license/approval to operate in multiple counties. Distance between sites is a deciding factor. Each agency should submit one PROMISe™ Provider Enrollment Base Application for each base license/Certificate of Compliance that has a PSS approval. For example, if you have more than one service description, and you are using different base licenses for the service descriptions (e.g., one service description has a Psychiatric Outpatient base license, and the other service description has a Psychiatric Rehabilitation base license), you must submit two PROMISe™ Provider Enrollment Base Applications. This will result in the peer support services codes being placed on both your Psychiatric Outpatient and your Psychiatric Rehabilitation service locations in PROMISe™.

**Question:** Our agency is an OMHSAS-approved peer support services provider, and we are providing services at more than one location in the same county/joinder. How many PROMISe™ enrollment applications must we submit?

**Answer:** When OMHSAS staff reviews the provider's service description, it will be determined if a provider can offer peer support services from one base license or if

additional base licenses are required to insure adequate monitoring, supervision, and management of the program. If you are approved to use the same base license for each location, you are required to submit only one PROMISe™ Provider Enrollment Base Application. The peer support services provider type/specialty code combination will be placed on your PROMISe™ service location that accommodates the main site listed on your base license.

**Question:** How is the effective date for billing determined?

**Answer:** The effective date is the date on which the provider is approved by the Department as being in compliance with the PSS Bulletin, OMHSAS-12-16. The date is indicated on the PROMISe™ enrollment notification letter.

**Question:** Where is the supplemental provider agreement form located?

**Answer:** Please use the following link to access the supplemental provider agreement form: [http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s\\_002793.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_002793.pdf)

**Question:** Are existing PSS agencies required to sign the revised supplemental provider agreement?

**Answer:** No, existing approved or licensed PSS agencies will only need to sign the supplemental provider agreement when the PSS agency completes the required 5-year revalidation process. A new PSS program enrolling in PROMISe™ will be required to sign the agreement as part of enrollment.

### **Service Descriptions:**

**Question:** The PSS standards define age ranges for youth, young adults and adults. Is an agency's service description required to cover the entire age range as defined for youth.

**Answer:** No. The PSS Bulletin, OMHSAS-12-16, indicates that PSS may be provided to youth who are 14 years of age or older. The Pennsylvania Medicaid State Plan Amendment (SPA) requires that PSS be made available to youth, young adults and adults who meet the admission criteria. Therefore, OMHSAS has recommended that local partners including providers, counties, MCOs and HealthChoices primary contractors work collaboratively to assess local needs and determine how to best develop service descriptions to deliver PSS to youth in order to be in compliance with HealthChoices access standards for choice of two providers within the county.

**Question:** Can a youth who has turned 18 continue to receive peer support services?

**Answer:** Yes, if the individual meets the continued stay requirements.

**Question:** If the approved or licensed provider is not interested in providing services to youth 14-18 years of age, do they still need to update their program service description?

**Answer:** No, if the approved or licensed PSS agency is not expanding the service to include youth, the agency does not need to submit a revised service description.

**Question:** Are PSS agencies allowed to serve youth and young adults (YYA) only?

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**Answer:** Yes, as long as the PSS program design and population served are clearly delineated in an OMHSAS approved service description. There are currently a few licensed PSS agencies specialized to serve young adults only. With the rollout of Bulletin OMHSAS-12-16 we expect to see an expansion of the number of PSS agencies specialized to serve Youth and Young Adults only.

**Question:** Where can we get the service description review checklist and other supporting documents?

**Answer:** The service description review checklist and other supporting documents can be found at [www.parecovery.org](http://www.parecovery.org). Click on the Adults/Older Adults tab at the top of the page then click on Peer Specialist Services. The service description review checklist is under the heading: Help for Developing Peer Support Services.

**Question:** If we update our service description to include youth do we need to update the supplemental provider agreement as well?

**Answer:** No, an existing approved or licensed PSS agency does not need to re-sign the Supplemental Provider Agreement. Signing the agreement occurs every 5 years during revalidation.

### **Coordination of Services:**

**Question:** Since Youth PSS cannot deliver services in a school setting, how does OMHSAS envision Youth PSS engage with the school?

**Answer:** PSS is separate and distinct from the school day including authorized after school activities. There may be instances when a CPS would attend an IEP at the request of the individual. For this reason the PSS agency will have written letters of agreements with the school districts or local education agencies.

**Question:** Will YYA CPS be able to attend and bill for support during IEP meetings at the schools?

**Answer:** A CPS may support an individual during an IEP if requested by the individual.

**Question:** When a CPS is employed by a free-standing PSS agency, what mechanism would be in place to allow for participation in treatment team meetings at a clinical provider agency?

**Answer:** A PSS agency shall have a written agreement to coordinate care with other service providers as needed. The CPS can participate with the individual in a treatment team meeting when a signed release is in place and there is a related ISP goal.

### **Staffing:**

#### **Staff Qualifications:**

**Question:** Does the PSS Director have to be a person with lived experience?

**Answer:** No

**Question:** Does the change in title for the MHP to the PSS Director have any new requirements or is it just a title change?

**Answer:** This is only a title change.

**Question:** Must the PSS Director have a Master's Degree in order to sign off the ISP?

**Answer:** No. Please see Provider Handbook Section VII-Other Services, Staff Qualifications, on page VII-18 (Revised 12/12/16) for additional information.

**Question:** What is the targeted age range for CPSs providing service to the YYA age group?

**Answer:** To be employed in a Medicaid funded service CMS requires employees to be 18 years of age or older. OMHSAS is encouraging expansion of the workforce of CPS between 18 through 30 years of age.

### **Supervision:**

### **Staff Training and Professional Development:**

**Question:** Are CPS required to have specialized training on working with youth and young adults?

**Answer:** 18 hours of continuing education per year is required for CPS. An OMHSAS approved 2-day continuing education training for peers working with youth and young adults is available for peers that want to specialize in working with this population. The BHMCO may enforce a higher standard. Additionally, all staff working with youth must meet the mandated reporter training requirements as listed in the child protective service law (23 Pa.C.S. § § 6301—6385) (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

**Question:** Does a CPS who is not employed need to obtain annual continuing education hours?

**Answer:** No. The scope of the bulletin applies to PSS providers and BH-MCOs. Therefore, if a CPS is not employed by a Medicaid-funded PSS agency, continuing education is not required. However all CPS are encouraged to stay current with continuing education hours in order to enhance employability.

### **Criminal history and child abuse background clearances:**

**Question:** Do all CPS staff have to do the attestation form even if they don't work with youth?

**Answer:** No. CPS working strictly with adult population do not need the clearances.

**Question:** If a Peer program is within a small building facility, does everyone within the building need a child clearance even if they have no responsibilities with Peer?

**Answer:** No

**Question:** Will CPS be required to receive child abuse clearances?

**Answer:** Yes, if the CPS is working in direct care with individuals under the age of 18.

**Question:** If a CPS has a criminal background that prohibits them from working with youth, can they work as a CPS if they do not work with the youth population?

**Answer:** Yes, as long as the CPS is working with adults 18 years of age and older.

**Question:** If a CPS supervisor has a criminal background that doesn't pass the child abuse clearance check, would the employee be able to be a CPS supervisor at a PSS agency that serves youth?

**Answer:** No. The supervisor must pass all child abuse clearances when supervising a CPS working with youth or when working as a CPS supervisor in an agency that serves youth, to comply with the Child Protective Services Law (23 Pa. C.S. §§ 6301-6385) as required in the Peer Support Services Bulletin OMHSAS-12-16. See Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16) B. Provider Qualifications for MA Payment, Criminal history and child abuse background clearances, Page VII-21.

**Question:** Our PSS agency is concerned about youth receiving PSS interacting with Certified Peer Specialists who are 18 years of age and older. What has OMHSAS put in place to assure the safety of youth receiving services and that CPSs, PSS agencies and the Department are protected?

**Answer:** Safety of the individual receiving services is a primary concern. If a PSS agency offers services to individuals under 18 years of age, criminal history and child abuse clearances shall be completed as per the requirements of the Child Protective Services Law. See Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16) B. Provider Qualifications for MA Payment, Criminal history and child abuse background clearances, Page VII-21.

**Question:** Are Certified Peer Specialists considered to be mandated reporters?

**Answer:** Yes.

**Question:** Where can I find resources and information on Criminal History, Child Abuse Background and Clearances?

**Answer:** [www.keepkidssafe.pa.gov](http://www.keepkidssafe.pa.gov)

### **C. Compensable Services**

**Question:** What if a provider agency that employs a CPS wants the CPS to assist in getting an individual to cooperate with taking their medication? Is that an appropriate role?

**Answer:** The role of the CPS is to develop goals with the individual regarding what areas they will work on together. While the CPS should not be expected to insist/encourage the individual to take medication that the individual is refusing, he or she should encourage the individual to express his or her needs to the prescribing

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treatment team, provide suggestions on how to discuss issues with his or her psychiatrist and advocate that the individual's concerns are heard and responded to appropriately.

**Question:** Please clarify the role a CPS would have in assisting individuals with crisis management?

**Answer:** The CPS will have a supportive role based on the needs or goals identified in the ISP. Crisis support activities may include assisting the individual to recognize early signs of relapse and how to identify and implement coping strategies.

**Question:** Can individuals receive peer support services in conjunction with other Medicaid-billable services, such as case management, partial hospitalization, etc.?

**Answer:** Yes. Peer support services may be provided in conjunction with other Medicaid services, including case management; however, in Medicaid Fee for Service, more than one service cannot be billed to the same individual during the same unit of service.

**Question:** How do I document and bill for a peer support services group activity? What group activities and services are considered allowable for billing purposes?

**Answer:** Peer support services are typically provided on an individual (1:1) basis; however, there may be occasions when offering group services for several individuals together may be beneficial. To receive PSS in a group, each individual must have a goal in the ISP reflecting the need for the group and each individual must agree to participate in the group. Services such as psychoeducation or WRAP are the types of services that may be provided in groups, when approved by the county or behavioral health managed care organization. Appropriate Medicaid peer support group services do *not* include social, recreational or leisure activities.

The unit of service for billing purposes is 15 minutes. When one or more CPS acting together provide a group service for one or more individuals during a 15 minute unit of service, the maximum number of units billed shall equal the number of CPSs involved or the number of individuals served, whichever is smaller.

Units of service may be billed entirely to one individual participant or the units of service can be divided among group members, at the discretion of the provider. In any case, all case records of individuals involved in the group must include appropriate documentation of their involvement in the group, whether or not actual units were billed to the individual. In HealthChoices, behavioral health managed care organizations can develop their own group rate by establishing their own HIPAA compliant modifier to the group bills and mapping them to the peer support service procedure codes permitted by OMHSAS for reporting purposes.

**Question:** Can individuals who are not receiving Medicaid funded peer support services attend CPS led groups with individuals who are receiving Medicaid funded peer support?

**Answer:** No. This would pose a confidentiality issue as well as a billing issue. When a peer provider is providing peer support in a group setting and billing Medicaid, every participant must be admitted to receive PSS with the Provider Agency. To receive PSS in a group, each individual must have a goal in the ISP reflecting the need for the group. Each individual must agree to participate in the group. Services such as psycho-

education or Wellness Recovery Action Planning (WRAP) are the types of services that may be provided in groups.

**Question:** Can a peer support provider bill Medicaid for services provided to an individual who is in an inpatient setting for physical health issues?

**Answer:** Yes. A provider may bill Medicaid for peer support services delivered to an individual who is receiving inpatient services for a physical health issue in a general hospital.

**Non-compensable services:**

**Question:** Will correspondence via text, social media, etc. between CPS and youth be billable time?

**Answer:** No. PSS is primarily delivered face to face. PSS delivered via live voice telephone conversations are limited to 25% of the total services provided per recipient per calendar year. Text messages and social media correspondence are not compensable.

**Question:** Is a PSS agency permitted to bill for transportation? For example: Is the time billable when the CPS is transporting an individual to a meeting, appointment, etc., and using that time to provide peer support.

**Answer:** No, in the Pennsylvania HealthChoices program, transportation is not a billable service for PSS. The standards for Peer Support Services state “travel time, staff meetings, record-keeping activities, and other non-direct services are not compensable.” Agency policies for PSS may or may not allow for transporting an individual admitted to the PSS program. The agency needs to provide training to the CPS staff on policies related to non-billable transportation. When agency policy permits a CPS to transport an individual, PSS should not be provided during the time of transport.

**Question:** Will CPSs be allowed to transport youth receiving peer services?

**Answer:** PSS Agencies establish transportation policies. Transportation does not meet the definition of PSS and is not compensable.

**Payment conditions for various services:**

**Question:** If a youth requests support during a doctor or psychiatrist appointment could a CPS attend and offer support to the individual during the appointment?

**Answer:** Yes, supporting an individual during a clinic appointment is an appropriate peer service if identified in the ISP. However a PSS agency may not bill for peer support services delivered concurrently with other Medicaid-billable services for individuals eligible for the Medicaid Fee for Service program. A provider may bill if the behavioral health managed care organization (BHMCO) has elected to pay for peer support services delivered concurrently with other Medicaid-billable services. A provider should contact the BHMCO in order to determine the BHMCO’s policy in this matter.

## D. Medical Necessity Review Guidelines

### Service Initiation:

**Question:** Are peer support services only a mental health service?

**Answer: Yes.** Peer support services are designed for individuals with a serious emotional disturbance (SED), serious mental illness (SMI), or either an SED or an SMI with a co-occurring substance use disorder. Mental Health peer support services can be provided only by a Certified Peer Specialist (CPS).

**Question:** Is autism spectrum disorder as a primary diagnosis permitted under the admission criteria for PSS?

**Answer:** No, PSS is not designed for individual with autism spectrum disorder as a primary diagnosis. Peer support services are currently designed for individuals with a serious emotional disturbance, serious mental illness or a mental illness and co-occurring substance disorder.

**Question:** Must the functional impairment that qualifies an individual for peer support service be due to the mental illness or can it be caused by other factors, such as a secondary diagnosis that is physical in nature?

**Answer:** The functional impairment must be a result of the mental illness.

**Question:** Does a physician or Mental Health Professional need to make the referral to peer support services or can an individual self-refer?

**Answer:** Anyone, including the individual, can make a referral to peer support services. However, a Licensed Practitioner of the Healing Arts, which includes a physician, licensed psychologist, certified registered nurse practitioner, and a physician's assistant, must recommend peer support as a medically necessary service.

**Question:** What is the role of the Licensed Practitioner of the Healing Arts (LPHA) in the PSS referral process?

**Answer:** Before an individual may receive PSS there must be a written recommendation including the diagnosis and functional impairment of the individual from an LPHA acting within the scope of professional practice.

**Question:** When a PSS agency closes and the individual is referred to a different PSS agency to initiate service, is it necessary to get a new recommendation for PSS from an LPHA?

**Answer:** Yes. The individual is being referred to a new agency therefore all steps for service initiation as outlined in the Provider Handbook should be followed.

**Question:** Why do peer support services need to be deemed "medically necessary"?

**Answer:** Medicaid only provides payment for medical services and therefore requires that the services are "medically necessary" in order for providers to receive federal reimbursement.

**Question:** The criteria for an individual to receive PSS includes a diagnosis of SMI or SED resulting in functional impairment. Who determines the functional impairment? Is it the responsibility of the referring agency or the peer support provider?

**Answer:** An LPHA is responsible to provide a recommendation for PSS which includes diagnosis of SMI or SED that has resulted in functional impairment.

**Continued Stay Requirements:**

**Question:** When a youth has an SED diagnosis and is receiving PSS what happens when the individual turns 18 and has not yet received an SMI diagnosis?

**Answer:** At the next scheduled ISP update after an individual turns 18, A PSS agency shall determine the individual's eligibility for continued stay. If an individual is believed to continue to benefit from PSS and desires to continue with the service, an updated recommendation from an LPHA should be obtained to verify an SMI resulting in functional impairment. In the event that the current PSS agency does not serve individuals over the age of 17, there should be a referral to another PSS agency that can offer the service. The new PSS agency will have to have a recommendation for PSS from an LPHA.

**Discharge Requirements:**

**E. Documentation Requirements**

**Confidentiality:**

**Question:** How will confidentiality be maintained for youth receiving PSS?

**Answer:** Youth aged 14 through 17 have the right to consent to medical treatment in Pennsylvania independently, and do not need parental consent or permission. Also, parents can consent to medical treatment for children through age 17. Generally, control of the medical records release process is with the consenting party, either the youth or the parent who signed consent for PSS services. If the youth gives consent for PSS, then the youth would need to sign a release for PSS staff to share information with the parents or other family members. In situations where the youth still lives in the family home, every effort should be made to facilitate consent and to involve family members in the ISP process, as appropriate and in keeping with the ISP.

**F. Service Planning and Delivery**

**Assessment:**

**Question:** Would young adults that are ages 18-21 and still in school qualify for PSS (youth) or should adult PSS be looked at?

**Answer:** Individuals who are 18 to 21 and still attending school should receive PSS based upon the needs of the individual in accordance with the ISP goals and the approved agency service description. Some individuals within this age range may require PSS with a youth focus while others will be better served by a PSS agency with an adult focus.

**Question:** Will an individual that began receiving PSS as a youth be able to continue services with the same CPS after the individual turns 18.

**Answer:** Yes, as long as the licensed PSS agency has an approved service description for both age groups.

### **Individual Service Plan:**

**Question:** When an ISP is updated every six months and includes the progress the individual has made on each goal along with amended or new goals, where does the "ISP update" listed in the standards fit on our form or in the record?

**Answer:** The ISP update is a comprehensive narrative summary on progress in stated goals that is documented in the progress note section. Generally this narrative summary is not included on the ISP form, except by brief coding, such as "GM: goal met" or "DC: discontinued"

**Question:** What is the required time frame for development and updates of the ISP?

**Answer:** PSS agencies shall ensure that an ISP is developed by the individual, the CPS and the MHP within one month of enrollment and updated every six months thereafter.

**Question:** Are social, recreational and leisure activities billable under Medicaid?

**Answer:** No. If an individual wants to participate in a leisure or recreational activity, this would not be reimbursable through Medicaid and should be paid for out of other funding sources. A CPS can refer an individual to social opportunities available within social rehabilitation programs such as drop-in centers, which organize group activities for their members such as movies, ballgames, etc.

### **Service Provision:**

**Question:** Can Peer Support Services (PSS) for youth be offered in schools? If an individual is homeschooled can PSS be delivered during the designated school time?

**Answer:** No, PSS for school age individuals who attend school must be offered outside of the school setting and not during a youth's scheduled school day which includes extracurricular activities. PSS Agencies may develop hours of service for students in late afternoons, early evenings, weekends and perhaps expanded time-ended services during the summer months. PSS may not be delivered during designated school hours or extracurricular activities to youth who are home schooled.

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**Question:** Can PSS be offered during alternative education or partial hospitalization (schooling)?

**Answer:** PSS for school age individuals who attend school including alternative education or partial hospitalization programs, must be offered outside of the school setting and not during a youth's scheduled school day which includes extracurricular activities.

**Question:** Since Youth PSS cannot deliver services in a school setting, how does OMHSAS envision Youth PSS engage with the school?

**Answer:** PSS is separate and distinct from the school day including authorized after school activities. There may be instances when a CPS would attend an IEP at the request of the individual. For this reason the PSS agency will have written letters of agreements with the school districts or local education agencies.

**Question:** Will YYA CPSs be able to attend and bill for support during IEP meetings at the schools?

**Answer:** A CPS may support an individual during an IEP if requested by the individual.

**Question:** What models or approaches are considered best practice for PSS agencies serving YYA? If a PSS agency or new provider agency want to develop PSS for YYA, what kind of training and technical assistance is available to help with this new service development?

**Answer:** One to one (1:1) PSS along with time-ended psychoeducational groups are anticipated to be the primary service approaches for youth and young adults. In order to build a specialized age appropriate workforce OMHSAS will place an increased priority on training and certifying CPS between the ages of 18 & 30. Additionally, a 2-day Youth and Young Adult continuing education curriculum is being offered as an orientation for CPS desiring to work with YYA.

**Question:** What does PSS for Youth look like in other states and was any kind of pilot program conducted in Pennsylvania to examine models or approaches?

**Answer:** OMHSAS began the PSS standards revision process by conducting a background literature search on best practice approaches in several other states that offer PSS for youth and young adults which included the following states: CA, KY, LA, MD and OK. Primarily these states used 1:1 and time ended psychoeducational groups. Pennsylvania partnered with three counties under the federal Healthy Transitions Grant project that piloted PSS for YYA. The three counties in the grant project were Berks, Bucks and Washington.

**Question:** Now that PSS may be offered for Youth 14 -17 will there be any allowable changes to service delivery?

**Answer:** No. PSS is primarily a 1:1 in person face to face service and may include time-ended psychoeducational groups. There is no change to the standards regarding telephone delivered services; therefore, other electronic means are not permitted.

**Question:** How does Peer Support differ from Wraparound services? Would peer support be helping support the parents as well in the home and would they be working on any behaviors?

**Answer:** PSS Services are a separate and distinct service, as stated in the Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16), Page VII-21 C. Compensable Services. PSS is not related to Behavioral Health Rehabilitative Services (BHRS), which is often referred to as Wraparound services. PSS 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 and a related goal is identified in the ISP.

**G. Quality Assurance:**

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

**Nondiscrimination:**

**Rights:**

**I. Submission of Claims**

**PSS delivered via telephone:**

**Question:** Will there be a separate billing code or modifier to differentiate between YYA CPS and regular CPS?

**Answer:** No

**Question:** Does PSS for an emancipated youth service need to be billed under adult peer services?

**Answer:** The billing code is the same for youth, young adults and adults.

**J. Other Information**

**Waivers:**

**Other:**

**Question:** With the PSS Bulletin OMHSAS-16-12 expanding services for Youth 14 to 17 we are concerned that there is a current lack of age-appropriate PSS available to

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meet the geo-access HealthChoices requirement (choice of two) providers. What can OMHSAS do to help meet this compliance?

**Answer:** OMHSAS recognizes that a reasonable period of time is necessary to develop all the components of expanded PSS designed to serve youth 14 to 17 years old. OMHSAS has established March 31, 2019 as the deadline to meet the geo-access HealthChoices requirement.

**Question:** Based in HealthChoices requirements, if there are currently only two PSS providers in a county, does that mean that if there are no new providers, both existing providers will be required to offer Youth PSS?

**Answer:** There is no licensing requirement related to HealthChoices access standards. Each HealthChoices contract will work with the county and the MCO to determine the best way to come into compliance with the HealthChoices access requirement for choice of at least two providers within the geo-access standard for either a rural or an urban county. Network development strategies may result in a request for existing PSS providers to revise the service description to also serve youth, or there may be a decision to recruit new providers, or both.

**Question:** Is every county required to offer peer support services for both youth and adults?

**Answer:** Yes, PSS is a Medicaid state plan service in Pennsylvania. That means that a Medicaid recipient who is age 14 or older and meets the medical necessity criteria for the service is eligible to receive the service. Therefore, every county or county joiner must ensure that this service is available. Counties have until March 31, 2019 to come into compliance with the geo-access standards for both adult and youth PSS.

**Question:** Is the Medical Assistance Transportation Program (MATP) available for an individual receiving peer support services?

**Answer:** Yes. If an individual qualifies for MATP, the individual can use MATP for transportation to and from a Medicaid funded peer support session. However for billing purposes MATP can only transport an individual to an MA-licensed provider agency setting, not to a community setting. Also, MATP cannot provide transportation for the CPS. MATP can only provide transportation for the individual receiving the service.