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SUBJECT:

Peer Support Services

BY:



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**SCOPE:**

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

**PURPOSE:**

The purpose of this bulletin is to:

1. Announce changes to the staff qualifications and requirements for Certified Peer Specialists (CPSs) and CPS supervisors,
2. Announce that Peer Support Services (PSS) may be provided via telehealth technology, which includes audio-only services, and
3. Issue revised provider handbook pages.

**BACKGROUND:**

PSS, added to the Medicaid State Plan and the Medical Assistance (MA) 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 facilitates 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.

National research through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery has shown that PSS has a transformative effect on both individuals and the mental health system. PSS is an effective service that relies on making connections with individuals through lived experience in a short period

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**  
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of time when there is a lack of access to behavioral health services provided by clinicians. SAMHSA points out through their [National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit](#) that peers are a vital component of crisis care and there is a need to build peer capacity to support the transformation of the crisis system that is underway both nationally and in Pennsylvania.

## **DISCUSSION:**

The PSS Standards contained in the provider handbook are the minimum requirements to be a licensed PSS provider agency and to receive MA payment for PSS. A licensure application shall be submitted to, and approved by, the Department prior to delivering PSS. A licensed PSS provider agency must be enrolled in the MA Program in order to receive MA payment.

The Department is updating the PSS Standards in the provider handbook. Additionally, the Department made formatting changes to the provider handbook in order for providers to better understand requirements for licensure and MA payment.

## **PSS Definitions**

The following has been updated:

- (1) “Trauma” and “trauma informed care” have been updated; and
- (2) CPS Certification, Full-time employment (FTE), Mental Health Worker, and the Pennsylvania Certification Board (PCB) have been removed from the definitions.

## **Licensure**

The following have been updated under *Staff Qualifications*:

- (1) *Certified Peer Specialists*  
The Department is making the following revisions to the CPS qualifications in order to remove barriers that hinder an individual with lived experience from becoming a CPS. The qualification revisions are as follows:
  - (a) Removing the requirement for a CPS to have a high school diploma or General Educational Development (GED);
  - (b) Removing the requirement to have a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) and replacing it with a requirement to have a mental health diagnosis and reach a point in their recovery pathway where they can positively support others in similar situations; and

- (c) Removing the requirement for at least 12 months of successful full or part-time paid or voluntary work experience or at least 24 credit hours of post-secondary education.
- (d) Removing the clause requiring CPSs “to attain certification through the PCB within six months of hire.” This provision was created when the certification exam was required to be in person and therefore not immediately available following the completion of the required PSS training. The examination is now available on-demand online, eliminating the need for a grace period for testing to be completed.

(2) *CPS Supervisors:*

- (a) Adding a category for individuals that “Have an associate’s degree with three years of mental health direct service experience and have completed the CPS supervisory training curriculum approved by the Department within six months of hire”

The following have been updated under *Staff Supervision:*

- (1) Supervisory meetings held in an audio-only format shall not be considered supervision.
- (2) Supervisory meetings shall be provided at a minimum of one hour each week.

The following has been added under a new heading, *Services provided via telehealth technology*, to incorporate guidelines into PSS for the use of telehealth technology:

If the PSS agency is utilizing telehealth technology for the delivery of PSS, they must have policies in place addressing the following and describe these policies in their service description.

- (1) Services delivered through telehealth technology comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other state and federal requirements.
- (2) Operation and use of telehealth equipment, including contingency plans for transmission failure or other technical difficulties that render the service undeliverable and communication to beneficiaries receiving PSS when such an event occurs.
- (3) Ensuring that services are only delivered through telehealth technology when clinically appropriate, in the best clinical judgment of the MHP employed by the licensed PSS provider agency, and in accordance with

standards of practice.

- (4) Ensuring that the preference of the individual receiving services or their legal guardian(s), regarding the type of service modality (in-person or through telehealth technology), is given a high priority.
- (5) Informing, each individual receiving service in writing of their right to receive PSS in-person or via telehealth technology as requested and clinically appropriate. This written notice is provided at the time of PSS initiation and annually thereafter, and shall advise the individual that they may change their service delivery preferences at any time by informing the licensed PSS provider agency. The individual shall be informed of the confidentiality standards of receiving PSS in-person or via telehealth technology; as well as contingency planning for transmission failure or other technical difficulties that may occur while using telehealth technologies.

The following has been added to *Documentation requirements for progress notes that are completed by the CPS for each contact*:

- (1) The signature of the CPS providing the service,
- (2) Name of individual served,
- (3) The date, start and end time and place of service, (e.g., restaurant, park, school, hospital, in public transportation such as a bus, or a CPS's vehicle),
- (4) A summary of the purpose and content of the peer support session along with interventions used that relate to the goals in the individual's ISP, and
- (5) The responses to the interventions.
- (6) If the CPS was unable to make contact with the individual, the progress note shall reflect attempts to contact the individual.

### **Medical Assistance Payment**

The following has been added to *Provider Qualifications for MA Payment*:

- (1) The Promise™ website address.

The following has been added to *MA payment conditions*:

- (1) PSS may be provided using telehealth technology as long as it is consistent with the "Services provided via telehealth technology" section of this Handbook

The following has been updated under *Submission of Claims*:

- (1) Informational modifier 'FQ' was added for audio-only telehealth technology and added place of service codes of '02' for services provided via telehealth technology other than in the patient's home and '10' for services provided via telehealth technology provided in the patient's home.

Changes to headings and formatting were also made throughout the provider handbook.

Providers should follow the instructions in the Provider Handbook pages for the delivery of PSS.

**OBSOLETE BULLETIN OMHSAS-22-08:**

This bulletin obsoletes Bulletin OMHSAS-22-08, Peer Support Services.

**ATTACHMENTS:**

Attachment 1 - Provider Handbook for Licensed Peer Support Services Provider Agencies.

**Attachment 1**

**PROVIDER HANDBOOK FOR LICENSED PEER SUPPORT SERVICES PROVIDER AGENCIES**

**December 2024  
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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.

### I. 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 certified by the Pennsylvania Certification Board (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.

*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.

*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 or 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, nursing, or rehabilitation or activity therapies who has a graduate degree and mental health clinical experience.

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

*Serious Emotional Disturbance (SED)* - 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.

*Serious Mental Illness (SMI)* - 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.

*Telehealth technology* –

- (1) Any of the following:



- (a) Real-time interactive audio and video communication using technology that conforms to industry-wide standards and is in compliance with Federal and State laws, guidance and requirements.
  - (b) Real-time interactive audio-only telecommunication, provided that the use of audio-only telecommunication technology is in compliance with Federal and State laws, guidance and requirements.
- (2) The term does not include technology solely using voicemail, electronic mail messages, facsimile transmissions or instant messaging, or a combination thereof.

*Trauma* - The range of adverse effects on functioning and on mental, physical, social, emotional, or spiritual well-being that can result from an event, series of events, or set of circumstances experienced as physically or emotionally harmful or life-threatening.

*Trauma-Informed Care* - An approach to care that recognizes the pervasiveness and potential negative consequences of trauma and of adverse childhood experiences, with a commitment to principles and practices that support resilience, recovery, and prevention through strengths-based relationships, interventions, and programs, and through related organizational policies, practices, and culture. Key elements include safety, trustworthiness, collaboration, empowerment and cultural/historical/gender competence, which are applicable to both service recipients impacted by trauma and the providers involved in their care.

## **II. Licensure**

### **A. General Requirements.**

A PSS provider agency must be licensed by the Department. The license allows a provider to be classified as a PSS provider agency with the Department's, Office of Mental Health and Substance Abuse Services (OMHSAS).

#### Obtaining a PSS licensure application:

An application for licensure may be obtained by contacting a regional OMHSAS field office, or at the following link:

<https://www.pa.gov/en/agencies/dhs/resources/licensing/mental-health-programs-licensing.html>

The completed application for licensure shall be submitted to a regional OMHSAS field office (ATTN: PSS). Once the application is received, the regional OMHSAS field office will review of the application and schedule an onsite survey of the facility. The link below provides a map of, and the contact information for, the regional OMHSAS field offices.

<https://www.pa.gov/en/agencies/dhs/contact/regional-omhsas-contacts.html>

Completing the application:

The licensure application shall be submitted to, and approved by, the Department prior to delivering services. The licensure application shall:

- (1) Include a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern,
- (2) Meet the requirements under 55 Pa. Code Chapter 20 (relating to licensure or approval of facilities and agencies).
- (3) Include a service description.

Service Description:

- (1) The Service Description shall contain the following elements:
  - (a) A description of the governing body and advisory structures, including an agency organization chart that shows the structure of the program with all service components.
  - (b) The program philosophy which reflects recovery and resiliency principles as articulated in the OMHSAS vision statement and guiding principles.
  - (c) A description of the population to be served, including the diagnosis, developmental needs, and age range of the individuals to be served.
  - (d) A description of any specialized services and the target population for the specialized services offered by the program.
  - (e) A description of the approach of PSS offered, including:
    - (i) The evidence-based practices and best practices utilized,
    - (ii) Trauma-informed care approach and interventions,
    - (iii) Types of service activities offered to individuals; and
    - (iv) Expected outcomes.
  - (f) Program capacity, including:
    - (i) Staffing patterns,
    - (ii) Staff-to-individual ratios, and

(iii) Staff qualifications.

- (g) A plan regarding how staff will become, and continue to be, culturally competent and be reflective of the population(s) to be served.
- (h) Staff supervision plans including how requests for supervision beyond the minimum supervisory meetings are documented and met.
- (i) Staff training protocols, including any opportunities to engage with other CPSs and peer support service providers and attend conferences.
- (j) Any specialized training requirements based upon the target population to be served.
- (k) Service delivery patterns, including frequency, duration, and method of service delivery.
- (l) Days and hours of program operation.
- (m) Geographic limits of program operation.
- (n) A description of the physical site, including copies of applicable licenses and certificates.
- (o) If the PSS agency is utilizing telehealth technology, a description of how the agency will satisfy the provisions in Section I.C. "Services Provided via Telehealth Technology."
- (p) A description of how the MHP will maintain oversight of CPSs and ensure that services and supervision are provided consistent with these standards and the service description.
- (q) 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.
- (r) 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.
- (s) The referral and intake process and individual empowerment models and tools utilized in delivering the service.
- (t) 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.
- (u) The method by which an individual may request changes in services or

their ISP.

- (v) A description of how the quality assurance plan will be developed and monitored as required under the *Quality Assurance* of these standards.
- (2) Any changes to the service description, including changes that are made after the initial licensing visit, shall be submitted to the Department for approval.

Written Agreement for Coordination of Care:

- (1) A PSS provider agency shall have written agreements to coordinate care with other service providers, 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.

**B. Staffing and Professional Development.**

General Staffing:

The PSS director shall be a MHP and is responsible to maintain oversight of PSS, which includes ensuring that services and supervision are provided consistent with these standards and the PSS provider agency service description.

- (1) The PSS director may also be a CPS supervisor if he or she meets the qualifications and training requirements for CPS supervisors.
- (2) 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.
- (3) No CPS may have duplicate or overlapping hours of service in a peer support program and another program or agency.
- (4) CPSs shall be required to disclose to their program director when they are co-employed with another program or agency.

Staff Qualifications:

- (1) *Certified Peer Specialists*. CPSs must meet all of the following:
  - (a) Be a self-identified individual with a mental health diagnosis and who has reached a point in their recovery pathway where they can positively support others in similar situations.
  - (b) Be eighteen (18) years of age or older.
  - (c) Have completed a Department approved peer services training.
  - (d) Obtain and maintain the certification as a CPS through the Pennsylvania Certification Board. The certification process can be found on the following website <https://www.pacertboard.org>.
- (2) *CPS Supervisors*. A supervisor of CPSs must meet one of the following:
  - (a) Be a MHP who has completed the Department-approved CPS supervisory training within six months of hire; 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 within six months of hire; or
  - (c) Have an associate'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; with three years of mental health direct service experience and have completed the CPS supervisory training approved by the Department within six months of hire, or

- (d) Have a high school diploma or GED and four years of mental health direct service experience that may include, but not limited to PSS and crisis services; and have completed the CPS supervisory training curriculum approved by the Department within six months of hire.

#### Staff 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 provide at least one hour of supervision each week (“supervisory meeting”) held individually with each CPS. Meetings conducted in an audio-only format shall not be considered a supervisory meeting.
- (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.
- (5) Supervisors shall maintain a log of supervisory meetings which documents:
  - (a) The date of the meeting;
  - (b) The length of time in the meeting; and
  - (c) A summary of the points addressed during the meeting.
- (6) CPSs shall receive at least six hours of direct supervision and mentoring from the supervisor in the field before working independently.
- (7) The immediate supervisor of a CPS shall determine the need for additional supervision or mentoring prior to allowing a CPS to work independently.

#### Training Plans and Professional Development:

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 how the CPS will obtain the required number of training hours required to

maintain certification as a CPS.

- (1) Training plans shall identify learning objectives and trainings specific to the population being served, supporting CPSs and CPS supervisors in delivering developmentally appropriate and culturally competent services.
- (2) CPSs shall complete the Department approved CPS training prior to providing PSS.
- (3) CPSs shall complete a minimum of 36 hours of continuing education training, as specified by the Pennsylvania Certification Board, every two years from the date of the CPS's certificate.
- (4) Documentation of completion of required trainings shall be kept in each staff's personnel file.

Criminal history and child abuse clearances:

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 the Child Protective Services Law 23 Pa.C.S. §§ 6301—6388 and Chapter 3490 (relating to protective services).

**C. 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 the CPS.

(g) Be updated annually.

Individual service plan (ISP):

- (1) PSS agencies shall ensure that an ISP is developed by the individual, the CPS, and a MHP 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 mode of delivery of the PSS (i.e., use of telehealth technology or in person.)
  - (g) 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.
  - (h) Dated signatures of the individual, the CPS working with the individual and the MHP.
- (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) Comprehensive summaries of the individual's progress shall be created and 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 MHP.

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.

Services provided via telehealth technology:

If the PSS agency is utilizing telehealth technology for the delivery of PSS, they must have policies in place addressing the following and describe these policies in their service description.

- (1) Services delivered through telehealth technology comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other state and federal requirements.
- (2) Operation and use of telehealth equipment, including contingency plans for transmission failure or other technical difficulties that render the service undeliverable and communication to beneficiaries receiving PSS when such an event occurs.
- (3) Ensuring that services are only delivered through telehealth technology when clinically appropriate, in the best clinical judgment of the MHP employed by the licensed PSS provider agency, and in accordance with standards of practice.

- (4) Ensuring that the preference of the individual receiving services or their legal guardian(s), regarding the type of service modality (in-person or through telehealth technology), is given a high priority.
- (5) Informing, each individual receiving service in writing of their right to receive PSS in-person or via telehealth technology as requested and clinically appropriate. This written notice is provided at the time of PSS initiation and annually thereafter, and shall advise the individual that they may change their service delivery preferences at any time by informing the licensed PSS provider agency. The individual shall be informed of the confidentiality standards of receiving PSS in-person or via telehealth technology; as well as contingency planning for transmission failure or other technical difficulties that may occur while using telehealth technologies.

#### **D. 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 a SMI or SED.
  - (c) Have a written recommendation for PSS from a 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 an MHP.

**E. Documentation requirements.**

- (1) In accordance with recognized and acceptable principles of patient record keeping, a licensed PSS provider 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 completed by the CPS for each contact. Progress notes shall include the following:
    - (i) The signature of the CPS providing the service,
    - (ii) Name of individual served,
    - (iii) The date, start and end time and place of service, (e.g., restaurant, park, school, hospital, in public transportation such as a bus, or a CPS's vehicle),
    - (iv) A summary of the purpose and content of the peer support session along with interventions used that relate to the goals in the individual's ISP, and
    - (v) The responses to the interventions.
    - (vi) If the CPS was unable to make contact with the individual, the progress note shall reflect attempts to contact the individual.
  - (g) Discharge summary, as specified above in the "*Discharge From PSS*" section.

- (h) Referrals to other agencies.
- (2) Records shall be maintained in accordance with 55 Pa. Code 1101.51(e).
- (a) Be legible throughout.
  - (b) Identify the individual on each page.
  - (c) Have entries that are signed and dated by the responsible staff.
  - (d) Indicate progress at each date of service, as described above, and changes in service.
  - (e) Include updated documents that are signed and dated.
  - (f) Be kept in a permanent, secure location.
  - (g) Be maintained for a minimum of four (4) years.
  - (h) Be disposed of in a manner that protects confidentiality and in accordance with applicable law.

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.

**F. 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.

## **G. 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 if his or her SED, SMI or co-occurring disorder.

#### **H. Waiver of Licensing Standards.**

Any requests for the waiver of the licensing standards in this bulletin shall be sent through the OMHSAS regional field office for consideration and comply with the requirements for waiver requests in Waiver Regulations Bulletin **OMHSAS-24-04**, titled, "*Revised Procedure for Waiver of Office of Mental Health and Substance Abuse Services (OMHSAS) Program Regulations and Standards.*". 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.

### **III. Medical Assistance Payment**

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

(1) A licensed PSS provider agency must be enrolled in the MA Program in order to receive MA payments. Information is available on the Department's website at:

[https://promise.dpw.state.pa.us/portal/\(X\(1\)S\(4cckxg55kza2vb453b5xmnyz\)\)/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider](https://promise.dpw.state.pa.us/portal/(X(1)S(4cckxg55kza2vb453b5xmnyz))/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider)

(2) The enrollment package includes the following information:

- (a) PROMISe™ Provider enrollment base online application;
- (b) Outpatient Provider Agreement signed by an authorized representative;
- (c) Supplemental Provider Agreement for the Delivery of PSS;
- (d) Copy of the license and letter signed by the Deputy Secretary of OMHSAS;
- (e) Copy of Tax Document generated by the Internal Revenue Services (IRS) showing both the legal name and tax ID of the entity applying for enrollment;

- (f) National Provider Identifier;
- (g) Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement; and
- (h) If Provider is tax-exempt, IRS letter confirming this status (i.e. IRS 501(c)(3)).
- (i) 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, or the request for a letter of support and an explanation of why there is no letter of support.

**B. Compensable Versus Non-Compensable Services and Payment Conditions.**

To be compensable, services shall be provided by a peer specialist certified by the Pennsylvania Certification Board and services 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 and activities:

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) Unsuccessful attempts to contact an individual as no service has been delivered.
- (5) Time a CPS spends in transit while not delivering a compensable service.

MA payment conditions:

- (1) Payment will only be made for medically necessary PSS that is recommended by a physician or other licensed practitioner of the healing arts and provided by a licensed PSS provider agency via a CPS, as outlined above.
- (2) Services may be billed for the time that the CPS has in person or interaction or using telehealth technology with the individual's family, friends, service providers or other essential persons if the individual is present.
- (3) *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.
- (4) *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.

**C. Submission of Claims.**

When a licensed provider agency submits a claim in the Fee-for-Service delivery system:

- Use procedure code 'H0038,'
- Use provider specialty code '076,'

- Add the Informational Modifier ‘FQ’ for PSS provided using audio-only telehealth technology,
- Use place of service ‘02’ for PSS provided using telehealth technology other than in the patient’s home or ‘10’ for telehealth technology provision of services in the patient’s home.

Questions regarding the submission of claims for PSS should be sent electronically to [RA-PWSERVICES@pa.gov](mailto:RA-PWSERVICES@pa.gov)

National Procedure Code	Modifier	Procedure Code Description	MA Fee	Unit of Service	Limits Outpatient
H0038		Self-help/peer services	\$10.00/ unit	15 minutes	
H0038	FQ audio-only delivery of service	Self-help/peer services	\$10.00/ unit	15 minutes	

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

Provider Type (Mental Health and Substance Abuse)	Provider Specialty (PSS)	POS Code	POS Description
11	076	02	Telehealth technology used other than in the patient’s home
11	076	10	Telehealth technology used in the patient’s home
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