Peer Support Services in Outpatient Clinical Settings

Introduction

The Office of Alcoholism and Substance Abuse Services (OASAS) recognizes Substance Use Disorder (SUD) as a chronic condition best managed by a broad continuum of services. As with other chronic conditions, where reoccurrence of symptoms is possible, the ability to integrate non-clinical support is essential to comprehensive care planning. OASAS supports efforts to further expand available clinical and non-clinical support services for individuals and families living with SUD, including the development of a Recovery Oriented System of Care (ROSC).

ROSC is a coordinated network of community-based services and supports that is person-centered by building on the strengths and resiliency of individuals, families and communities to engage in treatment services, recovery supports and strive to improve overall health, wellness, and quality of life to those with and at risk of SUD. Peer Support Services are an essential part of these transformation efforts.

Peer Support Services

OASAS defines a peer as an individual who uses their knowledge acquired through lived experience related to substance use, to support the recovery goals of individuals who use drugs and/or alcohol. Peers are natural support experts, meaning that the relationships they establish can lead to increased feelings of support, safety, and wellbeing among the individuals they serve. Through a combination of lived experience and professional training, peers can provide an array of face-to-face peer support services with a client.

Peer support services are defined as “services for the purpose of outreach for engaging an individual to consider entering treatment, reinforcing current patients’ engagement in treatment and connecting patients to community based recovery supports consistent with treatment/recovery and discharge plans.” Peer support services must be delivered by a Certified Recovery Peer Advocate (CRPA) or CRPA-Provisional (CRPA-P). Peer support services target recovery outcomes such as improved health and wellness; an increased sense of self-efficacy or empowerment; and increased success and satisfaction in a range of community settings such as work, home and school, instead of merely focusing on symptom reduction. There are several key characteristics of peer support services, including:

- Are person-centered and strength-based. They help individuals to identify existing recovery capital and build future capital.
- Are relationship-oriented, garnering a sense of trust, confidence, authenticity and efficacy, based on shared experience.
- Support an individual in defining and directing his or her own recovery plan, backed with guidance, structure, support and navigation assistance from a peer and a clinical team
- Engage individuals in a timely and expeditious manner, at critical points of recovery vulnerability and throughout various stages of the recovery process.
- Support re-engaging individuals back into appropriate supports and services in a timely manner in the event of a recurrence to substance use.

1 14 NYCRR Part 822.5(AC)
Peer support services may include, but are not limited to:

- Engaging with an individual to consider entering treatment.
- Engaging a client to attend treatment or other healthcare services.
- Engaging an individual in continuing care services post-discharge.
- Developing recovery plans.
- Raising awareness of existing social and other support services.
- Modeling coping skills.
- Assisting with applying for benefits.
- Accompanying clients to court appearances and medical or other appointments.
- Providing non-clinical crisis support, especially after periods of hospitalization or incarceration.
- Working with participants to identify strengths.
- Linking participants to formal recovery supports.
- Educating program participants about various modes of recovery.
- Travel training — to use public transportation independently.
- Education and support on the use of medication assisted treatment.

Peer support services are person-centered; even though services emphasize knowledge and wisdom through lived experience, peers are encouraged to be extremely intentional in how they share their story or pull from first-hand knowledge to ensure that they are supporting the program participant’s own pathway to recovery.

Peer support services are not:

- A program model;
- Focused on diagnoses or deficits;
- Helping in a hierarchical way (i.e., there is equal power distribution between peer and client);
- Treatment compliance;
- Medication compliance monitoring;
- Monitoring individual behavior; or
- Care management.

Role Delineation in Clinical Settings

Peers may work in a variety of settings. Peer support services are currently reimbursable when delivered by a CRPA or CRPA-Provisional (P), employed in an outpatient program certified pursuant to 14 NYCRR Part 822 or a designated Home and Community Based Services (HCBS) provider. This resource will focus on the delivery of peer support services in an outpatient clinical setting. Please see the Resources section at the end of this document for links to materials on peer services in other settings.

Peer Supervision

A Qualified Health Practitioner (QHP) that is assigned to supervise peers should demonstrate the twenty requisite competencies for peer supervisors.2

Recovery values, principles, and core concepts must be embedded in the supervision practice. The eight

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principles of peer supervision identified from convenings of national experts conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2016 include:

1. Supervision is an act(ion) not a role.
2. Supervision is a strength-based process in which there is mutual accountability.
3. Supervision enhances and develops the unique knowledge and skills necessary for successful peer practice.
4. Supervision provides a safe space to address ethical dilemmas and boundary issues.
5. Supervision engages peer practitioners in strengthening the Peer Recovery Support Services (PRSS) program.
6. Supervision fosters an organizational environment/culture that is conducive to recovery.
7. Supervision clarifies organizational systems, structures, and processes.
8. Supervision supports self-care.

Each of these principles has corresponding supervision practices and preceding premises based on peer support principles.

In order to fully integrate peers into clinical settings, the clinical team should learn about the role of the peer and clearly understand how it differs from a clinical role. Peers will participate on the multidisciplinary team and may add valuable experience and insight from the perspective of a peer. The peer’s role should not reflect that of a “junior clinician” but as a valuable independent member of the team who offers the unique insight from the point of view of a peer with shared experience. Peers may provide a voice for individuals in treatment as advocates for participant driven goals and objectives. They may also provide solutions to improve recovery orientation of the clinic and in developing richer recovery supports for individuals as well as recovery resources for the clinic. However, peers do not replace the individual client in contributing to the treatment planning process.

While a peer may be a part of the multidisciplinary team and may participate in meetings of the team; they do not lose their unique position with the client. The clinical team must avoid putting a peer in conflict with the client and avoid conflicts between clinical staff and peers. Understanding the role of the peer can help in decreasing the likelihood that these conflicts will occur. The peer can help provide information to the team as an advocate for the client. The peer should never feel pressured to provide information unless they believe it to be in the spirit of advocacy. They should not be expected to deliver clinical interventions or messages from the team, unless to do so is in the interest of furthering the relationship and is in the interest of the client. The peer may be able to talk with the client to help them understand treatment and encourage participation. Treatment team meetings that approach care through a person-centered approach are less likely to experience conflicts as they seek to understand the patient’s point of view.

Peer Support Services Delivered Preadmission

A CRPA or CRPA-P may provide peer support services for the purpose of outreach and engagement to encourage an individual to enter treatment. Peers may engage with individuals and determine their need for an assessment with appropriate clinical staff and may refer an individual to a community based service, which may include an addiction treatment program, harm reduction program or any other community service, based on the identified need of the individual. Such services are billable where the peer has obtained the individuals insurance information and engaged in a conference with the clinical supervisor on the individual’s presumed diagnosis.

Each visit must be documented and must answer two questions:
1. What did the peer do? (i.e. shared their own experience, helped individual remove barrier to treatment etc.)
2. How did this help to engage the individual in thinking about entering treatment or moving in some way towards a recovery goal?
The goal of outreach and engagement is to engage the person to enter treatment but not every person will do so. There is no requirement of successful admission to bill for services. Services must meet the billing requirements as defined in regulation, APG guidance and this document. Consult the preadmission services guidance for additional information.

**Peer Support Services Delivered In-Community**

All services that can be provided and billed in an outpatient setting are eligible to be provided in the community, including peer support services. The treatment/recovery plan should reflect service delivery occurring in the community. Consult the in-community services guidance for additional information.

**Continuing Care**

Peer services are an allowable service for continuing care. A person who is in need of ongoing regularly scheduled peer or clinical supports more than once per month should be kept as an open case with a treatment plan geared to their needs. Consult the continuing care guidance for additional information.

**Peer Certification**

Peers working in OASAS certified outpatient and HCBS designated programs need to be a CRPA or a CRPA-P. To become a CRPA or CRPA-P, an individual must apply and be granted one of those certifications by an OASAS approved certification board. Currently, the New York Certification Board is the OASAS approved provider of the CRPA and CRPA-P certification. The CRPA-P requires a High School diploma or NYSED approved High School Equivalency (HSE) and 46 hours of required training, (advocacy, mentoring and education, recovery and wellness, and ethical responsibility). The full CRPA additionally requires receiving a passing score on the International Certification and Reciprocity Consortium (IC-RC) examination and 500 hours of related volunteer or work experience and 25 hours of supervision by qualified supervisory staff.

**No Duplication of Peer Support Services**

Individuals may receive peer support services in an outpatient program or an HCBS program. Individuals receiving outpatient peer support services may not also receive Empowerment Peer Support through an HCBS program.

**Billing for Peer Support Services**

In order to bill for peer support services:

1. The program must be an outpatient program certified pursuant to 14 NYCRR Part 822.
2. The peer must be a CRPA or CRPA-P employed by or working as a volunteer or intern in the outpatient program*.
3. Peer support services must be delivered face-to-face (delivery of peer support services via tele-practice is not a reimbursable service).
4. The services must be delivered as part of and documented in a care plan or treatment/recovery plan.
5. The clinician should identify in the client treatment plan the clinical reason(s) for peer support services, the progress towards the specific goal, and follow up or next steps.

6. The peer should provide a note for each visit, including the duration of the visit, the overall purpose of the service, the response from the individual and any progress made.

7. The CRPA/CRPA-P must be supervised by a QHP.

8. The QHP must sign off on the treatment/recovery plan.

*Pursuant to 14 NYCRR Part 822, all outpatient programs are required to provide peer support services. In limited circumstances until January 1, 2020, where an outpatient program is not able to provide peer support services, that program may contract with another outpatient program for the provision of peer support services. The program employing the peer cannot bill independently and must be paid by the contracting program through a collaborative agreement. Programs are expected to use the resources provided to integrate peer services into their outpatient programs.

The format for Medicaid billing and reimbursement remains the same as it was under the previous fee-for-service model. Peer support is a face-to-face service and is coded as a procedure-based weight that recognizes units. Each unit is 15 minutes. There is no longer a limit on the number of units of service that may be delivered in one day**. Peer support services are exempt from the two billable services per day rule***. The HCPCS procedure code is H0038 and the description category is Self-Help/Peer Services.

The Medicaid rate**** is as follows:

<table>
<thead>
<tr>
<th>FREESTANDING</th>
<th>822 Clinic Upstate</th>
<th>822 Clinic Downstate</th>
<th>822 Opioid Upstate</th>
<th>822 Opioid Downstate</th>
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</thead>
<tbody>
<tr>
<td>Peer Service</td>
<td>$17.06 per 15 minute unit</td>
<td>$19.95 per 15 minute unit</td>
<td>$15.75 per 15 minute unit</td>
<td>$18.42 per 15 minute unit</td>
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<tr>
<th>HOSPITAL BASED</th>
<th>822 Clinic Upstate</th>
<th>822 Clinic Downstate</th>
<th>822 Opioid Upstate</th>
<th>822 Opioid Downstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Service</td>
<td>$16.94 per 15 minute unit</td>
<td>$21.21 per 15 minute unit</td>
<td>$18.18 per 15 minute unit</td>
<td>$21.23 per 15 minute unit</td>
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**Effective date forthcoming.
***Typically, a provider can only bill Medicaid for two services per visit date. Peer services are exempt from this protocol.
**** Effective date forthcoming.
Family and Youth Peer Support Services

Children and Family Treatment and Support Services supported the development and implementation of the CRPA-Family Peer Advocate (CRPA-FPA) and the CRPA-Youth Peer Advocate (CRPA-YPA). In order to provide these peer support services, providers must be a designated Children’s Services provider in accordance with 14 NYCRR Part 823 and must also be approved to provide CRPA-FPA and/or CRPA-YPA. Additional information can be found at: https://oasas.ny.gov/regs/index.cfm and https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm.

Resources


Morris, C., Banning, L., Mumby, S., Morris, C. Dimensions Peer Support Program Toolkit, University of Colorado Anschutz Medical Campus School of Medicine, Behavioral Health and Wellness Program, June 2015 https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf

APG Billing and Policy Guide

New York Certification Board
http://www.asapnys.org/ny-certification-board/

OASAS Peer Integration Organizational Readiness Self-Assessment Tool
https://oasas.ny.gov/recovery/OrgReadinessTool.cfm

NYC DOHMH Integrating Peers into Treatment Programs in NYC: An In-Depth Guide

NY Alliance for Careers in Healthcare
www.nyachnyc.org

Preadmission Services Guidance
http://www.oasas.ny.gov/ManCare/documents/PREADMISSIONSERVICESGUIDANCE.pdf

Continuing Care Guidance document
http://www.oasas.ny.gov/ManCare/documents/ContinuingCareGuidance.pdf

OASAS Part 822 Services in the Community Billing Document
http://www.oasas.ny.gov/ManCare/documents/ServicesintheCommunity.pdf

ROSC Resource Guide

NY – Friend of Recovery NY website
https://www.for-ny.org

National Alliance for Medication Assisted Recovery (NAMA-R)
www.methadone.org
Home and Community Based Services (HCBS) Manual including information on peer empowerment services for HARP clients

Children and Family Treatment and Support Services Provider Manual for Children’s Behavioral Health Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services including information on family and youth peer services

NYS Dept. of Health/AIDS Institute Peer Support NY Links Implementation Manual

NYS OASAS Peer Integration and Stages of Changes Toolkit