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MEDICAID MEMO

TO: All Providers, Medallion 3.0 Managed Care Organizations, Commonwealth Coordinated Care Medicare and Medicaid Plans, Magellan of Virginia

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 6/7/17

SUBJECT: New Medicaid Coverage for Peer Support Services and Family Support Partners: **Effective July 1, 2017**

This is a clarification to the memo posted June 1, 2017: Please see changes to the Direct Supervisor Training Requirements on Pages 4 and 5 and Addition of Mental Health Settings Pages 6 and 7.

In response to a legislative mandate to implement peer support services to individuals who have mental health conditions and/or substance use disorders, effective July 1, 2017, the Department of Medical Assistance Services (DMAS) and its' contractors will begin credentialing and authorizing Peer Support and Family Support Partner "Peer Support" Services. The purpose of this memorandum is to notify providers and contractors of the process for credentialing with the Medicaid health plans and the Behavioral Health Services Administrator, Magellan of Virginia, notification of upcoming provider trainings and serves as notification of the reimbursement rates for Peer Support Services.

The provision of Peer Support Services facilitates recovery from serious mental illnesses and/or substance use disorders. Peer Support Services are an evidence-based mental health model of care in which a qualified peer support provider assists individuals with their recovery from mental health and substance use disorders. Recovery is a process in which individuals are able to live, work, learn and fully participate in their communities. Peer Support Services will be delivered by peers who have been successful in the recovery process, and can extend the reach of treatment beyond the clinical setting into an individual's community to support and assist continued engagement in the recovery process. The experiences of peer support providers are an important component in the delivery of a comprehensive mental health and substance use services.

The **Addiction and Recovery Treatment Services (ARTS) Peer Support Services** will be covered through the following programs:

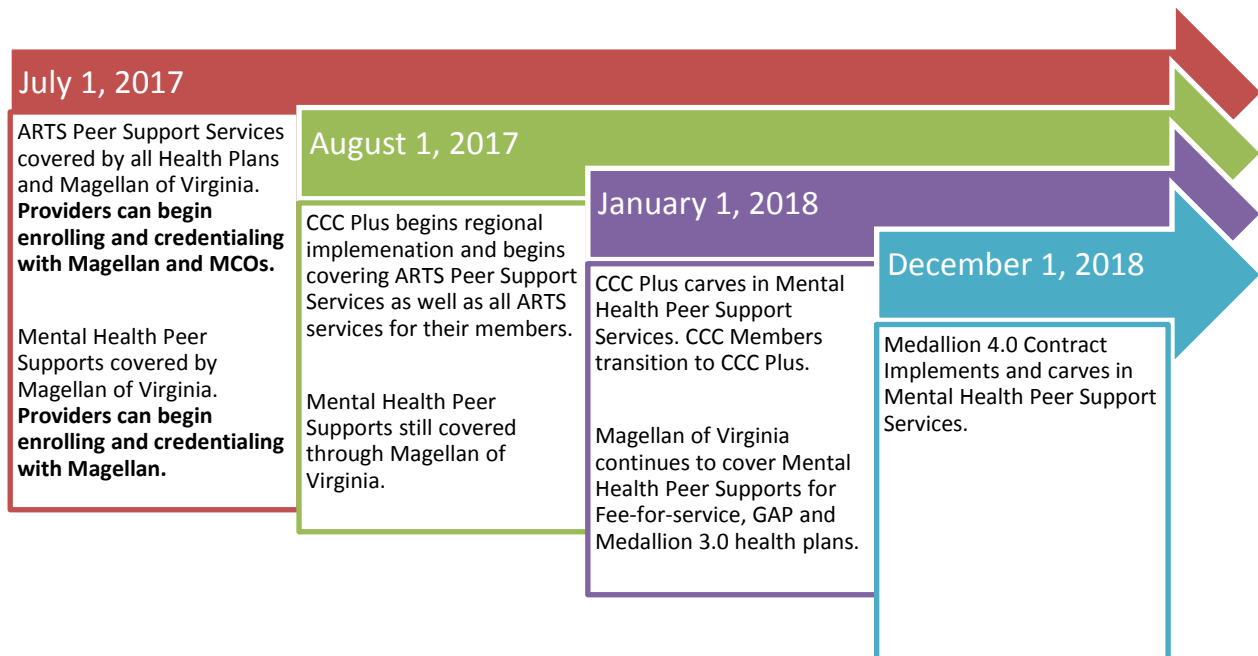
- Magellan of Virginia for the Governor's Access Plan (GAP) and fee for service enrolled members;

- Medallion 3.0 and Commonwealth Coordinated Care (CCC) Programs for their enrolled members.
- CCC Plus Programs for their enrolled members beginning with the CCC Plus regional implementations beginning August 1, 2017.

The **Mental Health (MH) Peer Support Services** will be covered through the following programs:

- Magellan of Virginia for GAP, fee for service, Medallion 3.0, CCC, and CCC Plus members;
- CCC Plus Programs includes coverage for MH Peer Support Services effective January 1, 2018 for their enrolled members.

The projected implementation for ARTS and Mental Health Peer Supports Services is detailed below:



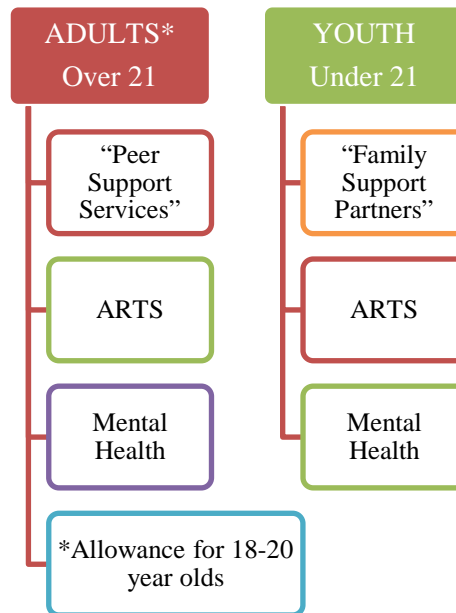
Provider Trainings

DMAS will be coordinating upcoming webinars for Peer Support Services in June 2017. These sessions include a review of Peer Support Services, credentialing process with the MCOs and Magellan of Virginia, provider requirements, covered services, documentation and billing requirements and the reimbursement structure. The training dates and the registration links will be posted online at http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx once available.

Eligible Population

Peer Support Services shall target individuals 21 years or older with mental health or substance use disorder or co-occurring mental health and substance use disorders. Family Support Partners shall be provided to individuals under the age of 21 who have a mental health or substance use disorder or co-occurring mental health and substance use disorders which are the focus of the support with their families or caregivers.

The chart below illustrates the coverage by age of member:



Provider Requirements

A “Peer recovery specialist” or “PRS” is a person:

- Who provides peer support as a self-identified individual with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders;
- Who has the qualifications, education, and experience to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both; and
- Who is trained to offer support and assistance in helping others in the recovery and community-integration process and has received certification as a PRS by a certifying body recognized by the Department of Behavioral and Developmental Services (DBHDS) and who is in good standing.

Effective July 1, 2017, for purposes of Medicaid reimbursement, PRS shall:

- Have the qualifications, education, and experience established by DBHDS and show certification in good standing by U.S. Department of Veteran’s Affairs, NAADAC, a member board of the International Certification, and Reciprocity Consortium (IC&RC), or any other certifying body or state certification with standards comparable to or higher than those specified by the DBHDS. (PRS meeting this requirement will be eligible to register with the Board of Counseling at the Department of Health Professions (§ 54.1-3503) on or after July 1, 2018 which will be required at that time for Medicaid reimbursement.);

AND

- Be under direct supervision of one of the following supervisors:
 - **For MH and ARTS Peer Supports:**
 - An individual who has two consecutive years of documented practical experience rendering peer support services or family support services, have certification training as a PRS under a certifying body approved by DBHDS as set forth in 12VAC35-250-40 **and documented completion of the DBHDS PRS supervisor training;**

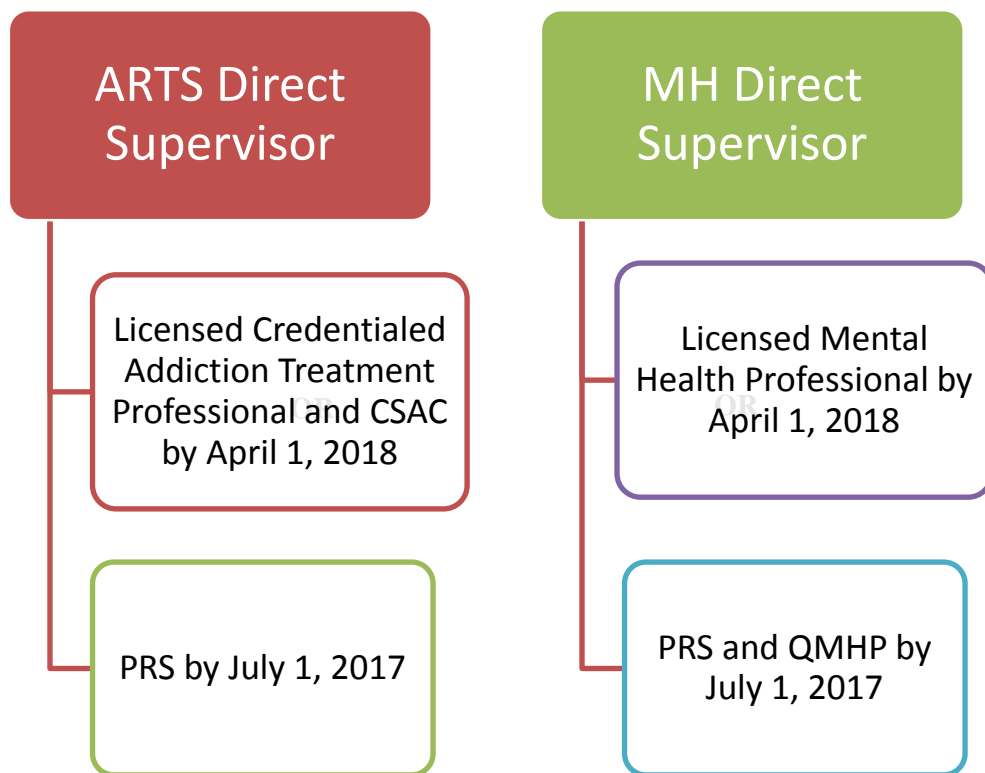
AND

- **For MH Peer Supports:**
 - An individual who is a qualified mental health professional (QMHP) as defined in 12VAC35-105-20 with at least two consecutive years of documented experience as a QMHP **and who has documented completion of the DBHDS PRS supervisor training;** or
 - An individual who is a licensed mental health practitioner (LMHP) as defined in 12VAC35-105-20 **and who has documented completion of the DBHDS PRS supervisor training by April 1, 2018*.**
- **For ARTS Peer Supports:**
 - A licensed practitioner who meets the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, and who is acting within their scope of practice under state law **and who has documented completion of the DBHDS PRS supervisor training by April 1, 2018*;** or
 - A Certified Substance Abuse Counselor (CSAC) as defined in §54.1-3507.1 acting under the supervision or direction of a licensed substance use treatment practitioner or LMHP **and who has**

**documented completion of the DBHDS PRS supervisor training
April 1, 2018*.**

The direct supervision of the PRS must be provided by a qualified individual who has taken DBHDS PRS Supervisor Training prior to billing for PRS Services. ARTS PRS services must be provided under a qualified program or service with oversight by a licensed practitioner who meets the definition of “Credentialed Addiction Treatment Professional found in 12VAC30-130-5020 and who is acting within their scope of practice under state law. MH PRS services must be provided under a qualified program or service with oversight by a licensed practitioner who meets the definition of a LMHP as defined in 12VAC35-105-20 and who is acting within their scope of practice under state law. ***Qualified providers whose direct PRS Supervisor is the the licensed practitioner providing the program oversight, the licensed practitioner shall have until April 1, 2018 to complete the DBHDS PRS Supervisor Training.**

The diagrams below show the different direct supervisor options for ARTS and MH Peer Services and the **required date for the DBHDS supervisor training completion:**



The DBHDS PRS Supervisor Trainings are available through the DBHDS Office of Recovery Services. For more information on the DBHDS supervisor training, please visit the Office of Recovery website at: <http://www.dbhds.virginia.gov/professionals-and-service-providers/office-of-recovery-services>. **Licensed program supervisors who are not providing direct supervision of the Peer Support Specialist are not required to take the DBHDS PRS Supervisor Training.**

The PRS will perform peer support services under the supervision and clinical direction of the licensed behavioral health practitioner making the recommendation for services. The PRS may be a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or an adult with personal experience with a family member with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

MCOs/MMPs/Magellan

Licensed agencies and practitioners within the Magellan of Virginia, CCC, Medallion 3.0 and CCC Plus health plans, who are providing Peer Support Services must be enrolled as a mental health or substance use Medicaid provider within the plan, or working in an agency or facility enrolled as a mental health or substance use Medicaid provider within the plan. The licensed agency or practitioner will need to collaborate with the CCC, Medallion 3.0 and CCC Plus health plans and Magellan of Virginia to credential the PRS providers. This will be required in order to receive service authorization for billing of Peer Support Services. Service authorization is the process to determine medical necessity for specific services prior to service delivery and reimbursement. DMAS will be developing a service authorization form for Peer Support Services for fee-for-service and managed care enrolled members, and will be posting this on the DMAS website prior to July 1, 2017.

DMAS will be posting a Peer Support Services Attestation Checklist and Peer Support Services staff roster for licensed agencies and providers who are contracted with Magellan of Virginia, CCC, Medallion 3.0 and CCC Plus health plans in settings listed in the section below, to submit to Magellan of Virginia and the MCOs to request to provide Peer Support Services. These forms will be available on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx by early June 2017.

Service Settings

Peer Support Services and Family Support Partner Services are available in a variety of ARTS and MH settings for those providers who are credentialed with Magellan of Virginia, Medallion 3.0 and CCC Plus health plans:

- **MH service settings** for individuals with mental health disorders. Peer Services are rendered by a PRS who is employed by or has a contractual relationship with an enrolled provider licensed for one of the following:
 - Acute Care General Hospital licensed by Virginia Department of Health (VDH);
 - Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the DBHDS;
 - Psychiatric Residential Treatment Facility licensed by DBHDS;
 - Therapeutic Group Home licensed by DBHDS;
 - Outpatient mental health clinic services licensed by DBHDS;
 - Outpatient psychiatric services provider;

- Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC);
 - Hospital Emergency Department Services licensed by VDH; or
 - Limited Community Mental Health and Rehabilitative Services providers licensed by the DBHDS to be further defined.
- **ARTS settings** for individuals with substance use disorders and co-occurring substance use and mental health disorders. Peer Services are rendered by a PRS in these American Society of Addiction Medicine (ASAM) levels of care who have a contractual relationship with the enrolled provider licensed for one of the following:
 - Acute Care General Hospital ASAM 4.0 licensed by VDH as defined in 12VAC30-130-5150;
 - Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by DBHDS as defined in 12VAC30-130-5130 through 5140;
 - Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by DBHDS as defined in 12VAC30-130-5110 through 12VAC30-130-5140;
 - ASAM Levels 2.5, 2.1, and licensed by DBHDS as defined in 12VAC30-130-5090 and 12VAC30-130-5100;
 - ASAM Level 1 as defined in 12VAC30-30-5080;
 - Opioid Treatment Program (OTP) as defined in 12VAC30-130-5050;
 - Office Based Opioid Treatment (OBOT) as defined in 12VAC30-130-5060;
 - Hospital Emergency Department Services licensed by VDH; or
 - Pharmacy Services licensed by VDH.

Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Covered Services

Peer Support Services

To qualify for Peer Support Services, an individual must:

- Be 21 years or older;
- Have a documented mental health, substance use disorder or co-occurring mental health and substance use disorder; and
- Demonstrate moderate to severe functional impairment as a result of the diagnosis of a degree that it interferes with or limits performance educationally, socially, vocationally, or living more independently.

To be eligible to receive Peer Support Services, adults 21 years and older shall require the following assistance towards:

- Recovery and support for the acquisition of skills needed to engage in and maintain recovery;

- Development of self-advocacy skills to achieve a decreasing dependency on formalized treatment systems; and
- Increasing levels of responsibility, wellness potential, and shared accountability for their own recovery.

Family Support Partners

Families or caretakers of individuals under age 21 shall qualify for Family Support Partners assistance with the Medicaid member's mental health, substance use disorder or co-occurring mental health and substance use disorder. The family or caretaker and the member shall require recovery assistance in **two or more** of the following:

- Peer-based recovery oriented services for the maintenance of wellness and acquisition of skills needed to support the youth;
- Assistance in self-advocacy skills development to assist the youth in achieving self-management of the youth's health status;
- Assistance and support to prepare the youth for a successful work/school experience; and/or
- Assistance helping the youth to assume responsibility for their recovery.

Service Limits

A unit of Peer Support Services shall be defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day) and nine hundred (900) hours per calendar year. Service delivery limits may be exceeded based upon documented medical necessity and service authorization approval.

Mental Health Peer Support Services or Mental Health Family Support Partners shall not be rendered simultaneously as ARTS Peer Support Services or ARTS Family Support Partners. A separate annual service limit of up to 900 hour shall apply to Mental Health Peer Support Services or Mental Health Family Support Partners Service and ARTS Peer Support Services or Family Support Partners

DMAS Provider Manual Updates

The Peer Support Services policy manual will be published as a supplement to the appropriate DMAS Provider Manuals including Addiction and Recovery Treatment Services (ARTS), Community Mental Health and Rehabilitation Services (CMHRS), Residential Treatment Services, Psychiatric Services, Mental Health Clinic and Hospital Provider manuals.

The draft manual supplement will be posted online at this link:

http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx the first week of June 2017 to receive public comments. Public comments may be sent to SUD@dmas.virginia.gov to the attention of: **“Peer Manual Review Comments”**.

Rates

Reimbursement for Peer Support Services for individuals with either a substance use disorder and/or mental health disorder effective July 1, 2017.

Procedure Code	Description	Unit	Rate
T1012	ARTS Peer Support Services - Individual	15 minutes	\$6.50
S9445	ARTS Peer Support Services - Group	15 minutes	\$2.70
H0024	Mental Health Peer Support Services - Individual	15 minutes	\$6.50
H0025	Mental Health Peer Support Services - Group	15 minutes	\$2.70

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to: VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department’s managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual’s managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid

Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.viriniamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.