

# Medicaid Peer Recovery Support Services Mental Health

## Peer Recovery Support Services

Peer Recovery Support Services include both Peer Support and Family Support Partners. These services are non-clinical, peer-to-peer activities that engage, educate, and support an individuals, and as applicable the caregiver's self-care efforts to improve health, recovery, resiliency and wellness. An individual who uses their lived experience of recovery from a mental health condition, plus skills learned informal training to deliver services to promote mind body recovery is an evidence-based practice.

In order for Peer Recovery Support Services to be reimbursed by Medicaid, the Peer Recovery Specialist (PRS) must be registered with the Virginia Department of Health Professionals Board of Counseling. Embedded Peer Recovery Support Services can complement interdisciplinary clinical services and function both in conjunction with or independently of the behavioral health care continuum as a core service.

## Peer Recovery Services Coverage by Age of Member:

- Adults over 21 are eligible for Peer Support Services.
- Individuals 18-20 years old can chose to receive Peer Support Services directly instead of through their family.
- Youth under 21 are eligible for Family Support Partner Services.

Service	Unit Value	Procedure Code	Daily Limits	Annual Limits
Mental Health Individual	1 unit = 15 minutes	H0024	4 hours or 16 units per day	Up to 900 hours or 3,600 units per calendar year
Mental Health Group	1 unit = 15 minutes	H0025	4 hours or 16 units per day	Up to 900 hours or 3,600 units per calendar year

The PRS shall be employed by or have a contractual relationship with the enrolled provider licensed for one of the following:

1. General Acute Care Hospitals and Hospital Emergency Departments;
2. Freestanding Psychiatric Hospitals and Inpatient Psychiatric Units
3. Psychiatric Residential Treatment Facilities(PRTFs)
4. Therapeutic Group Homes (TGHs)
5. Outpatient mental health clinics
6. Outpatient psychiatric services providers
7. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC); or
8. Mental Health providers licensed by DBHDS as a provider of one of the following Mental Health services:
  - Therapeutic Day Treatment (TDT);
  - Intensive In-Home (IIH);
  - Multisystemic Therapy (MST);
  - Functional Family Therapy (FFT);
  - Mental Health Intensive Outpatient (MH-IOP);
  - Mental Health Partial Hospitalization Program (MH-PHP);
  - Psychosocial Rehabilitation (PSR);
  - Mental Health Skill-Building Services (MHSS);
  - Assertive Community Treatment(ACT);
  - Mobile Crisis Response;
  - Community Stabilization;
  - 23-Hour Crisis Stabilization;
  - Residential Crisis Stabilization Unit (RCSU); or
  - Mental Health Case Management



Peer Recovery Support Services shall be rendered following a documented assessment by a practitioner who is a LMHP, LMHP-R, LMHP-RP, LMHP-S. The documented assessment shall verify how the member shall medically benefit from the service.

Direct supervision can be provided by a PRS who has two years of documented practical experience rendering peer services. The PRS must be certified by a DBHDS approved certifying body. Or a registered qualified mental health professional (QMHP) with at least two consecutive years of experience as a QMHP. Or LMHP, LMHP-R, LMHP-PR, LMHP-S acting within their scope of practice under state law. All who supervise the PRS must complete DBHDS PRS supervisor training.

Only a licensed & enrolled/credentialed provider of Peer Recovery Support Services shall be eligible to bill & receive reimbursement. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with DMAS or its contractors (MCOs). There are no limits to who can refer members for Peer Recovery Support Services. The qualified practitioner shall provide clinical oversight of the services provided by the PRS.

For more information, visit the DMAS ARTS website at <http://tinyurl.com/peer-recovery-support>