NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary

September 16, 2019

Shantrina Roberts
Associate Regional Administrator
Division of Medicaid
Centers for Medicare and Medicaid Services
Region IV
Atlanta Federal Center
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2019-0006

Dear Ms. Roberts:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1, Pages 15a.2, 15a.2a,15a.2b and Attachment 4.19-B, Section 13, Page 26.
This state plan change will allow Medicaid to add Peer Support as a service in the State Plan to adhere to the Department of Justice Settlement Agreement -Transition to Community Living Initiative (TCLI). The rate for HCPCS codes, H0038 and H0038HQ, will be $11.97 and $2.88 respectively per 15-minute increment.

This amendment is effective July 1, 2019.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

Enclosures

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS)

Peer Support Services (PSS) are an evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult beneficiary diagnosed with a mental health or substance use disorder. PSS provides structured, scheduled services that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of beneficiaries. PSS services are directly provided by Certified Peer Support Specialists (CPSS) who have self-identified as a person(s) in recovery from a mental health or substance use disorder. PSS can be provided in combination with other approved mental health or substance use services or as an independent service. Due to the high prevalence of beneficiaries with co-occurring disorders (mental health, substance use or physical health disorders) it is a priority that integrated treatment be available to these beneficiaries.

PSS are based on the belief that beneficiaries diagnosed with serious mental health or substance use disorders can and do recover. The focus of the services is on the person, rather than the identified mental health or substance use disorder and emphasizes the acquisition, development, and expansion of rehabilitative skills needed to move forward in recovery. The services promote skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

Peer Support Services (PSS) are provided one-on-one to the beneficiary or in a group setting. Providing one-on-one support builds on the relationship of mutuality between the beneficiary and CPSS; supports the beneficiary in accomplishing self-identified goals; and may further support the beneficiary's engagement in treatment. Peer Support Services provided in a group setting allow the beneficiary the opportunity to engage in structured services with others that share similar recovery challenges or interest; improve or develop recovery skills; and explore community resources to assist the beneficiary in his or her recovery. PSS are based on the beneficiary's needs and coordinated within the context of the beneficiary's Person-Centered Plan. Structured services provided by PSS include:

a. Peer mentoring or coaching (one-on-one) - to encourage, motivate, and support beneficiary moving forward in recovery. Assist beneficiary with setting self-identified recovery goals, developing recovery action plans, and solving problems directly related to recovery, such as finding housing, developing natural support system, finding new uses of spare time, and improving job skills. Assist with issues that arise in connection with collateral problems such as legal issues or co-existing physical or mental challenges.

b. Recovery resource connecting – connecting a beneficiary to professional and nonprofessional services and resources available in the community that can assist a beneficiary in meeting recovery goals.

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS) (continued)

c. Skill Building Recovery groups – structured skill development groups that focus on job skills, budgeting and managing credit, relapse prevention, and conflict resolution skills and support recovery.
d. Building community – assist a beneficiary in enhancing his or her social networks that promote and help sustain mental health and substance use disorder recovery. Organization of recovery-oriented services that provide a sense of acceptance and belonging to the community, promote learning of social skills and the opportunity to practice newly learned skills.

A comprehensive clinical assessment (CCA) that demonstrates medical necessity must be completed prior to the provision of this service. Relevant clinical information must be obtained and included in the beneficiary's Person-Centered Plan (PCP). A service order must be signed prior to or on the first day service is rendered by one of the following mental health or substance use professionals:

(1) a qualified professional in the practice of mental health or substance use services as defined in 10A NCAC 27G .0104; or
(2) a licensed clinician in the practice of mental health or substance use services as defined in 10 NCAC 27G .0104.

Program and Staff requirements:

The Peer Support Services (PSS) program is provided by qualified providers with the capacity and adequate workforce to offer this service to eligible Medicaid beneficiaries. The PSS program must have the ability to offer this service at any time of the day, including evening times or weekends, as needed by the beneficiary and specified in the beneficiary's PCP.

The PSS program must be under the direction of a full-time Qualified Professional (QP) who meets the requirements according to 10A NCAC 27G .0104 (19).

Program services and interventions shall be provided by Peer Support Specialist that are certified by the North Carolina's Certified Peer Support Specialist Program or other state-approved certification program.

The PSS program must have designated qualified staff to provide supervision to CPSS at any time; 24 hours a day; 7 days a week.

The PSS program must follow the NC Peer Support Specialist Code of Ethics and Values and principles when rendering PSS services. All ethical issues shall be governed by the administers of the Peer Support Specialist Registry and policies and procedures established by the hiring provider agency.

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS) (continued)

Unmanaged visits are available only once per episode of care per state fiscal year. Medicaid shall require prior approval for Peer Support Services beyond the unmanaged units limit.

A full-service note is required for each contact or intervention for each date of service, written and signed by the person who provided the service. More than one intervention, activity, or goal may be reported in one service note, if applicable.

Service limitations:

a. A beneficiary can receive PSS from only one provider organization during an active authorization period.
b. Family members or legally responsible person(s) of the beneficiary are not eligible to provide this service to the beneficiary.
c. A beneficiary with a sole diagnosis of Intellectual/Developmental Disabilities is not eligible for PSS funded by Medicaid.
d. PSS must not be provided during the same authorization period when a beneficiary is receiving Assertive Community Treatment Team (ACTT), Community Support Team (CST), Psychosocial Rehabilitation (PSR) or Respite services.
e. PSS must not be provided at the same time of day when a beneficiary is receiving Substance Abuse Intensive Outpatient Program (SAIOP) or Substance Abuse Comprehensive Outpatient Treatment (SACOT), Partial Hospitalization, Day Activity or Individual Support services.
f. PSS must not be duplicative of other Medicaid services the beneficiary is receiving.
g. Only the time during which the beneficiary receives PSS may service be billed to Medicaid. Service may not be billed at the same time when another Medicaid service is being provided.
h. Transportation of a beneficiary is not covered as a service for this Medicaid policy. Any provision of services provided to a beneficiary during travel must be indicated in the PCP prior to the travel and must have corresponding documentation supporting intervention provided.

Place of service:
PSS is a direct periodic service provided in a range of community settings. It may be provided in the beneficiary's place of residence, community or in an office setting. It may not be provided in the residence of PSS staff.

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

26) Peer Support Services (H0038)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Peer Support Services. The agency's fee schedule rates of $11.97 (individual) and $2.88 (group) per 15-minute were set as of July 1, 2019 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at https://medicaid.ncdhhs.gov/fee-schedule-index.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1- A.1 Page 15a.2.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.