

West Virginia Medicaid Peer Recovery Support Services Utilization Management Guideline

Subject: West Virginia Peer Recover Support
Services

Current Effective Date: May 1, 2021

Status: Final

Last Review Date: April 13, 2021

Purpose, Definition and Description

Peer recovery support services facilitate recovery from substance use disorders. Services are delivered by trained and certified peers who have been successful in their own recovery process and can extend the reach of treatment by staying engaged in the recovery process.

Peer recovery support services are delivered by individuals who have common life experiences with the people they are serving. People with substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community. Peer recovery support services are an evidence-based model of care, which consists of a qualified peer recovery support specialist (PRSS) who assists members with their recovery. The experiences of PRSS as consumers of substance use services can be an important component in promoting and sustaining long-term recovery.

A CBHC or LBHC, as defined in *Chapter 64* of the *West Virginia State Code*, may provide peer recovery support services. Peer recovery support services are for individuals with substance use disorders or co-occurring substance use and mental health disorders. Peer recovery support services may be provided to eligible individuals ages 16 years or older who have a substance use disorder or co-occurring mental health and substance use disorders which are the focus of the support with their recovery by other age-appropriate peers. An adult PRSS aged 18 or older must serve other adults ages 18 or older and cannot provide peer recovery support services to juveniles.

504.15.1 Peer Recovery Support Specialist Services

Procedure Code: H0038

Service Unit: 15 Minutes

Service Limits: 16 units per Calendar Day

Prior Authorization: Required

Telehealth: Available

Staffing Limitations: May not exceed 20 members per Peer Recovery Support Specialist

Group peer support services are not a covered service

Purpose: To support the delivery of peer recovery support services in a manner consistent with the expectations of the West Virginia Medicaid Program as specified and required by the West Bureau for Medical Services (BMS) in *Chapter 504 Substance Use Disorder Services*.

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Definition: A peer is an individual who shares the direct experience of addiction and recovery. Recovery support services are nonclinical services that assist individuals to recover from alcohol or drug issues. A PRSS is a person who uses his or her own lived experience of recovery from addiction, in addition to skills learned in a formal training, to deliver services in substance use disorder settings to promote mind-body recovery and resiliency. PRSS services can start with the beginning of treatment and be provide through the entire spectrum of care.

Role Description: The Peer Recovery Support Specialist (PRSS) primary role is to assist members in overcoming barriers and helping them bridge the gaps between their needs and available resources in their community to sustain their recovery process. A PRSS is an individual who has the qualifications, education, and established experience and who has received certification in good standing by a certifying body of either BMS or West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP). A PRSS is qualified and trained to provide collaborative services to assist members in achieving sustained recovery from the effects of substance abuse disorders, to provide peer support as a self-identified individual successful in the recovery process with lived experience with substance use disorders, or co-occurring mental health and substance use disorders, and to offer support and assistance in helping others in the recovery and community-integration process. The PRSS shall not perform services outside of the boundaries and scope of their expertise, shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals and recovery support specialists to best meet the needs of the member served.

While the recovery community has several terminologies for individuals working in recovery services, such as recovery coach, peer coach, or recovery support specialist, these individuals may or may not have direct recovery experience. The Bureau of Medical Services (BMS) only recognizes PRSS as individuals who have direct, lived, personal experience with addiction and recovery.

Providers should ensure that the services delivered are based upon the service definition of the procedure code that is being billed. Individuals may fulfill several roles such as PRSS, supportive counseling, targeted case management (TCM), or paraprofessional, but the definition of the service code needs to be the focus. Furthermore, providers must safeguard situations where dual role employees are not subjected to ethical conflicts or boundary issues that arise from possible dual relationships. PRSS services are not used for oversight, supervision or monitoring of individuals residing in a sober living residence or recovery homes.

Although there is a maximum of four hours (16 units) or daily PRSS services permitted, higher number units of billing should be a rare exception and justification for this duration will have to be well documented. Members requiring consecutive daily use of large number of units should be reassessed for the need for a higher level of care. This assessment should be in clear terms with evidence of participation by the clinical supervisor.

Peer recovery support services may not be provided during the same time/at the same place as any other direct support Medicaid service. TCM is the only service that can be billed as it is an indirect service. Peer recovery support services may be provided in any location except at the

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PRSS' home and location of service must be completed in a safe, harm-free environment that maintains confidentiality. Furthermore, PRSS services cannot occur during transportation of a member or during other recovery services such as group recovery meetings. A fundamental feature of peer recovery support is that the services are provided in the natural environment as much as possible with a primary PRSS developing rapport and a good recovery relationship. Telehealth may be utilized for these services and must follow all West Virginia Medicaid guidelines.

Peer recovery Support Service is considered to be an American Society of Addiction Medicine or ASAM Level 1 service. Service documentation must show that services are medically necessary based on the *ASAM Criteria 3rd Edition*.

Service Documentation: Documentation report must be maintained in the member's medical record and contain the following:

- Member name;
- Date, location, and start/stop time of service/meeting;
- Signature and credentials of the staff providing the service;
- Facility where the provider is employed;
- Activity note (describing each activity);
 - Self Help: Cultivating the member's ability to make informed, independent choices. Helping the member develop a network of contacts for information and support based on experience of the PRSS. Assist in developing social skills, repairing, rebuilding, or establishing prevention and/or recovery networks.
 - System Advocacy: Assisting the individual to talk about what it means to have a substance use or co-occurring disorder to an audience or group. Assisting the individual with communicating about an issue related to their substance use and/or their recovery. Also ensuring the member is informed regarding access points for prevention, treatment, and recovery resources within the behavioral health system.
 - Individual Advocacy: Discussing concerns about medication at the individual's request. Assisting with developing independence in self-referral techniques, accessing appropriate care, and understanding clear communication and coordination with any health care provider.
 - Recovery Planning: Helping the member make appointments for all medical treatment when requested. Guiding the member toward a proactive role in health care, jointly assessing services, identifying triggers for use, developing a relapse plan, and building support network. Assisting the member with development of an individualized recovery plan specific to their needs and ensuring the member drafts and approves of their plan.
 - Crisis Support: Assisting the individual with the development of a personal crisis plan. Helping with stress management and developing positive strategies for dealing with potential stressors and crisis situations. Ensuring the member is aware of resources in their local community for crisis support and facilitating referrals to crisis interventions as needed.

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- Relapse Prevention: Assist the member with identifying the member's early signs of relapse and how to request help to prevent a crisis. Assisting the member in learning how to use the crisis/relapse plan. Educating on relapse prevention and identifying relapse trigger, developing a relapse plan and prevention. Learn new ways to live life without the inclusion of drugs, skills building for such things as time management and connecting with prosocial activities.
- Housing and Daily Living Skill Development: Assisting the member with learning how to maintain stable housing through bill paying and organizing his or her belongings. Assisting the member in locating improved housing situations, and identifying relapse or crisis risks in their current living environment. Teaching the member to identify and prepare healthy foods according to cultural and personal preferences of the member and his/her medical needs.
- Education/Employment: Assisting the member in gaining information about returning to school or work. Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc.). Assistance in preparing a resume, and skill development for a successful job interview.

Type of Services:

- Emotional: Should demonstrate empathy, caring, or concern to bolster a person self-esteem and confidence.
- Informational: Share knowledge and information and/or provide life or vocational skills training.
- Instrumental: Provide concrete assistance to help others accomplish tasks.
- Affiliation Support: Facilitate contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging.
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Recovery Plan: If there is a Service Plan, PRSS intervention should be reflective as a goal and/or objective on the plan. The progress note must include the reason for the service, symptoms and functioning of the member, and the member's response to the intervention and/or treatment. Mental health service plan development can be found in [Section 503.16.1, Chapter 503, Licensed Behavioral Health Centers](#) policy manual. If clinical services have been terminated but recovery services continue, a recovery plan/strategy is developed to reflect recovery goals and objectives. This should include determining wellness markers, recognizing triggers, determining warning signs and managing crisis. PRSS should be able to recognize signs of relapse and assist in making appropriate referrals to clinical services if relapse occurs. This recovery plan must be signed by the member, the PRSS and their immediate supervisor and reviewed/updated on a 90-day basis.

Discharge Criteria: Recovery services continues until the goals/objectives on the recovery plan has been achieved.

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Discussion/General Information

This guideline was prepared to reflect the state of West Virginia’s Peer Recovery Support Services guidance.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. HCPC Code: 2017 Alpha-Numeric HCPCS File, Downloaded from [CMS.gov](https://www.cms.gov) — A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on August 31, 2017.
2. West Virginia Department of Health and Human Resource, Bureau for Medical Services, [Division Adult Behavioral Health](#).
3. *West Virginia Department of Health and Human Resource, Bureau for Medical Services Provider Manual, Chapter 504 Substance Use Disorder Services*, effective October 1, 2020
4. *American Society of Addiction Medicine Criteria, 3rd Edition*

Websites for Additional Information

1. [West Virginia Department of Health and Human Resources](#)

History

Status	Date	Action
New	04/13/2021	Created
Approved	04/22/2021	Approved at Medial Operation Committee (MOC)