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Owner:	<i>Donna Coulter: Member Engagement Administrator</i>
Policy Area:	<i>Customer Service</i>
References:	

Peer Services

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) that the network of direct contractors and subcontractors provide peer services.

PURPOSE

The purpose of this policy is to guide direct contractors and subcontractors in the provision of peer services.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, DWMHA Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

STANDARDS

- A. Peer services are a Medicaid Managed Care 1915 (b) (3) waiver and Healthy Michigan service which promotes community inclusion and participation, independence and productivity.
- B. Two broad categories of peer services exist:
 1. Peer services which includes:
 - a. Peer Support Specialists
 - b. Peer Mentors
 - c. Recovery Coaches
 - d. Parent Support Partners
 - e. Youth Peer Support Specialists
 2. Drop-in Centers

- C. Peers must complete the MDHHS approved training to be certified.
- D. Individuals employed to become certified peers (non-certified peers) and awaiting training must be on record with DWMHA, and certified within one year of their start date.
- E. Non-certified peers must work in the categories of either: 1) an Aide in a setting to provide community living supports; and/or 2) A Supports Coordinator Assistant or Case Management Assistant under the direct supervision of a Supports Coordinator and/or Case Manager.
- F. Each of the Non-certified Peers are to work under the supervision of a supervisor/staff who has a credential as a Qualified Mental Health Professional (QMHP) or a Qualified Intellectual/Developmental Professional (QIDP) or Substance Abuse Treatment Specialist (SATS) or Child Mental Health Professional (CMHP).
- G. The supervisor is responsible for ensuring the non-certified Peers are working a minimum of 10 hours per week performing community living supports as an Aide; and/or Supports Coordinator Assistant or Case Management Assistant. The Supports Coordinator Assistant or Case Management Assistant roles and responsibilities definition is in Section 1915(b) (3) in the Medicaid Provider Manual.
- H. DWMHA Providers, their direct contractors and sub-contractors shall develop and implement policies and procedures to ensure that beneficiaries are informed of the various options for peer services.
 - I. Medicaid covered peer services must address an individual's medical necessities, goals and objectives and documented in a person-centered plan. Documentation must include the amount, scope and duration of services. Progress notes are to be written to describe services and supports being provided.
- J. When documenting peer services, an encounter entry must be generated for each encounter. An encounter is defined as an activity which is tabulated in 15 minute intervals, documented on a service activity log as part of the treatment.
- K. Peer services must be documented and reported utilizing the appropriate reporting codes, i.e., H0046 for Peer Mentor Services.
- L. Peers shall be employed full-time, part-time, or on a contractual basis, and treated as traditional mental health staff, which includes ongoing professional development and training.
- M. Peers must receive fair market wages and benefits that are based on years and extent of education, experience, and skill levels.
- N. Drop-in Centers are peer-run organizations and must meet the MDHHS-enrolled criteria that follows:
 - 1. There must be evidence of a liaison appointed by the DWMHA PIHP to work with the program.
 - 2. There must be a contract between the Drop-in Center and the PIHP, or its subcontractor, identifying the roles and responsibilities of each party.
 - 3. The Drop-in Center is a 501c(3) non-profit.
 - 4. The Drop-in Center must be located at a non-network provider/MCPN site.
 - 5. The PIHP shall facilitate consumers' ability to handle the program's finances.
 - 6. The PIHP shall actively support consumer autonomy and independence in making day-to-day decisions pertaining to the program.
 - 7. The PIHP liaison will monitor activities at the actual site.
 - 8. Staff and board of directors of the center are 100% primary consumers.
- O. Consumers are permitted to use drop-in centers anonymously. Participants are not required to have drop-

in center services included in their person-centered plan, or as part of their services.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of DWMHA Providers, their contractors, and sub-contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, providers, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

Medicaid Provider Manual, Section 17.G. H.3

RELATED POLICIES

RELATED DEPARTMENTS

1. Clinical Practice Improvement
2. Compliance
3. Customer Service
4. Information Technology
5. Integrated Health Care
6. Legal
7. Managed Care Operations
8. Management & Budget
9. Purchasing
10. Quality Improvement
11. Recipient Rights
12. Substance Use Disorders
13. Utilization Management

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

04/2019