



**Amendments To Prior Authorization Protocols H0038 Peer Recovery Support Services
The Health Plan
Effective November 1, 2020**

H0038 Peer Recovery Support Services (PRSS): As defined in Chapter 504 of the Bureau for Medical Services' (BMS) manual, *Substance Use Disorder Services*, 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 problems.

Group peer support services are not covered services. 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. A PRSS is professionally 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 Health Plan (THP) policy statement regarding Peer Support Services (H0038): THP encourages the use of peer recovery support services in assisting members to transition through the continuum of care for substance use disorders (SUD) in a time-limited, recovery-oriented manner.

Critical treatment junctures:

Effective November 1, 2020:

1. THP will be permitting 8 (eight) 15 minute units of peer recovery support services per day without authorization for the first 30 days after a transition from residential or correctional level of care; additional units may be made available for a designated time period utilizing the authorization process if the provider can demonstrate medical necessity for the additional units of service;
2. Members may receive units of PRSS services over 30 days in an authorization-free maximum amount of 8 units per day immediately after discharge from an acute inpatient (UB billing code 910), crisis stabilization/detox unit (CSU) (H0036), correctional (including regional jail) or substance use disorder (SUD) residential (H2036U1, H2036U3, H2036U5 and H2036U7) period of treatment. Those services will not require an authorization; however, additional units will be subject to prior authorization and demonstration of medical necessity. If the member meets medical necessity for additional units, the time period for use of those units will be specified in the authorization;
3. The provider is responsible for notifying THP of the initiation of PRSS as soon as possible after discharge from a facility and initiation of service, at most within 7 days.

This notification will not require clinical materials or information other than description of a current discharge from a CSU, detox, inpatient or residential level of care. The notification may occur by phone call to customer service, fax or through the provider portal;

4. With authorization, providers may obtain units for a maximum of thirty (30) calendar days if one of the following critical treatment junctures occur:
 - a. Relapse;
 - b. Death or loss of a family member;
 - c. RECENT critical personal event such as injury, loss of employment, loss of custody of a child, abrupt homelessness, etc.;
 - d. RECENT arrest;
 - e. Other critical event on a case by case basis.
5. Authorization requests must specify the critical treatment juncture in question and justify the need and objectives for the service. At each continued stay review, documentation of prior use of the units billed will be required as well as evidence that the member received/was referred for appropriate alternative Medicaid services as clinically necessary. Services will not be authorized without evidence of a recent critical treatment event. Units will be limited to 8 per day for a 30 day maximum period unless the provider can demonstrate medical necessity for expanded access to units.
6. In general, members are not to receive peer support services from multiple different PRSS across the span of a treatment/authorization period. The relationship between peers is judged to be one of intimacy and mutual confidence which is not fostered by multiple PRSS with the same member. Exceptions can and will occur, of course, but the ideal is for the member to have one assigned PRSS.
7. Providers are not precluded from billing any other clinically appropriate Medicaid service including H2011, crisis intervention; T1017, targeted case management; or H0004 supportive counseling, however time limited, clearly defined treatment plans must be developed for many of these services and BMS credentialing criteria must be met for provision of the services. Providers are referred to Chapter 503, Licensed Behavioral Health Centers, for review of the requirements for other Medicaid services provided by a LBHC. Note that the majority of these services do not require authorization however THP will be conducting post payment reviews for excessive utilization patterns.
8. It is expected that the member will be referred for any and all clinically appropriate Medicaid services by the peer support agency once a need is identified, regardless of whether the agency provides the service or not. THP care navigators can assist with care coordination. Excessive periods of time and units for peer support services may indicate that the member is not in the correct level of clinical care and should be evaluated by the clinical team.

Not all activities conducted by PRSS are Medicaid billable. Please note: A particular example of this is the prohibition of billing while operating a motor vehicle. The following examples are of activities that are NOT appropriate PRSS clinical/supportive services:

1. Taking members to the grocery store
2. Accompanying members to AA/NA meetings



3. Driving a member to work on a regular basis
4. Attending group therapy with the member
5. Accompanying the member to church
6. Praise and worship services, religious ceremonies, 12 step meetings, recovery group meetings, Bible study groups
7. Cleaning the home, other household chores
8. Group meetings of any sort including house government
9. Watching movies or television, going out to eat, sharing meals, recreational activities
10. Watching video training, testimonial or experiential materials
11. Making appointments for the member in the member's absence
12. Composing a relapse prevention plan that is not person-centered and guided by the member
13. Monitoring the member for the sole reason of preventing relapse
14. Moving the member, filling out forms, locating apartments, obtaining furniture without the participation of the member
15. Staff meetings that do not include the member
16. Documentation time
17. Group transportation time of any sort (other than assisting member to learn local mass transportation systems)

Examples of activities that are considered within the scope of duties of a PRSS include:

1. Self Help:
 - a. Assist member to locate nearby AA/NA meetings on line or other public resource;
 - b. Coach and model discussions with family members to resolve or ameliorate issues in a productive way;
 - c. Assist member to search internet for housing, jobs, other necessities;
 - d. Assist in identifying community sources of support, methods of accessing;
 - e. Assist member to identify their personal interests, goals, strengths and weaknesses regarding recovery;
 - f. Assist members via modeling and coaching to build social skills in the community that will help to build supportive environments for recovery;
 - g. Provide on-going assistance for members in obtaining and/or maintaining services from multiple system (mental health, CPS, criminal justice) and referrals to treatment services when necessary/appropriate;
 - h. Coach/model use of community transportation resources.
2. System advocacy:
 - a. Rehearsing individual presentation for AA/NA group;
 - b. Discuss how to participate and benefit from supportive group activities (AA/NA, church, community activities);
 - c. Identify internal and external barriers to full participation in community resources and develop strategies to overcome the barriers;



- d. Assist member to identify and access community advocacy programs such as Legal Aid, Help 4 WV, Aunt Bertha.
3. Individual advocacy:
- a. Discuss member concerns about medications or other health care;
 - b. Coach and model appropriately assertive methods of communicating with health care providers in order to have needs met or questions answered;
 - c. Assist member to obtain necessary records (Social Security card, birth certificate, divorce decree);
 - d. Assist member to access and utilize health care services;
 - e. Assist member to develop a person-centered health care plan;
 - f. Provide member with overdose prevention and risk reduction tools;
 - g. Provide HIV and hepatitis education including explanation of explanation of available screening and medical care clinics;
 - h. Provide member with illness management and recovery information and strategies;
 - i. Assist members to self-identify personal goals for recovery;
4. Recovery planning:
- a. Assist member to articulate personal goals for recovery;
 - b. Assist the member to identify their recovery goals, strengths and weaknesses to include in the person-centered plan;
 - c. Model and coach member to identify and combat negative self-talk and overcome fears;
 - d. Assist member to make appointments for treatment when member requests assistance;
 - e. Assist member to build an emotional support group that facilitates sobriety;
 - f. Assist member in identifying healthy recreational activities, diet and exercise routines that support recovery;
5. Crisis support:
- a. Assist the member to develop and implement a personal crisis plan;
 - b. Model and coach the member in appropriate coping and problem-solving behaviors;
 - c. Provide emotional support for member in stressful times;
 - d. Link member to professional medical/therapeutic staff or services when necessary;
 - e. Encourage medication adherence at all times;
 - f. Assist the member to identify and avoid self-defeating behaviors which result in personal difficulties and crisis situations;
6. Relapse prevention:
- a. Assist member to identify and plan for early signs of relapse;
 - b. Assist member to identify triggers for cravings and urges to relapse and incorporate into personal relapse prevention plan;
 - c. Assist the member to develop a written person-centered relapse prevention plan that includes strategies for avoidance;
 - d. Educate and rehearse the member in utilization of the personal relapse plan until it is familiar and can be recited without cues;
 - e. Model and coach ways of sober living through skill building, establishment of supportive resources and prosocial activities;



7. Housing:
 - a. Educate and coach the member on adult living skills such as budgeting, maintenance of living area, housekeeping, other skills as necessary;
 - b. Assist the member to locate suitable affordable housing, engage utilities, obtain furnishings, other necessary household items;
 - c. Teach the member the basics of healthy nutrition and assist the member to obtain and prepare healthy foods according to cultural and personal preferences, in compliance with any dietary restrictions dictated by health conditions;
 - d. Model and coach appropriate interactions with authorities related to housing;
8. Education/employment:
 - a. Assist member to identify and clarify personal goals for employment and/or education;
 - b. Assist member to obtain and complete applications, forms, other documents as necessary;
 - c. Model and coach self-advocacy skills in the work place such as appropriate assertiveness, anger management;
 - d. Model and coach appropriate work site apparel and behavior;
 - e. Model and coach appropriate interview skills for employment or education;
 - f. Assist member to access Jobs and Hope program for employment when appropriate;
 - g. Model and coach time management skills;

