Sentara Health Plans

Medicaid

Mental Health Peer Support Services, BH 19

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual*.

Description & Definitions:

Commonwealth of Virginia. Department of Medical Assistance Services. Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 9 (12/29/2023)

Peer Support Services and Family Support Partners are Peer Recovery Support Services and are non-clinical, peer to peer activities that engage, educate, and support a member's, and as applicable the caregiver's, self-help efforts to improve health, recovery, resiliency and wellness. Supervision and care coordination are required components of Peer Recovery Support Services.

Peer Support Services for adults are person centered, strength-based, and recovery oriented rehabilitative service for members 21 years or older provided by a PRS successful in the recovery process with lived experience with mental health, substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in recovery to reduce the disabling effects of a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. Services assist the member develop and maintain a path to recovery, resiliency, and wellness. Specific peer support service activities shall emphasize the acquisition, development, and enhancement of recovery, resiliency, and wellness. Services are designed to promote empowerment, self-determination, understanding, and coping skills through mentoring and service coordination supports, as well as to assist members in achieving positive coping mechanisms for the stressors and barriers encountered when recovering from their illness or disorder.

Commonwealth of Virginia. Department of Medical Assistance Services. Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 11 (12/29/2023)

Covered Services

Specific strategies and activities shall be rendered and fully align with the Recovery, Resiliency, and Wellness Plan. Strategies and activities shall include at a minimum:

1. Person centered, strength based planning to promote the development of self-advocacy skills; 2. Empowering the member to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan;
3. Crisis support; and
4. Assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the Recovery, Resiliency, and Wellness Plan so that the member:
    a. Remains in the least restrictive setting;
    b. Achieves their goals and objectives identified in the Recovery Resiliency and Wellness Plan;
    c. Self-advocates for quality physical and behavioral health services; and
    d. Has access to strength-based behavioral health services, social services, educational services and other supports and resources.

Criteria:

Commonwealth of Virginia. Department of Medical Assistance Services. Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 13 (12/29/2023)

Mental Health Peer Support Services is considered medically necessary for **1 or more** of the following:

- Initial treatment with **ALL** of the following:
    - Members 21 years or older qualifying for MH Peer Support Services shall meet **ALL** of the following requirements:
        - 1. Have a documented mental health disorder diagnosis
        - 2. Require recovery oriented services for **ALL** the following
            - a. the acquisition of skills needed to engage in and maintain recovery; and
            - b. the development of self-advocacy skills to achieve a decreasing dependency on formalized treatment systems; and,
            - c. increasing responsibilities, wellness potential, and shared accountability for the member's own recovery; and
        - 3. Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least **1 or more** of the following domains:
            - educational (e.g., obtaining a high school or college degree);
            - social (e.g., developing a social support system);
            - vocational (e.g., obtaining part-time or full-time employment);
            - self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).
    - Members aged 18-20 who meet the medical necessity criteria for MH Peer Support Services may choose to receive MH Peer Support Services or Family Support Partners depending on their needs and medical necessity.
- Continued Stay services with **A**LL of the following:
    - Medical necessity service criteria continues to be met
    - Progress notes shall document the status of progress relative to the goals identified in the Recovery, Resiliency, and Wellness Plan
    - The individual continues to require the monthly minimum contact requirements

Discharge Criteria:

Commonwealth of Virginia. Department of Medical Assistance Services. Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 14 (12/29/2023)

Discharge shall occur for **1 or more** of the following:

- Goals of the Recovery Resiliency and Wellness Plan have been substantially met; or
- The Individual or as applicable for youth under 21, the caregiver, request discharge; or
- The individual or as applicable for youth under 21, the caregiver, fail to make the monthly minimum contact requirements or the individual or caregiver, as applicable, discontinues participation in services

Exclusions and Service Limitations: Commonwealth of Virginia. Department of Medical Assistance Services. Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 18 (12/29/2023)

- If an assessment is completed for MH Peer Support Services or MH Family Support Partners in addition to a completed assessment for ARTS Peer Support Services or ARTS Family Support Partners, no more than a total of four hours (up to 16 units) of services shall be rendered per calendar day.
- An enrolled provider cannot bill DMAS separately for: i) MH Peer Recovery Support Services (MH Peer Support Services or MH Family Support Partners) and ii) ARTS Peer Recovery Support Services (ARTS Peer Support Services or ARTS Family Support Partners) rendered on the same calendar day unless the MH Peer Services and ARTS Peer Services are rendered at different times. The enrolled provider must coordinate services to ensure the four hour daily service limit is not exceeded. No more than a total of four hours of one type of service, or a total of four hours of a combination of service types (up to 16 units of total service) shall be provided per calendar day.
- Members may receive up to 900 hours of MH Peer Recovery Support Services (MH Peer Support Services and/or MH Family Support Partners) and up to 900 hours of ARTS Peer Recovery Support Services (ARTS Peer Support Services and/or ARTS Family Support Partners).
- Service shall be initiated within 30 calendar days of the completed assessment and shall be valid for no longer, than 30 calendar days. If the time has exceeded 30 calendar days without service initiation, another assessment for services shall be required.
- Peer Support Services and Family Support Partners rendered in a group setting shall have a ratio of no more than 10 members to one PRS and progress notes shall be included in each Medicaid member's record to support billing.
- General support groups which are made available to the public to promote education and global advocacy do not qualify as Peer Support Services or Family Support Partners.
- Non-covered activities include:
    - Transportation
    - Record keeping or documentation activities (including but not limited to progress notes, tracking hours and billing and other administrative paperwork)
    - Services performed by volunteers
    - Household tasks such as chores and grocery shopping
    - On the job training
    - Case management
    - Meals and breaks
    - Outreach to potential clients
    - Room and board
- The PRS shall document each 15-minute unit in which the member was actively engaged in Peer Support Services or Family Support Partners. Non-covered activities listed in this section shall not be included in the reporting of units of service delivered. Should a member receive other services during the range of documented time in/time out for Peer Recovery Support Service hours, the absence of services or interrupted services must be documented.
- Members with the following conditions are excluded from Peer Support Services and Family Support Partners unless there is clearly documented evidence and diagnosis of a substance use disorder or mental health disorder overlaying the diagnosis: developmental disability including intellectual disabilities, organic mental disorder including dementia or Alzheimer's, or traumatic brain injury. There must be documented evidence that the member is able to participate in the service and benefit from Peer Support Services or Family Support Partners.

- Claims that are not adequately supported by appropriate up to date documentation may be subject to recovery of expenditures. Progress notes shall disclose the extent of services provided and corroborate the units billed. Claims not supported by corroborating progress notes shall be subject to recovery of expenditures.
- The provider shall be subject to utilization reviews conducted by DMAS or its designated contractor. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements.

Document History:

Revised Dates:

- 2025: April - Updated DMAS criteria per revision dated 12.29.2023
- 2023: February
- 2022: February, June
- 2021: June, October
- 2019: September

Reviewed Dates:

- 2026: April – Implementation date of August 1, 2026. No updates to DMAS manual since last review.
- 2024: April
- 2021: February
- 2020: March
- 2018: December

Origination Date: January 2018

Coding:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

Coding	Description
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)H0046 - Mental health services, not otherwise specified

CPT/HCPCS codes considered **not medically necessary** per this policy:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes:

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products except Sentara Health Plan Virginia Medicaid FAMIS members.
- Authorization Requirements:
    - Initial registration is required by the Plan.
    - Commonwealth of Virginia. Department of Medical Assistance Services. Mental Health Services Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 17 (12/29/2023).
        - Providers must submit a registration to the member's MCO or FFS contractor prior to starting services. Information supplied by the provider to DMAS or its contractor shall be fully substantiated throughout the member's record. Enrolled providers must contact the MCO for

managed care enrolled members or the FFS contractor for fee-for-service members for information regarding service authorization.
        - A unit of service shall be defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day) and nine hundred (900) hours per calendar year. Service delivery limits may be exceeded based upon documented medical necessity and service authorization approval. Providers should review the MCO contract requirements for specific requirements for registration or authorization
- Special Notes:
    - Medicaid
        - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
        - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
        - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
        - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

References used include but are not limited to the following:

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Peer Recovery Support Services Supplement . Chapter Title: Peer Support Services and Family Support Partners Revision Date: 12/29/2023. Retrieved 2.17.2026. https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-12/Peer%20Services%20Manual%20Supplement%20%28updated%2012.29.23%29.pdf

Keywords:

SHP Behavioral Health 19, BH, OHCC, Optima Health Community Care, CMHRS, Community Mental Health Resource Services, Mental Health Peer Support Services, Mental Health Peer Support Services (Group), MHPSS