Sentara Health Plans

Medicaid

# ARTS Family Support Partners, BH 41

**Table of Content**


Description & Definitions
Clinical Indications for Procedure
Discharge Guidelines
Exclusions and Service Limitations
Document History
Coding Information
Policy Approach and Special Notes
References


| | |
|---|---|
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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:

Peer Services Manual Supplement (updated 12.29.23).pdf: 12/29/2023 p.9

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.

Family Support Partners is a strength-based individualized team-based Peer Recovery Support Service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth, especially those youth with complex needs who are involved with multiple systems, and increase the youth and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

## Covered Services

Peer Recovery Support Services Supplement - Peer Support Services and Family Support Partners p. 11 (12/29/2023)

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.

## Clinical Indications for Procedure:

Peer Services Manual Supplement (updated 12.29.23).pdf p. 12

ARTS Family Support Partners are considered medically necessary for **1 or more** of the following:

- **Initial treatment** with **ALL** of the following:
    - Caregivers of youth under age 21 who qualify for Family Support Partners (i) have a youth with a substance use disorder or co-occurring mental health and substance use disorder, who requires recovery assistance, and (ii) meets **two** or more of the following:
        - 1. The member and their caregiver need peer-based recovery oriented services for the maintenance of wellness and acquisition of skills needed to support the youth;
        - 2. The member and their caregiver need assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
        - 3. The member and their caregiver need assistance and support to prepare the youth for a successful work/school experience;
        - 4. The member and their caregiver need assistance to help the youth and caregiver assume responsibility for recovery.
    - Members aged 18-20 may choose to receive ARTS Peer Support Services or ARTS Family Support Partners depending on their needs and medical necessity.
- **Continued Stay services** with **ALL** 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 Guidelines:

Peer Services Manual Supplement (updated 12.29.23).pdf p.14

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:

Peer Services Manual Supplement (updated 12.29.23).pdf p.18-20

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.

**Activities – NOT Covered for Any of the following**:

- 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.

Family Support Partners is allowable only when the service is directed exclusively toward the benefit of the youth. The applicability to the targeted youth must be documented. Family Support Partners shall not be billed for youth who resides in a congregate setting in which there are staff compensated for the care of the youth. An exception to this exclusion is for caregivers and youth who are preparing for the transition of the youth to the caregiver's

home when the service is directed to supporting the unification/reunification of the youth and his/her caregiver. The circumstances surrounding the exception shall 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: June – Implementation date of September 1, 2025. Updated to new format.
- 2024: June - Annual review completed. Updates to DMAS Manual - Added new paragraph under exclusions and limitations. No criteria changes.
- 2023: July

Reviewed Dates:

- 2026: May – Implementation date of September 1, 2026. No changes to criteria. DMAS manual unchanged.

Origination Date: July 2022

## Coding Information:

Medically necessary with criteria:

| Coding | Description |
|---|---|
| S9445 | Patient education, not otherwise classified, nonphysician provider, individual, per session |

Considered Not Medically Necessary:

| Coding | Description |
|---|---|
| | None |

U.S. Food and Drug Administration (FDA) - approved only products only.

*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
- Authorization Requirements:

- Peer Services Manual Supplement (updated 12.29.23).pdf Peer Support Services and Family Support Partners are incorporated in many levels of care and DMAS encourages engagement of members into services. There are no limits to who can refer members for Peer Support Services and Family Support Partners.

- **Special Notes:**
  - 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. EPSDT Supplement B (updated 5.19.22)_Final.pdf
  - 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:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Provider Manual Title: Peer Recovery Support Services Supplement. Chapter Title: Peer Support Services and Family Support Partners Revision Date: 12/29/2023 Retrieved 5.27.2025. https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-12/Peer%20Services%20Manual%20Supplement%20%28updated%2012.29.23%29.pdf

## Keywords:

SHP 23-Hour Crisis Stabilization, SHP Behavioral Health 33