

**LAKESHORE REGIONAL ENTITY**  
**Peer-Delivered or Peer-Operated Support Services**

*This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:*

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

**1. Definition or Description of Service** NOTE: This service is a State Plan EPSDT service when delivered to children birth – 21 years. Peer-delivered or peer-operated support services are programs and services that provide individuals with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive roles, and to build and/or enhance self-esteem and self-confidence.

**a. Peer Support Specialist Services**

i. Peer specialist services provide Individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are Individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities, and with planning and negotiating human services systems. Peer Specialist Services include:

- (1) Vocational assistance provides support for Individuals seeking education and/or training opportunities, finding a job, achieving successful employment activities, and developing self-employment opportunities (reported as skill-building or supported employment).
- (2) Housing assistance provides support locating and acquiring appropriate housing for achieving independent living; finding and choosing roommates; utilizing short-term, interim, or one-time-only financial assistance in order to transition from restrictive settings into independent integrated living arrangements; making applications for Section 8 Housing vouchers; managing costs or room and board utilizing an individual budget; purchasing a home; etc. (reported as supports coordination).
- (3) Services and supports planning and utilization assistance provides assistance and partnership in:
  - (a) The person-centered planning process (reported as either treatment planning or supports coordination);
  - (b) Developing and applying arrangements that support self-determination;
  - (c) Directly selecting, employing or directing support staff;
  - (d) Sharing stories of recovery and/or advocacy involvement and initiative for the purpose of assisting recovery and self-advocacy;
  - (e) Accessing entitlements;
  - (f) Developing health and wellness plans;
  - (g) Developing advance directives;
  - (h) Learning about and pursuing alternatives to guardianship;
  - (i) Providing supportive services during crises;
  - (j) Developing, implementing and providing ongoing guidance for advocacy and support groups;
  - (k) Integration of physical and mental health care;
  - (l) Developing, implementing and providing health and wellness classes to address preventable risk factors for medical conditions.

- (4) Activities provided by peers are completed in partnership with Individuals for the specific purpose of achieving increased individual community inclusion and participation, independence and productivity.
- (5) Individuals providing Peer Support Services must be able to demonstrate their experience in relationship to the types of guidance, support and mentoring activities they will provide. Individuals providing these services should be those generally recognized and accepted to be peers. Beneficiaries utilizing Peer Support Services must freely choose the Individual who is providing Peer Support Services. Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must:
  - (a) have a serious mental illness;
  - (b) have received public mental health services currently or in the past;
  - (c) provide at least 10 hours per week of services described above with supported documentation written in the individual plan of service (IPOS); and
  - (d) meet the MDHHS application approval process for specialized training and certification requirements.

**b. Drop-In Center**

- i. Peer-Run Drop-In Centers provide an informal, supportive environment to assist Individuals with mental illness in the recovery process. If an Individual chooses to participate in Peer-Run Drop-In Center services, such services may be included in an IPOS if medically necessary for the Individual. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive individual roles and identities, and to build and/or enhance self-esteem and self-confidence. Under no circumstances may Peer-Run Drop-In Centers be used as respite for caregivers (paid or non-paid) or residential providers of Individuals.
- ii. PIHPs must seek approval from MDHHS prior to establishing new drop-in programs. Proposed drop-in centers will be reviewed against the following criteria:
  - (1) Staff and board of directors of the center are 100% primary consumers;
  - (2) PIHP actively supports Individuals' autonomy and independence in making day-to-day decisions about the program;
  - (3) PIHP facilitates Individuals' ability to handle the finances of the program;
  - (4) The drop-in center is at a non-CMH site;
  - (5) The drop-in center has applied for 501(c)(3) non-profit status;
  - (6) There is a contract between the drop-in center and the PIHP, or its subcontractor, identifying the roles and responsibilities of each party; and
  - (7) There is a liaison appointed by the PIHP to work with the program.
- iii. Some Individuals use drop-in centers anonymously and do not have a drop-in center listed as a service in their IPOS. For those Individuals who do have drop-in specified in their IPOS, it must be documented to be medically necessary and identify:
  - (1) Goals and how the program supports those goals; and
  - (2) The amount, scope and duration of the services to be delivered.
- iv. The individual clinical record provides evidence that the services were delivered consistent with the plan.

**c. Youth Peer Support Services**

- i. Youth Peer Support is designed to support youth with a serious emotional disturbance through shared activities and interventions. The goals of Youth Peer Support include supporting youth empowerment, assisting youth in developing skills to improve their overall functioning and quality of life, and working collaboratively with others involved in delivering the youth's care. Youth Peer Support services can be in the form of direct support, information sharing and skill building.
- ii. Youth Peer Support Services are provided by trained youth peer support specialists, one-on-one or in a group, for youth with serious emotional disturbance who are resolving conflicts, enhancing skills to improve their overall functioning, integrating with community, school and family and/or transitioning into adulthood. Services provide support and assistance for youth in accordance with the goals in their plan of service to assist the youth with community integration, improving family relationships and resolving conflicts, and making a transition to adulthood, including achieving successful independent living options, obtaining employment, and navigating the public human services system.
- iii. Youth Peer Support Specialists must have lived experience navigating behavioral health systems and must participate in and complete the approved MDHHS training curriculum. Youth Peer Support activities are identified as part of the assessment and the person-centered/family-driven, youth-guided planning process. The goals of Youth Peer Support services shall be included in the individualized plan of service where interventions are provided in the home and community. These goals will be mutually identified in active collaboration with the youth receiving services and must be delivered by a Youth Peer Support Specialist with lived experience. The Youth Peer Support Specialist shall receive regular supervision by a child mental health professional and shall participate as an active member of the treatment team.
- iv. Qualifications for the Youth Peer Support Specialist include:
  - (1) Young adult, ages 18 through 26, with lived experience who received mental health services as a youth.
  - (2) Willing and able to self-identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others.
  - (3) Experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.).
  - (4) Employed by PIHP/CMHSP or its contract providers.
  - (5) Trained in the MDHHS approved curriculum and ongoing training model.

**d. Peer Mentoring Services**

- i. Peer mentoring services provide adults with intellectual and developmental disabilities with opportunities to support, mentor and assist beneficiaries to achieve community inclusion and participation, independence, and productivity. Peer Mentors are individuals with intellectual and developmental disabilities who have a unique skill level from their experience in utilizing services and supports to achieve their goals. Peer Mentors offer the benefit of their personal experiences, passing along encouragement and support to help others construct their own advocacy. Beneficiaries utilizing Peer Mentoring services must freely choose the individual who is providing Peer Mentoring services from available trained Peer Mentors.
- ii. Activities provided by Peer Mentors are completed in partnership with beneficiaries for the specific purpose of achieving increased beneficiary community inclusion and participation, independence, and productivity by:

- (1) Sharing personal stories of advocacy for the purpose of supporting self-advocacy and independence, person-centered planning goals, and arrangements that support self-direction;
  - (2) navigating transportation systems;
  - (3) building bridges to people and resources within the community;
  - (4) identifying recreation opportunities;
  - (5) providing information on entitlements;
  - (6) assisting beneficiaries to move towards independence
  - (7) providing housing information by helping to identify affordable and accessible housing for achieving independent living; finding and choosing roommates; making applications for Section 8 Housing vouchers; managing budgets;
  - (8) providing vocational information to beneficiaries who are seeking post-secondary education and/or training opportunities, finding a job, and achieving successful employment.
- iii. Requirements - Individuals who are functioning as Peer Mentors serving beneficiaries with intellectual and developmental disabilities must:
- (1) be 18 years of age.
  - (2) have an intellectual/developmental disability.
  - (3) attend the Michigan Developmental Disabilities Council's Peer Mentor 101 training by referral from their local CMHSP.
  - (4) complete a supervised 90-120 hour internship at their local CMHSP. (The CMHSP is expected to hire the individual after certification.)
  - (5) share their personal experiences to guide and support beneficiaries.
  - (6) participate in annual continuing education trainings to maintain skills and expand knowledge base.
- iv. The use of the Peer Mentor code for billing purposes is permissible only after the individual is certified by the Michigan Developmental Disabilities Council. **(text added per bulletin MSA 16-39)**

## 2. Practice Principles

- a. Providers are encouraged to offer evidence based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

## 3. Credentialing Requirements *Refer to current Medicaid Provider Manual for updated requirements*

- a. Provider will assure that Peers are properly certified by the State of Michigan to provide services at the level authorized by the Payor. Certified Peers shall act within the scope of practice defined by their license
- b. Provider shall assure that all staff providing peer services are qualified and trained to provide services at the level authorized by the Payor.
- c. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.

- d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- f. Providers of services must:
  - i. Be at least 18 years of age.
  - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
  - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
  - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.
  - v. Be able to perform basic first aid and emergency procedures.

#### **4. Service Requirements**

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's IPOS requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- e. When applicable, Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- f. When applicable, the Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- g. Provider will promote and facilitate recovery-based initiatives. This includes WHAM, WRAP, Pathways to Recovery, Advanced Leadership, Psychiatric Advance Directives, PATH special presentations and publications, and other recovery-oriented initiatives deemed valuable by the CMHSP and participants within the scope of the Peer-Delivered Services program.
- h. Provider will assist Individuals in accessing community resources and developing skills to meet other basic needs.
- i. Provider will create a normalizing environment through recreation and social activities, such as table games, group games, informal conversations, social opportunities, group discussions, and the provision of information regarding community activities.
- j. Provider will recruit Individuals to be trained in leadership development. This includes the ongoing recruitment to encourage Individuals to be active members and advocates on committees, workgroups, meetings, and boards.

- k. Provider will promote the integration of Physical and Mental Health Care, by developing, implementing, and providing health and wellness classes to address preventable risk factors for medical conditions. Provider will also Recruit Individuals to be trained and to participate in integration of physical and mental health care initiatives.

**5. Training Requirements**

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

**6. Eligibility Criteria/Access Requirements/ Authorization Procedures:**

- a. Peer- Run Drop-In Center - Adults who have a mental illness and/or mental and emotional health problems are eligible for this service. Individuals must be reasonably expected to benefit from the service.
- b. Peer Support Specialist Services - Adults who have a mental illness or co-occurring mental illness and substance use and emotional health problems are eligible.
  - i. Individual must be reasonably expected to benefit from the service.
  - ii. Individual receives services through the CMHSP, is eligible for services through the CMHSP, receives Medicaid or Healthy Michigan Plan benefits, or agrees to apply for such benefits.
  - iii. The Individual may be interested and available to work with the CMHSP planners, either on an ongoing or intermittent basis, regarding Individual satisfaction, quality improvement projects, and specific planning activities.
- c. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- d. Waiver eligibility requires verification of no change in waiver status.
- e. The [Lakeshore Region Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at [www.lsre.org](http://www.lsre.org). Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.