



Integrating Peers into Treatment Programs in New York City

An In-depth Guide for Substance Use Disorder Treatment Providers



New York City Department of Health
and Mental Hygiene

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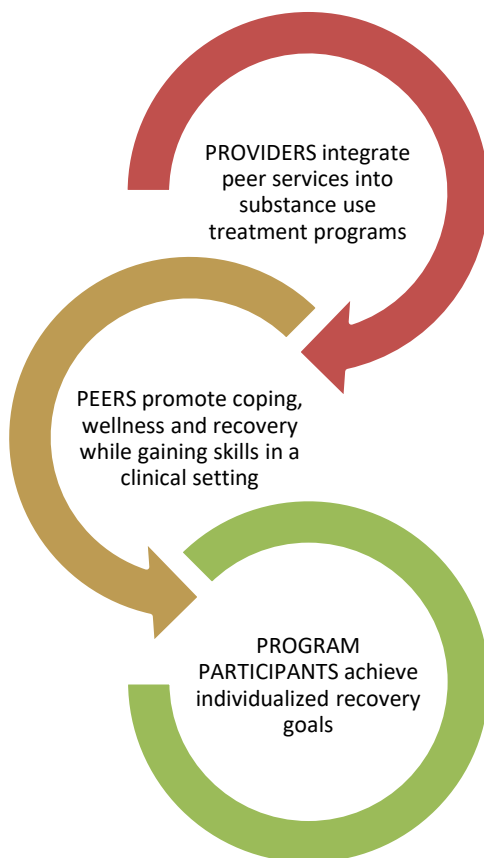


Introduction

This toolkit was created for organizations that support the recovery, rehabilitation and health of people who use drugs and other substances. Organizations can use this guide to incorporate New York State (NYS) Office of Alcoholism and Substance Abuse Services (OASAS) Certified Recovery Peer Advocates into OASAS-licensed outpatient treatment programs. Other service providers that incorporate peers to address substance misuse may also find parts of this guide helpful.

The toolkit's seven modules will prepare organizations to:

- ❖ Integrate peer services into diverse treatment settings
- ❖ Assist peers in promoting coping, wellness and recovery, while gaining new skills in a clinical setting
- ❖ Guide program participants towards achieving their individualized recovery goals



Section 1: Peer Scope of Work

Peers use their lived experience and training to support the recovery goals of people who use drugs and/or alcohol. Peers are community support experts; they build relationships with others in an effort to promote others' safety and well-being. Peers provide a variety of services to treatment program participants such as:

- Developing recovery plans
- Facilitating support groups
- Educating about and connecting participants to existing social and other support services
- Modeling coping skills
- Providing crisis support, especially after periods of hospitalization or incarceration
- Accompanying participants to court meetings and other appointments
- Identifying participants' strengths
- Linking participants to formal recovery supports
- Educating participants about different recovery methods.

Peer support services are participant centered. Peers carefully choose when to share their own lived experiences to ensure it benefits the program participants.

Please note, peers are not clinicians or Credentialed Alcoholism and Substance Abuse Counselors (CASACs). They **cannot perform duties** such as:

- Case management or care coordination
- Urine toxicology
- Individual and group counseling
- Substance use disorder screening
- Intake and assessment
- Clinical supervision



Peer Support Values

- Shared Experience
- Self-determination
- Choice
- Non-hierarchical Decision-Making
- Mutuality
- Authenticity
- Dignity of Risk and Right to Fail*
- Accountability
- Direct Communication
- Critical Learning
- Relationship Building
- Social Change

*Dignity of Risk and Right to Fail means accepting that risk-taking is part of many life experiences and acknowledging the importance of supporting individuals after they take risks.

Peers play a supportive role that compliments the practices of CASACs and other clinical providers. Together, peers and other staff members can support participants in achieving their recovery and wellness goals. This also helps peers work toward their own goals by expanding their skill sets and teaching them about different work styles.

Medicaid and Peer Certification

The ongoing transition to Medicaid Managed Care (MMC) in NYS promotes the connection of people with mental health and/or substance use problems to peer support. Peers certified through the NYS Office of Mental Health (OMH) Peer Support Specialist and OASAS-Certified Recovery Peer Advocate (CRPA) certifications are eligible to deliver services in clinical settings that can be billed through MMC. For more information about billing procedures, see Section 7.

Certified Recovery Peer Advocates

Peers can become certified by the New York Certification Board or any other certifying body approved by OASAS.

OASAS-Certified Recovery Peer Advocate requirements:

- High school diploma or General Educational Development (GED)
- Passing score on the International Certification and Reciprocity Consortium (IC-RC) exam
- 46 hours of educational training that must include 16 hours of professional ethics
- 500 hours of related volunteer or work experience*
- 25 hours of supervision by qualified supervisory staff (specific to peer work)*

**Work completed while in treatment by the documenting program will not be counted.*

Section 2: Hiring Peers

Integrating peers into your organization’s supportive services is an exciting step, but requires planning and coordination. The organization’s leadership, or other staff able to make decisions about hiring and budget allocation, must be committed to peer integration. Without this commitment, it will be very difficult for the project to move forward.

Assessing Organizational Readiness

You must first determine if your organization is prepared to hire peers. Staff at different organizational levels should fill out the below readiness assessment by marking the box that reflects how much they agree with each statement. This can help your organization identify what to address before recruiting peers.

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|---|-------------------|-------------------|---------|----------------|----------------|
| Hiring peers is aligned with my organization’s mission and vision. | | | | | |
| Staff at all levels of my organization would support the hiring of peers. | | | | | |
| Staff at all levels of my organization understand that peers have histories of substance use. | | | | | |
| Staff at all levels of my organization understand and accept that peers and other staff with histories of substance use may experience relapse during their employment. | | | | | |
| My organization has plans for using peers’ skills. | | | | | |
| My organization has space for peers. | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| My organization has the equipment (e.g., computer, phone, etc.) peers need. | | | | | |
| My organization can offer additional on-site training to peers, such as computer literacy courses. | | | | | |
| My organization contracts to provide Medicaid Managed Care Behavioral Health services. | | | | | |

Assessing Non-Peer Staff Engagement

Next, encourage non-peer members of the care team to complete the self-assessment below by marking the box that reflects their level of concern with each statement. The purpose of this assessment is not to judge staff, but to help identify any concerns or questions before peers join the team. You may choose to have staff complete the assessment anonymously and hold a meeting to discuss the results afterwards.

| | Not a concern | Sometimes a concern | Very much a concern |
|---|---------------|---------------------|---------------------|
| I wonder whether people with lived experiences can be productive and reliable providers. | | | |
| I worry that peers will not be able to keep program participant information confidential. | | | |
| I worry that peers will not be able to maintain boundaries with program participants. | | | |
| I worry that peers will replace me. | | | |
| I worry that peers with a history of substance use may relapse because of work stress. | | | |
| I worry that working with peers with a history of substance use will cause program participants to relapse. | | | |

| | | | |
|---|--|--|--|
| I wonder whether peers are qualified to join the care team. | | | |
| I worry that peers will not be able to act professionally. | | | |
| I worry that working with peers will be like working with program participants and will require too much support. | | | |
| I worry that I do not understand peers' perspectives, values and scope of work. | | | |

Designing a Program Plan

Organization leadership must establish a timeframe for implementing the peer support program. Below is a sample schedule to help guide this process.

| Program Area | Activity Description | Who | Time Frame |
|----------------------------------|--|--------------------------------|------------|
| Organizational Commitment | <ul style="list-style-type: none"> Gain approval for peer support program | Program director/administrator | One month |
| Peer Job Description | <ul style="list-style-type: none"> Determine peer role within care team Identify desired peer qualifications and performance expectations | Program director/administrator | Two weeks |
| Supervision | <ul style="list-style-type: none"> Decide which team member will identify supervisors for the peers Decide how peers will be integrated into care team | Program director/administrator | Two weeks |

| | | | |
|--|---|--------------------------------|------------|
| Recruitment and Hiring | <ul style="list-style-type: none"> • Determine the timeline • Establish recruitment method, using your organization's standard protocol and other ways to reach qualified peers | Program director/administrator | Two months |
| Orientation | <ul style="list-style-type: none"> • Design training plan • Review policies and procedures with peers • Discuss supervisor's role with peer • Determine work schedule | Supervisor | Two weeks |
| Ongoing Peer Development | <ul style="list-style-type: none"> • Discuss expectations and goals with peer • Provide mentoring as needed | Supervisor | Ongoing |
| Performance and Goal Management | <ul style="list-style-type: none"> • Assess job performance • Assess goal progress | Supervisor | Ongoing |

Section 3: The Role of Peers in the Care Team

Because peers do not provide clinical services, it can be easy to assign peers to a secondary role within your care team and organization. This section discusses common pitfalls and what to consider when bringing peers into your organization.

Professional Boundaries

Role Delineation

Peers serve as advocates and bridges to services. They should never feel compelled to provide basic necessities like money, food or clothing directly to participants. Care team members can help peers with referrals that maintain peer-participant boundaries.



Peers should not be encouraged to take on a clinical role or conform to the work style of other care team members, as this creates role confusion. They should not offer therapeutic counseling to participants. Supervisors should conduct regular peer supervision to review the peers' scope of work and make sure they do not take on a clinical, therapeutic or diagnostic role. Supervisors should also remind all team members that peers provide a supportive, non-clinical perspective that is valuable to the overall goals of the care team.

Confidentiality

Like all other staff members, peers are held to certain confidentiality standards, including HIPAA, 42 CFR part 2 and any other confidentiality policies an organization has in place. Peers are considered mandated reporters when working in a clinical setting, such as an 822-regulated outpatient program. Care team members can share strategies for maintaining verbal and written confidentiality. They can also help peers develop open, mutual relationships with participants that maintain confidentiality. Before beginning their work, peers should communicate the limits of confidentiality to participants.

Telling Their Story

Many peer-participant relationships are based on shared lived experiences. Peers may find it helpful to discuss with care team members how and why they tell their recovery story. It is important to remember that a peer's story should be told intentionally to benefit the participants, not for the peer's own recovery process. The peer's supervisor can periodically assess this and, if needed, connect the peer to support outside of work.

Honoring Peer Commitments

Non-peer staff should understand the scope of peers' work and should avoid giving them work outside of their scope of service. Peers offer support and advocacy for participants; they should not perform administrative duties outside of what is required for their work and its documentation.

Hiring Program Graduates as Peers

Organizations may choose to hire program graduates, but are not obligated to. Staff should weigh the pros and cons while making this decision. Graduates know the program and the organization's views on treatment and recovery very well. However, staff may have trouble accepting a graduate as a member of the care team. Before hiring peers, it is helpful to determine whether or not organizational stakeholders and non-peer staff feel comfortable working with treatment program graduates. Organizations can also identify policies or protocols to ease some of the concerns staff may have about hiring program graduates. For example, organizations with multiple treatment programs can only assign peers to treatment programs from which the peer did not graduate. Others can impose waiting periods for graduates returning to work as a peer.

Care Team Proceedings

Peers are an important part of care teams and should be included in all team meetings, case conferencing, and care planning sessions. After an orientation, peers should know any confidentiality policies and team data collection procedures so they can fully participate in case conferences and other team-wide activities. Peers can offer insight into participant progress, which is not observed in clinical encounters and would otherwise not be included in case conferences.

Working in the Community

Recent changes in Medicaid have given programs new opportunities to provide reimbursable services in the community. Peers, as well as other staff, can now work off-site to bridge the gap between treatment settings and the larger community. Organizations must establish clear policies and procedures to help peers work off-site safely and professionally. For suggestions, see the protocols established in fields with substantial home-visit components, such as intensive case management and child welfare.

Sustaining and Developing New Services

Peers can help develop and sustain organization-wide services, like community outreach and education efforts. They can also help improve the peer support program by giving feedback and identifying areas for growth. Organizations can demonstrate their commitment to peer support by actively incorporating peers into various service modalities and incorporating the peer perspective into program development.

Integration Strategies

To help non-peer staff understand the role and value of peers, organizations can develop a presentation explaining the peer program. This can include an overview of the services peers provide and details about their background and experience. Upper level staff should answer questions and address any concerns staff have about the peer program before establishing a peer program.

Section 4: How to Recruit and Hire Peers

Once an organization makes a plan for integrating peers into treatment services, it can begin the recruitment and hiring processes. Organizations can mainly follow their standard recruitment and hiring protocols, but there are some additional factors to consider when hiring peers.

Number of Peers

Depending on caseload numbers and the organization's supervision capacity, some organizations may hire more peers than others. Hiring at least two peers allows for mutual support, in addition to the support peers receive from their supervisor.

Job Descriptions

Identify what role peers will play and what skills or qualifications—in addition to certification requirements—they need to perform their job. Should peers be fluent in a language spoken by participants? Do they need to have a driver's license? List all relevant skills and qualifications in clear, plain language on the job post.

Recruitment

Peer positions are often filled through networking or word-of-mouth. Other ways to recruit peers include:

- Sending flyers and other materials to community leaders and local organizations
- Sending emails, and posting on websites or listservs
- Asking organization staff for recommendations

- Contacting peer professional networks

Application Materials

Peers may not have traditional job histories or written materials. Think of other ways to collect important information (e.g., interviews, references, observations, etc.). Peers are valuable to care teams because of their lived experiences and qualifications.

Compensation

Organizations determine how much to pay peers. When deciding, consider the peer's caseload, hours worked and pay rates for similar positions within the organization. If an organization is unionized then there may be some collective bargaining issues to consider in developing the job title. The New York City Department of Health and Mental Hygiene recommends providing peers a fair and livable wage whenever possible.

Interviews

Interviews allow organizations to understand how peer candidates' lived experiences will help them perform their job functions. They can also demonstrate how peers might communicate recovery values to program participants and staff. Below is a list of possible interview questions:

- How did you hear about our peer program?
- Why are you interested in serving as a peer?
- What are you hoping to get out of being a peer at this organization?
- Tell us about any training, work or volunteer experience you've had in treatment and recovery services.
- What does recovery mean to you, and what role does recovery play in your daily life?
- How can you help others who are struggling with alcohol or drug use?
- What do you think is the most important part of peer support services?
- Are you comfortable sharing your experiences with substance use, counseling and/or medication treatment, and recovery with program participants? With other staff members?

Interview Scenarios

To assess how candidates would respond to stress or conflict at work, ask how they would respond to specific scenarios. Below are some examples, but organizations can adapt them or write their own.

1. You are accompanying a participant to a doctor's appointment. The participant has been trying to convert you to their religion and keeps asking whether you are really in recovery because you haven't surrendered to a higher power. How would you respond?
2. As a new employee, you had check-in meetings with your supervisor every week. After two months, you started meeting less frequently. You would like to continue meeting weekly. How would you talk to your supervisor about this?
3. You occasionally meet with a participant for goal setting meetings outside of the office. The participant has started asking you to hang out after your sessions. You consider cancelling these meetings, because you don't want to give them the wrong idea. How would you try to set healthy boundaries between yourself and the participant?

Section 5: Peer Orientation

Like all other staff, peers should be included in any orientations. This section covers additional information that should be considered as part of the peer orientation. Depending on the organization's capacity, orientation can range from a few hours to several weeks.

Questions to Consider

When designing a peer orientation, consider the following:

- What is most important for peers to know?
- Are there any important people that peers should meet?
- Is there anything that peers should know about program participants?
- Is there anything about the organization that peers need to understand?
- What is the main takeaway for this orientation?

Orientation Topics

After answering the above questions, decide what topics your orientation should cover.

Examples include:

- Organization history and mission
- Overview of staff roles
- Organizational structure and culture
- Administrative procedures
- Day-to-day tasks
- Supervision
- Confidentiality
- Policies and procedures
- Time off (e.g., sick leave, personal time, vacation)
- Job requirements and expectations
- Opportunities for involvement (e.g., serving on advisory boards or quality improvement teams)

Orientation Format

Orientation can be conducted in person, through a manual or online. It can be lecture-based or include activities like job shadowing, facility tours and technology training.

Peers come from many educational backgrounds and experience, so materials created for other staff members may need to be adapted for peers. Be mindful that some peers may learn better by doing, listening or reading. Depending on peers' literacy levels and comfort with computers, they may need to spend more time on data collection, note-taking and electronic medical record procedures. Providing examples of good case notes that meet the standard of medical necessity is helpful.

Orientation and Adult Learning

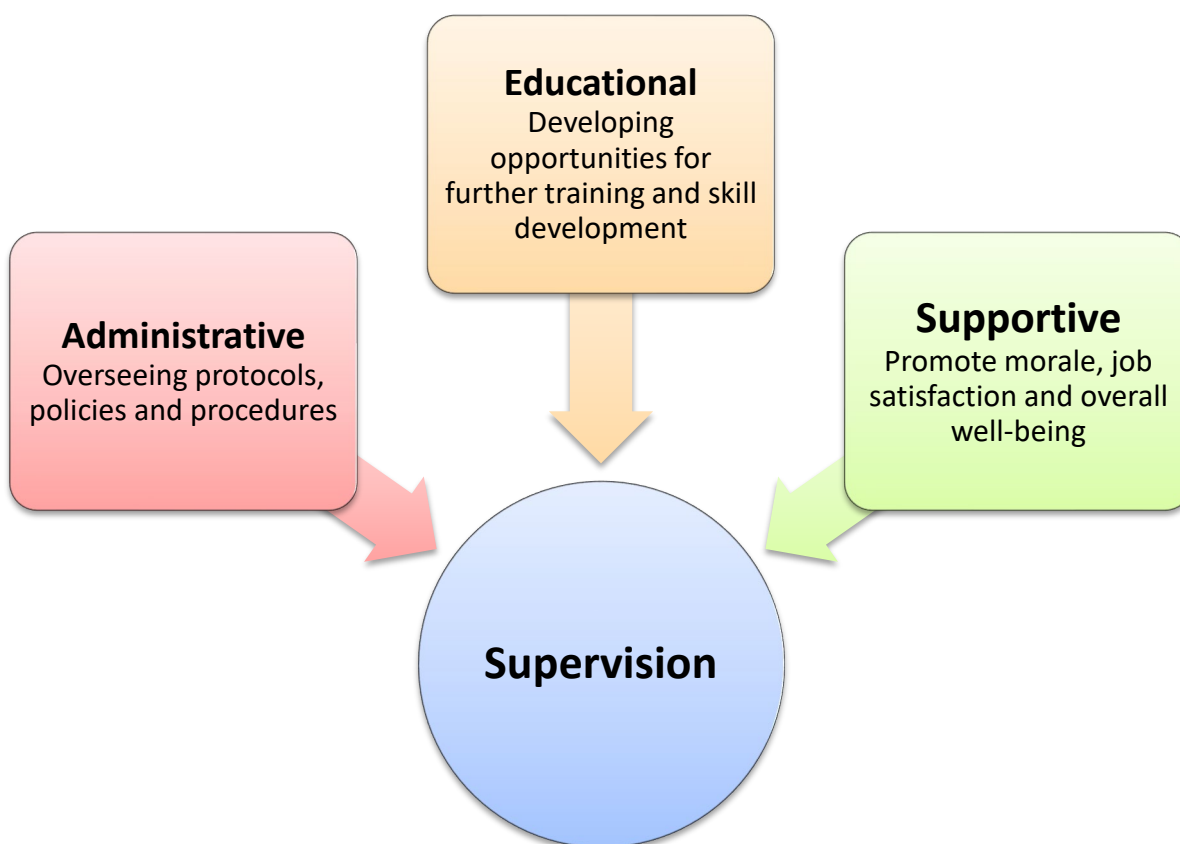
Research shows that there are five principles of adult learning. Consider the following when planning your organization's peer orientation:

1. Adults must know why they are learning.
2. Adults want to learn when they need to solve a problem.
3. Adults' experiences must be respected and built upon.
4. Adults need to be actively engaged in the learning process.
5. Learning approaches should match adults' backgrounds and diversity.



Section 6: Peer Supervision

Because peers play a unique role and have diverse lived experiences, typical clinical supervision will not meet their needs. Instead, supervisors should provide **administrative, educational and supportive supervision**.



Administrative Supervision

Peer Integration

Supervisors should make sure that peers understand and follow your organization's policies and procedures, such as confidentiality agreements or data collection methods. Supervisors should also help peers understand how their work relates to that of other care team members. Peers should be encouraged to explain their role to other staff members.

Boundary Management

Supervisors should help peers establish emotional and physical boundaries at work. Discuss which lines should not be crossed (e.g., romantic or sexual relationships), and ways that peers can recognize and respond when they think a boundary is being crossed.

Scheduling

Supervisors should work with peers to establish a manageable schedule and caseload. As discussed earlier, hours for Medicaid-reimbursable work are limited under HCBS and Mainstream MMC. Supervisors can build and maintain a relationship with peers through regular meetings. Scheduling regular meetings with the entire care team can also help peers get involved in care planning and delivery.

Reasonable Accommodation

Supervisors should be informed about reasonable accommodations for people living with disabilities, including behavioral health needs. The organization should have a clear policy that applies to all staff. Supervisors should work with peers to decide which accommodations will help them succeed, such as flexible scheduling for appointments.

Educational Supervision

Continuing Education and Professional Development

Supervisors should work with peers to identify and achieve their learning goals. They can refer peers to workshops or trainings offered within the organization or at other community organizations. Supervisors should also discuss peers' long-term career goals and help them create a professional development plan. Supervisors should check in with peers during their regular meetings and assess their progress in achieving these goals.

Supportive Supervision

Trauma-Informed Approaches

When working with people living with mental or substance use disorders, organizations can adopt a trauma-informed approach. This approach focuses on safety, transparency, empowerment and collaboration. It can help peers and other staff develop strategies to prevent secondary trauma or re-traumatization. Example strategies include:

- Avoiding sharing traumatic events without a specific purpose and outside of a safe, therapeutic environment.
- Maintaining transparency, empowerment and collaboration with participants.
- Frequently checking in with participants about their perception of their safety and self-determination.

Supervisory Boundaries

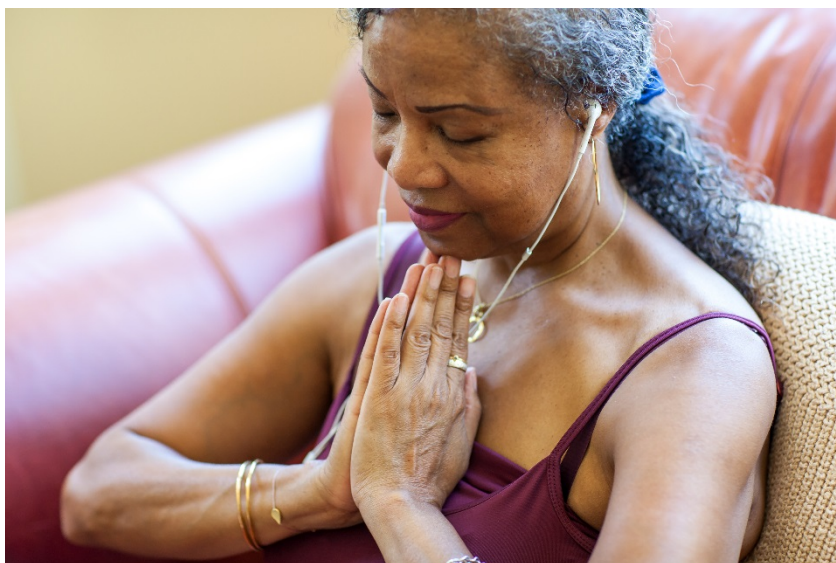
Supervisors should avoid taking a therapeutic role when working with peers. This can disempower peers and make them feel like program participants rather than staff members. If a peer looks for therapeutic support from a supervisor, they should remind peers of their professional roles. They should also connect the peer to appropriate support through the organization's employee assistance program (EAP) or through their health plan.

Giving and Receiving Feedback

Giving feedback is a two-way process. Supervisors should provide constructive feedback on peers' performance and ask for feedback on their own performance. Peers can also complete self-assessments, which honors the peer support values identified in Section 1 of this guide while helping peers and supervisors determine how to improve. See the Additional Resources section for template job performance assessments.

Self-Care

A key part of supportive supervision is helping peers manage stress. Self-care routines can reduce job burnout and improve peer retention. During one-on-one meetings, supervisors should help peers create individualized self-care plans. Peers know which methods work best for them, so supervisors should listen and help peers build upon their self-care routines.



Managing Substance Use Relapse and Other Behavioral Health Problems

Peers can experience relapse or other behavioral health problems. If a peer shows signs of relapse, their supervisor should show empathy and address the situation with an open mind. If the peer's job performance is being affected, their supervisor can and should express their concerns.

Relapse should not be confused with responses to work-related stress. Supervisors can use one-on-one meetings to assess how peers are transitioning into their role and managing their workload. This can help supervisors identify when peers are truly experiencing relapse, or are struggling with work-related stress instead. These meetings should focus on stress regarding work and job performance only.

Anyone can develop mental health and/or substance use problems that interfere with their job performance. Organizations should have clear policies to provide services and reasonable accommodations to any staff member in need. This reduces stigma and supports the long-term well-being and productivity of all staff members. Organizations should consult with legal counsel to ensure that any policies and procedures comply with labor laws ADA requirements.

Supervisors must maintain clear boundaries with peers and other staff. Peers are employees, not program participants, and if services are needed, they should be provided through referral to an outside organization. Preferably, referrals should be made through the employee assistance program (EAP), if available, or through the peer's health plan.

Section 7: How to Bill Medicaid for Peer Services

This section will discuss the two methods for Medicaid reimbursement for peer services: Mainstream Medicaid Managed Care (MMC) and Home and Community-based Services (HCBS). Only peers who hold the OASAS-Certified Recovery Peer Advocate (CRPA) or Certified Recovery Peer Advocate-Provisional (CRPA-P) credential can provide reimbursable peer support services in substance use treatment settings.

Overview of Mainstream Medicaid Managed Care Services

As part of NYS' behavioral health transition to managed care, Medicaid Managed Care plans now coordinate and pay for behavioral health services for adults over age 21, in addition to the Medicaid benefits that they already manage. Some of the substance use disorder benefits now covered by Medicaid Managed Care include:

- Inpatient substance use disorder treatment
- Opioid treatment, including methadone maintenance
- Outpatient clinic
- Detox services
- Residential services

Currently, peer services are included as a covered benefit in OASAS-certified outpatient clinics operating under the 822 regulation. For more information about the 822 regulation, click [here](#).

Mainstream Medicaid Billing for OASAS Programs

The format for billing and reimbursement is the same as it was under the previous fee-for-service model in New York City (NYC). Peer support is coded as a procedure-based weight that recognizes units. Each unit is 15 minutes, and only 12 units may be coded per visit date (equaling a three-hour maximum of peer services). Peer support services are exempt from the two billable services per day rule.* The HCPCS billing code is H0038 and the description category is Self-Help/Peer Services. The payment rate in NYC is \$19.92 per 15-minute unit.** Service documentation for peer services follows the same guidelines as documentation for all Medicaid-reimbursable services.

| FREESTANDING | 822 Clinic Upstate | 822 Clinic Downstate | 822 Opioid Upstate | 822 Opioid Downstate |
|---------------------|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Peer Service | \$17.02 per 15-minute unit | \$19.92 per 15-minute unit | \$15.68 per 15-minute unit | \$18.35 per 15-minute unit |

| HOSPITAL BASED | 822 Clinic Upstate | 822 Clinic Downstate | 822 Opioid Upstate | 822 Opioid Downstate |
|----------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Peer Service | \$16.90 per 15-minute unit | \$21.17 per 15-minute unit | \$18.12 per 15-minute unit | \$21.16 per 15-minute unit |

**Typically, a provider can only bill Medicaid for two services per visit date. Peer services are exempt from this protocol.*

***Rates are effective as of 9/1/2019 and can change from year to year.*

Visit oasas.ny.gov/manicare/APGService.cfm for the current rates.

Overview of Health and Recovery Plan (HARP) and Home and Community-Based Service (HCBS)

In addition to mainstream MMC, NYS has a new health care plan called the Health and Recovery Plan (HARP). Adults age 21 and older with a serious mental illness or two chronic conditions (one of which is a substance use disorder) can enroll in HARP. Enrollment is limited to those pre-qualified based on their past Medicaid usage. As part of HARP, individuals can be screened for new Home and Community-Based Services (HCBS), which focus on rehabilitation and community integration. A health home care manager will develop a plan of care that includes HCBS based on the individual's eligibility and the service goals.

HCBS programs are organized into two tiers. Tier 1 includes services for people with moderate needs, such as peer services. Tier 2 includes services for people with more extensive needs, such as functional supports. People are screened for Tier 1 and Tier 2 services through the NYS Eligibility Assessment, and those who are eligible for Tier 2 may receive HCBS services in both tiers. HCBS includes the following services:

- Rehabilitation
- Habitation
- Crisis respite (i.e., a voluntary non-clinical, short-term residential service for individuals in mental health crisis)
- Educational support services
- Individual employment support services
- Peer support
- Family support and training
- Nonmedical transportation

To qualify for HARP and HCBS, an individual must have a serious mental illness or substance use disorder and another qualifying factor, such as a chronic health condition. As a result, most peers will work with program participants enrolled in OASAS services through a mainstream MMC plan instead of HARP and HCBS.

HCBS Billing

Like mainstream MMC, HCBS peer support is a procedure-based weight that is billed daily in 15-minute units. Unlike mainstream MMC, organizations can code for a total of 16 units (equaling a maximum of four hours) per visit date for HCBS services. When peer services have been offered for longer than a unit of time, providers should round down to the nearest unit on the claim form. For example, 35 minutes of peer services should be rounded down to 30 minutes, or two units of service. One program participant can receive a maximum of 500 peer support service hours in a calendar year. The payment rate in NYC is \$22.70 per 15-minute unit. Staff transportation is billed separately. The rate code and rate code description are 7794 and HARP HCBS-Peer Services respectively. The relevant EPACES codes are:

- H2=Enrolled in HARP and eligible for Tier 1 HCBS services.
- H3=Enrolled in HARP and eligible for Tier 2 HCBS services.
- H5=Enrolled in HIV Special Needs Plans and eligible for Tier 1 HCBS services.
- H6= Enrolled in HIV Special Needs Plans and eligible for Tier 2 HCBS services.

| Rate Code | Rate Description | Procedure (Px) Code | Procedure (Px) Description | Payment Rate |
|-----------|-------------------------|---------------------|----------------------------|--------------|
| 7794 | HARP HCBS Peer Supports | H0038 | Self-Help/Peer Services | \$22.70 |

Regardless of which plan type an organization uses for billing purposes, remember that individuals can only receive peer services from one provider at a time. Providers should discuss what services participants already receive before seeking Medicaid reimbursement. An individual also cannot receive reimbursable services from both a mainstream MMC program and HCBS. For more information about mainstream MMC or HCBS, see Additional Resources.



Additional Resources

| Category | Resource |
|---|---|
| New York State (NYS) Office of Alcoholism and Substance Abuse Services (OASAS) Certified Recovery Peer Advocates | Peer Support Services in Outpatient Clinical Settings |
| OASAS Certified Recovery Peer Advocate (CRPA) Certification | Alcoholism and Substance Abuse Providers of New York State (ASAP) New York Certification Board |
| NYS Office of Mental Health (OMH) Peer Specialists | New York Peer Specialist Certification Board |
| OMH Certification | Academy of Peer Services |
| Mainstream Medicaid Managed Care | Managed Care Technical Assistance Center |
| Billing: Mainstream Medicaid Managed Care | General Medicaid Billing for OASAS Services |
| | Ambulatory Patient Groups (APG) Policy and Medicaid Billing Guidance |
| | New York State Health and Recovery Plan (HARP)/Mainstream Behavioral Health Billing and Coding Manual |
| Health and Recovery Plans (HARPs) and Home and Community Based Services (HCBS) | Health and Recovery Plan (HARP)/Behavioral Health |
| | Adult Behavioral Health Home and Community Based Services (BH HCBS) |
| | HCBS Provider Manual |
| Billing: HARP and HCBS | Billing Behavioral Health Services Under Medicaid Managed Care |
| | HARP and Mainstream Medicaid Billing Manual |
| | Understanding and Using the Adult BH HCBS Billing Rates and Codes |
| New York City Peer Toolkits | Harm Reduction Coalition's Peer-Delivered Syringe Exchange Toolkit |
| Other Peer Toolkits | OASAS Peer Integration and the Stages of Change Toolkit |
| | The College for Behavioral Health Leadership's Peer Services Toolkit |
| | University of Colorado School of Medicine's Dimensions Peer Support Program Toolkit |
| | California Association of Social Rehabilitation Agencies' Meaningful Roles for Peer Providers in Integrated Healthcare, |

| | |
|---|--|
| Overview of Peer Services | Substance Abuse and Mental Health Services Administration (SAMHSA) Peer Support and Social Inclusion |
| Peer Services Technical Assistance | SAMHSA Bringing Recovery Support Services to Scale Technical Assistance Center Strategy |
| Hiring Peers | University of Kansas' Community Tool Box: Preparing Job Descriptions and Selection Criteria |
| | University of Kansas' Community Tool Box: Interviewing for Positions |
| Peer Orientation | University of Kansas' Community Tool Box: Developing Staff Orientation Programs |
| | Integrating Adult Learning Principles into Training for Public Health Practice |
| Peer Supervision | SAMHSA Hiring and Supervising Peer Providers to Support Integrated Care |
| | The Regional Facilitation Center's Peer Supervision Competencies |
| Peer Networks and Resources | New York City Department of Health and Mental Hygiene Information for Peers |

Appendix A: Sample Materials

Organizational Readiness Assessment

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|---|-------------------|-------------------|---------|----------------|----------------|
| Hiring peers is aligned with my organization’s mission and vision. | | | | | |
| Staff at all levels of my organization would support the hiring of peers. | | | | | |
| Staff at all levels of my organization understand that peers have histories of substance use. | | | | | |
| Staff at all levels of my organization understand and accept that peers and other staff with histories of substance use may experience relapse during their employment. | | | | | |
| My organization has plans for using peers’ skills. | | | | | |
| My organization has space for peers. | | | | | |
| My organization has the equipment (e.g., computer, phone, etc.) peers need. | | | | | |
| My organization can offer additional on-site training to peers, such as computer literacy courses. | | | | | |
| My organization contracts to provide Medicaid Managed Care Behavioral Health services. | | | | | |

Non-Peer Staff Assessment

| | Not a concern | Sometimes a concern | Very much a concern |
|---|---------------|---------------------|---------------------|
| I wonder whether people with lived experiences can be productive and reliable providers. | | | |
| I worry that peers will not be able to keep program participant information confidential. | | | |
| I worry that peers will not be able to maintain boundaries with program participants. | | | |
| I worry that peers will replace me. | | | |
| I worry that peers with a history of substance use may relapse because of work stress. | | | |
| I worry that working with peers with a history of substance use will cause program participants to relapse. | | | |
| I wonder whether peers are qualified to join the care team. | | | |
| I worry that peers will not be able to act professionally. | | | |
| I worry that working with peers will be like working with program participants and will require too much support. | | | |
| I worry that I do not understand peers' perspectives, values and scope of work. | | | |

Program Plan Design Guide

| Program Area | Activity Description | Who | Time Frame |
|----------------------------------|---|--------------------------------|------------|
| Organizational Commitment | <ul style="list-style-type: none"> Gain approval for peer support program | Program director/administrator | One month |
| Peer Job Description | <ul style="list-style-type: none"> Determine peer role within care team Identify desired peer qualifications and performance expectations | Program director/administrator | Two weeks |
| Supervision | <ul style="list-style-type: none"> Decide which team member will identify supervisors for the peers Decide how peers will be integrated into care team | Program director/administrator | Two weeks |
| Recruitment and Hiring | <ul style="list-style-type: none"> Determine the timeline Establish recruitment method, using your organization's standard protocol and other ways to reach qualified peers | Program director/administrator | Two months |
| Orientation | <ul style="list-style-type: none"> Design training plan Review policies and procedures with peers Discuss supervisor's role with peer Determine work schedule | Supervisor | Two weeks |

| | | | |
|--|--|------------|---------|
| Ongoing Peer Development | <ul style="list-style-type: none">• Discuss expectations and goals with peer• Provide mentoring as needed | Supervisor | Ongoing |
| Performance and Goal Management | <ul style="list-style-type: none">• Assess job performance• Assess goal progress | Supervisor | Ongoing |

Peer Evaluation of Supervisor

Peer Name: _____ Date: _____

Supervisor Name: _____

Purpose

Use this form to express your expectations for your supervisor and help them understand what they do well and how they can improve.

Instructions

Please read each statement and rate your supervisor. You do not have to share these ratings with your supervisor.

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

_____ My supervisor understands my role as a peer.

_____ My supervisor provides me with training opportunities.

_____ My supervisor is a good mentor.

_____ My supervisor offers support and helps me develop a self-care plan when needed.

_____ My supervisor has made accommodations for my health and recovery when needed.

_____ My supervisor clearly explains what they expect of me.

_____ My supervisor and I talk about my career goals and how I can continue my professional development.

_____ My supervisor listens well.