

Clinical Policy: Peer Support Services

Reference Number: OH.CP.BH.502

Date of Last Revision: 05/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy applies to all staff involved in the design, implementation, operations, and management of Behavioral Health utilization management services for Buckeye Health Plan based off Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-15: Peer recovery services and Ohio Laws and Administrative Rule 5160-27-02: Coverage and limitations of behavioral health services. This clinical policy outlines the medical necessity guidelines for authorization requests for peer support services within Buckeye Health Plan

Peer support services consist of activities that promote resiliency and recovery, self-determination, advocacy, well-being, and skill development.¹

Policy/Criteria

- I. It is the policy of Buckeye Health Plan and Centene Advanced Behavioral Health that in accordance with rule [5122-29-15](#), of the Administrative Code, requests for *peer support services* are considered medically necessary when meeting all the following:
 - A. Services are provided to member/enrollees who have a mental illness, intellectual or developmental disability or substance use disorder and their caregivers and families;
 - B. Services promote all of the following:
 1. Individualization;
 2. Increased knowledge and skills through a peer relationship that supports the member/enrollee's or family's ability to address all the following:
 - a. Individual needs;
 - b. Navigate systems;
 - c. Promote recovery, resiliency, and wellness;
 - d. Resiliency and recovery;
 - e. Self-determination;
 - f. Advocacy;
 - g. Well-being;
 - h. Skill development;
 - i. Family driven, youth guided, trauma informed care and cultural humanity;
 - j. Encourages partnership with member/enrollees and family;
 - k. Advocate for informed choices;
 - C. Service activities include, but are not limited to, any of the following:
 1. Ongoing exploration of recovery, resiliency, and wellness needs;
 2. Supporting member/enrollees and their caregivers and families in achieving goals through increased knowledge, skills and connection as identified by the member/enrollee or family;
 3. Encouraging hope;
 4. Supporting the development of life skills;

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5. Developing and working toward achievement of individualized recovery, resiliency, and wellness goals;
 6. Modeling personal responsibility for resiliency, recovery, and wellness;
 7. Teaching and coaching skills to effectively navigate systems to utilize services effectively and efficiently;
 8. Addressing skills or behaviors, through processes that assist a member/enrollee, caregiver, or family in eliminating barriers to achieving or maintaining recovery, resiliency, and wellness;
 9. Assisting with accessing and developing natural support systems;
 10. Promoting coordination and linkage among providers;
 11. Coordinating or assisting in crisis interventions and stabilization;
 12. Conducting outreach and community education;
 13. Attending and participating in team decision making or specific treatment team;
 14. Assisting member/enrollee's, caregivers, or families in the development of empowerment skills through advocacy and activities that mitigate discrimination and inspire hope;
- D. Provided in locations that meet the needs of the member/enrollee, caregiver, or families;
- E. Facilitated to the member/enrollee, families and/or groups;
- F. In accordance with rule [5122-29-15.1](#), of the Administrative Code, services are provided by both of the following:
1. One of the following peer support specialists:
 - a. Peer recovery supporter (CPRS);
 - b. Youth peer supporter (CYPS);
 - c. Family peer supporter (CFPS);
 2. One of the following specialists will provide supervision to the peer supporter:
 - a. A person who has experience delivering peer services in behavioral health over a cumulative period of two years;
 - b. A clinician with one of the following licenses:
 - i. Licensed social worker;
 - ii. Licensed independent social worker;
 - iii. Licensed professional counselor;
 - iv. Licensed chemical dependency counselor II;
 - v. Licensed chemical dependency counselor III;
 - vi. Licensed professional clinical counselor;
 - vii. Licensed independent chemical dependency counselor
 - viii. Licensed marriage and family therapist;
 - ix. Licensed independent marriage and family therapist;
 - x. Psychologist;
 - xi. Psychiatrist;
- G. Services are covered when delivered as a part of one of the following services listed in rule [5160-27-02\(L\)](#): Coverage and limitations of behavioral health services, of the Administrative Code:
1. Through the *Specialized recovery services program (SRSP)*, in accordance with rule [5160-43-04](#) of the Administrative Code, all of the following:
 - a. Individualized placement and support supported employment (IPS-SE) is provided, including the following:

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- i. Benefits planning;
 - ii. Development of a vocational plan;
 - iii. General consultation, including advocacy and building and maintaining relationships with employers;
 - iv. Individualized job supports, including regular contact with employer(s), family members, guardians, advocates, treatment providers, and other community supports;
 - v. Job coaching;
 - vi. Job development and placement;
 - vii. Job seeking skills training;
 - viii. On-the-job training and skill development;
 - ix. Vocational rehabilitation guidance and counseling;
 - x. Time unlimited vocational support;
 - xi. Vocational assessment;
 - xii. Peer services in conjunction with the activities listed in I.A.1.a. i through xi;
- b. Peer recovery support activities include any of the following:
- i. Assisting the member/enrollee with accessing and developing natural support systems in the community;
 - ii. Attending and participating in care team meetings;
 - iii. Conducting outreach to connect members/enrollees with resources;
 - iv. Coordinating and/or assisting in crisis interventions and stabilization as needed;
 - v. Developing and working toward achievement of the member/enrollee's personal recovery goals;
 - vi. Facilitating development of daily living skills;
 - vii. Modeling personal responsibility for recovery;
 - viii. Promoting coordination among similar providers;
 - ix. Providing group facilitation that addresses symptoms, behaviors, and thought processes to assist a member/enrollee in eliminating barriers to seeking and maintaining recovery, employment, education, and housing;
 - x. Supporting member/enrollees in achieving self-identified personal independence;
 - xi. Teaching skills to effectively navigate the health care delivery system to utilize services;
- c. The following services are *not* requested, as they are not payable under peer recovery support:
- i. Assistance with activities of daily living (i.e., bathing, dressing, eating, mobility (bed mobility, locomotion, transfer), toileting);
 - ii. Management of medications;
 - iii. Performance of activities covered under other services;
- d. The provider delivering the service meets all the following:
- i. Is specified on the member/enrollee's person-centered service plan and has noted a specific number of hours to provide services;
 - ii. Provides services that are supported by an identified need or recovery goal in a manner that supports and respects the member/enrollee's communication

- needs including translation services, and/or assistance with communication devices;
- iii. Will not provide peer recovery support activities simultaneously with other rehabilitation services available under the state plan;
- e. Documentation of services includes all the following:
 - i. A copy of the current person-centered service plan;
 - ii. Documentation of each service interaction including the duration peer recovery support was provided;
 - iii. Documentation that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, relating to vocational rehabilitation services, or the Individuals with Disabilities Education Act (1990) set forth in 20 U.S.C. section 1400 et. seq. (as in effect on February 1, 2016), relating to special education;
- 2. As a component of *assertive community treatment (ACT)*, in accordance with rule [5160-27-04](#) of the administrative code-see clinical policy OH.CP.BH.501 Assertive Community Treatment for applicable criteria;
- 3. As a component of *substance use disorder (SUD) residential treatment*, in accordance with rule [5160-27-09](#) of the Administrative Code, both of the following:
 - a. Co-occurring capable, co-occurring enhanced, and complexity capable in nature and provided by addiction treatment, mental health, and general medical personnel;
 - b. Staffed twenty-four hours a day. Note: SUD peer recovery services are included in the residential treatment service and will not be reimbursed separately
- 4. As a *substance use disorder (SUD) outpatient treatment service*, in accordance with rule [5160-27-09](#) of the Administrative Code, requirements for one of the following ASAM levels of care (LOC) are met:
 - a. LOC 1 Outpatient services, all the following:
 - i. Designed to treat the recipients' level of clinical severity and function;
 - ii. Addiction, mental health, or general health care treatment personnel provide professionally directed screening, evaluation, treatment, and ongoing recovery and disease management services;
 - iii. Provided in regularly scheduled sessions and follow a defined set of policies and procedures or medical protocols;
 - iv. Service provision is limited to less than nine hours per week for adults and less than six hours per week for adolescents;
Note: Designed to treat the member/enrollee's level of clinical severity and function, these services may be delivered in a variety of settings;
 - b. LOC 2: Intensive outpatient/partial hospitalization including LOC 2 withdrawal management (WM), both of the following:
 - i. LOC 2 services can meet the complex needs of members/enrollees with addiction and co-occurring conditions;
 - ii. Services can be rendered during the day, before or after work or school, in the evening, and/or on weekends;
- 5. As a component of *intensive home-based treatment service* in accordance with rule [5122-29-28](#) of the Administrative Code, the peer supporter is a family peer supporter

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- or a youth peer supporter, in accordance with criteria noted in I.G. and has a caseload of clients;
6. As a component of *mobile response and stabilization service*, in accordance with rule [5122-29-14](#) of the Administrative Code, both of the following:
 - a. The peer supporter is certified for the MRSS;
 - b. The MRSS team meets both of the following:
 - i. Includes a family peer or youth peer supporter certified by OhioMHAS;
 - ii. The peer supporter demonstrates competency in the care and services of individuals in the under twenty-one years of age population and has scope of practice for persons aged twenty-one and under with mental health disorders and substance use disorders;

Background

Peer recovery support provides community-based supports to an individual with a mental illness with individualized activities that promote recovery, self-determination, self-advocacy, well-being, and independence through a relationship that supports the person’s ability to promote his or her own recovery. Peer recovery supporters use their own experiences with mental illness to help individuals reach their recovery goals.⁴

The Ohio Administrative Rule 5122-29-15: Peer Support Services¹

Definitions

1. "Recovery" means the personal process of change in which an individual strives to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.
2. "Resiliency" means the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity. It is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors.
3. "Wellness" means a broad approach for things individuals can do at their own pace, in their own time, and within their own abilities, which can help them feel better and live longer.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
H0038	Self-help/peer services, per 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Adapted to be plan specific from policy CP.BH.100. Replaced ASAM information regarding peer support services with Ohio Administrative Rule 5122-29-15, Peer recovery services and Ohio Administrative Rule 5122-29-15.1: Adult, Family, and Youth Certified Peer Supporter are to determine criteria for peer recovery support services for SUD. References updated.	02/23	
Description, criteria, background, coding, and references removed related to SUD leveling of care and ASAM criteria. Policy number changed from OH.CP.BH.100 to OH.CP.BH.502. Policy reformatted to reflect content only related to peer support services. References updated.	06/23	06/23
Ad hoc Review. Removed redundant language notated in multiple criteria points. Reorganized and restructured criteria for clarity. Added subscripts throughout the policy to reference the specific Ohio Administrative Rule in which the criteria point derives from. Removed I.A. “Member/Enrollee has one of the following: 1. A diagnosed mental illness; 2. A diagnosed intellectual or developmental disability; 3. A substance use disorder; diagnosis definitions”. Added a new I.A. 1 through 6: specifying the setting in which peer support can be provided. In I.A.1.D. Removed technical components of provider certification requirements. References reviewed.	10/23	
Annual Review. Added general peer support information from the Ohio Laws and Administrative Rules: 5122-29-15: Peer Support Services, to sections I.A-G. Policy reorganized and restructured for clarity throughout to align with the Ohio Administrative codes. Background section updated. References reviewed and updated.	05/24	

References

1. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-15: Peer Support Services. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-15>. Published April 7, 2022. Accessed June 4,2024.
2. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-15.1: Adult, Family, and Youth Certified Peer Supporter. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-15.1>. Published April 7, 2022. Accessed June 4,2024.
3. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-02: Coverage and limitations of behavioral health services. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-02>. Published July 01,2022. Accessed June 4,2024. .
4. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-43-04: Specialized recovery services program covered services and provider requirements. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-43-04>. Published October 15, 2021. Accessed June 4,2024.
5. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-04: Mental health assertive community treatment service. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-04>. Published January 1, 2021. Accessed June 4,2024.
6. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-09: substance use disorder treatment services. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-09>. Published January 1, 2018. Accessed June 4,2024.

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7. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-28: Intensive home-based treatment (IHBT) service. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-28>. Published March 1, 2022. Accessed June 4, 2024.
8. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule: 5122-29-14: Mobile response and stabilization service. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-14>. Published July 1, 2022. Accessed June 4, 2024. .

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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