

1915(i) Policy

Family Peer Support Service 510-08-65-25

Service Title: Family Peer Support Service

Service Definition (Scope)

Family Peer Support Services (FPSS) are delivered to families caring for a 1915(i) participant, under the age of 18, by trained and certified peer support specialists with lived experience as a parent or primary caregiver who has navigated child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs. FPSS provide a structured, strength-based relationship between a family peer support provider and the parent/family member/caregiver for the benefit of the child/youth. Services are delivered in a trauma informed, culturally responsive, person-centered, recovery-oriented manner.

A participant's need for initial and continued services shall be discussed at each 1915(i) person-centered plan of care meeting and formally evaluated during the functional needs assessment as part of the initial and annual reevaluation. The care coordinator must document a need for the service to support a participant's identified goals in the person-centered plan of care and document the participant's progress toward their goals.

The provider must provide a monthly update to the care coordinator.

Family is defined as the primary care-giving unit and is inclusive of a wide diversity of primary caregiving units with significant attachment to the child including, but not limited to, birth, foster, adoptive, or guardianships even if the child is living outside of the home.

Services can be provided in any compliant community-based setting with the member's primary care-giver present.

Family Peer Support Services include:

1. Engagement and Bridging

- Serving as a bridge between families and service providers supporting a productive and respectful partnership by assisting the families to express their strengths, needs, and goals.
- Based on the strengths and needs of the youth and family, connecting them with appropriate services and supports. Accompanying the family when visiting programs.
- Facilitating meetings between families and service providers.
- Assisting the family to gather, organize, and prepare documents needed for specific services.
- Addressing any concrete or subjective barriers that may prevent full participation in services.

- Supporting and assisting families during stages of transition which may be unfamiliar (e.g. placements, in crisis, and between service systems etc.).
- Promoting continuity of engagement and supports as families' needs and services change.

2. Self-Advocacy, Self-Efficacy, and Empowerment

- Coach and model shared decision-making and skills that support collaboration in addition to providing opportunities for families to self-advocate.
- Supporting families to advocate on behalf of themselves to promote shared decision-making.
- Ensuring that family members inform all planning and decision-making.
- Modeling strengths-based interactions by accentuating the positive.
- Supporting the families in discovering their strengths and concerns.
- Assist families to identify and set goals and short-term objectives.
- Preparing families for meetings and accompany them when needed.
- Empowering families to express their fears, expectations, and anxieties to promote positive effective communication.
- Assisting families to frame questions to ask providers.
- Providing opportunities for families to connect to and support one another.
- Supporting and encouraging family participation in community, regional, state, and national activities to develop their leadership skills and expand their circles of support.
- Providing leadership opportunities for families who are receiving family peer support services.
- Empowering families to make informed decisions regarding the nature of supports for themselves and their child through:
 - Sharing information about resources, services and supports, and exploring what might be appropriate for their child and family.
 - Exploring the needs and preferences of the family and locating relevant resources.
 - Helping families understand eligibility rules.
 - Helping families understand the assessment process and identify their child's strengths, needs, and diagnosis.

3. Parent Skill Development

- Supporting the efforts of families in caring for and strengthening the health, development, and well-being of their child(ren).
- Helping the family learn and practice strategies to support their child's positive behavior.
- Assisting the family to implement strategies recommended by clinicians.
- Assisting families in talking with clinicians about their comfort with their treatment plans.
- Providing emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame, and hopelessness.

- Providing individual or group parent skill development related to the needs of the child (i.e., training on special needs parenting skills).
- Supporting families as children transition from out of home placement.
- Assisting families on how to access transportation.
- Supporting the parent in their role as their child's educational advocate by providing information, modeling, coaching in how to build effective partnerships, and exploring educational options with families and school staff.

4. Community Connections and Natural Supports

- Enhancing the quality of life by integration and supports for families in their own communities.
- Helping the family to rediscover and reconnect to natural supports already present in their lives.
- Utilizing the families' knowledge of their community in developing new supportive relationships.
- Helping the family identify and become involved in leisure and recreational activities in their community.
- In partnership with community leaders, encouraging families who express an interest to become more involved in faith or cultural organizations.
- Arranging support and training as needed to facilitate participation in community activities.
- Conducting groups with families to strengthen social skills, decrease isolation, provide emotional support, and create opportunities for ongoing natural support.
- Working collaboratively with schools to promote family engagement.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service. The activities contained in the service description is what CMS allows reimbursement for. The following are examples of what is not reimbursable to the provider:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services, community education services, such as health presentations to community groups, PTAs, etc.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program) with the exception of attending school meetings with the parent/caregiver on behalf of the child.
- Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Services not identified on the beneficiary's authorized treatment plan.

- Services not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's plan of care.
- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking a member's eligibility.
- *Member's Primary Caregiver not present.* The member's primary caregiver must always be present with the provider for reimbursement to occur.
- *Services provided to a non-eligible member.* Providers are responsible for confirming member eligibility prior to delivering each service.
- *Services provided by a non-qualified provider.* Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided to a member not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.

Service Limits

There is a daily maximum of 8 hours (32 units).

Services are limited to individuals with participants under the Age of 18.

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHHS. All requests to exceed limits must initiate with the care coordinator.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities. For the client to be authorized for 1915(i) Family Peer Support services, the care coordinator must first verify that services are not duplicated.

See 1915(i) *Service Duplication* Policy.

Care Coordinator Responsibility for ensuring nonduplication with 1915(c) Waivers.

To avoid service duplication with 1915(c) waiver services, the care coordinator will contact the State Medicaid Office to inquire if the member has any eligibility spans for any of the C waivers in MMIS. If yes, the care coordinator will reach out to the C Waiver authority and do due diligence to ensure the 1915(i) Plan of Care will not include services the member could receive through the 1915(c) waiver.

At this time the state has identified no duplication between this service offered in the 1915(i) and services offered in the State's HCBS 1915(c) Waivers.

See the "Avoiding Service Duplication with 1915(c) Waivers" section of the 1915(i) Service Duplication policy for specific requirements.

Conflict of Interest

See 1915(i) Conflict of Interest Standards Policy.

Remote Support

Peer Support Specialists must meet in person with the participant before providing remote services and at least quarterly, after which remote support may be utilized. In-person support must be provided for a minimum of 25% of all services provided in a calendar month.

See 1915(i) Remote Support Service Delivery Policy for requirements.

Provider Qualifications

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Family Peer Support Services.

Licensing: None

Certification: None

A group provider of this service must meet all of the following:

1. Have a North Dakota Medicaid provider agreement and attest to the following:
 - individual practitioners (Certified Peer Support Specialists I and II) meet the required qualifications under NDAC 75-03-43.
 - services will be provided within their scope of practice.
 - individual practitioners will have the required competencies identified in the service scope.

- agency conducts training in accordance with state policies and procedures.
 - agency adheres to all 1915(i) policies and procedures including, but not limited to, participant rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for NDDHHS review upon request.
2. Require individual practitioners (Certified Peer Support Specialists I and II) maintain current certification standards as required by NDAC 75-03-43-06 Recertification and NDAC 75-03-43-07 Continuing Education.

Provider Type: Individual

The individual providing the service must:

1. be employed by an enrolled ND Medicaid enrolled billing group of this service.
2. Be at least 18 years of age.
3. be certified as a Peer Support Specialist I or II under NDAC 75-03-43. Certified Peer Support Specialists by the NDDHHS Behavioral Health Division.
4. maintain current certification as a Peer Support Specialist I or II as required by NDAC 75-03-43-06 Recertification and 75-03-43-07.

Supervision Requirements

For every 30 hours of Peer Support services provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor. The provider agency employing the peer specialist and supervisor is required to document the following requirements and have the documentation accessible for review by the NDDHHS.

A qualified peer supervisor must be at least 18 years of age and a certified Peer Support Specialist II or have one of the following combinations:

1. High school diploma or GED and at least:
 - Be a North Dakota Certified Peer Support Specialist I; or
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service; or
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1500 hours of direct client service, and at least one year of full-time work experience supervising others; or
 - Associate degree from an accredited college or university and at least two years of work experience as a peer specialist or peer recovery coach including at least 1500 hours of direct client service; or
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others; or
 - Be the director of an organization providing peer support services

AND

2. Have completed a state approved peer support specialist supervision training.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of Family Peer Support Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

The client must be present to bill for this service.

Family Peer Support is a 15-minute rate. The rates are published on the Department's website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See 1915(i) Medical Records Policy.

Person Centered Service Delivery

Family Peer Support service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge and competency in the following:

- Person-Centered Plan Implementation

See 1915(i) Person- Centered Care Policy.

Person-Centered Plan of Care

See 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See 1915(i) HCBS Settings Rule Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

See 1915(i) Service Authorization Policy.

Claims

See 1915(i) Claims Policy.