

## Statement of Work Peer Support Services

Target Geographical Area for Implementation:

- Arenac County                       Bay County                       Other:

Consumer Populations to be Served:

- Adults with Serious Mental Illnesses                       Adults and/or Children with Developmental Disabilities                       Persons with Substance Use Disorders  
 Children with Serious Emotional Disturbances                       Other:                       Other:

Services to be Provided:

Provider is engaged to render the Services listed and defined below to the consumer populations in the geographic areas identified herein.

Service Definition Number	Service Title	HCPCS Code	Unit Type	Estimated Volume	Unit Rate	Estimated Total Value
1	Peer Specialist (certified)	H0038				
2	Peer Specialist (uncertified)	H2015				
3						
<b>Estimated Total Annual Contract Value:</b>						

Total estimated number of individual consumers to be served under this Agreement: \_\_\_\_\_

Service Definitions:

- Peer Delivered or Operated Support Services-** are programs and service activities intended to provide individuals with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities, and to build and/or enhance self-esteem and self-confidence. Coverage includes but is not limited to consumer-run drop-in centers, vocational and housing programs, peer counseling, peer case management, supports coordination, supports specialist services, crisis alternatives, advocacy training, peer support groups and peer education. Peer-directed services are alternatives or supplements to existing covered CMHSP services such as psychosocial rehabilitation or skill building activities. Peer-directed services may share location with other service models but must operate according to an independent schedule and demonstrate evidence that consumers are invested with exclusive decision-making authority over planning and implementation of services.
- Peer Specialist Services** – are programs and service activities intended to 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.

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:

- have a serious mental illness;
- have received public mental health services currently or in the past;
- provide at least 10 hours per week of services described above with supported documentation written in the IPOS;
- and meet the MDHHS application approval process for specialized training and certification requirements.

3. Peer Specialist Services include:

- a) Vocational assistance provides support for beneficiaries 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).
- b) 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).
- c) Services and supports planning and utilization assistance provides assistance and partnership in:
  - The person-centered planning process;
  - Developing and applying arrangements that support self-determination;
  - Directly selecting, employing or directing support staff;
  - Sharing stories of recovery and/or advocacy involvement and initiative for the purpose of assisting recovery and self-advocacy;
  - Accessing entitlements;
  - Developing health and wellness plans;
  - Developing advance directives;
  - Learning about and pursuing alternatives to guardianship;
  - Providing supportive services during crises;
  - Developing, implementing and providing ongoing guidance for advocacy and support groups;
  - Integration of physical and mental health care;
  - Developing, implementing and providing health and wellness classes to address preventable risk factors for medical conditions.

Exceptions: N/A

Other Conditions:

1. The Peer Support Specialist's primary focus is to provide peer to peer support to people who are recovering from mental illness or co-occurring disorders for mental illness and substance abuse. The Peer Support Specialists assist persons served to increase access and link people to community resources, assist with independent living skills, participate in Person-Centered Planning and to teach skills to resolve conflict, assist in transportation, provide support for volunteer work and employment, and to assist people in their recovery process.
2. Provider will comply with BABHA expectations that contractual increases in compensation must be distributed to its direct care workers as soon as possible following the date Provider receives compensation increases from BABHA, including lump sum payments and/or per diem increases for such purposes. In addition and upon request, Provider agrees to submit periodic reports to BABHA which shall include the range of rates of pay for employees providing direct care to BABH consumers served under contract. Direct care workers are those working in local residential settings and paraprofessionals and other non-professional direct care workers in (non-residential)

settings where skill building, community living supports, training and personal care services are provided. The reports will list each employee position or classification, together with the actual rate or rates of pay for each position or classification for the applicable time period, including the starting rate and each rate/step increase.

## **A.1 Provider Specific Services Requirements.**

In addition to the duties and obligations set forth in the Agreement, Provider shall comply with the following specific requirements for services rendered by **Providers of Peer Support Services**:

- A.1.1 **Staff Training:** All staff who work with individuals shall have, at a minimum, successfully completed the required training courses in **Exhibit D: Provider Training Requirements**.
- a) Training shall be arranged by the Provider and provided by BABHA (where available) or by training organizations or resources that follow a DCH curriculum and are approved in writing by BABHA.
  - b) Provider understands and agrees that any untrained staff shall only work with individuals under supervision within the individual's home until training has been completed. Any person engaged in direct care work shall successfully complete all required training within 90 days of hire, and complete all annual refreshers and updates.
  - c) Training beyond what is required under contract is the financial responsibility of the Provider. Additional trainings secured through BABH will be based on a predetermined fee. Provider's internal training resources should be utilized whenever possible.
  - d) A twenty-four (24) hour cancellation notice is required for all trainings conducted by the BABH Staff Development Center. The Provider will contact the Staff Development Center at (989) 895-2395, or via email to [staffdevelopment@babha.org](mailto:staffdevelopment@babha.org), immediately upon becoming aware of a cancellation, but no later than 24 hours in advance. The first no-show without proper notification will result in a warning letter being issued to the Provider. Subsequent no-shows will result in an assessment fee of \$50.00 per no-show violation applied to the program. Upon the third no-show violation, a written corrective action plan must be submitted by the Provider to BABHA within 10 business days that specifies what will be done to resolve this issue. Failure to follow through with corrective action will result in further actions, including a decision to limit access to training resources.
- A.1.2 The Provider shall make every effort to provide a peer support staff within twenty-one (21) days of receipt of a referral from BABH, that of whom shall be fully qualified and trained to meet the consumer(s)' PCP needs, familiar with and capable of implementing emergency procedures, and alert at all times when any consumer is under their care.
- A.1.3 Service Delivery requirements:
- a) Referrals for services will be made formally by the Primary Case Holder (Case Manager, Supports Coordinator and/or Outpatient Therapist) through the Person-Centered Planning process. The referral will be reviewed by the Provider and a meeting will be set to allow the person requesting services to be informed of the program and services.
  - b) Peer Services are to be provided in the consumer's home and/or in the community.
  - c) The Provider shall designate a single point of entry for referrals and coordination of services.

- d) Peer Supports/Peer Specialist shall demonstrate good judgment and will also demonstrate the ability to listen, communicate, set and maintain appropriate and consistent boundaries, and maintain supportive relationships.
- e) The Person Centered Plan (PCP) will be developed for each person referred for services. The PCP will be the driving force that determines what services will be delivered by the Peer Support Specialist.
- f) Hours of service provided will be based on the consumer's needs and Person-Centered Plan (PCP).
- g) The Provider staff will be trained in the individual's PCP for goals applicable to Peer delivered services.
- h) The Peer Support Specialist will report progress on the goals to the Primary Case Holder.
- i) Provider is required to utilize the Phoenix Electronic Medical Record (EMR) as dictated by BABHA guidelines.
- j) Peer delivered services shall be documented in a progress notes. Progress notes will be entered into the Provider's EHR within 3 days of service contact. Progress notes to include the following details:
  - Start and end time of the service
  - The activity or service provided
  - Any problems or incidents that might have occurred while the service is being delivered.
- k) If there was an unusual incident, documentation should contain the following:
  - Information on what precipitated the incident
  - Description of the incident
  - Intervention/action taken by the Provider
  - Result of the intervention/Action
- l) The Provider documents that a minimum of monthly supervision with each peer occurs. Supervision may include training, case consultation, case reviews, topic based in-services, etc. Group supervision may occur as long as the supervision is structured and documented appropriately so that the content is clear.

A.1.4 Expected outcomes of the Peer Support Specialist Program include:

- Empowerment and support of individuals in their recovery process and building on resiliency for mental health and co-occurring disorders.
- Assisting individuals with solving problems of everyday living, such as obtaining and maintaining financial and medical benefits for which they are eligible and finding safe and affordable housing.
- Locating and linking people to legal and medical and other community resources. .
- Assisting individuals in locating and obtaining necessary items for activities of daily living, such as food and clothing.
- Increased assertiveness and coping skills so that individuals can acquire the ability to live independently and productively in the community. Advocating with and for the person served.
- Increased liaison between individuals and agencies or service providers in order to improve cooperative relationships between the individual and provider and to prevent individuals from dropping out of treatment.
- The establishment of an individual advocate, including trained Person-Centered Planning advocates, to help persons served receiving community mental health services during their Person-Centered Planning process and to help advocating for and assisting in the implementation of the Person-Centered Plans (PCP), as appropriate.
- Assistance to people in obtaining, maintaining, and supporting employment.
- Increased wellness and better health.

## A.2 Performance Requirements and Indicators.

### A.2.1 Community Inclusion:

Consumers who receive center-based skill building assistance services shall be provided with programming to further the community inclusion objectives of the persons served (recipients) that is consistent with the Inclusion Best Practice Guideline, the Consumerism Best Practice Guideline and the Personal Care Technical Requirement (please see the PHP Provider Manual).

### A.2.2 Consumer Satisfaction:

- a) All CMHSP-sponsored consumers will be requested to participate in a standardized consumer satisfaction process that is adopted by the Provider.
- b) The results of the consumer satisfaction measurement process must be available for review by BABH at least annually, or per the time frame specified in provider policies or procedures pertaining to consumer satisfaction reporting.
- c) The Provider must have a process to evaluate survey data and take appropriate action.

### A.2.3 Billing and Claims:

- a) Provider is encouraged to submit claims using the online billing module available to BABHA providers.
- b) If submitting paper claims, at least 90% of submitted claims will be accurate for purposes of immediate processing and reimbursement.
- c) All Coordination of Benefits (COB) claims shall be submitted using paper claims with a copy of the Explanation of Benefits (EOB) from the primary insurance(s) attached.
- d) Standard practices shall be to submit claims as soon as practical after the delivery of service. All claims must be submitted **90 days** of the delivery of service, **or within 90 days of receipt of the EOB from the primary insurance.**