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|  <p>Behavioral Health Department Alameda County Health</p> | <p>DocuSigned by:</p> <p>By:  Karyn L. Tribble, PsyD, LCSW, Director</p> |
| <p>POLICY TITLE</p> <p>ACBHD Peer Support Services (APSS)</p> | <p>Policy No: 407-1-1</p> <p>Date of Original Approval: 4/28/2025</p> <p>Date(s) of Revision(s): N/A</p> |

PURPOSE

The purpose of this policy is to describe Alameda County Health, Behavioral Health Department (ACBHD) Peer Support Services (APSS) within mental health and substance use disorder (SUD) treatment services.¹ APSS are a combination of [Medi-Cal's Peer Support Services](#) benefit (launched July 2022) and existing ACBHD peer/family partner services.

AUTHORITY

- [Senate Bill 803 \(Beall, Chapter 150, Statutes of 2020\)](#)
- [California Welfare & Institutions Code Div. 9, Part 3, Ch. 7, Article 1.4 \(§ 14045.10 14045.21\)](#)
- [California State Medicaid Plan, Section 3, Supplement 3 of Attachment 3.1-A, and Supplement 3 of Attachment 3.1-B](#)
- [ACBHD/DHCS Mental Health Plan \(MHP\) Contract](#)
- [ACBHD DHCS DMC-ODS Intergovernmental Agreement \(IA\)](#)

SCOPE

This policy applies to all programs/entities administered or operated by ACBHD that are contracted to provide APSS within Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) treatment programs.

Within its network of care, ACBHD contracts a comprehensive array of peer and family partner services, leveraging multiple funding sources. However, at this time, the scope of this policy is limited to peer treatment services billed to Medi-Cal. Peer activities not billed to Medi-Cal should continue to follow the requirements of the funding source(s) reimbursing the activities.

POLICY

ACBHD has been on the forefront of peer services for many years through its offering of services provided by credentialed peer and family partners. Recently California's Medi-Cal program expanded available services to include a peer support services benefit. ACBHD plans to fully implement Medi-Cal

¹ ACBHD is still reviewing implementation of peer services in non-treatment programs.

Peer Support Services through integration with existing peer services. This policy describes that integration.

PROCEDURE

I. Peer Support Services Description

- A. May be provided to the client or significant support person(s) in a clinical or non-clinical setting.
- B. Includes contact with family members or other collaterals, if the purpose of the collateral's participation is to focus on the treatment needs of the client by supporting the achievement of the client's treatment goals.
- C. Must be based on an approved plan of care and coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Providers must use a person-centered planning process to help promote client ownership of the plan of care.
- D. Can be delivered as a standalone service.
- E. Are culturally competent individual and group services offered to promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery and/or wellness goals and identify steps to reach the goals.
- F. Can be offered to children 0-17 years of age and their families and aim to promote prevention and early intervention, resiliency, engagement, socialization and children's systems navigation and advocacy. The goal is to empower family members through strength-based coaching, support navigation and linkages to community resources, and educate them about their child(ren)'s behavioral health condition and parenting strategies to support them at their developmental stage.

II. Peer Support Services Components

- A. Educational Skill Building Groups: A supportive environment in which clients and their families learn coping mechanisms and problem-solving skills to help them achieve desired outcomes. Groups promote skill building in the areas of socialization, recovery, self-sufficiency, advocacy, self-advocacy, behavioral health education, developmental milestones, system navigation, stigma reduction, development of natural supports, and maintenance of skills learned in other support services.
- B. Engagement: Activities and coaching to encourage and support clients and family members to participate in behavioral health treatment. Family members may be defined broadly, to encompass parents, caregivers and other significant support individuals. Engagement may include supporting clients and family members in

transitions between levels of care and supporting family members in developing their own recovery and parenting goals and processes.

- C. Therapeutic Activity: A structured, non-clinical activity to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the client's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the client, promotion of self-advocacy, resource navigation and collaboration with clients and family members.

III. Peer Support Services Workforce

- A. APSS programs have four (4) distinct provider types. Despite the difference in names, peer providers have a similar scope of practice.
 - i. Certified Medi-Cal Peer Support Specialist (CMPSS)²
 - 1. CMPSS is a statewide Medi-Cal provider type. In Medi-Cal guidance a CMPSS is also referred to as *Peer Support Specialist*.
 - 2. Requirements for CMPSS are described in detail in [DHCS Behavioral Health Information Notices \(BHINs\) 22-026 and 21-041](#). Refer to these BHINs and any that supersede them for specific requirements.
 - ii. Certified Medi-Cal Peer Support Specialist Family Specialization (CMPSS-F)
 - 1. A CMPSS-F is identical to a CMPSS, except they have a family specialization certification and work primarily with the client's family. The focus of intervention always remains on behalf of the client's treatment needs, CMPSS-F mostly work indirectly with the client's family, rather than directly with the client themselves.
 - iii. ACBHD Peer Partner (APP)
 - 1. An ACBHD Peer Partner (APP) is a long-established peer provider type within ACBHD peer partner programs. APPs work primarily with the client. APPs are credentialed through ACBHD approved peer partner agencies such as [Peer Wellness Collective \(formerly Best Now\)](#).
 - iv. ACBHD Family Partner (AFP)
 - 1. An ACBHD Family Partner (AFP) is a long-established peer provider type within ACBHD peer partner programs. AFPs work primarily with the client's family to support the client's treatment goals.

IV. Peer Support Services Supervision and Oversight Requirements

² At the time of publication of this policy ACBHD is only accepting CMPSS/CMPSS-F credentials from California Mental Health Services Authority (CalMHSA). This may change if the county decides to opt in to other credentialing entities.

- A. APSS must be provided “under the direction of” a Behavioral Health Professional (BHP).
- B. Supervision must be provided by a competent mental health professional. The level and frequency of supervision depends on the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.
- C. Supervisors of CMPSS/CMPSS-F must meet all requirements as described in [BHINs 21-041, 22-018, and 22-026](#). For specific supervision requirements, refer to these BHINs and any that supersede them.

V. Peer Support Services Documentation Requirements

- A. All APSS shall follow documentation requirements as described in [DHCS BHIN 23-068](#) (and any that supersede it) and per standards established by ACBHD Quality Assurance (QA) Division.

VI. Peer Practice Guidelines

- A. Per the ACBHD/DHCS MHP Contract and DMC-ODS IA, providers of APSS must use the [Peer Recovery Support Services](#) practice guidelines developed by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

VII. Agency Policies

- A. Agencies utilizing and/or providing APSS shall develop relevant policies and procedures.
- B. At a minimum, agency policies and procedures shall include:
 - i. Relevant contents of this policy.
 - ii. Individual and group supervision requirements.
 - iii. Details of agency support, guidance and oversight of peer services.
 - iv. Support and transition plan for APP and AFP who want to become certified to obtain CMPSS certification.
- C. Agency policies and procedures shall be reviewed annually and updated as necessary.
- D. Agency policies shall be provided to ACBHD upon request.

VIII. Billing for Medi-Cal Peer Support Services

- A. Providers claiming APSS shall follow ABCHD and DHCS/Medi-Cal guidance. For DHCS/Medi-Cal specific guidance, please refer to the [DHCS Medi-Cal County Claims Customer \(MedCCC\) Services Library](#) for current billing manuals and service tables.

- B. APP and AFP providers have a Medi-Cal provider type of *Other Qualified Provider* and can only use procedure codes allowed for that Medi-Cal designation. CMPSS/CMPSS-F have a Medi-Cal provider designation of *Peer Support Specialist* and can only use codes allowed for that designation.
- C. Although a relatively small number of codes are available for use by CMPSS/CMPSS-F peers, these available codes bundle the full range of peer support service activities. Comprehensive definitions of Medi-Cal Peer Support Specialist codes can be found in [BHIN 22-026](#) and any that supersede it.
- D. Treatment programs with existing staff who become CMPSS/CMPSS-F, or those who hire a CMPSS/CMPSS-F, are required to take the following actions to enable billing for APSS. Note both steps described below can be completed concurrently:
 - i. Submit a [Program Change Request Form](#) to their contract managers to initiate the process of adding the new codes for the CMPSS and/or CMPSS-F.
 - ii. Ensure that the staff member is correctly designated as a CMPSS and/or CMPSS-F in the staff roster.

IX. Enrollment and the Start of Peer Support Services

- A. Peer support service providers can enroll new clients using a diagnosis as specified in [BHIN 22-013](#) (or any that supersede it). This will allow a SMHS or DMC-ODS assessment process to begin. Below are three ways in which a client may access APSS:
 - i. APSS are **provided as part of an open SMHS or DMC-ODS episode at the same agency:** The Licensed Mental Health Professional (LMHP)/ Licensed Practitioners of the Healing Arts (LPHA) establishes medical necessity and recommends APSS.
 - ii. A client receives solely APSS at a program which is set-up for Medi-Cal within one agency **and SMHS or DMC-ODS services are provided at a different agency:** In the ACBHD system, medical necessity for SMHS or DMC-ODS and recommendation for APSS may be completed by another agency's LMHP/LPHA. The agency providing APSS shall retain relevant documentation in the client's medical record. Documentation from outside agencies should be reviewed to make sure it meets agency standards.
 - iii. A client receives solely APSS at a program which is set-up for Medi-Cal within one agency **without any other SMHS or DMC-ODS services across ACBHD's system:** All clients receiving APSS must meet medical necessity and admission requirements for the delivery system in which the service is being provided (e.g., SMHS or DMC-ODS). LMHP/LPHAs must establish medical necessity for all Medi-Cal services.

NON-COMPLIANCE

- Agencies providing APSS must be in full compliance with this policy.
- Non-compliance with this policy may result in cessation of the agency's ability to claim to ACBHD for APSS.
- Non-compliance reports shall be submitted within fifteen (15) days of reasonable awareness of non-compliance.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

CONTACT

| ACBHD Office | Current Date | Email |
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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Areda Boyd, Interim Manager, Office of Peer Support Services; Tiffany Garcia, LCSW, Quality Assurance Clinical Review Specialist

Original Date of Approval: 4/28/2025 by Dr. Karyn Tribble, PsyD, LCSW, Behavioral Health Director

DEFINITIONS

| Term | Definition |
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| ACBHD Family Partner (AFP) | An ACBHD Family Partner (AFP) is a long-established peer provider type within ACBHD peer partner programs. AFPs work primarily with the client's family to support the client's treatment goals. |
| ACBHD Peer Partner (APP) | An ACBHD Peer Partner (APP) is a long-established peer provider type within ACBHD peer partner programs. APPs work primarily with the client. APPs are credentialed through ACBHD approved peer partner agencies such as Peer Wellness Collective (formerly Best Now). |

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| ACBHD Peer Support Services (APSS) | APSS are a combination of Medi-Cal's Peer Support Services benefit (launched July 2022) and existing ACBHD Peer Partner (APP) and ACBHD Family Partner (AFP) services. |
| Behavioral Health Professional (BHP) | "Behavioral Health Professional" encompasses Licensed Practitioners of the Healing Arts (LPHAs) and Licensed Mental Health Professionals (LMHPs), with LPHA being specific to DMC/DMC-ODS and LMHP being specific to SMHS. Any provider types not licensed, waived, or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of SMHS, DMC, or DMC-ODS, would not be considered a "Behavioral Health Professional." |
| Certified Medi-Cal Peer Support Specialist (CMPSS) | CMPSS is a statewide Medi-Cal provider type. In Medi-Cal guidance a CMPSS is also referred to as Peer Support Specialist. |
| Certified Medi-Cal Peer Support Specialist Family Specialization (CMPSS-F) | A CMPSS-F is identical to a CMPSS, except they have a family specialization certification and work primarily with the client's family. The focus of intervention always remains on behalf of the client's treatment needs, CMPSS-F mostly work indirectly with the client's family, rather than directly with the client themselves. |
| DMC-ODS Licensed Practitioner of the Healing Arts (LPHA) | LPHA means: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Registered Pharmacist (RPH), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered CSW, Licensed Professional Clinical Counselor (LPCC), Registered PCC, Licensed Marriage and Family Therapist (LMFT), Registered MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT), and Licensed Psychiatric Technician (LPT). |
| SMHS Licensed Mental Health Professional (LMHP) | LMHP means: licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed occupational therapists. |
| "Under the direction of" | Per the California Medicaid State Plan, Supplement-3-to-Attachment-3-1-A , "under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery. An individual directing a service is not required to be physically present at the service site to exercise direction (unless otherwise required by state law). The licensed professional directing a service assumes ultimate responsibility for the Rehabilitative Mental Health Service provided. Services are provided under the direction of: a physician; a licensed or waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a |

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| | certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law. |
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APPENDICES

None