



Office of Alcoholism and Substance Abuse Services

Peer Support Services in Outpatient Clinical Settings

Background

OASAS recognizes that Substance Use Disorder (SUD) is a chronic illness/condition and as with other chronic, relapsing conditions, individuals seeking to enter long term recovery need a broad continuum of care services including non-clinical support. OASAS has been engaging in system transformation work to expand the availability of a continuum of supports in the process of creating a Recovery Oriented System of Care (ROSC).

ROSC is a coordinated network of community based services and supports that is person-centered and builds on the strengths and resiliency of individuals families and communities to support recovery and improve health, wellness, and quality of life to those with and at risk of substance use disorder. Peer Support Services are a large part of NYS' transformation.

Peer Support Services

A peer is someone with lived experience with substance use who uses their experiential knowledge to support the recovery goals of individuals who use drugs and/or alcohol. Peers are natural support experts, meaning that the relationships they establish can lead to increased feelings of support, safety, and wellbeing among the individuals they serve. Through a combination of lived experience and professional training, peers can provide an array of services to treatment program participants including but not limited to:

- Developing recovery plans
- Raising awareness of existing social and other support services
- Modeling coping skills
- Assisting with applying for benefits
- Accompanying clients to medical appointment
- Providing non-clinical crisis support, especially after periods of hospitalization or incarceration
- Accompanying clients to court appearances and other appointments
- Working with participants to identify strengths
- Linking participants to formal recovery supports
- Educating program participants about various modes of recovery
- Travel training – to use public transportation independently

Peer support services are participant-centered; even though services emphasize knowledge and wisdom through lived experience, peers are encouraged to be extremely intentional in how they share their story or pull from first-hand knowledge to ensure that support work chiefly benefits program participants.



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Peer support services are not:

- A program model
- Focused on diagnoses or deficits,
- Helping in a hierarchical way (i.e., there is equal power distribution between Peer and client)
- Treatment compliance
- Medication compliance monitoring
- Monitoring individual behavior
- Care coordination or care management

Role Delineation in Clinical Outpatient Settings

Peers may work in a variety of settings. However, this guidance is focused primarily on the use of peers in clinical outpatient settings and therefore is focused on peers who are Certified Recovery Peer Advocates (CRPA). Peer roles are non-clinical and are an important part of the overall care team, complementing the work of clinicians and better integrating clinical treatment into the larger continuum of care to support the long-term recovery of those impacted by substance use. Peers in a clinical setting must be supervised by a QHP and the supervisor must be oriented to the scope of practice of peers to supervise them properly and assist with their integration into the care team.

In order to fully integrate peers into clinical settings, the clinical team should learn about the role of the peer and clearly understand how it differs from a clinical role. Peers will participate on the multidisciplinary team and may add valuable experience and insight from the perspective of a peer. The role is not a “junior clinician” but as a valuable independent member of the team who offers the unique insight from the point of view of a peer with shared experience. Peers may provide a voice for individuals in treatment as advocates for patient driven goals and objectives. They may also provide solutions to improve recovery orientation of the clinic and in developing richer recovery supports for individual patients and develop recovery resources for the clinic.

Peer Certification

Peers working in OASAS licensed and HCBS designated programs need to be Certified Recovery Peer Advocates (CPRA). To become an OASAS Certified Recovery Peer Advocate, an individual must have 46 hours of required training, (advocacy, mentoring and education, recovery and wellness, and ethical responsibility). They must hold a high school diploma or have their GED and pass the International Certification and Reciprocity Consortium (IC-RC) exam. Certification also requires 500 hours of related volunteer or work experience and 25 hours of supervision by qualified supervisory staff. At this time, the OASAS-approved certification entities that can provide this certification are the New York Certification Board and the New York Certification Association.



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Provisional Peer Certification

Provisional certification allows a program to hire a provisional CRPA and to bill Medicaid for peer support services provided by a provisional CRPA. An individual can obtain a provisional CRPA (CRPA-P) providing they have completed the required CRPA training and has submitted an application to one of the certification entities but has not completed the total number of required work experience work hours. The provisional CRPA has 24 months to obtain their 500 hours of work experience by working in an OASAS Certified Program.

Documentation Requirements

Individuals may receive Peer Support Services in an 822-regulated program through either active enrollment or a continuing care plan (see continuing care guidance). They may also receive peer services from a Home and Community Based Service (HCBS) program if they are eligible for HCBS through HARP (Health and Recovery Plans). Individuals receiving 822 outpatient treatment may not receive HCBS Empowerment Peer Support, if they are receiving peer support at the outpatient program

For 822 Regulated programs:

The clinician should identify in the client treatment plan the clinical reason(s) for peer support services, the progress towards the specific goal, and follow up or next steps. The peer should provide a note for each visit, the duration and the overall purpose of the service. For example, see the samples below for treatment plan goals and in the Resource Section for documents related to examples.

Sample Documentation

- Goal: Matthew is in the intermediate stages of treatment and wishes to re-engage with his natural community supports in anticipation of program completion and discharge. Plan: Matthew will meet with George, the program's peer advocate for three sessions to develop a recovery plan and identify resources in the community to support his ongoing recovery post treatment.
- Goal: Sheila is in the early stages of recovery and would benefit from peer support to enhance her motivation to remain in treatment and begin to build her support network. Plan: Sheila will meet with George for three sessions to develop her recovery plan and identify community supports to enhance her coping strategies.
- Goal: John has successfully completed treatment and wishes to continue his connection with peer services in the community. Plan: John will meet monthly with a peer to make connections that will help him to maintain the gains he has made in treatment, and to expand his knowledge of recovery capital in the community.
- Goal: Cheryl has returned to the program after being absent for three weeks and has been assessed to have an opioid use disorder and has agreed to a medical assessment for medication assisted treatment. Plan: George will accompany Cheryl to Dr. Smith's office to offer support during Dr. Smith's evaluation.

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Services in a Part 822 - Certified Clinic

The format for billing and reimbursement is the same as it was under the previous Fee-for-Service model. Peer support is a face to face service and is coded as a procedure-based weight that recognizes units. Each unit is 15 minutes, and only 4 units can be coded per visit date (equaling an hour maximum of peer services). Peer support services are exempt from the 2 billable services per day rule (*). The HCPCS procedure code is H0038 and the description category is Self-Help/Peer Services. The payment rate is given as follows:

FREESTANDING	822 Clinic Upstate	822 Clinic Downstate	822 Opioid Upstate	822 Opioid Downstate
Peer Service	\$11.15 per 15 minute unit	\$13.05 per 15 minute unit	\$10.28 per 15 minute unit	\$12.03 per 15 minute unit
HOSPITAL BASED	822 Clinic Upstate	822 Clinic Downstate	822 Opioid Upstate	822 Opioid Downstate
Peer Service	\$11.08 per 15 minute unit	\$13.87 per 15 minute unit	\$11.88 per 15 minute unit	\$13.87 per 15 minute unit

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



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Resources

Hendry, P., Hill, T., Rosenthal, H. Peer Services Toolkit: [A Guide to Advancing and Implementing Peer-run Behavioral Health Services](#). ACMHA: The College for Behavioral Health Leadership and Optum, 2014

Morris, C., Banning, L, Mumby, S., Morris, C. [Dimensions Peer Support Program Toolkit](#), University of Colorado Anschutz Medical Campus School of Medicine, Behavioral Health and Wellness Program, June 2015

[APG Billing and Policy Guide](#)

[New York Certification Association](#)

[New York Certification Board](#)

[NY Alliance for Careers in Healthcare](#)

[Continuing Care Guidance document](#)

[OASAS Part 822 Services in the Community Billing Document](#)

[ROSC Resource Guide](#)

[NY – Friend of Recovery NY website](#)

[National Alliance for Medication Assisted Recovery \(NAMA-R\)](#)

[William White Resource Papers](#)

[HCBS Manual](#)