INTRODUCTION

The Level of Care Guidelines is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The Level of Care Guidelines is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The Level of Care Guidelines is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the Level of Care Guidelines and their development, approval, dissemination, and use, please see the Introduction to the Level of Care Guidelines, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

PEER SUPPORT SERVICES

Peer Support Services: Peer Services are recovery support services in which a Certified Peer Support Specialist utilizes his/her training, lived experience and experiential knowledge to mentor, guide and coach the member as he/she works to achieve self-identified recovery and resiliency goals. These services are designed to promote empowerment, foster self-determination and choice, and inspire hope as the member progresses through the recovery process.

Peer support services are typically delivered to a person with a serious mental illness or co-occurring mental health and substance use disorder who is actively involved in their own recovery process. This specialized support is intended

1 The terms “recovery” and “resiliency” are used throughout the Level of Care Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resiliency” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.
to complement an array of therapeutic services and may be offered before, during, or after mental health treatment has begun to facilitate long-term recovery in the community.

The relationship between the Peer Support Specialist and member receiving services is highly supportive, rather than directive. The duration of the relationship between the two depends on a number of factors such as how much recovery time the member has, how much other support the member is receiving, or how quickly the member’s most pressing problems can be addressed.

Components of Peer Support Services may include:
- Assistance with setting recovery goals, developing a recovery action plan, a relapse plan, solving problems and addressing barriers related to recovery;
- Encouraging self-determination, hope, insight, and the development of new skills;
- Connecting members with professional and non-professional recovery resources in the community and helping members navigate the service system in accessing resources independently;
- Facilitating activation so that the member may effectively manage his/her own mental illness or co-occurring conditions by empowering the member to engage in their own treatment, healthcare and recovery;
- Helping the member decrease isolation and build a community supportive of the member establishing and maintaining recovery.

These criteria should be used in conjunction with the criteria for the admission and continuing service criteria to manage initial and ongoing services.

**Peer Support Services Admission Criteria**

- see "Common Criteria and Best Practices for All Levels of Care";

AND
- The member has chosen to participate in Peer Support Services;

AND
- The member is eligible for benefits and Peer Support Services are covered under the benefit plan;

AND
- The member is 18 years of age or older;

AND
- The member is not at imminent risk of serious harm to self or others;

AND
- Services are:
  - Within the scope of the Peer Support Specialist’s training;
  - Consistent with best practice evidence for Peer Support Services;
  - Appropriate for the member’s behavioral health condition;
  - Delivered as a face-to-face service.

AND
- The member requires assistance accessing services or achieving broader recovery and resiliency goals. Examples include:
  - The member has significant difficulty accessing or utilizing ambulatory behavioral health or medical care and the member requires assistance in accessing professional and non-professional resources and services such as:
    - The member relies primarily on using emergency room services.
  - The member has had recurrent inpatient admissions in the last year.

AND
- The member identifies the need to develop a greater capacity to function independently such as:
  - Management of community living skills (employment, education child care, stable housing, transportation, and other service needs);
  - Management of finances;
  - Management physical well-being (hygiene, nutrition);
  - Managing mental health symptoms
  - Management of home environment (meal preparation, home maintenance).

AND
- The member wishes to become engaged in his/her own care and activate his/her own recovery with the development of skills to include:
  - Self-identifying recovery/resiliency goals;
  - Working toward achieving self-identified recovery goals;
  - Successful navigation of the health system;
  - Communication with professional and non-professional resources in the community (e.g., practicing and preparing for communication with doctors, apartment managers; utility companies);
  - Problem solving skills to more effectively manage self-identified stressors and crises;
- Learning to use activation or engagement tools and activities that support wellness (e.g., personal wellness plan, wellness tracking, and support groups to manage the member’s behavioral health condition).

AND/OR

- In addition to the above, the member may also meet one or more of the following:
  - The member has sought or plans to seek mental health services from a hospital emergency room and it is unlikely that the member will meet criteria for inpatient admission;
  - The member has significant difficulty maintaining employment or meeting educational goals;
  - The member lives in an unsafe environment or impermanent housing (e.g., homelessness, frequent changes in residence);
  - The member is participating in Community Transitional Support Services and is transitioning from inpatient behavioral health services into the community with expected or demonstrated difficulty successfully completing the transition into the community with the following considerations:
    - Difficulty is based the member's history, or there is evidence of a prior successful transition with the addition of Peer Support Services.
    - The Peer Support Specialist collaborates with a licensed clinician to support the transition.
    - This service is requested by an Optum Idaho Discharge Coordinator, Intensive Care Manager, and/or Regional Care Manager.
  - The duration of Community Transitional Support Services is 30 days from date of discharge from inpatient services.

**Peer Support Services Continued Service Criteria**

- see “Common Criteria and Best Practices for All Levels of Care”:

AND

- For continued service criteria, all of the following criteria must be met:
  - The initial service criteria are still met, recovery services are being delivered and the services are:
    - Provided and documented by the Peer Support Specialist under an individualized recovery plan that is focused on addressing the reasons Peer Support Services are being provided;
    - Provided to the member with a reasonable expectation that the member will to continue to benefit from services within a reasonable period of time.
    - The factors leading to Peer Support Services have been identified and are integrated into the recovery plan and discharge plan.
    - Services are adequately addressing the member’s recovery and resiliency needs.

**Peer Support Services Discharge Planning and Criteria**

- see “Common Criteria and Best Practices for All Levels of Care”:

AND

- The initial and continued stay criteria are no longer met as evidenced by one of the following:
  - The member has not been able to actively participate in Peer Support Services despite a reasonable attempt to engage and motivate the member;
  - The member requests discontinuation of Peer Support Services and the member and Peer Support Specialist have discussed the reasons and impact of discontinuing services;
  - The Peer Support Specialist, member’s licensed clinician, and member agree the member has achieved his or her self-identified goals;
  - There is evidence that the member has not responded to or is not likely to respond to Peer Support Services; or the member has not benefited from services as expected in a reasonable period of time.

- When services begin, the Peer Support Specialist and the member develop an initial discharge plan and estimate the length of services.

- During the initiation of services, the Peer Support Specialist and the member update the initial discharge plan based on the member’s response to services ensuring that:
  - An appropriate discharge plan is in place prior to discharge;
  - The member agrees with the discharge plan;

- The discharge plan includes:
  - The date services will end;
  - Recommended self-help and community support services;
  - Information about what the member should do in the event of a crisis.
  - How the discharge plan will be communicated to the member’s providers.

- Ongoing discussion should occur between the Peer Support Specialist and the member regarding the member’s continued need for services.

- The Peer Support Specialist shares the discharge plan with the Care Advocate to ensure that necessary prior authorizations or notifications are completed prior to discharge and to trigger outreach and assistance to the member.
If the member has requested discontinuation of Peer Support Services, a discussion as to the reasons why should occur.

The Peer Support Specialist should provide the member with information as to how to reactivate or access Peer Support Services in the future if the need arises.

If it has been determined that the member has achieved established goals, the Peer Support Specialist and member should work to determine if:

- The member feels comfortable using recovery tools, community resources, and support groups and that the member is comfortable and confident using accessing and utilizing these resources.
- The member is using their personal wellness plan or another recovery management tool and if the member understands when an Advanced Directive should be implemented.
- The member, Peer Support Specialist and other clinicians providing care to the member should develop a plan as to how post-discharge services will be coordinated.

**Peer Support Services Clinical Best Practices**

- see "Common Criteria and Best Practices for All Levels of Care": AND

Upon referral, the Peer Support Specialist will provide the member with information about Peer Support Services, and confirm that the member desires services.

In the event that the member declines services, the Peer Support Specialist will inform the member about obtaining services should the need arise.

Collaboration with the member to complete an initial needs assessment should occur and includes:

- An inventory of the member’s self-identified strengths and other resilience factors such as the member’s support network;
- An inquiry as to whether the member has a personal wellness plan, an advance directive, and/or a plan for managing relapse;
- An inventory of the member’s behavioral health, medical and community support services;
- An inventory of what the member identifies as the barriers and risk factors which have undermined the member’s participation in clinical and community support services, or have otherwise prevented the member from achieving his/her broader recovery goals;
- An inquiry about the member’s need or desire to better understand of his/her condition, its treatment, and the role that community support services can play in the member’s recovery.

The process of recovery planning should be an empowering, engaging and member-centered process that allows the member to take ownership of the service plan.

The Peer Support Specialist in collaboration with the member and any other individuals selected by the member will create an individualized recovery plan that reflects the member’s needs and preferences, and describes the member’s individualized goals, interventions, timeframes and measurable results.

Based upon the member’s preference, any of the following may be involved in the development and delivery of the recovery plan:

- The member’s family/social supports;
- Behavioral health providers;
- The member’s medical provider;
- Agencies and other programs with which the member is involved.

At a minimum, the Certified Peer Specialist will collaborate with the member to formally review the recovery plan every three (3) months. However, revisions to the recovery plan will be made whenever there are significant changes in the member’s condition, needs, or preferences.

The Certified Peer Support Specialist may not act as a legal representative for the member, participate in determining competence, provide legal advice, or deliver services that are within the scope of a behavioral health or medical provider’s licensure.

**REFERENCES**

Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy.

**HISTORY/REVISION INFORMATION**

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