



# Optum Idaho Peer Support Services Provider Training

# Today's presenters

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- Martha Ekhoﬀ, Director of Member and Family Affairs
- Amanda Lehto, Certified Peer Support Specialist
- Jeffrey Berlant, M.D., Optum Idaho Chief Medical Officer
- Monika Mikkelsen, LMSW, Optum Idaho Network Director or Missy Lerma, LCSW, Optum Director of Network Management

# Objectives

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- Member-Centric Recovery Model
- History of Peer Support Specialists
- Peer Support Specialists
- Use of Peer Support Specialists
- Peer Support Services/Community Transition Support Services
- Use of Peer Support Services/Community Transition Support Services
- Peer support as an evidence-based practice
- Level of Care Guidelines (LOCGs)
- Medical Necessity
- Authorization/Re-authorization
- Credentialing and Auditing
- Cultural Competency

# Committed to members and their families

We support a member-centric recovery and resiliency model:

## NEW

**Focused on strengths, goals, where we are going**

- Partnership focused on recovery goals
- Member is empowered to take personal responsibility for agreed upon treatment
- Providers educate and empower
- Motivation for change based on member's own goals
- Medication adherence based on informed choice and member's goals
- Member is guided to assume responsibility for self-monitored behavior
- Emphasis on the use of natural community supports

## OLD

**Focused on symptoms, illness, deficiency**

- Provider/client roles in pursuit of *treatment* goals
- Member is to comply with directions of professional
- Providers prescribe
- Motivation for change is punitive
- Medication compliance is key
- Responsibility for treatment and progress rests on provider
- Services are only in mental health system



# History of Peer Support Specialists in Idaho

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- In February 2008, the Idaho Department of Health & Welfare (IDHW) – Division of Behavioral Health (DBH) requested technical assistance from the National Association of State Mental Health Program Directors (NASMHPD) to explore the training and utilization of peer specialists in Idaho.
- In August 2008, Mountain States Group, Inc. was awarded the contract to implement the Idaho Peer Specialist Project.
- The Peer Specialist Project contract stipulated that Mountain States Group, Inc.:
  - Recruit and train at least 2 individuals from each region in Idaho.
  - Requires that each of the 7 regional Assertive Community Treatment (ACT) Teams employs 1 certified peer specialist.
- During the fall of 2008, the Peer Specialist Project began to actively recruit, train and employ certified peer specialists (CPS).

# History of Peer Support Specialists in Idaho, continued

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- In 2009, Idaho had seven certified peer specialists working on ACT teams.
- From 2009 to 2012 the number of employed, certified peer specialists increased from 7 to 42.
- All employment opportunities during this time were contract employment opportunities.
- In 2012, the regional mental health programs, State Hospital South and the Division of Behavioral Health created state employment opportunities for certified peer specialists.
- Idaho uses the nationally recognized Appalachian Consulting Group (ACG)/DBSA peer specialist training curriculum.
- This curriculum is used in at least 20 states and by the Veteran's Administration.

# Certified Peer Support Specialist

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**A Certified Peer Support Specialist (CPSS)** is a **person in recovery** from mental illness, working in the behavioral health system who brings the gift of a lived recovery experience that includes addressing the whole person: mind, body and spirit.

## The of role of a CPSS includes:

- Focus on eliciting and enhancing the member’s own sense of control and efficacy.
- Foster an understanding that only the member can enter into, pursue and maintain their recovery.
- Identify and build on the member’s assets, strengths, areas of health and competence as well as supporting the member’s management of their condition and the establishment/re-establishment of a meaningful sense of belonging in the community.

“We must invite individuals to take an active role in their own care. Members or their family must understand the issues; therefore, education and role-modeling related to self-care are essential. This is achieved by connecting self-care to personally relevant goals, aspirations, and gaining an understanding of ‘activation.’”

- Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013), Pillars of Peer Support Summit IV: Establishing Standards of Excellence, [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org) ; January 2013.



# CPSS training

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- In order to enroll in the training to become a CPSS, a person must meet the following criteria:
  - Have a high school diploma (or equivalent)
  - Be self-identified as a current or former consumer of mental health services
  - Be well grounded in their own recovery
  - Be at least 18 years or older
- To become certified, a person must:
  - Complete the 5 day, 40 hour training course (which addresses cultural competency) through Mountain States Group
  - Pass a written test
- To maintain certification through Mountain States Group, a person must complete at least 10 hours of continuing education units approved by the certifying body for Idaho's CPSS each year



# Activation and self-care works

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- Activation scores have been demonstrated as predictive of healthcare outcomes
- Patients with low levels of activation have been found to have significantly greater health care utilization than those with higher levels of activation (Hibbard et al., 2013)
- When socioeconomic factors and the severity of health conditions are controlled, patient activation remains predictive of health care utilization.

<http://www.ncbi.nlm.nih.gov/pubmed/23381511>

## Optum Peer Coaching Results-

- 6 months pre-post, Medicaid members who enroll in the program show:
  - **Significant Increases in # of outpatient visits**
    - NY: 28.0% increase (from 8.5 visits to 11.8)
    - WI: 22.9% increase (from 9.1 visits to 11.8)

# Use of Certified Peer Support Specialists

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- Prepare for health care visits and ask questions
- Identify and set health-related goals
- Plan specific action steps to achieve goals
- Encourage exercise and good nutrition
- Assist in daily management tasks
- Assist in problem-solving
- Provide social and emotional support and feedback
- Build community support (accessing community services)

The CPSS helps members build self-engagement with these 4 keys:

- Support
- Hope
- Opportunity
- Tools (Activation Tools)

– Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013), Pillars of Peer Support Summit IV: Establishing Standards of Excellence, [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org) ; January 2013.

# Tasks that reflect skills and competencies

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- Develop trust, mutual respect, encouragement and emotional support.
- Understand the concerns and needs of the member and offer support, encouragement and hope.
- Help the member state their recovery goals in their own words that reflect their own values and motivations.
- Help the member prepare for meetings with their care providers so the meeting can be effective and efficient.
- Assist the member to identify what actions they believe they need to take to achieve these goals and encourage and support that process.
- Offer the member a range of engagement and activation tools based on the member's stage of recovery, level of activation and the specific areas of need revealed by the Maryland Assessment of Recovery Scale (MARS-12)
- Create tips and strategies that the member decides will work for them.

## Tasks that reflect skills and competencies, continued

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- Measurement of progress through recovery will be assessed through the use of the MARS-12 tool at 1, 3 and six months
- Provide the member with self care tools and strategies to assist the member in the following seven domains:
  - Increased self-awareness of strengths
  - Increased self-care planning and implementation skills
  - Self-management of negative self-talk
  - Increased self-confidence
  - Ability to share their story
  - Increased hope
  - Increased sense of empowerment and self-responsibility

# Tasks that reflect skills and competencies, continued

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- Before each psychiatrist and therapy appointment, help the member consider what they wish and need to communicate in order to maximize the benefit of their time with their health care providers
- Assist members to re-learn and build confidence in everyday tasks such as riding a bus, grocery shopping, going to a laundromat, etc.
- Orient the member to community resources such as:
  - Support groups, clubs and hobby groups to decreased isolation
  - Drop-in centers
  - Food banks
  - Churches
  - Clothing closets
  - Volunteer opportunities
  - Job placement, supported employment, and housing resources
  - Accessing transportation and assistance with bill payment

# Peer Support Services

## Community Transition Support Services

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- **Peer Support Services (PSS)** is an individualized community-based service for adults age eighteen (18) and older who have a mental illness.
  - PSS is provided by a Certified Peer Support Specialist who has self-identified as a person in recovery from mental illness and is committed to his or her own recovery.
    - PSS provides structured, scheduled activities that promote recovery, self-determination, self-advocacy, and enhancement of community living skills.
- **Community Transition Support Services** is a Optum-sponsored service provided by a *Certified Peer Support Specialist* and *Licensed Clinician* to assist the Member in the transition from inpatient services to community-based services. This service is not provider-initiated.

# Use of Peer Support and Community Transition Support Services

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- 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 that is supportive of the member establishing and maintaining recovery.

– Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013), Pillars of Peer Support Summit IV: Establishing Standards of Excellence, [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org) ; January 2013.



# Evidence-based indications for PSS

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- Persons with severe and persistent mental illness (usually schizophrenia but sometimes severe bipolar disorder)
- Always combined with ambulatory treatment
- Difficulty consistently and independently accessing or using ambulatory behavioral health or medical care: e.g, primarily relies on ER or 2+ inpatient admissions within the last year
- Being discharged from a hospital or facility-based program or from incarceration
- Lives in an unsafe living environment or temporary housing
- Family/social supports cannot help member manage their behavioral health condition
- Persons who struggle with adherence to treatment plans

# Level of Care Guidelines

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## Initial Service Criteria

- **All** of the following criteria must be met:
  - The member has chosen to participate in Peer Support Services
  - The member is eligible for benefits and Peer Support Services are covered under the benefit plan
  - The member is 18 years of age or older
  - The member is not at imminent risk of serious harm to self or others
  - Services are within the scope of the Peer Support Specialist's training, are consistent with best practice evidence, are appropriate for the member's behavioral health condition, and are delivered as a face-to-face service
  - The member requires assistance accessing services or achieving broader recovery and resiliency goals

## Level of Care Guidelines, continued

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- **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)

## Level of Care Guidelines, continued

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- In addition to the above, the member may also meet one or more of the following (continued):
  - 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. The following considerations apply:
    - Difficulty is based on 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, Care Advocate, or Field Care Coordinator
    - The duration of Community Transitional Support Services is 30 days from date of discharge from inpatient services

# Level of Care Guidelines, continued

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## 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 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

# Level of Care Guidelines, continued

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## Discharge Criteria

- 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 the member
  - The member requests discontinuation of Peer Support Services
  - The Peer Support Specialist, member's licensed clinician, and member agree that 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

# Level of Care Guidelines, continued

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## Clinical Best Practice

- **Initial Needs Assessment and Recovery Planning**

- 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 occurs

For more information please visit [www.optumidaho.com](http://www.optumidaho.com) Provider tab > Guidelines & Policies > Level of Care Guidelines



# PSS Medical Necessity

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- CMS (Center for Medicare and Medicaid Services) recognizes PSS as a reimbursable, evidence-based model of care  
(<http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>)
- Randomized trials:
  - Wellness Recovery Action Plan (WRAP) reduces depression and anxiety better than treatment as usual  
(<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208>)
  - Health and Recovery Peer (HARP) Program improves participant activation, medication adherence, primary care involvement, and Quality of Life better than treatment as usual  
(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811/>;  
[http://www.dbsalliance.org/pdfs/peer\\_training/Cook\\_peer\\_delivered\\_services\\_article.pdf](http://www.dbsalliance.org/pdfs/peer_training/Cook_peer_delivered_services_article.pdf))

# Referrals for PSS

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Referrals for PSS may occur in multiple ways

- Providers can identify members who would potentially benefit from PSS and review those cases with their assigned Field Care Coordinator
- Field Care Coordinators and Care Advocates can identify members who would potentially benefit from PSS
- The Optum Idaho Chief Medical Officer can identify members who would potentially benefit from PSS
- Members may call Optum Idaho Customer Service or ProtoCall to express their interest in this program; they will be referred to providers who are contracted for PSS

# Authorization/Re-authorization

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## Optum Idaho Peer Services:

**Peer Support Services (H0038)**- services rendered in the community by a provider that is credentialed to deliver peer support services

- Certified Peer Support Specialist, per Optum Idaho standards
- Request initial authorization through Category 3 authorization process (submit request through Provider Express Message Center using the utilization management template)
- **Initial authorization will typically be 8 units per week for 120 days**
- Medical necessity required for authorization of all units

# Authorization/Re-authorization, continued

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**Community Transition Support Services (H2015)**- services provided by a *Certified Peer Support Specialist* and a *Licensed Clinician* to assist the member in the transition from inpatient services to community-based services; this service may not be initiated by providers, it is initiated by Optum

- Optum Idaho Discharge Coordinators will initiate service authorizations upon approval by the member
- Services will be authorized for up to 32 total units within the authorization time span

# Authorization/Re-authorization, continued

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- **After the 120 days of service**, if the provider believes the member continues to meet medical necessity for PSS, the provider can request additional units (submit request through Provider Express Message Center using the utilization management template)
- An Optum Care Advocate, in consultation with the Member and Family Affairs Team, will review the request and progress the member has made to determine medical necessity for continued services
  - **Typical authorization for continued services will be 8 units per week for 90 days**

# Network Participation Requirements for PSS

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## Credentialing Requirements

- Network Agency Request Form (NRF) and Agency Credentialing Application attesting adherence to the applicable criteria
- Peer Support Specialist Addendum
- Network Manager requests an audit of the PSS program

## Audits

- Existing In-Network Agencies may be reviewed through a desk-top audit
- Site audits are required for unaccredited agencies pursuing group contracts
- Compliance with the criteria for peer support specialists, the organization's detailed plan for supervision, and record-keeping protocols (e.g., contact notes) for peer support specialists will be reviewed during the audit

## Approval by Optum National Credentialing Committee

- Credentialing committee meets twice a month

# Goals of the Optum Idaho Cultural Competency Plan

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## Cultural Competence

- Understanding required to establish a culturally competent practice and/or organization

## Understand

- Define the various cultures in Idaho
- Describe the unique medical and behavioral health issues for these respective cultures

## Provide the Framework

- Clarify the importance of cultural competence for the behavioral health clinician providing care, services or treatment to a culturally diverse population

## Introduce CLAS

- Culturally and Linguistically Appropriate Services in Healthcare (CLAS) outlines standards for cultural competency



# Optum Idaho Cultural Competency Plan, continued

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Provide a quantitative and qualitative analysis

- Member-focused quality improvement efforts are based upon a range of factors including, but not limited to:
  - Age, gender, sexual orientation, presence of disability (i.e., intellectual, physical and/or visual/hearing)
  - Geographic location and languages spoken

Assess diversity

- Ability of the Provider network and Optum Idaho to represent and address the linguistic, cultural and ethnic demographic needs

Provide a summary analysis

- Populations' clinical and risk characteristics
  - Targeting current and future quality improvement efforts
  - Identifying appropriate supportive education
  - Developing prevention activities

Assist providers

- Integrate cultural and linguistically competent-related measures into
  - Internal audits and performance improvement programs
  - Member satisfaction assessments
  - Outcomes-based evaluations

# Striking disparities

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## Striking Disparities

Disparities impose a greater disability burden on minorities who:

- ☑ Have less access to and availability of mental health services
- ☑ Are less likely to receive needed mental health services
- ☑ Receive a poorer quality of mental health care
- ☑ Are underrepresented in mental health research



Recovery means  
a full life in the community  
where ones illness does not get in the way  
of achieving ones hopes and dreams.

*Thank you for your time today.*

Martha Ekhoﬀ  
Director of Member and Family Affairs  
Optum Idaho  
208-914-2234  
martha.a.ekhoﬀ@optum.com

Amanda Lehto  
Certified Peer Support Specialist  
Optum Idaho  
208-914-2013  
amanda.lehto@optum.com