

## PEER BASED RECOVERY SUPPORT SERVICES

### FAQ

#### 1. Question

If an individual is receiving Peer Based Recovery Support Services as part of a bundled rate such as COE, IHH and ACT may they choose to go elsewhere?

#### Answer

Medicaid will only pay for one provider at a time for Peer Based Recovery Support Services. If a person is getting PBRSS as part of a bundled rate, Medicaid will not pay for the service elsewhere.

#### 2. Question

Are there documentation requirements around CPRS supervision?

#### Answer

Supervisors must maintain supervision notes which include:

- Date of supervision
- Whether it was individual or group
- Length of time
- Initial and quarterly summary of supervision goals and accomplishments

#### 3. Question

Is the 1 hour of Group Supervision with the supervisor in the room, or without the supervisor in the room?

#### Answer

The 1 hour Group Supervision can be either with or without a supervisor in the room. If the supervisor is not in the room the group lead must submit a set of summary notes to the supervisor to ensure the meeting was conducted in a productive way. This summary does not need to include all comments in the meeting, rather key points and any action items. Since the purpose of Group Supervision is to promote a peer driven learning opportunity, Peer Recovery Specialists, together with supervisors, should determine which model works best. Documentation is the same as for individual supervision.

#### 4. Question

Is it ever appropriate for Peer Recovery Specialists to sit in on clinical sessions – either one on one or in group sessions?

#### Answer

##### 1:1 Therapy

If requested by an individual, a PRS may sit in on a 1:1 session to support and advocate for the individual

##### Group Therapy

If requested by an individual, a PRS may sit in on a group session to help the individual adapt to a new setting. This should only be done with prior permission of the group leader and other participants and should not be an ongoing situation.

**5. Question**

If a Peer Recovery Specialist sits in on a clinical session can Medicaid be billed?

**Answer**

Under current Medicaid rules, Peer Recovery Specialists may not bill Medicaid when they sit in on clinical sessions.

**6. Question**

Are telephone calls Medicaid billable?

**Answer**

Providers would have to check their contracts with the managed care organizations to see if telehealth is covered.

**7. Question**

Is transportation an allowable service if it's coupled with a recovery service and is not just a ride? Ex: Bringing a client to a medical appointment and doing coaching in the car around advocating for their needs and concerns.

**Answer**

Medicaid will pay for an escort to accompany a Medicaid member via the NEMT (non-emergency medical transportation) vendor. PBRSS is not reimbursable during transport.

**8. Question**

Are there specific standards around lived experience and time in recovery for a PRS, or is that an agency level decision?

**Answer**

All Peer Recovery Specialists must be credentialed by the Rhode Island Certification Board. To be credentialed, a PRS must have completed 500 hours of field work as well as 46 hours of education and pass a PRS exam.

**9. Question**

Do clients need to have a WRAP plan separate from their treatment plan – and do PRS's need to be WRAP certified?

**Answer**

Clients do not need a WRAP plan and PRSs are not required to be WRAP certified.

PRS are encouraged to utilize Evidence Based Practices, such as WRAP, with the people they work with.

**10. Question**

What is the timing for group service code?

**Answer**

The group service code for PBRSS will be available on 4/1/2019.

**11. Question**

Are there specific components required in a recovery plan that BHDDH auditors will be looking for when doing record reviews?

**Answer**

Required documentation is listed in the Provider Certification Standards for Peer Based Recovery Support Services on page 9.

**12. Question**

Is there a certification for supervisors of Certified Peer Recovery Specialists?

**Answer**

Rhode Island does not certify supervisors of Certified Peer Recovery Specialists. It does require that all supervisors (both clinical and non-clinical) complete a BHDDH approved training in core competencies for Peer Recovery Specialist Supervisors. That training is currently being provided by Parent Support Network. BHDDH will maintain a list of who has completed the approved training.

**13. Question**

How does an agency bill for Peer Based Recovery Support Services?

**Answer**

See the Peer Based Recovery Support Services Provider Billing Manual for details.

**14. Question**

If an agency is already a Medicaid provider, is there anything else they must do to bill?

**Answer**

Yes, the agency must first be Certified by BHDDH as a provider of Peer Based Recovery Support Services. The next step is to enroll in Medicaid as a provider of Peer Based Recovery Support Services.

**15. Question**

If an agency has multiple facilities, do they need to enroll each one separately with Medicaid?

**Answer**

If an agency has one NPI across multiple facilities, they can enroll all facilities under one Medicaid Application for Peer Based Recovery Support Services. If an agency has more than one NPI, it can enroll each facility separately, but is not required to do so. Please note if you enroll more than one NPI, there is an application fee for each NPI.

**16. Question**

What code should providers default to if a PRS is working with a co-occurring client?

**Answer**

Use the code associated with the client's primary diagnoses

**17. Question**

How will an agency know if a client who came to them for PBRSS is already enrolled in IHH, ACT, or COE services and therefore restricted to getting PBRSS as part of those programs?

**Answer**

When checking the Medicaid eligibility, if you see a message that says "Coordinated Care" or "Patient Focused Care" they are enrolled in IHH, ACT, or COE services

### **18. Question**

If someone steps down from IHH, ACT or COE to a lower level of care how soon will that be reflected in the Medicaid records? Will a valid claim for PBRSS fee for service be denied because the previous program was slow to put the discharge in their data system?

#### **Answer**

While a valid claim for PBRSS services may be denied initially due to a change in providers, the following is suggested when working with a client who is changing providers:

- Ask the client to sign a release and contact the prior provider to request that they update the Medicaid record
- If the new provider claim is denied because the prior provider is slow in putting in the change, the new provider should resubmit claim.

### **19. Question**

If one agency offers different programs in which Certified Peer Recovery Specialists work (such as a treatment program and a Recovery Community Center) is the provider required to complete separate PBRSS Applications for each program?

#### **Answer**

Applications should be submitted for the following two distinct service delivery models: Recovery Support Services (RSS) provided in non-clinical environments by the applicant; and RSS provided in a clinical environment by the applicant. Therefore, a provider of clinical services that also operates a recovery center or other community-based program would group its RSS provided in a nonclinical environment together in one application and submit a separate application for its RSS that are provided in a clinical environment (i.e. GOP, SUD residential, etc.). These two applications could contain the same boilerplate information describing the agency. All locations for where services are to be provided in these two setting should be included in the separate applications. If additional sites are added an amendment will need to be added to the appropriate application.

### **20. Question**

Is a Federally Qualified Health Center and other entities, such as hospitals, considered to be a “Clinical Setting” for the purposes of the Provider Certification Standards and therefore not required to obtain accreditation from the Council on Accreditation of Peer Recovery Support Services?

#### **Answer**

Yes.

### **21. Question**

Can the application be submitted electronically? If so, to what email address?

#### **Answer**

Electronic submissions are preferred. Please send applications to [Michelle.Place@bhddh.ri.gov](mailto:Michelle.Place@bhddh.ri.gov) and “cc” the application to [Judith.fox@bhddh.ri.gov](mailto:Judith.fox@bhddh.ri.gov) and [Sarah.saintlaurent@bhddh.ri.gov](mailto:Sarah.saintlaurent@bhddh.ri.gov)

**\*\*Please note:** After you receive an approved certification letter from BHDDH, you must forward that letter to Karen Murphy, Provider Representative at DXC, ([Karen.Murphy3@dx.com](mailto:Karen.Murphy3@dx.com)) and enroll as a PBRSS provider.