

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-2-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000174</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-9-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/10/07, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			.
4.			



**South Carolina Department of
Alcohol and Other Drug Abuse Services**

MARK SANFORD
Governor

W. LEE CATOE
Director

September 25, 2007

*Log: Myers
du. Myers*

RECEIVED

OCT 01 2007

Ms. Emma Folkner
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Folkner:

This letter serves as a formal request by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) to provide Peer Support Services under the Medicaid Rehabilitation Services Contract with your agency. This recovery-support service will enhance the quality of services provided to the citizens of South Carolina.

Peer Support Services will allow us to help chronic relapsers and clients with co-occurring disorders to achieve a smoother transition into recovery. Clients will be assigned mentors to help them in areas where they may need assistance to navigate systems and overcome problems, thereby increasing their chances of successful recovery. This service will also help former clients find employment and have an opportunity to "give back" by supporting current clients in their recovery. (Please see the enclosed proposal.)

DAODAS is very excited about the possibility of offering this much-needed service to its clients, and I thank you in advance for your assistance in this process. If you have any questions, please contact Frankie Long of my staff at (803) 896-1182, or e-mail: flong@daodas.state.sc.us.

Sincerely,

W. Lee Catoe
Director

WLC/fel/jmm

Enclosure

DAODAS

101 Executive Center Drive • Suite 215 • Columbia, South Carolina 29210
telephone (803) 896-5555 • fax (803) 896-5557 • www.daodas.state.sc.us

PROGRAM SERVICES

2-68

PEER SUPPORT SERVICE (PSS)

Service Description

Peer Support Service is person-centered with a recovery focus. This service allows clients the opportunity to direct their own recovery and advocacy processes. This, in turn, promotes skills for coping with and managing symptoms while facilitating the utilization of natural resources and the preservation and enhancement of community living skills.

Peer Support Service is a helping relationship between clients and Peer Support Specialists that promotes respect, trust, and warmth and empowers clients to make changes and decisions to enhance their lives. At any time, individuals participating in the service are encouraged to make decisions about the activities and services offered within the Peer Support Service.

This service is directed toward the achievement of specific goals that have been defined by the client and specified in the ITP. The activities provided by this service emphasize the acquisition, development, and expansion of the rehabilitation skills needed to move forward in recovery. Interventions are built on the unique therapeutic relationship between the Peer Support Specialist, the clients, and their family units, as requested and defined by the clients. Services are multi-faceted and emphasize the following:

- Personal safety
- Self-worth
- Introspection
- Choice
- Confidence
- Growth
- Connection
- Boundary setting
- Planning
- Self-advocacy
- Personal fulfillment
- The helper principle
- Crisis management
- Education
- Meaningful activity and work
- Effective communications skills

Due to the high prevalence of clients with co-occurring mental health disorders and the value of peer support in promoting dual recovery, identification of PSS for individuals with co-occurring disorders and persons with high recidivism rates, who require assistance to achieve dual recovery, is a particular priority.

Eligibility Adult clients diagnosed with co-occurring disorders and clients with high recidivism rates are eligible. Eligible services are those necessary to provide support and

encouragement to clients and their families when the clients first begin to receive services. Intake and assessment, case management, relapse and discharge planning are examples of beginning services.

Staff Qualifications Peer Support Service shall be rendered by a Peer Support Specialist, under the direct supervision of a certified clinician. DAODAS recommends a privileging process with staff having at least one year of experience with a human services agency. The scope of services would be limited per the staff's experience.

Staff-to-Client Ratio These services are provided one-to-one or in groups. When rendered in groups, the ratio of staff to clients shall not exceed one staff to eight clients.

Supervision/ Requirements

The CC must be available for supervision and shall assure that the Peer Support Specialist provides services in a safe, efficient manner in accordance with accepted standards of clinical practice and certification-training standards for Peer Support Specialists as approved by the South Carolina Department of Health and Human Services (DHHS).

The CC is required to attend and chair a staffing meeting with the Peer Support Specialist during which administrative and individual treatment issues are considered. At a minimum, this regular staffing will occur every two weeks. It is not separately billable under another clinical service unless the staffing includes a physician consultation. The CC will specify services that address specific program content and assess individual needs.

CC Supervision/ Requirements (Cont'd)

The CC is also required to make a minimum of one evaluation no later than six months after admission. The evaluation is repeated annually to monitor the recovery of the client and the focus of the services provided. This evaluation may be billed separately as a substance abuse assessment.

Service Provision

Services are structured or planned one-to-one or group activities that promote socialization, recovery, self advocacy, and preservation. They are provided to enhance community living skills and develop natural supports. These services will be ordered on an individualized treatment plan with input from the client. These types of service interventions include the following:

- **Self Sufficiency** cultivates the client's ability to make informed, independent choices. This helps clients develop a network for information and support from others who have been through similar experiences.

- **Self Improvement** involves planning and facilitating specific, realistic activities leading to increased self-worth and improved self-concepts.
- **Assistance with Substance Use Reduction or Elimination** provides support for self-help, self improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding substance abuse.
- **System Advocacy** assists clients in making telephone calls and composing letters about issues related to substance abuse or recovery. This can also involve teaching clients to talk or write about what it means to have a substance abuse or co-occurring disorder to an audience or group.
- **Individual Advocacy** discusses concerns about medications or diagnoses with the physician or nurse at the client's request. Further, it helps clients arrange necessary treatment when requested, guiding them toward a proactive role in their own treatment.
- **Crisis Support** assists the client with the development of a crisis plan or a relapse prevention plan. It teaches clients: how to recognize the early signs of a relapse
 - How to request help to head off a crisis
 - How to use a crisis plan
 - How to use less restrictive, hospital alternatives
 - How to divert from using the emergency room
 - How to make choices about alternative crisis support
- **Housing** interventions instruct clients in learning how to maintain stable housing or learning how to change an inadequate housing situation.
- **Social Network** interventions assist clients with learning about the need to end unhealthy personal relationships, how to start a new relationship, and how to improve communication with family members.
- **Education/Employment** interventions assist clients in obtaining information about going back to school or getting job training. They learn about going back to full- or part-time paid work. Further, they learn to facilitate the process of obtaining reasonable accommodations under the Americans with Disabilities Act (ADA).

Service Evaluation and Outcome Criteria

Clients receiving Peer Support Service will be monitored and reviewed quarterly using the following measures:

- Focus groups with clients

- Comments from suggestion boxes

Particular attention will be given to measuring outcomes for individuals who identify as having concurrent mental illness and substance use disorders, as well as those who may have greater difficulties with access to the appropriate services. Service satisfaction surveys and system-wide surveys will produce outcome measures in the following areas for Peer Support Service:

- **Satisfaction with Services** – Clients will rate their satisfaction with Peer Support Service, as evidenced by their own perception of care.
- **Access to Services** – Clients will demonstrate high access to services as documented by the MIS System
- **Clinical Outcomes** – Clients receiving Peer Support Service will maintain or improve their functioning as evidenced by a combination of the client's self-report measure of outcome and a clinical measure, such as the Global Assessment of Functioning (GAF). Within 90 calendar days after the close of the state fiscal year, providers shall submit an annual report to the DHHS Program Manager summarizing the program evaluation and outcome criteria.

Service Documentation Peer Support Services are required to be listed on the ITP with PRN frequency and documented daily on contact.

Billing/Frequency Limits Peer Support Services are billed in unit increments of 15 minutes for a maximum of 16 units per day at \$11.00 per unit, the current market rate.

Billable Places of Service Peer Support Services may be provided in the client's home or natural environment, substance abuse treatment facility, or other approved community facility.

As a group service, it may operate in the same building as other day services. However, with regard to staffing, content, and physical space, a clear distinction must exist between these day services during the hours the PSS is in operation. Peer Support Services do not operate in isolation from the rest of the programs in the agency.

Relationship to Other

Services

Peer Support Services cannot be billed on the same day as SA treatment services.

Training

Training and certification of staff will be conducted in conjunction South Carolina Department of Mental Health with some additional training on alcohol and drug specific issues.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

October 10, 2007

Emma Forkner
Director

Mr. W. Lee Catoe, Director
South Carolina Department of Alcohol and
Drug Abuse Services
101 Executive Center Drive, Suite 215
Columbia, South Carolina 29210

Dear Mr. Catoe:

We are in receipt of your letter dated September 25, 2007, requesting approval to provide Peer Support Services under the Medicaid Rehabilitation Services contract with the Department of Health and Human Services (DHHS).

DHHS recognizes that as a part of the comprehensive mental health and substance use service delivery system in our state, peer support services can be an important resource in the treatment of individuals recovering from mental illness and substance use disorders. The experience of peer support providers, as well, can be an important component in the delivery of effective treatment for individuals in their recovery. Most recently Centers for Medicare and Medicaid Services (CMS) released guidance to states interested in peer support services under the Medicaid program. In their correspondence, CMS reaffirmed its commitment to consumer choice, self-direction and recovery through approval of services such as peer support.

My staff is in the process of reviewing your proposal to ensure compliance with federal policy guidance, to include addressing requirements on supervision, care-coordination, and minimum training criteria for peer support providers. We anticipate a formal response by the end of October. We will continue to work with your staff to finalize the service standard. A Medicaid Bulletin will be released with policy revisions.

We appreciate your continued effort to provide quality services to Medicaid beneficiaries. Should you have any questions or need additional assistance, please contact Ms. Jean McDaniel at 898-165.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma", is written over a printed name.

Emma Forkner
Director