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Peer Support Services Guide

Los Angeles County, Department of Public Health
Substance Abuse Prevention and Control (SAPC)

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Overview

The Los Angeles County Department of Public Health – Substance Abuse Prevention and Control (SAPC) Bureau recognizes the integral role Peers contribute to the substance use treatment continuum of care and the importance of the implementation of the Certified Medi-Cal Peer Support Specialists program put forth by the California Department of Health Care Services (DHCS) in alignment with the passage of Senate Bill 803 (SB 803). As such, SAPC has opted-in and is working closely with the [California Mental Health Services Authority \(CalMHSA\)](#) as the certifying body for the state-approved Certified Medi-Cal Peer Support Specialist Certification (CMPSS) program. Standards were set forth by DHCS in [Behavioral Health Information Notice 21-041 \(BHIN 21-041\)](#).

This guide is intended to assist substance use treatment providers within the SAPC network to understand and implement Peer Support Services.

Background

Peers share a similar understanding of experiences with mental health and/or substance use disorders. Certified Medi-Cal Peer Support Specialists provide non-clinical, recovery-oriented, culturally appropriate services. Certified Medi-Cal Peer Support Services (CMPSS) are culturally competent individual and group services that augment substance use treatment by promoting recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, building natural supports, and enhancing patient strengths. There are [seventeen \(17\) Core Competencies](#) that every Peer Support Specialist is required to know in order to be a certified practitioner in California. Peer Support Specialists are also required to adhere to the [Code of Ethics for Certified Medi-Cal Peer Support Specialists](#).

More information can be found at <https://www.capeercertification.org/>.

Note: For the purposes of this guide Certified Medi-Cal Peer Support Specialists are referred to as Peers for brevity. To align with the work that Peers do patients/clients are referred to as Members. Work with agency to decide what naming your agency will use.

Scope of Practice

In addition to providing peer support, Peer Support Specialists provide advocacy, education, outreach, and resource navigation. These services are considered the [Scope of Practice](#) for Peer Support Specialists and Medi-Cal reimbursable under the following service codes:

Engagement	Therapeutic Activity	Educational Skill Building Groups
H0038 Self-help/Peer Services		H0025 Behavioral Health Prevention Education Services
Activities and coaching to encourage and support participation in behavioral health treatment	Structured non-clinical activity that promotes recovery, wellness, and quality of life	Providing groups in which members and their families can learn coping techniques and problem-solving skills
Per, CA DHCS Behavioral Health Information Notice (BHIN) 22-056 certified Peer Support Specialists can serve as a Contingency Management Coordinator		
H0050 HF* Alcohol and/or drug services, brief intervention		
California's Contingency Management (CM) benefit is an evidenced-based, cost-effective treatment for substance use disorders, particularly those with Stimulant Use Disorders. For more information on SAPC's Contingency Management Program visit LA County Department of Public Health - Substance Abuse Prevention and Control - Contingency Management		
*HF is the modifier used to identify when Contingency Management Services were provided		

These services can only be provided by Certified Medi-Cal Peer Support Specialists. They can be delivered as a standalone service or in conjunction with any level of care including residential treatment. Peer Support Services can be provided in clinical and non-clinical settings ([CA DHCS BHIN 24-001 pg. 19](#)). For more information on these services and their service billing codes in relation to level of care please see the [SAPC Rates Standards Matrix Fiscal Year 2023-2024](#). If you've not reviewed the SAPC Rates Standards Matrix before please check out the [SAPC Rates and Standards Matrix Orientation Video](#) first.

Medi-Cal Peer Support Specialists must take a CA DHCS approved Peer Support supervisory training within sixty (60) days of beginning to supervise certified Medi-Cal Peer Support Specialists. For more information on the supervision of Peer Support Specialists and the supervisory training visit <https://www.capeercertification.org/supervisor-training/>.

Documentation

Peer Support Services must be based on an approved, individualized Plan of Care. The Plan of Care shall be documented using the Plan of Care note option in Sage, for primary Sage user or within a SAPC-approved EHR Progress Note format for Secondary Sage users, and approved/signed by a Behavioral Health Professional or a Peer Support Specialist Supervisor within the time frames listed in [SAPC Provider Manual 8.0 page 69](#).

The documented Plan of Care is developed with member involvement and includes the long- and short-term goals of the member. The progress note needs to specify when there is an updated Plan of Care, or a review of the Plan of Care.

After a Plan of Care has been documented, additional Peer Support Services must be documented in a progress note within three (3) business days, in alignment with the requirements listed in [SAPC Provider Manual 8.0, page 195-196](#) and [CA DHCS Documentation requirements](#) for DMC-ODS services.

Resources for Documentation

More information on documentation can be found at [SAPC IN 23-04](#) and [CalMHSA Outpatient Drug Medi-Cal and Drug Medi-Cal Organized Delivery System Peers Documentation Guide](#).

Examples of Peer Support Services

Below are examples of different types of activities and services Peer Support Specialist can provide for and with members under their scope of practice:

Engagement	Therapeutic Activity	Educational Skill Building Groups
H0038 Self-help/Peer Services		H0025 Behavioral Health Prevention Education Services
<ul style="list-style-type: none"> • Opportunity to engage those new to SUD treatment <ul style="list-style-type: none"> ○ Members unsure or not in agreement with the ASAM recommended level of care ○ Youth and transitional age youth ○ Those involved in the criminal justice system or experiencing homelessness • Engaging during transitions between levels of care • Engaging during discharge planning and after discharge • Opportunity to re-engage <ul style="list-style-type: none"> ○ Those not wanting to continue treatment ○ Those who haven't met 100% of their goals ○ Are experiencing a relapse • Developing recovery goals and discussing what that looks like 	<ul style="list-style-type: none"> • Helping members navigate the system and resources • Modeling by advocating for the member and showing them how to advocate for themselves • Assisting the member in understanding the need for and value of treatment • Accompanying and providing support for both activities of daily living and treatment related activities (e.g., scheduling appointments, getting to group, refilling medication) • Enhancing Relationships <ul style="list-style-type: none"> ○ Example: role playing an emotionally difficult conversation with a member • Developing supports <ul style="list-style-type: none"> ○ Example: discussions with friend/family support system to learn how to support the member in recovery • Assisting with self-awareness and values <ul style="list-style-type: none"> ○ Example: learning what wellness looks like for the member and how to put it into regular practice • Maintaining community living skills 	<ul style="list-style-type: none"> • Engaging in Recovery Groups <ul style="list-style-type: none"> ○ Providing support groups ○ Attending support groups with members • Developing Self-Sufficiency and Socialization <ul style="list-style-type: none"> ○ Activities of daily living ○ Activities that enhance life (e.g., hobbies, self-care, volunteering, etc.) • Promoting Self-advocacy <ul style="list-style-type: none"> ○ How to navigate the system and communicate with providers ○ How to reach out for additional supports

Below is an example of Peer Support Services as seen in the [SAPC Rates Standards Matrix Fiscal Year 2023-2024](#).

Level of Care Example	Code Type	Service	Code	Rate	Maximum units that can be billed
ASAM 1.0 (U7)	Peer Support	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	H0025	\$ 10.37	96
ASAM 1.0 (U7)	Peer Support	Self-help/peer services, per 15 minutes	H0038	\$ 46.67	96
ASAM 1.0 *(U7, HF)	Individual Counseling	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$ 46.67	96

*HF is the modifier used to identify when Contingency Management Services were provided

*U7 is the modifier used to identify outpatient services

Documentation Examples of Peer Support Services

Plan of Care Examples - H0038 Self-help/Peer Services

Note: This Plan of Care should be the first progress note entered for members receiving Peer Support Services. Additional information on Plan of Care Guidelines can be found in [SAPC Provider Manual 8.0 pages 69-70](#).

Initial Plan of Care Note Example
<p><u>Type of Peer Support Services - Plan of Care</u> New Plan of Care</p> <p><u>Long-term Goals</u> Member would like to “quit using these drugs and protect my job. My family needs me.”</p> <p><u>Short-term Goals (S.M.A.R.T.)</u> Goal 1: Member to meet with Peer Support Specialist later this week for 30 minutes to help determine the best level of care. Goal 2: Member to reduce use of amphetamines from 3 pills a day to 2 pills a day for the next week.</p> <p><u>Did the patient participate in and agree with this plan of care?</u> Member participated in the making of this Plan of Care and agreed with the noted goals above.</p>
Updated Plan of Care Note Example
<p><u>Type of Peer Support Services - Plan of Care</u> Updated Plan of Care</p> <p><u>Long-term Goals</u> Member would like to “quit using these drugs and protect my job. My family needs me.”</p>

Short-term Goals (S.M.A.R.T.)

Goal 1: Member to reduce use of amphetamines from 3 pills a day to 2 pills a day for the next month.

Goal 2: Member to reduce alcohol use from one bottle of whiskey and a case of beer when not working to half a case of beer when not working for the next month.

Goal 3: Member to meet with his Substance Use Counselor 3 times a week for individual sessions for the next month.

Goal 4: Member to attend substance use groups 2 times a week for the next month.

Did the patient participate in and agree with this plan of care?

Member participated in the making of this Plan of Care and agreed with the noted goals above.

Quick Tip!

When documenting Peer Support Services think Plan of Care, Interaction, Next Steps or PIN. Make sure to pin down the focus of each interaction had with a member in your documentation.

Questions to help guide documentation:		
Plan of Care	Interaction	Next Steps
Why do they need the support?	What happened when you were with the member?	What are the next steps? For you and for the member.

Educational Skill Building Groups Examples

Example 1

P: Member working on coping skills to help with their anxiety which is a trigger for their substance use.

I: Peer ran a group focused on Relaxation Techniques as a tool to reduce substance use triggers. Peer talked about your brain's fight or flight response and steps you can take to promote relaxation through breathing and visualization. Member participated in group discussion and stated, "I wish I knew about box breathing when I was younger and started having anxiety attacks. It really seems to relax me and help me reset. Excited to start using this daily."

N: Member to keep a log of when they feel most triggered to use and will continue to practice box breathing. Peer will remind patient of next Relaxation Techniques group in their next individual session.

Example 2 (telehealth example)

P: Member working on how to ask for help in situations that support their recovery journey.

I: Peer ran a group via telehealth (video session) focused on How to Ask for Help. Member was at home during the group. Peer reminded the group of a recent clinical group run by John Smith, LCSW and one of the activities related to reaching out for help. Peer and group practiced more examples of asking for help by using role plays. Member stated, "It really helps to practice this cause when I was using it just became my habit not to reach out to anyone ever."

N: Peer encouraged members to continue practicing different ways to reach out for help with different people. Peer to follow-up with member about this group in the next individual session.

Both are groups that can be billed by Peers using H0025 Behavioral Health Prevention Education.

Note: Telehealth includes services provided via video (e.g., Teams meeting) and or via telephone. Make sure to indicate in the note when telehealth (video or telephone) is used to provide a service and where the member was located at the time the service was provided.

Engagement Examples

<p><u>Example 1</u></p> <p>P: Member working on reducing methamphetamine use and transitioning to another substance use treatment team and facility.</p> <p>I: Peer used active listening skills to understand member’s concerns with transferring facilities to continue treatment. Peer asked open ended questions to discuss challenges with the new environment and identify if they encountered similar situations in the past. Member shared that he has a hard time trusting people in a new environment because. “I’ve been let down by a lot of people when I need them the most. It’s hard for me to start in a new place and continue treatment. It takes a lot of energy from me.”</p> <p>N: Peer will identify team members from the new treatment team to help facilitate a warm handoff with the member and the staff in new facility. Member to work on developing a wellness toolbox he can use during his transition.</p>	<p><u>Example 2 (telehealth example)</u></p> <p>P: Member working on building healthy support system to support their recovery.</p> <p>I: Peer shared their experience as part of Narcotics Anonymous support group in a confidential setting via telephone. Member was sitting in her car during the conversation. Peer talked about how essential the group was during holidays, birthdays, and special occasions. Member shared feelings of being overwhelmed and stated, “I know this will help me, but I have a hard time getting my foot out the door to go.” Member thanked Peer for talking with her as she got ready to drive to the group.</p> <p>N: Peer will provide linkage to resources to build recovery practices. Member to discuss plan to identify someone they can call before heading to the Narcotics Anonymous group.</p>
<p>Both are services that can be billed by Peers using H0038 Self-help/Peer Services.</p> <p>Note: Telehealth includes services provided via video (e.g., Teams meeting) and or via telephone. Make sure to indicate in the note when telehealth (video or telephone) is used to provide a service and where the member was located at the time the service was provided.</p>	

Therapeutic Activity Examples

<p><u>Example 1</u></p> <p>P: Member working on reducing alcohol use and following up on a doctor’s appointment made after he completed his MAT assessment with Mel Johnson, NP.</p> <p>I: Member expressed anxiety over going to this follow-up doctor appointment. Member stated, “I really hate going to the doctors and there isn’t anyone that can go with me.” Member expressed that anxiety triggers his cravings and needs support during the appointment to reduce relapse potential. Peer accompanied the member to the follow-up doctor appointment and provided support during the car ride and while in the waiting room. Peer went over questions the member had for the doctor and practiced some deep breathing. Member went back</p>	<p><u>Example 2</u></p> <p>P: Member working on identifying her triggers for use and building her relapse prevention plan with her Substance Use Counselor.</p> <p>I: Peer practiced active listening to learn how grocery shopping can be triggering for member. Member stated how difficult it is to shop for food, “When I know the alcohol is in a nearby section, I feel powerless and always want to give up and get the alcohol.” Peer shared experiences visiting grocery stores where she knows the layout for the alcohol section and how that helped with her recovery. Peer went with the member to the grocery store to provide support, come up with a shopping plan, and practice coping skills she’s learned while developing her relapse prevention plan.</p>
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into the doctor's office on their own from 2:05 pm – 2:30 pm. Peer accompanied the member home and during the car ride praised the member for dedication to their recovery goals and discussed follow-up with Mel Johnson, NP.

N: Member will confirm with Mel Johnson, NP that the member has an appointment. Peer will follow-up with member later in the week.

N: Peer shared action plan worksheet to help member identify ways to aid recovery. Member will continue to meet with her Substance Use Counselor to build her relapse prevention plan. Peer will follow-up with the member and Substance Use Counselor to provide support.

Both are services that can be billed by Peers using H0038 Self-help/Peer Services

Note for Example 1: In this example there was a period of time documented that the Peer was not providing a service. For primary Sage users the start and end time of the progress note can reflect the actual duration of the service. For example, if the start time was 1:30 pm (member picked up from home) and the end time was 3:15 pm (member is dropped off at home) but there was the 25 minutes that the Peer was not with the member then the start and end time of the note could be 1:30 pm – 2:50 pm. Secondary Sage users make sure to document the actual duration of the direct service with the member.

Documentation Reminders

- Document all encounters with members
- Use recovery language (i.e., it is a partnership where Peers “do with” a member not “do for” a member)
- Be compassionate, hopeful and supportive in documentation
- Do not include judgements
- Remain in your scope of practice
- Documentation should be accurate and timely

For questions related to SAPC Peer Support Services please email SAPC_ASOC@ph.lacounty.gov

For questions related to this guide or Peer Support Services training please email SAPC.CST@ph.lacounty.gov

Reference: Riverside County. Certified Mental Health Peer Support Services Billing Documentation Final 1-12-23. 2023 January 12.
[Document shared via email as a resource for Los Angeles County.]