

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
Office of Medical Assistance Programs

SUPPLEMENTAL PROVIDER AGREEMENT FOR THE
DELIVERY OF PEER SUPPORT SERVICES

This Supplemental Provider Agreement sets forth the responsibilities of the peer support services provider (“Provider”), which are in addition to those set forth in the Medical Assistance Outpatient Provider Agreement and addendums to that agreement, and the Provider handbooks and supplements.

Provider agrees to deliver services in accordance with the service description approved by the Office of Mental Health and Substance Abuse Services (“OMHSAS”).

Provider agrees to provide on-site services in a facility that:

- a. Affords adequate space, equipment and supplies in order that services be provided effectively and efficiently and with sufficient privacy when necessary.
- b. Is in a location that is accessible and convenient to the service population and is accessible to persons with disabilities.
- c. Meets applicable federal, state and local requirements for fire, safety and health.

Provider agrees to develop written policies, program guidelines and procedures relating to peer support services in accordance with the Peer Support Services Bulletin, Medical Assistance Provider Handbook, this Supplemental Provider Agreement and Provider’s approved service description.

Provider agrees to ensure that a Recovery-focused Individual Service Plan (“Individual Service Plan”) is developed by the individual, the peer specialist and the mental health professional within one month of enrollment and reviewed every six months thereafter and that the initial Individual Service Plan and each review are signed by the individual, the peer specialist and the mental health professional.

Provider agrees that each Individual Service Plan will specify individualized goals and objectives pertinent to the individual’s recovery and community integration in language that is outcome oriented and measurable; identify interventions directed to achieving the individualized goals and objectives; specify the peer specialist’s role in relating to the individual and involved others; and specify the frequency of peer support services to be delivered.

Provider agrees to deliver services in accordance with the Individual Service Plan. Provider agrees that in order to achieve the agreed-upon goals in the Individual Service Plan, and with the individual’s consent, the peer specialist will work with the individual’s

family, service and treatment providers, rehabilitative programs and natural community supports.

Provider agrees that it will typically provide peer support services on an individual (1:1) basis but may offer group services for several individuals together when such services are beneficial, provided that group services may not include social, recreational or leisure activities. To receive peer support services in a group, individuals must share a common goal, and each individual must agree to participate in the group. Services such as psychoeducation or WRAP (Wellness Recovery Action Planning) are the types of services that may be provided in groups.

Provider agrees to insure that attempts are made to contact the individual according to the Individual Service Plan.

Provider agrees to administer and deliver peer support services in accordance with the following staffing and supervision requirements:

- a. Each peer support program will be identified separately from other services or programs offered by the provider and will have a designated supervisor and staff.
- b. Peer support staff, including supervisors, may work in another program or agency, but their time will be pro-rated and their hours of service in each service clearly and separately identified. No staff person may have duplicate or overlapping hours of service in a peer support program and another program or agency. Peer support staff will disclose (to appropriate program management/administration) when they are co-employed with another program or agency.
- c. The ratio of staff to individuals served is to be based upon the needs of the population served and program location (urban vs. rural).
- d. A mental health professional is to maintain clinical oversight of peer support services, which includes ensuring that services and supervision are provided consistent with the service requirements.
- e. A full time equivalent (“FTE”) supervisor may supervise no more than seven FTE peer specialists.
- f. Supervisors will conduct at least one face-to-face meeting with each peer specialist per week with additional support as needed or requested.
- g. Supervisors will maintain a log of supervisory meetings.
- h. Peer specialists will receive at least six hours of direct supervision and mentoring from the supervisor in the field before working independently off-site.

Provider agrees to ensure that Provider staff meet the following minimum qualifications:

- a. A supervisor of peer specialists is either a mental health professional who has completed the peer specialist supervisory training, which is offered in accordance with guidelines defined by the Department, or an individual who has the following minimum qualifications:
 - (i) A bachelor’s degree; and

- (ii) Two years of mental health direct care experience, which may include experience in peer support services;
 - OR
 - (i) A high school diploma or general equivalency degree; and
 - (ii) Four years of mental health direct care experience, which may include experience in peer support services, and the completion of a peer specialist supervisory training curriculum approved by the Department within 6 months of assuming the position of peer support supervisor.
- b. A peer specialist is a self-identified individual who has received or is receiving state priority group services as defined in MH Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group, and who:
- (i) Has a high school diploma or general equivalency degree; and
 - (ii) Within the last three (3) years, has maintained at least 12 months of successful full or part-time paid or voluntary work experience or obtained at least 24 credit hours of post-secondary education; and
 - (iii) Has completed a peer specialist certification training curriculum approved by the Department.

Provider agrees to develop a written staff training plan that ensures that each practitioner in the peer support program receives training appropriate to his or her identified needs and the position requirements specified in this paragraph. The training plan will identify training objectives that address the enhancement of knowledge and skills as well as the provision of services in an age-appropriate and culturally competent manner and ensure that staff attain and maintain peer specialist certification.

- a. Mental health professionals who assume responsibility for supervision of peer support services will complete a peer specialist supervisory orientation/training course approved by the Department.
- b. Supervisors who are not mental health professionals will complete a peer specialist supervisory orientation/training course approved by the Department.
- c. The supervisor's orientation/training course will be completed within 6 months of assuming the position of peer specialist supervisor.
- d. Peer specialists will complete a peer specialist certification training curriculum approved by the Department before providing peer support services.
- e. Peer specialists will complete 18 hours of continuing education training per year with 12 hours specifically focused on peer support or Recovery practices, or both, in order to maintain peer specialist certification.

Provider agrees to maintain a written record of training attended by each peer support staff classification (Mental Health Professional, Peer Specialist Supervisor, Certified Peer Specialist).

Provider agrees to ensure that peer specialists within the agency are given opportunities to meet with or otherwise receive support from other peer specialists both within and outside the agency.

Provider agrees to have written protocols that address coordination of services with other appropriate mental health treatment, rehabilitation, and co-occurring disorder programs, including substance abuse services, as well as medical services, community resources and natural supports and document linkages with such other resources. With the individual's written consent, such coordination includes periodic peer support progress reports to the referral source and treatment providers.

Provider agrees to have written protocols that describe how the certified peer specialist and certified peer specialist supervisor will participate in and coordinate with treatment teams at the request of a consumer and the procedure for requesting team meetings.

Provider agrees to make available to participants a list of culturally competent resources related to housing, leisure, legal entitlements, emergency needs, physical health and wellness, mental health treatment and co-occurring disorders.

Provider agrees to make available to participants, based upon individual need, information regarding substance abuse services and support groups, including but not limited to Dual Recovery Anonymous, Alcoholics Anonymous and Narcotics Anonymous.

Provider agrees that its quality assurance plan will include a written Continuous Quality Improvement ("CQI") plan, as described in this paragraph, addressed to the delivery of peer support services, which is reviewed and updated annually. Provider agrees to include participation from individuals receiving peer support services in both the development of the CQI plan and the annual reviews.

- a. The CQI plan will describe how Provider will:
 - (i) Identify and work to eliminate organizational, systemic and community barriers that may interfere with the ability of the peer specialist to perform his or her primary job responsibilities.
 - (ii) Promote a spirit of collaboration and partnership among the provider, the peer specialist and community stakeholders.
- b. The CQI plan will describe procedures for ongoing review of the plan and for a systematic review of services and outcomes, including review of Individual Service Plans, to ensure quality, timeliness and appropriateness of services and individual satisfaction with services. The procedures will describe the types and frequency of reviews to be undertaken (e.g., quarterly professional staff conferences, peer reviews, case reviews conducted by internal or external individuals or entities).
- c. The CQI plan will include an annual report that describes the population served and the outcome of the reviews conducted through the year, including the progress made or not made in meeting the goals specified in the plan, and provider agrees to disseminate the report to OMHSAS, provider staff, the agency director, the County MH/MR Administrator, the behavioral health managed care organizations in which the provider is enrolled and consumers and their families.

Provider agrees to treat, and to insure that its staff treats, information about individuals who are receiving peer support services as confidential as required by regulations at 55 Pa.Code

§§ 5100.31 - 5100.39 (relating to confidentiality of mental health records), and the Health Insurance Portability and Accountability Act (HIPAA), Pub. L. 104-191, and accompanying regulations at 45 C.F.R. Part 164 (relating to security and privacy).

Provider agrees that it will make no service decisions in violation of the individual's civil rights as set forth in 55 Pa.Code §§ 5100.53 - 5100.56 (relating to patient rights).

Provider agrees to insure that individuals receiving peer support services are informed of their rights, including their right not to be discriminated against on the basis of age, race, sex, religion, ethnic origin, economic status, sexual preference, or diagnosis, and their right to appeal a decision to reduce or terminate peer support services over the individual's objection.

Provider agrees to submit reports as required by the Department, county MH/MR administrator and appropriate behavioral health managed care organizations.

If Provider is providing peer support services through a subcontractor that is not enrolled in the Medical Assistance Program, Provider agrees to be responsible for the clinical and administrative oversight of the services delivered by the subcontractor and for compliance with program requirements.

I hereby agree to comply with the terms of this Supplemental Provider Agreement, the Peer Support Services Bulletin, the Medical Assistance Provider Handbook, and all requirements that govern participation in the Medical Assistance Program:

Provider Name (please type or print)

Provider Signature

Date

Provider Address (please type or print)