

AGENDA
BOARD OF COUNSELING
Regulatory Advisory Panel
Monday, June 26, 2017 at 12:00 p.m.
Second Floor- Perimeter Center, Board Room 3

12:00 p.m. Call to Order – Kevin Doyle, Chairperson

- I. Welcome and Introductions
 - a. Emergency Egress Instructions
- II. Public Comment
- III. Purpose of the Regulatory Advisory Panel: Legislative Mandate
- IV. Discussion of Emergency Regulations for the Registrations of Qualified Mental Health Professionals (QMHPs) and Peer Recovery Specialists as required by House Bill 2095 (2017)
 - a. Discussion points regarding regulation of QMHPs
 - i. Who is included in the definition of QMHPs?
 - ii. Will licensed providers be required to register as QMHPs?
 - iii. What is the scope of practice for a QMHP?
 - iv. What is the role of the QMHP?
 - v. In what setting are QMHPs allowed to work?
 - vi. How is supervision of QMHPs regulated?
 - vii. Process for grandfathering current QMHPs
 - b. Discussion points regarding regulation of Peer Recovery Specialists
 - i. What is the scope of practice for a Peer Recovery Specialist?
 - ii. What is the role of a Peer Recovery Specialist?
 - iii. In what settings are Peer Recovery Specialists allowed to work?
- V. Conclusion

5:00 p.m. Adjourn

Legislative Mandate

House Bill 2095 (2017)

VIRGINIA ACTS OF ASSEMBLY -- 2017 SESSION

CHAPTER 418

An Act to amend and reenact §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia, relating to registration of peer recovery specialists and qualified mental health professionals.

[H 2095]

Approved March 13, 2017

Be it enacted by the General Assembly of Virginia:

1. That §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia are amended and reenacted as follows:

§ 37.2-203. Powers and duties of Board.

The Board shall have the following powers and duties:

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;
6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;
7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;
8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312; and
9. To change the names of state facilities; and
10. To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process Act (§ 2.2-4000 et seq.), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696, at least 30 days prior to the Board's action for the Council's review and comment.

§ 37.2-304. Duties of Commissioner.

The Commissioner shall be the chief executive officer of the Department and shall have the following duties and powers:

1. To supervise and manage the Department and its state facilities.
2. To employ the personnel required to carry out the purposes of this title.
3. To make and enter into all contracts and agreements necessary or incidental to the performance of the Department's duties and the execution of its powers under this title, including contracts with the United States, other states, and agencies and governmental subdivisions of the Commonwealth, consistent with policies and regulations of the Board and applicable federal and state statutes and regulations.
4. To accept, hold, and enjoy gifts, donations, and bequests on behalf of the Department from the United States government, agencies and instrumentalities thereof, and any other source, subject to the approval of the Governor. To these ends, the Commissioner shall have the power to comply with conditions and execute agreements that may be necessary, convenient, or desirable, consistent with policies and regulations of the Board.
5. To accept, execute, and administer any trust in which the Department may have an interest, under the terms of the instruments creating the trust, subject to the approval of the Governor.
6. To transfer between state hospitals and training centers school-age individuals who have been identified as appropriate to be placed in public school programs and to negotiate with other school divisions for placements in order to ameliorate the impact on those school divisions located in a jurisdiction in which a state hospital or training center is located.
7. To provide to the Director of the Commonwealth's designated protection and advocacy system, established pursuant to § 51.5-39.13, a written report setting forth the known facts of critical incidents or

deaths of individuals receiving services in facilities within 15 working days of the critical incident or death.

8. To work with the appropriate state and federal entities to ensure that any individual who has received services in a state facility for more than one year has possession of or receives prior to discharge any of the following documents, when they are needed to obtain the services contained in his discharge plan: a Department of Motor Vehicles approved identification card that will expire 90 days from issuance, a copy of his birth certificate if the individual was born in the Commonwealth, or a social security card from the Social Security Administration. State facility directors, as part of their responsibilities pursuant to § 37.2-837, shall implement this provision when discharging individuals.

9. To work with the Department of Veterans Services and the Department for Aging and Rehabilitative Services to establish a program for mental health and rehabilitative services for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service and their family members pursuant to § 2.2-2001.1.

10. To establish and maintain a pharmaceutical and therapeutics committee composed of representatives of the Department of Medical Assistance Services, state facilities operated by the Department, community services boards, at least one health insurance plan, and at least one individual receiving services to develop a drug formulary for use at all community services boards, state facilities operated by the Department, and providers licensed by the Department.

~~11. To certify individuals as peer providers in accordance with regulations adopted by the Board.~~

~~12. To establish and maintain the Commonwealth Mental Health First Aid Program pursuant to § 37.2-312.2.~~

~~13, 12.~~ To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services; the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Unless specifically authorized by the Governor to accept or undertake activities for compensation, the Commissioner shall devote his entire time to his duties.

§ 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity.

A. As used in this section:

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Client" or "patient" means any person who is voluntarily or involuntarily receiving mental health services or substance abuse services from any mental health service provider.

"Clinical psychologist" means a person who practices clinical psychology as defined in § 54.1-3600.

"Clinical social worker" means a person who practices social work as defined in § 54.1-3700.

"Licensed practical nurse" means a person licensed to practice practical nursing as defined in § 54.1-3000.

"Licensed substance abuse treatment practitioner" means any person licensed to engage in the practice of substance abuse treatment as defined in § 54.1-3500.

"Marriage and family therapist" means a person licensed to engage in the practice of marriage and family therapy as defined in § 54.1-3500.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Mental health service provider" or "provider" refers to any of the following: (i) a person who provides professional services as a certified substance abuse counselor, clinical psychologist, clinical social worker, licensed substance abuse treatment practitioner, licensed practical nurse, marriage and family therapist, mental health professional, physician, professional counselor, psychologist, *qualified mental health professional*, registered nurse, *registered peer recovery specialist*, school psychologist, or social worker; (ii) a professional corporation, all of whose shareholders or members are so licensed; or (iii) a partnership, all of whose partners are so licensed.

"Professional counselor" means a person who practices counseling as defined in § 54.1-3500.

"Psychologist" means a person who practices psychology as defined in § 54.1-3600.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Registered nurse" means a person licensed to practice professional nursing as defined in § 54.1-3000.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"School psychologist" means a person who practices school psychology as defined in § 54.1-3600.

"Social worker" means a person who practices social work as defined in § 54.1-3700.

B. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out that threat immediately or imminently. If the third party is a child, in addition to taking precautions to protect the child from the behaviors in the above types of threats, the provider also has a duty to take precautions to protect the child if the client threatens to engage in behaviors that would constitute physical abuse or sexual abuse as defined in § 18.2-67.10. The duty to protect does not attach unless the threat has been communicated to the provider by the threatening client while the provider is engaged in his professional duties.

C. The duty set forth in subsection B is discharged by a mental health service provider who takes one or more of the following actions:

1. Seeks involuntary admission of the client under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2.

2. Makes reasonable attempts to warn the potential victims or the parent or guardian of the potential victim if the potential victim is under the age of 18.

3. Makes reasonable efforts to notify a law-enforcement official having jurisdiction in the client's or potential victim's place of residence or place of work, or place of work of the parent or guardian if the potential victim is under age 18, or both.

4. Takes steps reasonably available to the provider to prevent the client from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the client.

5. Provides therapy or counseling to the client or patient in the session in which the threat has been communicated until the mental health service provider reasonably believes that the client no longer has the intent or the ability to carry out the threat.

6. *In the case of a registered peer recovery specialist or a qualified mental health professional who is not otherwise licensed by a health regulatory board at the Department of Health Professions, reports immediately to a licensed mental health service provider to take one or more of the actions set forth in this subsection.*

D. A mental health service provider shall not be held civilly liable to any person for:

1. Breaching confidentiality with the limited purpose of protecting third parties by communicating the threats described in subsection B made by his clients to potential third party victims or law-enforcement agencies or by taking any of the actions specified in subsection C.

2. Failing to predict, in the absence of a threat described in subsection B, that the client would cause the third party serious physical harm.

3. Failing to take precautions other than those enumerated in subsection C to protect a potential third party victim from the client's violent behavior.

§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.

A. The chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, and the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a director of a home health or hospice organization, to the Office of Licensure and Certification at the Department of Health (the Office), the following information regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification or registration unless exempted under subsection E:

1. Any information of which he may become aware in his official capacity indicating that such a

health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or any other health care institution, for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients.

2. Any information of which he may become aware in his official capacity indicating, after reasonable investigation and consultation as needed with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or administrator determines that a reasonable probability exists.

3. Any disciplinary proceeding begun by the institution, organization, ~~or~~ facility, *or provider* as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of the initiation of a disciplinary proceeding.

4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or termination of privileges or restriction of privileges that results from conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of any disciplinary action.

5. The voluntary resignation from the staff of the health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider*, or voluntary restriction or expiration of privileges at the institution, organization, ~~or~~ facility, *or provider*, of any health professional while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution, organization, ~~or~~ facility, *or provider* or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

Any report required by this section shall be in writing directed to the Director of the Department of Health Professions or to the Director of the Office of Licensure and Certification at the Department of Health, shall give the name and address of the person who is the subject of the report and shall fully describe the circumstances surrounding the facts required to be reported. The report shall include the names and contact information of individuals with knowledge about the facts required to be reported and the names and contact information of individuals from whom the hospital or health care institution, organization, ~~or~~ facility, *or provider* sought information to substantiate the facts required to be reported. All relevant medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall also provide notice to the Department or the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report.

This section shall not be construed to require the hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

C. The State Health Commissioner ~~or the~~ Commissioner of ~~the Department~~ of Social Services, *and Commissioner of Behavioral Health and Developmental Services* shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this

section to the Department of Health Professions.

D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed \$25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health or the Commissioner of Social Services, or Commissioner of Behavioral Health and Developmental Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

"Practice of substance abuse treatment" means rendering or offering to render substance abuse treatment to individuals, groups, organizations, or the general public.

"Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Referral activities" means the evaluation of data to identify problems and to determine advisability

of referral to other specialists.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship supervised clinical experience registered with the Board.

"Resident" means an individual who has submitted a supervisory contract to the Board and has received Board approval to provide clinical services in professional counseling under supervision.

"Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading to clinically significant impairment or distress.

"Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.

"Supervision" means the ongoing process, performed by a supervisor, of monitoring the performance of the person supervised and providing regular, documented individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person supervised.

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

§ 54.1-3506.1. Client notification.

Any person licensed, certified, or registered by the Board and operating in a nonhospital setting shall

post a copy of his license, *certification, or registration* in a conspicuous place. The posting shall also provide clients with (i) the number of the toll-free complaint line at the Department of Health Professions, (ii) the website address of the Department for the purposes of accessing the licensee's, *certificate holder's, or registrant's* record, and (iii) notice of the client's right to report to the Department if he believes the licensee, *certificate holder, or registrant* may have engaged in unethical, fraudulent, or unprofessional conduct. *If the licensee, certificate holder, or registrant does not operate in a central location at which clients visit, he or his employer shall provide such information on a disclosure form signed by the client and maintained in the client's record.*

2. That the Board of Behavioral Health and Developmental Services and the Board of Counseling shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

Department of Behavioral Health and Developmental Services (DHBHDS)

1. Current Emergency Regulation Requiring the Certification of Peer Recovery Specialists
2. Proposed Amendments to the Definitions of Qualified Mental Health Professionals (QMHPs)
3. Current Definitions of QMHPs



Emergency Text

Action: New regulation of peer recovery specialists.

Stage: Emergency/NOIRA

5/11/17 4:45 PM [latest] ▼

12VAC35-250
CHAPTER 250

PEER RECOVERY SPECIALISTS

12VAC35-250-10
12VAC35-250-10. Definitions.

"Certifying body" means an organization approved by DBHDS that has as one of its purposes the certification of peer recovery specialists.

"DBHDS" means the Department of Behavioral Health and Developmental Services.

"DBHDS peer recovery specialist training" means the curriculum developed and approved by DBHDS for the training of persons seeking registration as peer recovery specialists.

"Individual" means a person who is receiving peer recovery support services. This term includes the terms "consumer," "patient," "resident," "recipient," and "client."

"Peer recovery support services" means nonclinical, peer-to-peer activities that engage, educate, and support an individual's self-help efforts to improve his health recovery resiliency and wellness.

"Recovery, resiliency, and wellness plan" means a set of goals, strategies, and actions an individual creates to guide him and his health care team to move the individual toward the maximum achievable independence and autonomy in the community.

"Peer recovery specialist" means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

12VAC35-250-20
12VAC35-250-20. Peer recovery specialist.

A. Any person seeking to be a peer recovery specialist under this chapter shall (i) meet the qualifications, education, and experience requirements established in this chapter and (ii) hold a certification as a peer recovery specialist from a certifying body approved by DBHDS.

B. If the conditions in clauses (i) and (ii) of subsection A of this section are met, the following person may be:

1. A parent of a minor or adult child with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder; or

2. An adult with personal experience with a family member with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder.

C. A peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

12VAC35-250-30

12VAC35-250-30. Qualifications.

A. Any person seeking to be a peer recovery specialist under this chapter shall:

1. Have a high school diploma or equivalent.

2. Sign and abide by the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, effective April 4, 2017.

3. Complete the DBHDS peer recovery specialist training by April 1, 2018.

4. Show current certification in good standing by the U.S. Department of Veterans Affairs or one of the following certifying bodies:

a. National Association for Alcoholism and Drug Abuse Counselors (NAADAC);

b. A member board of the International Certification and Reciprocity Consortium (IC&RC); or

c. Any other certifying body approved by DBHDS.

B. Individuals certified through the Virginia member board of the IC&RC between April 16, 2015, through December 31, 2016, shall be exempt from completing the DBHDS peer recovery specialist training.

12VAC35-250-40

12VAC35-250-40. Minimum standards for certifying bodies.

DBHDS may approve a certification obtained from a certifying body that requires its certificate holders to:

1. Adhere to a code of ethics that is substantially comparable to the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, effective April 4, 2017.

2. Have at least one year of recovery for persons having lived experience with mental illness or substance use disorder conditions, or lived experience as a family member of someone with mental illness or substance use disorder conditions.

3. Complete at least 46 hours of training from the list of curriculum subjects in 12VAC35-250-50.

4. Obtain a passing score on an examination offered by the certifying body testing knowledge of the curriculum subjects identified in 12VAC35-250-50.

5. Obtain and document at least 500 hours of supervised paid or volunteer experience providing peer recovery services in the three years prior to applying for certification. The experience hours shall have been in nonclinical, peer-to-peer recovery-oriented support activities designed to address an individual's recovery and wellness goals.

12VAC35-250-45

12VAC35-250-45. Continuing education.

Any person seeking to be a peer recovery specialist under this chapter shall be required to complete a minimum of 20 hours of continuing education every two years from the date of his certification by a certifying body. These hours shall be in

courses that cover the topics listed in 12VAC35-250-50.

12VAC35-250-50

12VAC35-250-50. Curriculum requirements.

A. Any person seeking to be a peer recovery specialist under this chapter shall complete the DBHDS peer recovery specialist training.

B. The curriculum of the peer recovery specialist training shall include training on the following topics:

1. The current body of mental health and substance abuse knowledge;
2. The recovery process;
3. Promoting services, supports, and strategies for recovery;
4. Peer-to-peer services;
5. Crisis intervention;
6. The value of the role of a peer recovery specialist;
7. Basic principles related to health and wellness;
8. Recovery, resiliency, and wellness plans;
9. Stage-appropriate pathways in recovery support;
10. Ethics and ethical boundaries;
11. Cultural sensitivity and practice;
12. Trauma and its impact on recovery;
13. Community resources; and
14. Delivering peer services within agencies and organizations.

12VAC35-250-9999

DOCUMENTS INCORPORATED BY REFERENCE (12VAC35-250)

The Virginia Peer Recovery Support Specialist Code of Ethics, Department of Behavioral Health and Developmental Services (eff. 4/2017)

Virginia.gov Agencies | Governor



Agency Department of Behavioral Health and Developmental Services
Board State Board of Behavioral Health and Developmental Services
Chapter Peer Recovery Specialists [12 VAC 35 - 250]

Action: New regulation of peer recovery specialists.

Emergency/NOIRA Stage

Action 4796 / Stage 7902

| Documents | |
|---------------------------------------|------------------------------|
| Emergency Text | 5/11/2017 4:45 pm |
| Agency Statement | 4/7/2017 (modified 5/8/2017) |
| Attorney General Certification | 4/12/2017 |
| Governor's Approval Memo | 5/5/2017 |

| Status | |
|--------------------------------|--|
| Public Hearing | Will be held at the proposed stage |
| Emergency Authority | Sections 37.2-203 and 37.2-304 of the Code of Virginia |
| Exempt from APA | No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process. |
| Attorney General Review | Submitted on 4/7/2017 Review Completed: 4/12/2017 Result: Certified |
| DPB Review | Submitted on 4/12/2017 Review Completed: 4/21/2017 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i> |
| Secretary Review | Secretary of Health and Human Resources Review Completed: 4/24/2017 |
| Governor's Review | Review Completed: 5/5/2017 Result: Approved |
| Virginia Registrar | Submitted on 5/8/2017 <u>The Virginia Register of Regulations</u> Publication Date: 5/29/2017 Volume: 33 Issue: 20 |
| Comment Period | <u>In Progress!</u> <u>Ends 6/28/2017</u> <u>Currently 0 comments</u> |
| Effective Date | 5/12/2017 |
| Expiration Date | 11/11/2018 |

| Contact Information | |
|-----------------------|--|
| Name / Title: | Ruth Anne Walker / <i>Regulatory Coordinator</i> |
| Address: | Jefferson Bldg. 1220 Bank St., 11th Floor Richmond, VA 23219 |
| Email Address: | ruthanne.walker@dbhds.virginia.gov |
| Telephone: | (804)225-2252 FAX: (804)786-8623 TDD: (-) |

This person is the primary contact for this board.

12

Virginia.gov Agencies | Governor



Agency Department of Behavioral Health and Developmental Services

Board State Board of Behavioral Health and Developmental Services

General Notice**Public Comment on Qualifications for Occupational Therapists as Qualified Mental Health Professionals**

Date Posted: 5/10/2017

Expiration Date: 6/29/2017

Submitted to Registrar for publication: YES

No comment forum defined for this notice.

DEPARTMENT OF BEHAVIORAL HEALTH AND
DEVELOPMENTAL SERVICES**Proposed Amendments to 12VAC35-105 RULES AND REGULATIONS FOR LICENSING PROVIDERS BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES, Subsection 20. Definitions.**

General Notice

Notice of action: The Department of Behavioral Health and Developmental Services (DBHDS) is announcing an opportunity for public comment on preliminary draft text to 12VAC35-105 RULES AND REGULATIONS FOR LICENSING PROVIDERS BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES, Subsection 20. Definitions.

Purpose of notice: DBHDS is to alert interested stakeholders to the changes in law and subsequent need for regulatory changes to conform. Chapter 0136 of the 2017 Acts of Assembly direct the State Board of Behavioral Health and Developmental Services ("State Board") to adopt changes related to professional qualifications of Qualified Mental Health Professionals (QMHPs) regarding Occupational Therapists. Specifically, the State Board *shall amend 12VAC35-105-20 of the Virginia Administrative Code to include (i) occupational therapists in the definitions of Qualified Mental Health Professional-Adult, Qualified Mental Health Professional-Child, and Qualified Mental Retardation Professional and (ii) occupational therapy assistants in the definition of Qualified Paraprofessional in Mental Health. In amending these definitions, the Board shall require educational and clinical experience for occupational therapists and occupational therapy assistants that is substantially equivalent to comparable professionals listed in current regulations.*

DBHDS will provide a draft, along with any public comments received, to the State Board of Behavioral Health and at its next meeting on July 12, 2017.

Draft text on which to comment:

"Qualified Mental Health Professional-Adult (QMHP-A)" means a person registered with the Board of Counseling, who is in the human services field who and is trained and experienced in providing psychiatric or mental health services to individuals adults who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed

equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; (viii) a licensed occupational therapist with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness or (ix) ~~(viii)~~ any other licensed mental health professional.

"Qualified Mental Health Professional-Child (QMHP-C)" means a person registered with the Board of Counseling who is in the human services field who and is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience providing direct services to with children and or adolescents with a diagnosis of mental illness, (vi) be a licensed occupational therapist with at least one year of clinical experience providing direct services to children or adolescents with a diagnosis of mental illness, or (vii) be a licensed mental health professional.

"Qualified Mental Health Professional-Eligible (QMHP-E)" means a person who has: (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience, ~~or~~ (ii) a licensed occupational therapist with less than one year of clinical experience providing direct services to individuals with a diagnosis of mental illness, or (iii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by the department and has a department and DMAS-approved supervision training program.

"Qualified Paraprofessional in Mental Health (QPPMH)" means a person registered with the Board of Counseling who must, at a minimum, meet at least one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; ~~or~~ (iii) licensed as an occupational therapy assistant (OTA), and supervised by a licensed occupational therapist, with at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iv) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

Public comment period: May 29, 2017, through June 29, 2017.

How to comment: DBHDS accepts written comments by email, fax, and postal mail. In order to be considered, comments must include the full name, address, and telephone number of the person commenting and be received by DBHDS by the last day of the comment period. All information received is part of the public record.

Contact Information: Cleopatra L. Booker, Psy.D., Director, Office of Licensing, Virginia Department of Behavioral Health & Developmental Services, P.O. Box 1797, 1220 Bank Street, Richmond, VA 23218-1797, telephone (804) 786-1747, fax (804) 692-0066, or email cleopatra.booker@dbhds.virginia.gov.

Contact Information

| | |
|----------------------|---|
| Name / Title: | Cleopatra L. Booker, Psy.D. / Director, Office of Licensing |
| Address: | DBHDS |

| | |
|-----------------------|---|
| | P.O. Box 1797, 1220 Bank Street Richmond, 23218-1797 |
| Email Address: | <u>cleopatra.booker@dbhds.virginia.gov</u> |
| Telephone: | (804)786-1747 FAX: (804)692-0066 TDD: (804)371-8977 |

Department of Behavioral Health and Developmental Services
Office of Licensing

QMHP/QMRP/QPPMH DEFINITIONS:

"Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including:

- (i) a doctor of medicine or osteopathy licensed in Virginia;
- (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia;
- (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience;
- (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness;
- (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience;
- (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or
- (viii) any other licensed mental health professional.

"Qualified Mental Health Professional-Child (QMHP-C)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness.

To qualify as a QMHP-C, the individual must have the designated clinical experience and must either:

- (i) be a doctor of medicine or osteopathy licensed in Virginia;
- (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents;
- (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents;
- (iv) be a registered nurse with at least one year of clinical experience with children and adolescents;
- (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or
- (vi) be a licensed mental health professional.

"Qualified Mental Health Professional-Eligible (QMHP-E)" means a person who has:

- (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or
- (ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by the department and has a department and DMAS-approved supervision training program.

"Qualified Mental Retardation Professional (QMRP)" means a person who possesses at least one year of documented experience working directly with individuals who have mental retardation (intellectual disability) or other developmental disabilities and one of the following credentials:

- (i) a doctor of medicine or osteopathy licensed in Virginia,
- (ii) a registered nurse licensed in Virginia, or
- (iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified Paraprofessional in Mental Health (QPPMH)" means a person who must, at a minimum, meet one of the following criteria:

- (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP);
- (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or
- (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

QMRPs must have at least one year of documented experience providing direct services (developing, conducting, and approving assessments and individual service plans) with individuals with a diagnosis of an intellectual disability (mental retardation) or other developmental disabilities.

QMRP Guidance:

The QMRP position provides direction, development and implementation, direct supervision and monitoring (observation and evaluation of staff implementing care, service plans & interacting with clients) to the service provided. This position has responsibility for approving assessments and individual service plans or treatment plans to ensure that appropriate services are provided to meet the needs of the individuals serviced. The QMRP must have documented experience **developing, conducting, and approving assessments and individual service plans treatment plans.**

12 VAC 35-105-590 states an individual could meet the requirements for a QMRP if he has "equivalent experience."

Equivalent Experience is defined as ***five years of paid experience*** in providing direction, development and implementation, direct supervision and monitoring (observation and evaluation of staff implementing care, service plans & interacting with clients) to the service provided. This position has responsibility for approving assessments and individual service plans or treatment plans to ensure that appropriate services are provided to meet the needs of the individuals serviced. The QMRP ***must have documented experience developing, conducting, and approving assessments and individual service plans or treatment plans.***

The **QMRP POSITIONS ARE NOT INTENDED FOR INDIVIDUALS WHOSE EXPERIENCE IS LIMITED TO IMPLEMENTING AND MONITORING PLANS, ATTENDING IEP OR TEAM MEETINGS ONLY.**

Board of Counseling

Draft Emergency Regulations

Draft Regulations Governing the Registration of Peer Recovery Specialists and Qualified Mental Health Professionals.

Part I. General Provisions

Definitions.

“Applicant” means a person applying for registration as a qualified mental health professional.

"Board" shall mean the Virginia Board of Counseling.

“Certifying body” means an organization approved by the Board that has as one of its purposes the certification of peer recovery specialists.

“DBHDS” means the Virginia Department of Behavioral Health and Developmental Services.

“DBHDS Peer Recovery Specialist Training” means the curriculum developed and approved by the DBHDS for the training of persons seeking registration as peer recovery specialists.

“Mental health professional” means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual’s achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

“Peer recovery specialist” means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

“Qualified mental health professional or QMHP” means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

“Qualified Mental Health Professional-Adult or QMHP-Adult” means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness. A QMHP-Adult shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

“Qualified Mental Health Professional-Child or QMHP-Child” means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. A QMHP-Child shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

“Qualified Mental Health Professional – Eligible or QMHP-E” means a person who.....

“Registrant” means a peer recovery specialist or a QMHP registered with the Board.

“Registered peer recovery specialist” means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

Fees required by the board.

- A.** The board has established the following fees applicable to the registration of peer recovery specialists and qualified mental health professionals:

| | |
|--|-------|
| Registration of Peer Recovery Specialist | \$30 |
| Registration of Qualified Mental Health Professional | \$50 |
| Renewal of registration | \$30 |
| Late renewal | \$20 |
| Reinstatement of a lapsed registration for Peer Recovery Specialists | \$60 |
| Reinstatement of a lapsed registration for a QMHP | \$75 |
| Duplicate Certificate of Registration | \$10 |
| Returned Check | \$35 |
| Reinstatement following revocation or suspension | \$500 |

- B.** Unless otherwise provided, fees established by the board shall not be refundable.

Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be

furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II. Requirements for Registration

Requirements for registration as a peer recovery specialist.

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a peer recovery specialist shall: Have a high school diploma or equivalent.
 - a. Sign and abide by the DBHDS Peer Recovery Specialist Code of Ethics.
 - b. Successfully complete the DBHDS Peer Recovery Specialist Training
 - c. Hold a current credential as a peer recovery specialist issued by the U.S. Department of Veteran's Affairs or one of the following certifying bodies:
 - i. National Association for Alcoholism and Drug Abuse Counselors ("NAADAC");
 - ii. A member board of the International Certification and Reciprocity Consortium ("IC&RC"); or
 - iii. Any other certifying body approved by the DBHDS.

Requirements for registration as a Qualified Mental Health Professional - Adult.

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a qualified mental health professional - Adult shall provide evidence of either:
 - a. A Virginia license as a doctor of medicine or osteopathy;
 - b. A Virginia license as a doctor of medicine or osteopathy, specializing in psychiatry.
 - c. A Master's degree in psychology from an accredited college or university with at least one year of clinical experience;
 - d. A bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed by the Board to be equivalent) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness;
 - e. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience;

- f. A Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA)
- g. A registered nurse licensed in Virginia with at least one year of clinical experience;
- h. A licensed occupational therapist with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; or,
- i. Licensure as any other mental health professional.

Requirements for registration as a Qualified Mental Health Professional - Child.

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a qualified mental health professional -Child shall provide evidence of either:
 - a. A Virginia license as a doctor of medicine or osteopathy;
 - b. A Master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents;
 - c. A social work bachelor's degree or master's degree from an accredited college or university with at least one year of clinical experience with children or adolescents;
 - d. A registered nurse licensed in Virginia with at least one year of clinical experience with children and adolescents;
 - e. A bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience providing direct services to children or adolescents with a diagnosis of mental illness; or,
 - f. A license as a mental health professional.

Requirements for registration as a Qualified Mental Health Professional - Eligible.

- C. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- D. An applicant for registration as a qualified mental health professional - Eligible shall provide evidence of either:
 - a. A bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience;
 - b. A licensed occupational therapist with less than one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; or,
 - c. At least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by DBHDS and has a DBHDS and DMAS-approved supervision training program.

Part III. Renewal and Reinstatement

Annual renewal of registration

- A. All registrants shall renew their registration on or before June 30 of each year.
- B. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in XXXX.

Continued competency requirements for renewal of peer recovery specialist registration.

- A. Peer recovery specialists and qualified mental health professionals shall be required to have completed a minimum of 10 contact hours of continuing education for each annual registration renewal. A minimum of three (3) of these hours shall be in courses that emphasize ethics.
 - 1. Peer recovery specialists shall complete continuing competency activities that focus on increasing knowledge or skills in one or more of the following areas:
 - a. Current body of mental health/substance abuse knowledge;
 - b. Recovery process – promoting services, supports, and strategies;
 - c. Crisis intervention;
 - d. Values for role of recovery support specialist;
 - e. Basic principles related to health and wellness;
 - f. Stage appropriate pathways in recovery support;
 - g. Ethics and boundaries;
 - h. Cultural sensitivity and practice;
 - i. Trauma and impact on recovery;
 - j. Community resources; or
 - k. Delivering peer services within agencies and organizations.
- B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the scope of practice in the category of registration held.
- C. The following organizations, associations, or institutions are approved by the board to provide continuing education:
 - 1. Federal, state, or local agencies, public school systems, or licensed health facilities.
 - 2. The American Association for Marriage and Family Therapy and its state affiliates.
 - 3. The American Association of State Counseling Boards.
 - 4. The American Counseling Association and its state and local affiliates.
 - 5. The American Psychological Association and its state affiliates.
 - 6. The Commission on Rehabilitation Counselor Certification.
 - 7. NAADAC and its state and local affiliates.
 - 8. National Association of Social Workers.
 - 9. National Board for Certified Counselors.
 - 10. A national behavioral health organization or certification body recognized by the board.

11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
12. An agency or organization approved by DBHDS.
- D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.
- E. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.
- F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.
- G. All registrants shall maintain original documentation for a period of three (3) years following renewal.
- H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:
1. Official transcripts showing credit hours earned; or
 2. Certificates of participation.
- I. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-xx-xxx. Standards of practice.

- A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.
- B. Persons registered by the board shall:
1. Practice in a manner that is the best interest of the public and does not endanger the public health, safety, or welfare.

2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.
3. Practice only within the competency area for which they are qualified by training or experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of registered peer recovery specialists or qualified mental health professionals.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the interest of patients or clients.
6. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.
7. Document the need for and steps taken to terminate services when it becomes clear that the client is not benefiting from the relationship.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.
2. Disclose client records to others only in accordance with the requirements of §§32.1-127.1:03 and 54.1-2400.1 of the Code of Virginia.
3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality.
4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-xx-xxx. Grounds for revocation, suspension, restriction, or denial of registration; petition for rehearing.

A. In accordance with §54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any provision of this chapter;

2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol; drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;
9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or
10. Failure to report evidence of child abuse or neglect as required in §63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in §63.2-1606 of the Code of Virginia.

18VAC115-xx-xxx. Reinstatement following disciplinary action.

- A. Any person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration.
- B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Department of Medical
Assistance Services
(DMAS)

Medicaid Memo Regarding
Coverage for Peer Support
Services

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|--|--------------------|------|
| Manual Title Peer Services Supplement | Chapter | Page |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

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CHAPTER SUBJECT
PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS

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|--|--------------------|------|
| Manual Title Peer Services Supplement | Chapter | Page |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

Peer Support Services and Family Support Partners

| | <u>Page</u> |
|---|-------------|
| PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS | 3 |
| PURPOSE | 3 |
| BACKGROUND/DISCUSSION | 4 |
| DEFINITIONS | 6 |
| PROVIDER PARTICIPATION AND SETTING REQUIREMENTS | 8 |
| Provider Participation | 8 |
| Recommendation for Services | 8 |
| Setting Requirements for ARTS Peers | 9 |
| Setting Requirements for MH Peers | 10 |
| Supervision Requirements: ARTS and MH Peers | 12 |
| SERVICE DEFINITIONS: ARTS AND MH PEERS | 14 |
| Strategies and Activities in Peer Support Services and Family Support Partners | 16 |
| MEDICAL NECESSITY | 16 |
| ARTS PEERS | 16 |
| MH PEERS | 17 |
| Continued Stay Criteria for ARTS and MH Peer Support Services and Family Support Partners | 18 |
| Discharge Criteria for ARTS and MH Peer Support Services and Family Support Partners | 19 |
| DOCUMENTATION OF REQUIRED ACTIVITIES: ARTS AND MH PEERS | 19 |

| | | |
|--|--------------------|------|
| Manual Title Peer Services Supplement | Chapter | Page |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

LIMITATIONS: ARTS AND MH PEERS **21**

SERVICE AUTHORIZATION AND BILLING INSTRUCTIONS **24**

DRAFT

| | | |
|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 3 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS

PURPOSE

The purpose of this supplement is to define the program requirements for Peer Support and Family Support Partner Services.

The provision of Peer Support Services facilitates Recovery from both serious mental health conditions and substance use disorders. Recovery is a process in which people are able to live, work, learn and fully participate in their communities. Peer Support Services are delivered by trained and certified peers who have been successful in the recovery process and can extend the reach of treatment beyond the clinical setting into an individual's community and natural environment to support and assist an individual with staying engaged in the recovery process. Peer support services are an evidence-based model of care which consists of a qualified peer support provider who assists individuals with their recovery. The experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in the delivery of a comprehensive mental health and substance use service delivery system.

Effective July 1, 2017, the Department of Medical Assistance Services (DMAS) will expand the Medicaid benefit to allow for credentialing and reimbursement of Peer Support and Family Support Partner Services. This is in response to a legislative mandate to implement Peer Support Services to eligible children and adults who have mental health conditions and/or substance use disorders. Peer Support Services shall target individuals 21 years or older with mental health or substance use disorders or co-occurring mental health and substance use disorders. A Peer Support Service called Family Support Partners may be provided to eligible individuals under the age of 21 who have a mental health or substance use disorder or co-occurring mental health and substance use disorders which are the focus of the support with their families or caregivers.

Peer Support Services and Family Support Partner Services shall be an added service under Mental Health (MH) service settings for individuals with mental health disorders and under the Addiction and Recovery Treatment Services (ARTS) settings for individuals with substance use disorders and co-occurring substance use and mental health disorders.

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|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 4 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

| ARTS PEERS | MH PEERS |
|---|---|
| “Peer Support Services”* for individuals 21 years or older | “Peer Support Services”* for individuals 21 years or older |
| “Family Support Partners”** for family or caregiver of youth under 21 | “Family Support Partners”** for family or caregiver of youth under 21 |

*Individuals 18-20 years old who meet the eligibility criteria for Peer Support Services in ARTS or MH, may choose to receive peer supports directly by an appropriate Peer Recovery Specialist (PRS) instead of through their family under Family Support Partners.

**GAP members are not eligible for Family Support Partners as only available to individuals under age 21.

BACKGROUND/DISCUSSION

The Commonwealth has compelling reasons to provide Medicaid coverage for the provision of Peer Support Services to adults and to the caregivers of youth. The Commonwealth is currently experiencing a crisis of substance use of overwhelming proportions. Peer Supports Services are a necessary component for a comprehensive, person-centered and recovery focused program for the treatment of addiction and mental health conditions and is supported by the Governor's bipartisan Task Force on Prescription Drug and Heroin Addiction. In a letter to State Medicaid Directors, dated August 15, 2007, the Centers for Medicare & Medicaid Services (CMS) stated that they recognize "... the mental health field has seen a big shift in the paradigm of care over the last few years." CMS further states that "...now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services."

Beyond health care risk, the economic costs associated with mental health conditions and substance use disorders are significant. States and the federal government spend billions of tax dollars every year on the collateral impact associated with substance use disorders and mental illness, including criminal justice, public assistance and lost productivity costs.

To address the emphasis on recovery from mental health conditions and substance use disorders and the recommendations from CMS, individuals 21 years or older and families or caretakers of youth 21 and under who participate in Medicaid, FAMIS (Family Access to Medical Insurance Security Plan) and the Governors Access Plan (GAP) are eligible to receive Peer Support Services.

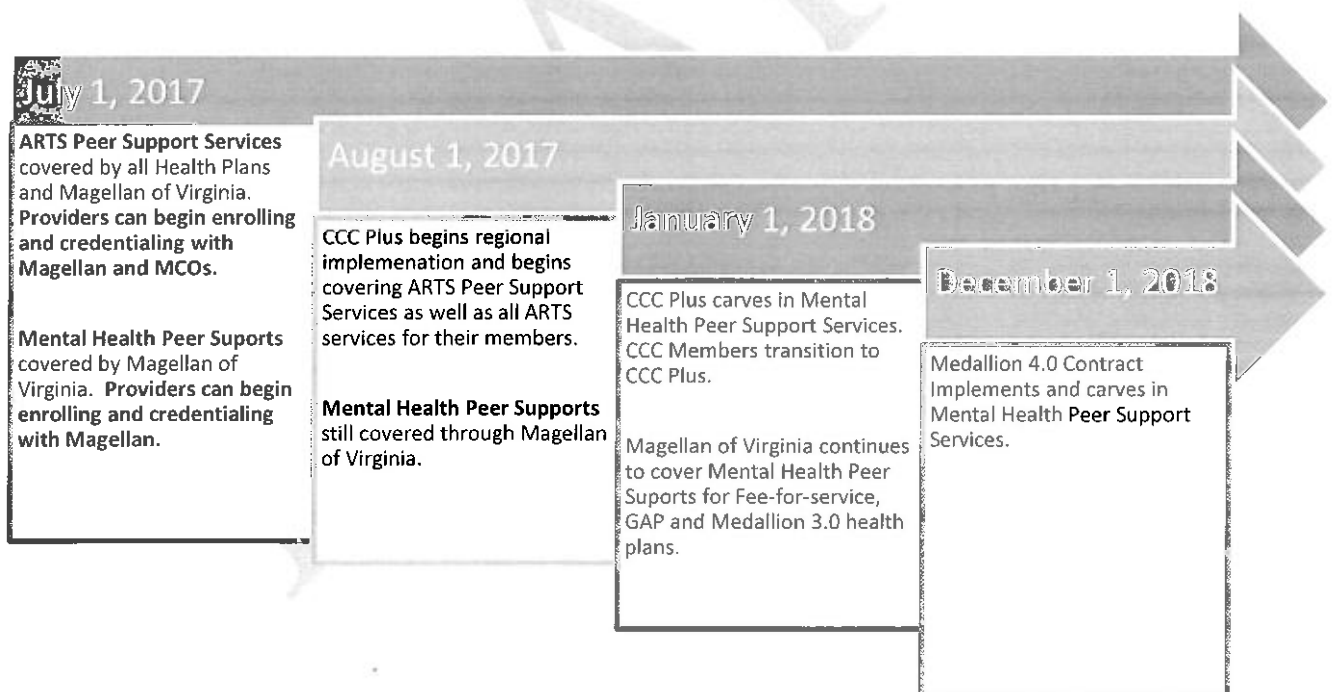
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|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 5 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

The **Addiction and Recovery Treatment Services (ARTS) Peer Support Services** will be covered as follows:

- Magellan of Virginia for the Governor’s Access Plan (GAP) and fee for service enrolled members;
- Medallion 3.0 and Commonwealth Coordinated Care (CCC) Programs for their enrolled members.
- CCC Plus Programs for their enrolled members beginning with the CCC Plus regional implementations beginning August 1, 2017.

The **Mental Health (MH) Peer Support Services** will be covered as follows:

- Magellan of Virginia for GAP, fee for service, Medallion 3.0, CCC, and CCC Plus members;
- CCC Plus Programs includes coverage for MH Peer Support Services effective January 1, 2018 for their enrolled members.



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|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 6 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

DEFINITIONS

“Behavioral Health Service” means treatments and services for mental and/or substance use disorders.

“Credentialed addiction treatment professionals” means (i) an addiction-credentialed physician or physician with experience in addiction medicine; (ii) a licensed psychiatrist; (iii) a licensed clinical psychologist; (iv) a licensed clinical social worker; (v) a licensed professional counselor; (vi) a licensed psychiatric clinical nurse specialist; (vii) a licensed psychiatric nurse practitioner; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) residents under supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and in a residency approved by the Virginia Board of Counseling; (xi) residents in psychology under supervision of a licensed clinical psychologist and in a residency approved by the Virginia Board of Psychology (18VAC125-20-10); (xii) supervisees in social work under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work (18VAC140-20-10); or (xiii) an individual with certification as a substance abuse counselor (CSAC) (18VAC115-30-10) or certification as a substance abuse counseling-assistant (CSAC-A) (18VAC115-30-10) under supervision of licensed provider and within his scope of practice, as described in §§ 54.1-3507.1 and 54.1-3507.2 of the Code of Virginia.

“Caregiver” means the family members, friends, or neighbors who provide unpaid assistance to a Medicaid member with a mental health or substance use disorder or co-occurring mental health and substance use disorder. “Caregiver” does not include individuals who are employed to care for the member.

“Family Support Partners” means a peer support service and is a strength-based, individualized, service provided to the caretaker of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caretaker must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family’s confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived - experience, and education.

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|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 7 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

"Peer recovery specialist" or "PRS" means a person who has the qualifications, education, and experience established by the Department of Behavioral Health and Developmental Services (DBHDS) as set forth in 12VAC35-250-10 through 12VAC35-250-50 and who has received certification in good standing by a certifying body recognized by DBHDS as set forth in 12VAC35-250-40. A PRS is professionally qualified and trained (i) to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental health, substance abuse disorders, or both (ii) to provide peer support as a self-identified individual successful in the recovery process with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders, and (iii) to offer support and assistance in helping others in the recovery and community-integration process. A PRS may be a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or an adult with personal experience with a family member with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

"Person Centered" means a collaborative process where the individual participate in the development of their treatment goals and make decisions on the services provided.

"Recovery-oriented services" means supports and assistance to individuals with mental health or substance use disorders or both so that the individual (i) improves their health, recovery, resiliency and wellness; (ii) lives a self-directed life; and (iii) strives to reach the individual's full potential.

"Recovery resiliency and wellness plan" means a written set of goals, strategies, and actions to guide the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community. The comprehensive documented wellness plan shall be developed by the individual, caretaker as applicable, the PRS, and the direct supervisor within 30 days of the initiation of services and shall describe how the plan for peer support services and activities will meet the individual's needs. This document shall be updated as the needs and progress of the individual changes and shall document the individual's or family's, as applicable, request for any changes in peer support services. The Recovery, Resiliency and Wellness Plan is a component of the member's overall plan of care and shall be maintained by the enrolled/credentialed provider in the individual's medical record.

"Resiliency" means the same as defined in 12VAC30-130-5160 and the ability to respond to stress, anxiety, trauma, crisis, or disaster.

"Strength-based" means to emphasize individual strengths, assets and resiliencies.

"Self-Advocacy" means the same as defined in 12VAC30-130-5160 and is an empowerment skill that allows the individual to effectively communicate preferences and choice.

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|--|--------------------|-----------|
| Manual Title Peer Services Supplement | Chapter | Page 8 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

“Supervision” means the same as defined in 12VAC30-130-5160 and is the ongoing process performed by a direct supervisor who monitors the performance of the PRS and provides regular documented consultation and instruction with respect to the skills and competencies of the Peer Recovery Specialist.

PROVIDER PARTICIPATION AND SETTING REQUIREMENTS

Provider Participation

A Peer Recovery Specialist “PRS” is a self-identified person with lived experience with a mental health condition and/or substance use disorder who is in successful and ongoing recovery from mental illness and/or substance use disorders. Peer support providers shall be sufficiently trained and certified to deliver services and meet the definition of a Peer Recovery Specialist “PRS” as defined in 12VAC30-130-5160 in order to render Peer Support Services and Family Support Partners. Peer Support Services and Family Support Partners shall be rendered by an individual who meets the definition of PRS. Supervision and care coordination are required components of peer support services.

Effective July 1, 2017 a PRS shall have the qualifications, education, and experience established by DBHDS and show certification in good standing by U.S. Department of Veteran’s Affairs, NAADAC, a member board of the International Certification, and Reciprocity Consortium (IC&RC), or any other certifying body or state certification with standards comparable to or higher than those specified by the DBHDS. If the criteria above has been met, the PRS will be eligible to register with the Board of Counseling at the Department of Health Professions (§54.1-3503) on or after July 1, 2018.

Recommendation for Services

ARTS and MH Peers

Peer Support Services and Family Support Partner Services shall be rendered following a documented recommendation for service by a practitioner who is a Licensed Mental Health Professional (LMHP) or a practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, and who is acting within their scope of practice under state law. A certified substance abuse counselor (CSAC), as defined in §54.1-3507.1, may also provide a documented recommendation for service if they are acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional. This practitioner shall be an enrolled/credentialed provider or working in an agency or facility enrolled/credentialed as a mental health or ARTS provider. The recommendation shall verify that the individual meets the eligibility criteria for service. The PRS will perform peer services under the oversight and clinical direction of the practitioner

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| Manual Title Peer Services Supplement | Chapter | Page 9 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

making the recommendation for services. The recommendation shall be valid for no longer than 30 calendar days.

Clinical Oversight – ARTS Peer Support Services or Family Support Partners

A PRS in ARTS shall perform Peer Support Services or Family Support Partners under the oversight of a practitioner providing the clinical oversight of the individual’s Recovery, Resiliency, and Wellness Plan who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, and who is acting within their scope of practice under state law making the recommendation for services. A CSAC, as defined in §54.1-3507.1, who may also provide the recommendation for service, may provide the clinical oversight of the Recovery, Resiliency, and Wellness, Plan if they are acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional.

Clinical Oversight – MH Peer Support Services or Family Support Partners

A PRS shall perform MH Peer Support Services or Family Support Partners under the oversight of a LMHP as defined in 12VAC35-105-20 making the recommendation for services and providing the clinical oversight of the individual’s Recovery, Resiliency, and Wellness Plan.

| RECOMMENDATION FOR SERVICES & CLINICAL OVERSIGHT OF PRS | |
|--|---|
| ARTS PEERS | MH PEERS |
| A practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020 or a CSAC | Licensed Mental Health Professional (LMHP) |

Setting Requirements for ARTS Peers

ARTS Peers Support Services and Family Support Partners

A PRS shall be employed by or have a contractual relationship with a provider enrolled/credentialed with Medicaid or its contractor, licensed for one of the following:

1. Acute Care General Hospital ASAM 4.0 licensed by Virginia Department of Health as defined in 12VAC30-130-5150.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 10 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

2. Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5130 through 5140.
3. Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5110 through 12VAC30-130-5140.
4. ASAM Levels 2.5, 2.1, and licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5090 and 12VAC30-130-5100.
5. ASAM Level 1 as defined in 12VAC30-30-5080.
6. Opioid Treatment Program (OTP) as defined in 12VAC30-130-5050.
7. Office Based Opioid Treatment (OBOT) as defined in 12VAC30-130-5060.
8. Hospital Emergency Department Services licensed by Virginia Department of Health.
9. Pharmacy Services licensed by Virginia Department of Health.

Only the licensed and enrolled/credentialed provider referenced above shall be eligible to bill and receive reimbursement for Peer Support Services. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with DMAS or its contractor. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements.

Setting Requirements for MH Peers

MH Peer Support Services

The PRS rendering MH Peer Support Services shall be employed by or have a contractual relationship with an enrolled/credentialed provider licensed for one of the following:

1. Acute Care General Hospital licensed by Virginia Department of Health.
2. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services.
3. Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services.
4. Outpatient psychiatric services provider.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 11 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

5. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC).
6. Hospital Emergency Department Services licensed by Virginia Department of Health.
7. Community Mental Health and Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services as a provider of one of the following Community Mental Health and Rehabilitative Services defined in 12VAC30-50-226 or 12VAC30-50-420 for which the individual meets eligibility criteria:
 - (a) Day Treatment/ Partial Hospitalization;
 - (b) Psychosocial Rehabilitation;
 - (c) Crisis Intervention;
 - (d) Intensive Community Treatment;
 - (e) Crisis Stabilization;
 - (f) Mental Health Skill-building Services;
 - (g) Mental Health Case Management; or
 - (h) GAP Case Management

MH Family Support Partners

The PRS rendering MH Family Support Partners shall be employed by or have a contractual relationship with an enrolled/credentialed provider licensed for one of the following:

1. Acute Care General and Emergency Department Hospital Services licensed by Virginia Department of Health.
2. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by Department of Behavioral Health and Developmental Services.
3. Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services.
4. Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
5. Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 12 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

6. Outpatient psychiatric services provider.
7. A Community Mental Health and Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services as a provider of one of the following Community Mental Health and Rehabilitative Services as defined in 12VAC30-50-130, 12VAC30-50-226, 12VAC30-50-420, or 12VAC30-50-430 for which the youth under 21 meets eligibility criteria:
 - (a) Intensive In-Home;
 - (b) Therapeutic Day Treatment;
 - (c) Day Treatment/Partial Hospitalization;
 - (d) Crisis Intervention;
 - (e) Crisis Stabilization;
 - (f) Mental Health Skill-building Services; or
 - (g) Mental Health Case Management.

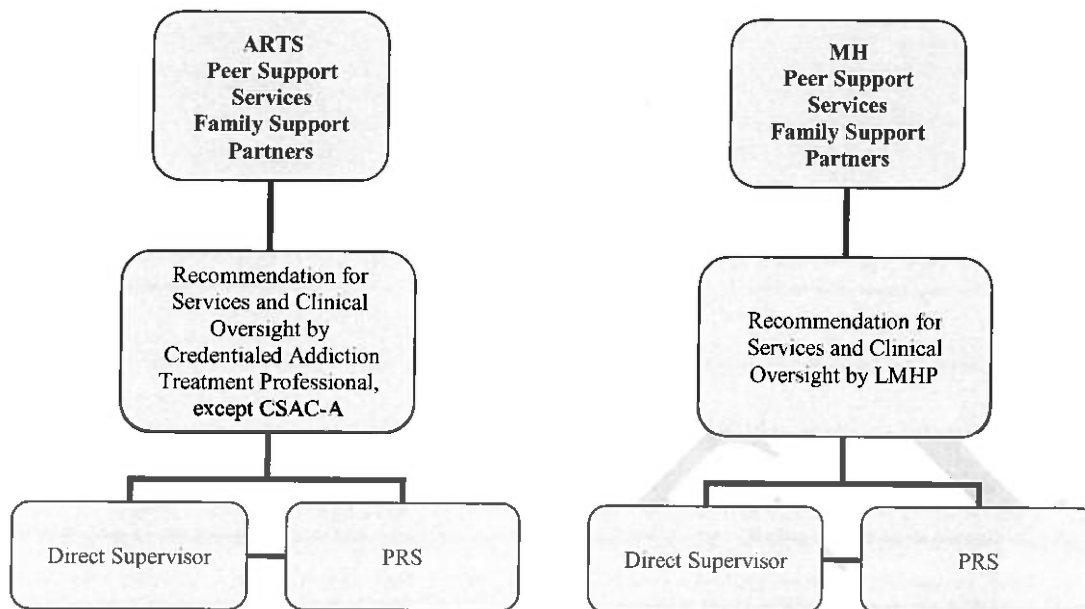
Only the licensed and enrolled/credentialed provider referenced above shall be eligible to bill and receive reimbursement for Peer Support Services. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with DMAS or Magellan; provider's should refer to the specific MCO policies for information on single case agreements. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements.

The caseload assignment of a full time PRS shall not exceed 12-15 individuals at any one time and 30-40 individuals annually allowing for new case assignments as those on the existing caseload begin to self-manage with less support. The caseload assignment of a part-time PRS shall not exceed 6-9 individuals at any one time and 15 annually.

Supervision Requirements: ARTS and MH Peers

Clinical oversight of the services and of the individual's Recovery, Resiliency, and Wellness Plan shall be provided by a LMHP or practitioner who meets (i)-(xii) in the definition of "Credentialed Addiction Treatment Professional" found in 12VAC30-130-5020 or a CSAC making the recommendation for Peer Support Services or Family Support Partners.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 13 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |



Direct supervision of the PRS shall be provided as needed based on the level of urgency and intensity of service being provided. Supervisors shall maintain documentation of all supervisory sessions.

1. If the PRS has less than 12 months experience delivering Peer Support Services or Family Support Partners, they shall receive face-to-face, one-to-one supervisory meetings of sufficient length to address identified challenges for a minimum of 30 minutes, two times a month. The direct supervisor must be available at least by telephone while the PRS is on duty.
2. If the PRS has been delivering peer recovery services over 12 months and fewer than 24 months they must receive monthly face-to-face, one-to-one supervision of sufficient length to address identified challenges for a minimum of 30 minutes. The direct supervisor must be available by phone for consult within 24 hours of service delivery if needed for challenging situations.

“Direct Supervisor” in ARTS is the person who provides direct supervision to the Certified Peer Recovery Specialist. The direct supervisor: 1) shall have two consecutive years of practical experience rendering peer support services or family support services, have certification training as a PRS under a certifying body approved by DBHDS, and have completed the DBHDS PRS supervisor training; or 2) shall be practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020 or a CSAC who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 14 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

“Direct Supervisor” in a mental health setting is the person who provides direct supervision to the Certified Peer Recovery Specialist. The direct supervisor: 1) shall have two consecutive years of practical experience rendering peer support services or family support services, have certification training as a PRS under a certifying body approved by Department of Behavioral Health and Developmental Services (DBHDS) , and have completed the DBHDS PRS supervisor training; or 2) shall be a qualified mental health professional (QMHP) as defined in 12VAC30-105-20 with at least two consecutive years of experience as a QMHP, and who has completed the DBHDS PRS supervisor training. A QMHP who meets the criteria as a direct supervisor shall be permitted to perform direct supervision of a PRS rendering peer support services only if the QMHP has documented experience working with individuals with substance use disorders or co-occurring mental health and substance use disorders; or 3) shall be an LMHP as defined in 12VAC35-105-20 who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law.

Documentation of all supervision sessions shall be maintained by the enrolled/credentialed provider in a supervisor’s log or the PRS’ personnel file.

SERVICE DEFINITIONS: ARTS AND MH PEERS

Peer Support Service

Peer Support Services for adults is a person centered, strength-based, and recovery oriented rehabilitative service for individual’s 21 years or older provided by a Peer Recovery Specialist (PRS) successful in the recovery process with lived experience with mental health, substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in the recovery to reduce the disabling effects of a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. Services assist the individual develop and maintain a path to recovery, resiliency, and wellness. Specific peer support service activities shall emphasize the acquisition, development, and enhancement of recovery, resiliency, and wellness. Services are designed to promote empowerment, self-determination, understanding, and coping skills through mentoring and service coordination supports, as well as to assist individuals in achieving positive coping mechanisms for the stressors and barriers encountered when recovering from their illness or disorder.

Family Support Partners

Family Support Partners is a peer support service and is a strength-based individualized team-based service provided to the caretaker of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caretaker must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family’s

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 15 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived-experience, and education.

Service Delivery

Service delivery shall be based on the individual's identified needs, established medical necessity criteria, consistent with the recommendation of the referring practitioner who recommended services, and goals identified in the individual Recovery Resiliency and Wellness Plan. The level of services provided and total time billed by the enrolled/credentialed provider for the week shall not exceed the frequency established in the Recovery, Resiliency, and Wellness Plan. As determined by the goal(s) identified in the Recovery, Resiliency and Wellness Plan services may be rendered in the provider's office or in the community, or both. Peer Support Services and Family Support Partners shall be rendered on an individual basis or in a group. Services shall be delivered in compliance with the following minimum contact requirements:

- Billing shall occur only for services provided with the individual present. Telephone time is supplemental rather than replacement of face to face contact and is limited to 25% or less of total time per recipient per calendar year. Justification for services rendered with the individual via telephone shall be documented. Any telephone time rendered over the 25% limit will be subject to retraction.
- Contact shall be made with the individual receiving Peer Support Services or Family Support Partners a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact, subject to the 25% limitation described above, depending on the individual's support needs and documented preferences.
- In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month, not to exceed 2 units. After two consecutive months of unsuccessful attempts to make face-to-face contact, discharge shall occur.
- Peer Support Services or Family Support Partners may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space. Peer Support Services shall be an

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 16 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Strategies and Activities in Peer Support Services and Family Support Partners

Specific strategies and activities shall be rendered and fully align with the Recovery, Resiliency, and Wellness Plan. Strategies and activities shall include at a minimum:

- 1) Person centered, strength based planning to promote the development of self-advocacy skills;
- 2) Empowering the individual to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan;
- 3) Crisis support; and
- 4) assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the Recovery Resiliency and Wellness Plan so that the individual:
 - i) Remains in the least restrictive setting;
 - ii) Achieves their goals and objectives identified in the Recovery Resiliency and Wellness Plan;
 - iii) Self-advocates for quality physical and behavioral health services; and
 - iv) Has access to strength-based behavioral health services, social services, educational services and other supports and resources.

MEDICAL NECESSITY

ARTS PEERS

Medical Necessity Criteria (MNC) for ARTS Peer Support Services

In order to receive Peer Support Services, individuals 21 years or older shall meet the following requirements.

Individuals 21 years or older qualifying for admission to Mental Health Peer Support Services shall meet the following requirement:

- 1) Require recovery oriented assistance and support for the acquisition of skills needed to engage in and maintain recovery; for the development of self-advocacy skills to achieve a higher level of community tenure while decreasing dependency on formalized treatment systems; and to increase responsibilities, wellness potential, and shared accountability for the individual's own recovery; and

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 17 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

2) Have a documented substance use disorder or co-occurring mental health and substance use and disorder diagnosis.

3) Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains: educational (e.g., obtaining a high school or college degree); social (e.g., developing a social support system); vocational (e.g., obtaining part-time or full-time employment); self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).

4) Individuals 18-20 years old who meet the eligibility MNC criteria stated above, who would benefit from receiving peer supports directly, and who choose to receive Peer Support Services directly instead of through Family Support Partners shall be permitted to receive Peer Support Services by an appropriate PRS.

Medical Necessity Criteria (MNC) for ARTS Family Support Partners

Families or caretakers of youth under age 21 who qualify for Family Support Partners have a youth with a substance use disorder or co-occurring mental health and substance use disorder, who requires recovery assistance, and who also meet two or more of the following:

1. Needs peer-based recovery oriented services for the maintenance of wellness and acquisition of skills needed to support the youth;
2. Needs assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
3. Needs assistance and support to prepare the youth for a successful work/school experience; or
4. Needs assistance to help the youth and caregiver assume responsibility for recovery.

MH PEERS

Medical Necessity Criteria (MNC) for Mental Health Peer Support Services:

Individuals 21 years or older qualifying for Mental Health Peer Support Services shall meet the following requirements:

- 1) Have a documented mental health disorder diagnosis;

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| Manual Title Peer Services Supplement | Chapter | Page 18 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

- 2) Require recovery oriented services for the acquisition of skills needed to engage in and maintain recovery; the development of self-advocacy skills to achieve a decreasing dependency on formalized treatment systems; and increasing responsibilities, wellness potential, and shared accountability for the individual's own recovery;
- 3) Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains: educational (e.g., obtaining a high school or college degree); social (e.g., developing a social support system); vocational (e.g., obtaining part-time or full-time employment); self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently); and
- 4) Individuals 18-20 years old who meet the MNC criteria stated above, who would benefit from receiving peer supports directly, and who choose to receive Peer Support Services directly instead of through Family Support Partners shall be permitted to receive Peer Support Services by an appropriate PRS.

Medical Necessity Criteria (MNC) for Mental Health Family Support Partners

Caretakers of youth under age 21 who qualify to receive Mental Health Family Support Partners shall (i) have a youth with a mental health disorder, who requires recovery oriented services, and (ii) meets two or more of the following:

- (1) Needs peer-based recovery oriented services for the maintenance of wellness and the acquisition of skills needed to support the youth;
- (2) Needs assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
- (3) Needs assistance and support to prepare the youth for a successful work/school experience;
- (4) Needs assistance to help the youth and caregiver assume responsibility for recovery.

Continued Stay Criteria for ARTS and MH Peer Support Services and Family Support Partners

To qualify for continued peer support services and family support partners, MNC criteria shall continue to be met, progress notes shall document the status of progress relative to the goals identified in the Recovery Resiliency and Wellness Plan, and the individual continues to require the monthly minimum contact requirements.

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| Manual Title Peer Services Supplement | Chapter | Page 19 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

Discharge Criteria for ARTS and MH Peer Support Services and Family Support Partners

Discharge shall occur when one or more of the following is met:

1. Goals of the Recovery Resiliency and Wellness Plan have been substantially met; or
2. The Individual or the family or caretaker request discharge; or
3. The individual or the family or as applicable for youth under 21, the caretaker, fail to make the monthly minimum contact requirements or the individual or caretaker, as applicable, discontinues participation in services.

DOCUMENTATION OF REQUIRED ACTIVITIES: ARTS AND MH PEERS

The enrolled/credentialed provider shall have oversight of the individual's record and maintain individual records in accordance with state and federal requirements. The enrolled/credentialed provider shall ensure documentation of all activities and shall ensure documentation of all relevant information about the Medicaid individuals receiving services. Such documentation shall fully disclose the extent of services provided in order to support providers' claims for reimbursement for services rendered. Documentation shall support the medical necessity criteria and how the individual's needs for the service match the level of care criteria. This documentation shall be written, signed, and dated at the time the services are rendered or within one business day from the time the services were rendered.

Documentation of required activities shall include:

- Recommendation for Services
- Recovery, Resiliency, and Wellness Plan
- Review of Recovery, Resilience, and Wellness Plan
- Progress Notes
- Supervision
- Collaboration of services

Recommendation for Services

The recommendation for Peer Support Services or Family Support Partners shall include the dated signature of the practitioner making the recommendation and their credentials. The recommendation shall be included as part of the Recovery, Resiliency, and Wellness Plan and medical record. The recommendation shall document verification that the individual meets the MNC for Peer Support Services or Family Support Partners.

Recovery, Resiliency, and Wellness Plan

Under the clinical oversight of practitioner making the recommendation for Peer Support Services or Family Support Partners, the Peer Recovery Specialist (PRS) in consultation with their direct supervisor shall develop a Recovery, Resiliency, and Wellness Plan based on the recommendation for service, the individual's, and as applicable the caregiver's perceived

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| Manual Title Peer Services Supplement | Chapter | Page 20 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

recovery needs and any clinical or multidisciplinary assessment as defined in 12VAC30-130-5020 or Service Specific Provider Assessments as defined in 12VAC30-50-130 within 30 calendar days of the initiation of service. Development of the Recovery, Resiliency, and Wellness Plan shall include collaboration with the individual and, as applicable, the caregiver. Individualized goals and strategies shall be focused on the individual's identified needs for self-advocacy and recovery. The Recovery, Resiliency, and Wellness Plan shall also include documentation of how many days per week and how many hours per week are required to carry out the services in order to meet the goals of the Plan. The Recovery, Resiliency, and Wellness plan shall be completed, signed, and dated by the practitioner making the recommendation for services, the PRS, the direct supervisor, the individual, and as applicable the caregiver involved in the individual's recovery within 30 calendar days of the initiation of service. The PRS shall act as an advocate for the individual, encouraging the individual and as applicable the caregiver to take a proactive role in developing and updating goals and objectives in the individualized recovery planning. The PRS shall be empowered to convene multidisciplinary team meetings regarding a participating individual's needs and desires, and the PRS shall participate as an equal practitioner partner with all staff in multidisciplinary team meetings.

Services shall be delivered in accordance with the individual's goals and objectives as identified in the Recovery, Resiliency, and Wellness Plan and consistent with the recommendation of the referring practitioner who recommended services. As determined by the goal(s) identified in the Recovery, Resiliency, and Wellness Plan, services may rendered in the provider's office or in the community, or both. The level of services provided and total time billed for the week shall not exceed the frequency or intensity established in the Recovery, Resiliency, and Wellness Plan.

Review of Recovery, Resiliency, and Wellness Plan

Under the clinical oversight of the practitioner making the recommendation for service, the PRS in consultation with their direct supervisor shall conduct and document a Review of the Recovery, Resiliency, and Wellness Plan as defined in this section every 90 calendar days with the individual and family or caregiver as applicable. The review shall be signed by the PRS and the individual and as applicable the identified family member or caregiver. Review of the Recovery Resiliency and Wellness Plan means the PRS evaluates and updates the individual's progress every 90 days toward meeting the Plan's goals and documents the outcome of this review in the individual's medical record. For DMAS to determine that these reviews are complete, the reviews shall (i) update the goals and strategies as needed to reflect any change in the individual's recovery as well as any newly identified needs; (ii) be conducted in a manner that enables the individual to actively participate in the process; and (iii) be documented by the PRS in the individual's medical record no later than 15 calendar days from the date of the review.

Progress Notes

Progress notes as defined in 12VAC30-50-130 shall be required and shall record the date, time, place of service, participants, face to face or telephone contact and circumstance of contact, regardless of whether or not a billable service was provided, and shall summarize the purpose

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| Manual Title Peer Services Supplement | Chapter | Page 21 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

and content of the Peer Support Services or Family Support Partner session along with the specific strategies and activities utilized as related to the goals in the Recovery Resiliency and Wellness Plan. Documentation of the specific strategies and activities rendered shall fully disclose the details of services rendered and align with the Recovery, Resiliency, and Wellness Plan.

Progress notes shall reflect collaboration between the PRS and the individual in the development of the progress note. If contact with the individual cannot be made, the service is not billable. However, the progress note shall reflect attempts to contact the individual. Progress notes shall contain the dated signature and credentials of the PRS who provided the service.

Supervision

The enrolled/credentialed provider shall ensure that documentation of all supervision sessions be maintained in a supervisor's log or in the PRS' personnel file.

Care Coordination

Collaboration shall be required with all behavioral health service providers and shall include the PRS, the individual, or caregiver as applicable and shall involve discussion regarding initiation of services and updates on the individual's status. Documentation of all collaboration and shall be maintained in the individual's record. Plans for collaboration shall be included in the Recovery, Resiliency, and Wellness Plan and shall not be performed without properly signed release(s) of information. Collaboration rendered with other service providers without the individual present shall not be billable.

The enrolled/credentialed provider may integrate an individual's peer support record with the individual's other records maintained within same provider agency or facility, provided the peer support record is clearly identified and logs and progress notes documenting the provision of Peer Support Services or Family Support Partners corroborate billed services.

LIMITATIONS: ARTS AND MH PEERS

An approved service authorization or registration submitted by the enrolled/credentialed provider shall be required prior to service delivery in order for reimbursement to occur. To obtain service authorization, all providers' information supplied to the DMAS or its contractor shall be fully substantiated throughout the individual's record.

A unit of service shall be defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day) and nine hundred (900) hours per calendar year. Service delivery limits may be exceeded based upon documented medical necessity and service authorization approval. Providers should review the MCO contract requirements for specific requirements for registration or authorization.

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 22 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

| PEER SUPPORT SERVICES & FAMILY SUPPORT PARTNERS | UNIT VALUE | PROCEDURE CODE | RATE | DAILY LIMITS | ANNUAL LIMITS |
|---|-------------------------|----------------|------------------------------|---|---|
| ARTS Individual | 1 unit=15 minutes | T1012 | \$6.50 per 15 minute unit | 4 hours/16 units per calendar day | Up to 900 hours/3600 units per calendar year |
| ARTS Group | | S9445 | \$2.70 per 15 minute unit | | |
| Mental Health Individual | | H0025 | \$6.50 per 15 minute unit | | Up to 900 hours/3600 units per calendar year |
| Mental Health Group | | H0024 | \$2.70 per 15 minute unit | | |

If a service recommendation for Mental Health Peer Support Services or Mental Health Family Support Partners as set forth in 12VAC 30-50-226 or 12VAC30-50-130 is made in addition to a service recommendation for ARTS Peer Support Services or ARTS Family Support Partners as set forth in 12VAC 30-130-5160 through 12VAC30-130-5210, no more than four hours (up to 16 units) of services shall be rendered per calendar day. Mental Health Peer Support Services or Mental Health Family Support Partners shall not be rendered simultaneously with ARTS Peer Support Services or ARTS Family Support Partners. A separate annual service limit of up to 900 hour shall apply to Mental Health Peer Support Services or Mental Health Family Support Partners Service and ARTS Peer Support Services or Family Support Partners.

Service shall be initiated within 30 calendar days of the documented recommendation. The recommendation shall be valid for no longer than 30 calendar days. If the time has exceeded 30 calendar days without service initiation, another recommendation shall be required.

Peer Support Services and Family Support Partners rendered in a group setting shall have a ratio of no more than 10 individuals to one PRS and progress notes shall be included in each individual's record.

General support groups which are made available to the public to promote education and global advocacy do not qualify as peer support services or Family Support Partners.

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| Manual Title Peer Services Supplement | Chapter | Page 23 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

Non-covered services include transportation, record keeping or documentation activities (including but not limited to progress notes, tracking hours and billing and other administrative paperwork), services performed by volunteers, household tasks, chores, grocery shopping, on the job training, case management, outreach to potential clients, and room and board.

The PRS shall document each 15-minute unit in which the individual was actively engaged in Peer Support Services or Family Support Partners. Meals and breaks and other non-covered services listed in this section shall not be included in the reporting of units of service delivered. Should an individual receive other services during the range of documented time in/time out for Peer Support hours, the absence of or interrupted services must be documented.

Billing shall occur only for services provided with the individual present. Telephone time is supplemental rather than replacement of face to face contact and is limited to 25% or less of total time per recipient per calendar year. Justification for services rendered with the individual via telephone shall be documented. Any telephone time rendered over the 25% limit will be subject to retraction.

Peer Support Services or Family Support Partners may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space. Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Contact shall be made with the individual receiving Peer Support Services or Family Support Partners a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact depending on the individual's support needs and documented preferences.

In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month, not to exceed 2 units. After two consecutive months of unsuccessful attempts to make face-to-face contact, discharge shall occur.

Family Support Partners is not billable for siblings of the targeted youth for whom a need is specified unless there is applicability to the targeted youth/family. The applicability to the targeted youth must be documented.

Family Support Partners shall not be billed for youth who resides in a congregate setting in which the caregivers are paid (such as child caring institutions, or any other living environment that is not comprised of caregivers as defined above). An exception would be for youth actively preparing for transition back to a single-family unit, the family member is present during the intervention, and the service is directed to supporting the unification/reunification of the youth

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|--|--------------------|------------|
| Manual Title Peer Services Supplement | Chapter | Page 24 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

and his/her caregiver and takes place in that home and community. The circumstances surrounding the exception shall be documented.

Individuals with the following conditions are excluded from Family Support Partners unless there is clearly documented evidence and diagnosis of a substance use disorder or mental health disorder overlaying the diagnosis: developmental disability including intellectual disabilities, organic mental disorder including dementia or Alzheimer's, or traumatic brain injury. There must be documented evidence that the individual is able to participate in the service and benefit from Family Support Partners.

Claims that are not adequately supported by appropriate up to date documentation may be subject to recovery of expenditures. Progress notes, as defined in 12VAC30-50-130, shall disclose the extent of services provided and corroborate the units billed. Claims not supported by corroborating progress notes shall be subject to recovery of expenditures.

The enrolled/credentialed provider shall be subject to utilization reviews conducted by DMAS or its designated contractor.

SERVICE AUTHORIZATION AND BILLING INSTRUCTIONS

All providers must be under contract and enrolled/credentialed with the appropriate MCOs for respective managed care enrolled members and Magellan for fee-for-service and GAP enrolled members. Enrolled/credentialed providers must contact the MCOs, MMPs and the BHSA directly for information regarding service authorization and claims processing instructions.

Peer Support Services and Family Support Partners shall be registered and providers can access registration forms here: [LINK to FORMS](#)

Peer Support Services and Family Support Partners are billed separately from the per diem or Diagnostic Related Group (DRG) for the following ARTS and MH Settings. Peer Services claims should be submitted on a CMS-1500 for MCOs, fee for service and GAP enrolled members:

- Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5110 through 12VAC30-130-5140.
- Hospital Emergency Department Services licensed by Virginia Department of Health.
- Acute Care General Hospital licensed by Virginia Department of Health.
- Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services.

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| Manual Title Peer Services Supplement | Chapter | Page 25 |
| Chapter Subject Peer Support Services and Family Support Partners | Page Revision Date | |

- Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services.
- Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
- Hospital Emergency Department Services licensed by Virginia Department of Health.

DRAFT

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