Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS)

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Introductions

Housekeeping

Slides will be available following the final session.

Sessions will not be recorded

This presentation is not an official document. For full details please refer to the official guidance documents.

Information discussed and shared is accurate as of today.

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Agenda

Morning:

- Welcome & Introductions
- OMH Vision & Goals of Transition
- MHOTRS Overview Part 1
- Peer Support Services Part 1

Mid-Day:

Lunch (Networking Session)

Afternoon:

- Peer Support Services Part 2
- MHOTRS Overview Part 2
- Wrap Up

OMH Vision & Goals of Transition

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OMH Transformation of Traditional Treatment Services

- MHOTRS Billing and Fiscal Guidance released April 24, 2023
- MHOTRS Programmatic Guidance released July 19, 2023
- State of The State - Investment in MHOTRS Programs
  - MHOTRS programs – enhancing access
  - Improving access to services in underserved areas – Rapid Access or MH Urgicare development
  - Better addressing Social Determinants of Health
  - Expanding Complex Care Management billing flexibility
  - Supporting Group Psychotherapy rates, training and curriculum development
  - Supporting evidence-based practice in MHOTRS – DBT
  - Start-up funding for new school-based satellites
- Additional MHOTRS Redesign plans include streamlining Assessment process, incorporating screenings, and supporting integrated services

Vision, Goals & Anticipated Outcomes

In moving clinic to the rehab option, OMH aims to achieve Quality of Care goals, including a greater capacity for and enhanced focus on:

- Increased Engagement
- Recovery and Wellness
- Addressing Social Determinants of Health needs
- Integrated Care
- Individualized Approaches
- Care Delivered in Community Based Settings

Vision, Goals & Anticipated Outcomes (Continued)

OMH also aims to achieve programmatic goals to emphasize treatment interventions and outcomes, including:

- Administrative Relief
- Meaningful Documentation
- Workforce Wellness and Retention
- Service Flexibility

Goals of Part 599 Regulatory Changes

The revised regulations promote several state policy goals:

- Implementation of Peer Support Services as part of the multidisciplinary team of MHOTRS
  - Peer Support Services promote recovery, resilience, and are person-centered and rehabilitative in nature
- Flexibility for programs to provide quality, evidence-based services in off-site locations and via multiple modalities in the same day
- Expanded allowance for co-enrollment to address the specialized need of individuals
- Improved Utilization Review process

MHOTRS Overview Part 1

Overview 599 Regulatory Changes

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Part 599 Regulatory Changes

- On November 23, 2022, the New York State (NYS) Office of Mental Health (OMH) revised 14 NYCRR Part 599 regulations went into effect
- The revised regulations reflect the transition of OMH's Clinic Treatment Services from the Medicaid State Plan Amendment Clinic option to the Rehabilitative Services option, which enables additional flexibility in service delivery
- New name: Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)

Who is Covered by Part 599 Regulations?

- Article 31 MHOTRS programs currently licensed by OMH
- Providers seeking to operate MHOTRS programs licensed either solely by OMH or jointly by OMH, Office of Addiction Supports and Services (OASAS), and the Department of Health (DOH)
- Individuals enrolled in Medicaid Managed Care and Medicaid Fee For Service

Who is Covered by Part 599 Regulations? (Continued)

- Hospital outpatient departments and non-hospital based DOH-licensed diagnostic and treatment centers (D&TC) which meet one of the following conditions:
  - Provide more than 10,000 mental health visits annually; or
  - Mental health visits comprise over 30 percent of their total annual visits, except;
    - A D&TC providing fewer than 2,000 total visits annually shall not be considered a D&TC for the purposes of Part 599.

Please note that hospitals will also need to ensure compliance with requirements as stipulated by other regulatory bodies.

Impact on Clinic

- Addition of capacity to offer new Medicaid billable service. Peer/Family Support can be provided by individuals who have the following credentials:
  - Certified Peer Specialist
  - Credentialed Family Peer Advocate
  - Credentialed Youth Peer Advocate
- Ability to provide services off-site at 150% of the rate
- Greater programmatic flexibility by allowing Psychiatric Nurse Practitioners to sign off on treatment plans

Impact on Clinic (Continued)

- Streamlined capacity to offer Intensive Outpatient Programs
- Removing the restriction that prohibits co enrollment in clinics. This will now be allowed under special circumstances to address specialized needs
- Permanent capacity established for minimum service duration ranges on most services, in accordance with AMA and CMS guidelines

MHOTRS
Required vs. Optional Services

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Required Services in MHOTRS

Required Services:
Assessment, including Health Screening
Psychiatric Assessment
Crisis Intervention Services
Psychotropic Medication Treatment
Injectable Psychotropic Medication Administration (for programs serving **adults**)
Injectable Psychotropic Medication Administration with Monitoring and Education (for programs serving **adults**)
Psychotherapy, including Individual, Group, Family/Collateral
Complex Care Management

Optional Services in MHOTRS Requiring Approval

Testing Services (Developmental, Psychological Testing, & Neurobehavioral Status Examination)

Intensive Outpatient Program

Optional Services in MHOTRS **NOT** Requiring Approval

Optional Services:
Peer Support Services
Health Monitoring, including Smoking Cessation
Health Physical
Injectable Psychotropic Medication Administration (for programs serving only children)
Injectable Psychotropic Medication Administration with monitoring and education (for programs serving only children)
Psychiatric Consultation

MHOTRS
Off-Site Services

Off-Site Services

Off-site services are delivered based on individual need in a wide variety of settings other than the MHOTRS program's primary or satellite locations. Settings should be:

- Conducive to meeting treatment goals and objectives
- Accommodating to the conditions and needs of those being served
- Safe and accessible for all
- Assure privacy for the delivery of services

Off-Site Services

- The setting for services is determined by individual need, as part of person-centered treatment planning, as well as by clinical appropriateness
- Off-site service availability is intended to enable MHOTRS programs to:
  - Support person/family-centered clinical goals including transition between levels of care (e.g., after CPEP/ER visit or inpatient discharge)
  - Improve engagement in treatment
  - Provide services to individuals who are unable to take advantage of clinic-based services due to clinical or medical factors

Off-Site Services

Off-site services are available to all individuals, including both Adults and Children

- For adults, off-site services are no longer limited to Managed Care under the Licensed Behavioral Health Practitioner (LBHP)
- For children, off-site services are no longer limited to one service per day
- Reimbursement rules for 10% reduction still apply

Off-Site Services

- All services, including required and optional services, can be provided off-site. This includes Peer Support Services and pre-admission services
- The requirement for a satellite license for locations in which services are provided on a regular and routine basis is still in place for all MHOTRS programs
- The ability to provide off-site New York State Office of Mental Health services does not replace the need for OMH-approved satellite sites, including school-based satellite sites
- Applicable policies and procedures should outline processes for providing services off-site that identify measures to promote safety in the community and mitigate potential risks

Off-Site Services vs. Telehealth Services

- **Off-site services** are delivered in-person
- **Telehealth Services** are delivered using Telehealth Technologies at a distance
  - The use of telehealth is part of a broader approach to care based on assessment of the unique, individualized needs and preferences of the individuals and families being served, as well as the design and intent of services within a program
- In-person and Audio-visual telehealth are the preferred methods for service delivery, while recognizing that Audio-only service delivery, where appropriate, has an important role to play in increasing access to care

Off-Site Services vs. Telehealth Services

- All MHOTRS programs can provide services off-site
  - Billing for **off-site services** must be for **in-person** service delivery in the community
- MHOTRS programs need to receive **approval for use of Telehealth Services** and providers may submit an "Administrative Action" (AA) via the Mental Health Provider Data Exchange (MHPD)

Refer to Telehealth Guidance for more details on providing services via telehealth

Off-Site Services Example

Psychotherapy Services are provided to an individual in their home due to mobility challenges and agreement among the therapist and individual that these services would be beneficial.

Psychotherapy services are provided weekly at the local community center to enrolled individuals.

Off-Site Services- Billing

- There are no restrictions on how many services may be provided as off-site services or which types of services may be provided off-site
- Off-site services do not count towards the utilization thresholds for outpatient mental health service providers
- For purposes of billing the off-site rate code, telehealth services where the patient is at home and the practitioner is in another location do not count as “off-site” services

Off-Site Services- Billing

- Previously available in Fee-for-Service (FFS) for only select children's services and crisis intervention-brief for adults and children, off-site reimbursement is now available for most MHOTRS program services provided to both children AND adults.
- Off-site services are billed using a separate rate code that reimburses at 150% of the on-site rate.
- Please refer to the OMH MHOTRS Billing and Fiscal Guidance for further information.

Off-Site Programmatic Guidance: Documentation

- When services are provided off-site, the progress note should reflect that the service was provided off-site and the location in which the service was provided
- If the provision of services off-site is identified as an ongoing need, it should be added to the individual's treatment plan to address the goals/objectives identified by the individual
- If off-site services are provided on an ad hoc basis or for impromptu need, it does not need to be added to the treatment plan but should be documented in the progress note

Off-Site Programmatic Guidance: Determination

- The provider will use clinical discretion to determine when it may be beneficial to the individual to receive services in the community
- Such determinations should be made deliberately and jointly between the clinical team and the individual and their families or social supports
- MHOTRS programs should have clear clinical practice guidelines and policies and procedures outlining processes for decision-making regarding off-site services that will best meet the needs of each individual

Commonly Asked Questions

- Can anyone enrolled in Medicaid Fee For Service and Medicaid Managed Care receive off-site services?

  Individuals enrolled in Medicaid Managed Care, Medicaid Fee For Service, and Child Health Plus are eligible to receive off-site services.

- Can an individual have "only off-site services" and not be seen in the clinic?

  Individuals can be 100% off-site, especially if there are mobility issues or medical conditions that would prevent or make it difficult for individuals to go to the MHOTRS Program location. The off-site option enables individuals to receive services that meet their needs.

Questions?

BREAK

MHOTRS
Peer Support Services

Invited Guests

Please stand or raise your hand if you are from...

- The Office of Mental Health
- A PeerTAC partner like Families Together in NYS, the NY Association of Psychiatric Rehabilitation Services (NYAPRS), or the Wellness Collaborative of NY Independent Practice Association (WCNY-IPA)
- The PeerTAC Advisory Council
- A Peer- or Family Peer-run Organization
- The Conference of Local Mental Hygiene Directors (CLMHD)
- The New York State Trauma-Informed Network and Resource Center
- Any Others?

We encourage MHOTRS participants to connect with these groups in your region to aid the smooth inclusion of non-clinical peer support services in your settings.

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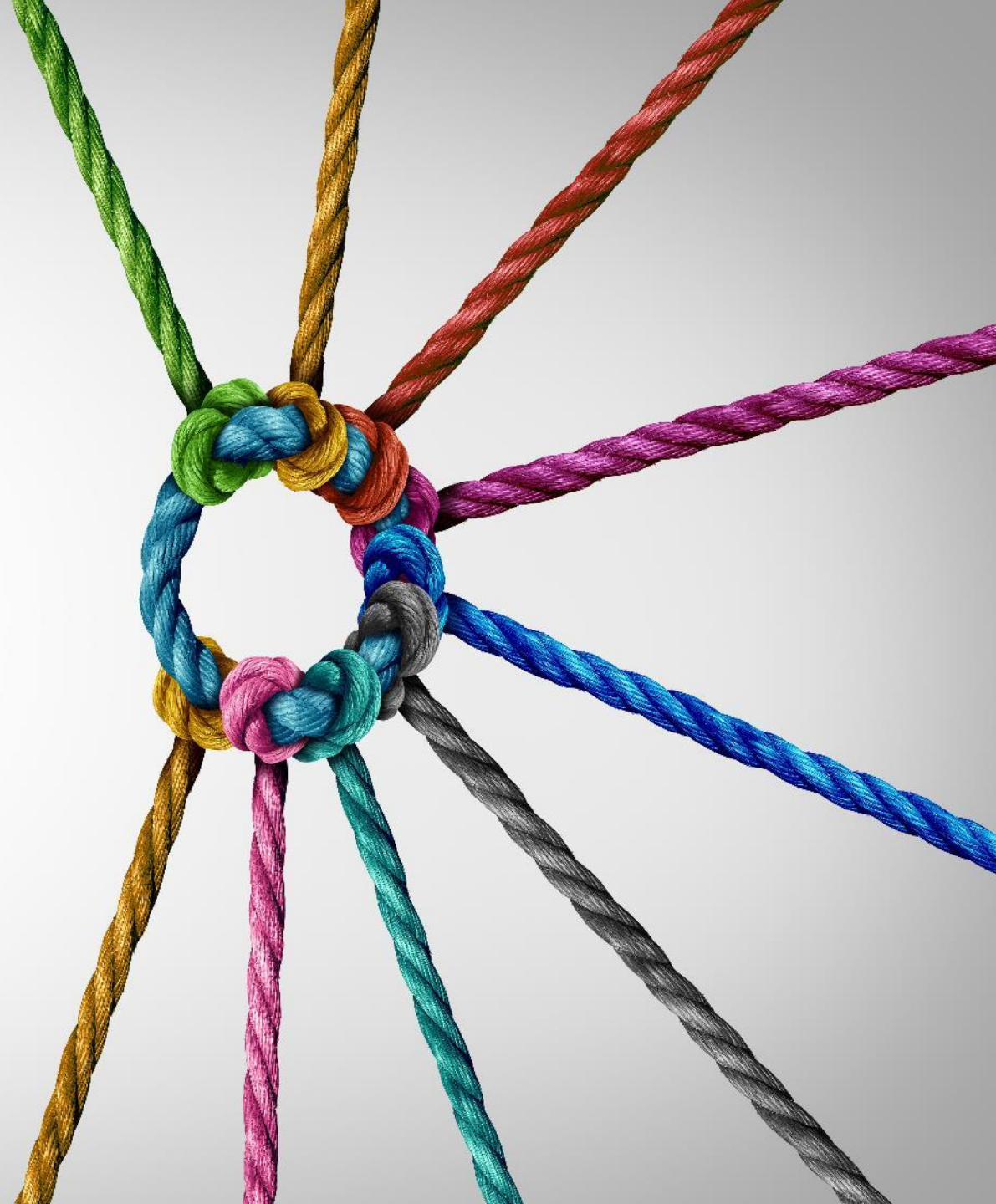
Myths vs FACTS

Icebreaker

Which of these are myths and which are facts? Let’s explore the answers together



What is Peer Support?

"Simply put, peer support is a natural human response when people in a particular circumstance reach out to help others in the same or a very similar circumstance.

It is the act of a person who has experienced a particular challenge helping someone else to deal with that same life challenge."

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What is Peer Support?

Steve Harrington, Founder of the National Association of Peer Supporters (N.A.P.S.)

Naturally occurring peer support offers a person the hope of facing a challenge with the support of someone who has been there. It is not limited to mental health or substance use recovery.

What are Peer Support ***Services***?

While there are similarities, there is a difference between ***naturally occurring*** peer support and Peer Support Services. When providing peer support as a billable service, there are added responsibilities like job tasks, documentation, reporting, working with a variety of colleagues and working under supervision.

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What are Peer Support Services?

Whether provided for youth, family, adults, or older adults these services combined are known as **Peer Support Services.** The people providing the services are qualified **New York Certified Peer Specialists (NYCPS), Credentialed Family Peer Advocates (FPA-C), or Credentialed Youth Peer Advocates (YPA-C).**

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Defining "Lived Experience"

- Adult- A person, who at some time in their life experienced mental health, addiction, trauma or related life disruptive challenges that may have included navigating the mental health system
- Youth- A youth or young adult (now between the ages of 18-30) whose personal experiences required their navigating one or more child service systems/services such as Mental Health, Special Education, Child Welfare, Substance Use, Juvenile Justice, Criminal Justice, Intellectual or Developmental Services, Complex Healthcare Needs, Vocational Services
- Family- A parent (biological/foster/adoptive) or primary caregiver of a child or youth with a significant social, emotional, developmental, medical, substance use and/or behavioral disability which manifested itself prior to age 21

Peer Services

- The work of Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates is NOT an adjunct service, but a necessary complement to the work done by therapists, case managers, and other members of a treatment team
- When added as a primary service to treatment, Peer Specialists/Advocates play a significant role in improving health and wellness, because of their ability to build trust, form one-to-one relationships, and foster hope for others
- Peer Specialists/Advocates utilize their lived experience and expertise of resilience and recovery with others in their work

Peer Support Service Categories

Adult Peer Services

- Engagement, Bridging and Transition Support
- Self-Advocacy, Self-Efficacy, and Empowerment
- Peer Recovery Supports and Peer Counseling
- Community Connections and Natural Supports
- **Pre-crisis and Crisis Support Services**

Family Peer Support Services

- Engagement, Bridging and Transition Support
- Self-Advocacy, Self-Efficacy, and Empowerment
- **Parent Skill Development**
- Community Connections and Natural Supports

Youth Peer Support Services

- **Skill Building**
- **Coaching**
- Engagement, Bridging and Transition Support
- Self-Advocacy, Self-Efficacy, and Empowerment
- Community Connections and Natural Supports

Services provided must be within each peer type's scope of practice

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Benefits of Peer Support Services

- Increased Self Esteem, Efficacy & Confidence
- Decreased Self Stigma
- Increased Social Support and Social Functioning
- Removes Feelings of Isolation & Fosters Community
- Increased Empathy & Acceptance
- Creates Purpose & Fosters Hope
- Increased Sense of Control & Ability to bring about changes in their lives
- Embraces Diversity
- Improved Relationships with Treatment Providers
- Improved Satisfaction with overall Treatment Experience
- Decreased Emergency Service Utilization

Adapted from: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

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Role of Peers in Crisis Services

- MHOTRS Program Peer Specialists and Advocates can be a great asset to support individuals or families in crisis alongside clinicians.
- Peer Specialists/Advocates can serve as the 2nd staff in providing Crisis Complex or Crisis Per Diem services, which require two staff are present.
- The Peer Specialist/Advocate's role should not be confused with a clinical role. Examples of the Peer role during a crisis include:
  - Providing support to the individual or family
  - Developing wellness plans and/or supportive crisis diversion plans with the individual/family
  - Helping to implement these plans
  - Providing advocacy and support when an individual is in an ED or crisis unit

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Culture Change

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Creating a Successful Culture

Organizational culture is "the way we do things around here (Martin, 2006)."

Organizational climate is "the way we feel about the way things are done (Griffith, 2020)."

Martin, M.J. (2006). "That's the Way We Do Things Around Here." Electronic Journal of Academic Librarianship, 7(1).
Griffith, J. (2020). "Organizational Culture vs. Organizational Climate." Talogy (previously PSI Caliper).

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Ten Characteristics of a Recovery Culture

1. Welcoming, warm, and inviting
2. Hopeful and positive energy
3. Mutual (non-hierarchical)
4. Empowering
5. Person-centered /Person-directed
6. Peer Support
7. Strengths-Based
8. Solution-focused
9. Relationship-oriented
10. Trauma informed

Ashcraft, L. (2023). Creating a Culture for Successful Inclusion of Peer Specialists. PeerTAC

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DEIA and Trauma-Responsive Workplace

- Diversity, Equity, Inclusion, and Accessibility (DEIA)
- Safe, Trustworthy, Transparent (Trauma-responsive)
- Not just an expectation or best practice
- It's the right thing to do

CDC 6 Guiding Principles to a Trauma-informed approach
https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm

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Organizational Readiness/Self Reflection

- Knowledge of Peer Support
- Organizational Culture
- Recruiting, Hiring, Onboarding & Retention
- Supervision

Multidisciplinary Team Approach

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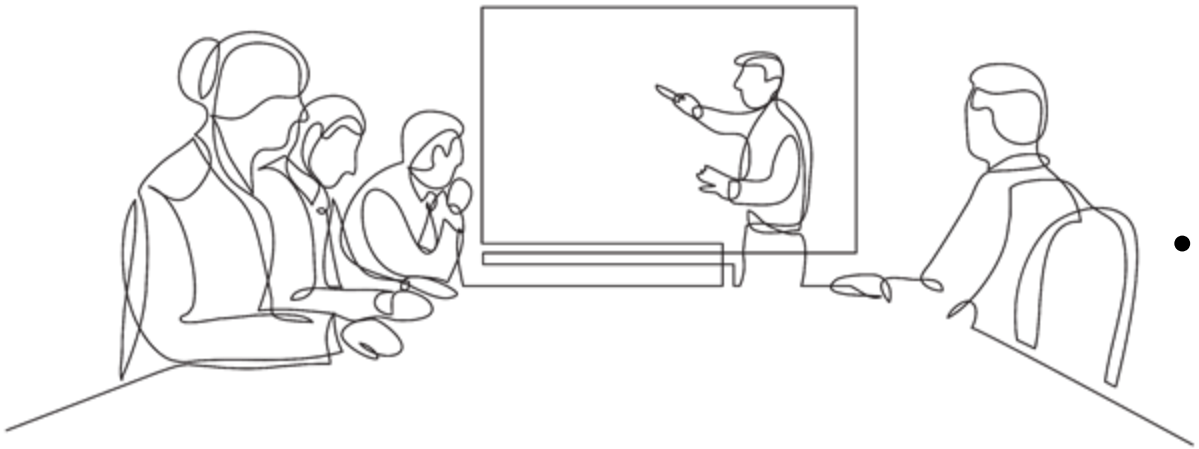
Multidisciplinary Team Approach

- Teamwork is paramount in mental health service delivery.
- Teamwork means the combined, co-coordinated & dedicated effort of each and every team member.
- As members of an integrated care team, Peer Specialists/Advocates make contributions that assist with engagement, practical assistance to achieve and sustain skills, development of coping mechanisms, empowerment, and building relationships.

Peer Specialists on Multidisciplinary Teams



- Peer Specialists/Advocates should attend and participate in all clinical team meetings and staff trainings.
- Agencies should ensure that treatment staff receive training about Peer Support Services and establish policies and practices to ensure strong collaboration amongst the team.

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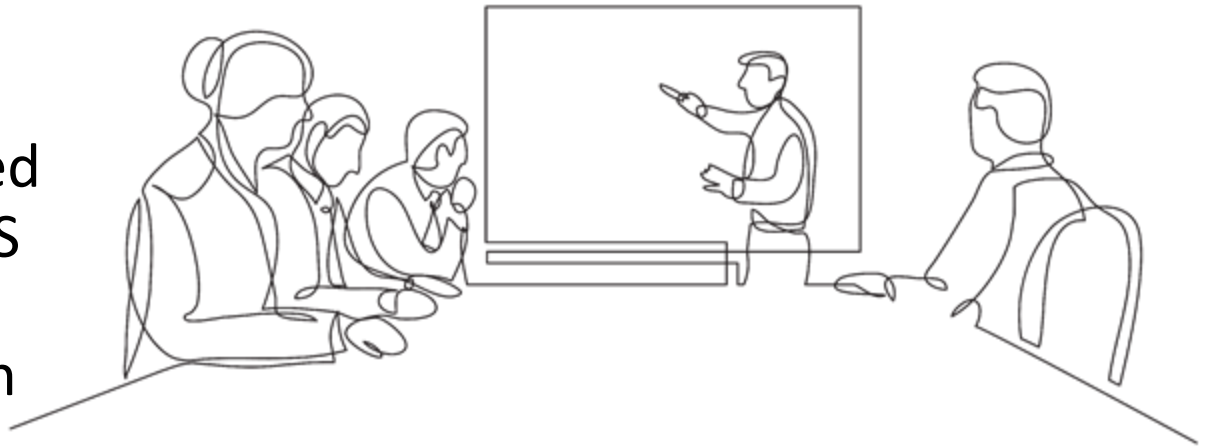
Multidisciplinary Team Approach

Characteristics of Successful Teamwork

- Non-punitive environment
- Clear direction
- Clear and known roles and tasks
- Respectful atmosphere
- Shared responsibility
- Acknowledgement and processing of conflict
- Clear specifications regarding authority and accountability
- Clear and known decision-making procedures

Peer Specialists on Multidisciplinary Teams (Continued)

- When Peer Support Services are provided via contract with a MHOTRS Program, every effort must be made to coordinate services to foster an integrated care approach
- Peer Support Services being delivered through a contract with the MHOTRS Program does not eliminate the expectation of collaboration through Peer Specialists/Advocates being a part of the multidisciplinary team



Supporting Fidelity & Sustainability to Peer Support Practice

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Supporting Fidelity (Youth)

Principles of Youth Peer Support

1. Youth Guided
2. Partner with Young People
3. Promote Independent Recovery
4. Provide Mentoring
5. Culturally Curious/Humble
6. Make Connections
7. Individualized
8. Strength-Based

Families Together in New York State (n.d.) Principles of Youth Peer Support

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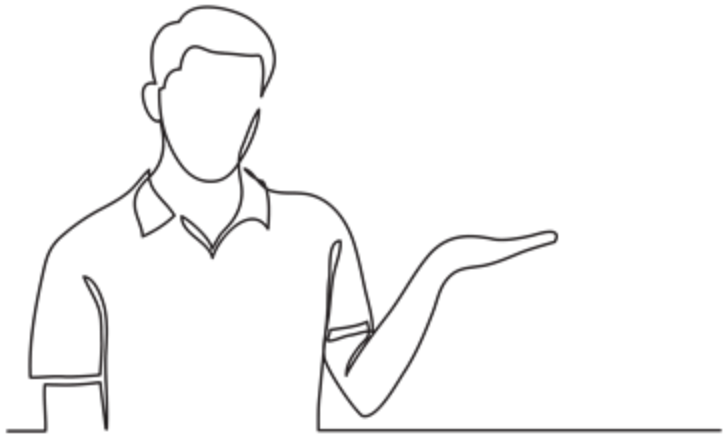
Role of the Youth Peer Advocate is Not…



Youth Peer Advocates Do Not…

- Tell young people what to do
- Chauffeur the youth
- Babysit the youth
- Police the youth

Youth Peer Advocates Are Not….

- The spokesperson for the youth
- The young person's only resource
- A friend to the young person

Families Together in New York State (n.d.) Role of the Youth Peer Advocate.

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Role of the Youth Peer Advocate

Youth Peer Advocates

- Build hope
- Share with purpose
- Destigmatize human experiences
- Promote inclusion
- Build relationships
- Provide individualized support
- Empower young people to take an active role in their healing journey

Role of the Youth Peer Advocate-Example

Ava is a child who grew up in foster care after her parents died unexpectedly. After her parent's death, there were no family members identified that were able to care for Ava and she was placed into foster care where she moved frequently from home to home. Ava will soon turn 18 and is struggling with transitioning to adulthood. Ava has been doing well in school, but consistently has been having suicidal thoughts and mannerisms that has providers concerned for her wellbeing. Her clinician feels that Ava would benefit from some additional support from a peer who has experienced similar challenges.

Kelly, the Youth Peer Advocate meets with Ava, meeting with her at a local coffee shop to develop rapport. Kelly understands the need for flexibility, and the need for autonomy for allowing a natural relationship to grow organically and into a natural support for Ava.

As they begin to form a trusting relationship, Kelly supports Ava's in exploring her perceptions of wellness and self-care. Kelly also encourages Ava to explore and find healthy and reasonable habits and hobbies that allow her to express her creativity, while at the same time help her to manage her mood.

Kelly is able to connect with Ava through sharing her own lived experience and provides Ava with valuable insights into how she navigated the transition to adulthood. Kelly has also been able to provide Ava with suggestions for groups that she may find interesting and helpful. Conversation is lighthearted while at the same time focused on helping Ava manage her emotions in a manner that is supportive and non abrasive.

Supporting Fidelity (Family)

Family Peer Advocates:

- Make Connections
- Build Skills
- Increase Knowledge
- Broaden Horizons
- Promote Advocacy
- Focus on Outcomes

Family Peer Support is:

- Individualized
- Culturally Responsive
- Engaging
- Strength-Based
- Solution Focused
- Family Driven

Families Together in New York State (n.d.) Family Peer Support Is…

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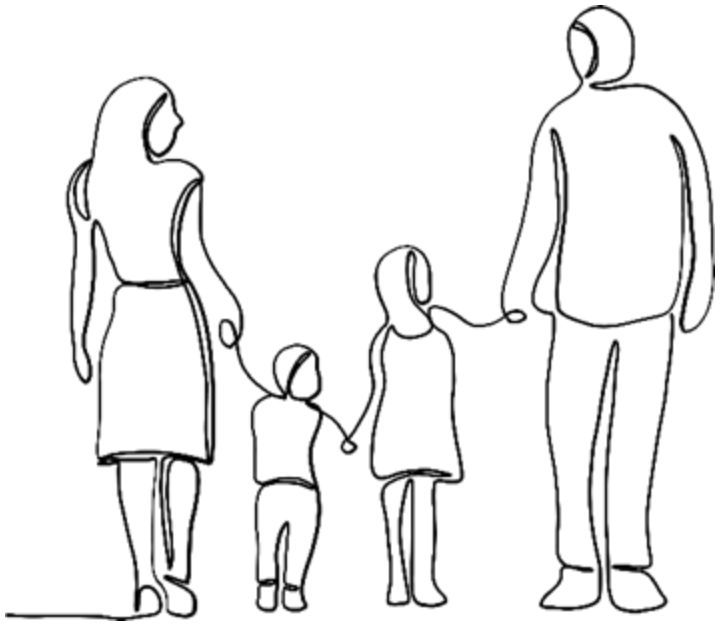
Role of the Family Peer Advocate is not…



Family Peer Advocates Do Not…

- Tell parents/caregivers what to do
- Chauffeur the parent/caregiver
- Act as a therapist for the parent/caregiver

Family Peer Advocates Are Not….

- The spokesperson for the parent/caregiver
- The parent/caregiver's friend
- The only resource for the parent/caregiver

Families Together in New York State (n.d.) Role of the Family Peer Advocate is not…

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Role of Family Peer Advocate

Family Peer Advocates

- Facilitate knowledge, understanding & connections to services, agencies, training and other families
- Support caregivers in identifying needs and strengths of their youth and family
- Bridge successes of the past with options for future continued success
- Help to remove stigma and feelings of isolation by showing caregivers they are not alone in their struggles
- Increase self-efficacy by providing current information, resources, & appropriate interventions to help caregivers in their decision-making
- Listen without judgement to families' ideas, preferences & decisions while acknowledging families struggles, efforts and successes; accepts and honors differences
- Assist caregivers in gaining skills in parenting, advocating and decision making

Role of Family Peer Advocate-Example

Ali and her family were referred for Family Peer Support Services after she expressed frustration in having to navigate the multiple systems to obtain the needed services for her child who struggles with some behavioral challenges.

Ali's immediate concern was to address her child's current difficulties in school as frequent calls from the school placed her in jeopardy of losing her job.

The Family Peer Advocate (FPA) listened to Ali's concerns and together they crafted a plan that supported Ali in identifying needed resources and strategies to utilize in advocating for an appropriate school placement for her child.

The FPA was also able to share her experiences in parenting a child with severe behavioral challenges and assisted in connecting Ali to other parents experiencing similar challenges.

Supporting Fidelity (Adult)

Adult Peer Specialists are:

- Hopeful
- Open minded
- Empathetic
- Respectful
- Agents of change
- Honest and direct

Adult Peer Support is:

- Voluntary (supports choice)
- Mutual and reciprocal
- Equally shared power
- Strengths focused
- Transparent
- Person-driven

National Association for Peer Supporters (2019). National Practice Guidelines for Peer Specialists and Supervisors.

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Role of Adult Peer Specialists

- Meet people "where they're at"
- Orient people on “what to expect”
- Provide hope and choices to consider about what comes next
- Share peer values and perspectives with leadership and staff
- Run peer groups on topics based on people’s treatment plan goals – such as recovery planning, creative expression, job readiness, letting go
- Use APS as a basis for helping people interested in becoming NYCPS to complete the requirements toward certification (helping to increase people in the workforce)

(Adult) Peer Support Services Are / Are Not…

Peer Support Workers Are…	Peer Support Workers Are Not…
Qualified peer support service providers	"Junior" clinicians, "gophers," or errand persons
Supportive of the whole person and their needs	Limited to promoting only what the program offers
Able to share personal experience of local resources	Case managers or care coordinators
Teaching people to do tasks for themselves	Focused on doing tasks for people
Sharing their own relevant lived (living) experiences	Authorized to give "professional" or medical advice
Trauma-responsive and create trust and safety	Required to make people comply with treatment
Role models for positive recovery behaviors	Textbook "case studies" of how all people recover
Able to fill a valuable role in the workforce	"Cheap labor" or a solution to the workforce crisis

(VHA, 2014; Copeland Center; SAMHSA 2012; SAMHSA BRSS TACS, 2012, 2018)

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(Adult) Peer Specialists Do / Do Not…

The Peer Support Workers Do…	The Peer Support Workers Do Not…
Use human language	Use clinical and diagnostic language
Work with a person's strengths and abilities	Try to "fix" what's wrong with the person
Interact in ways that are mutual and reciprocal	Maintain professional distance
Work with the person on a recovery plan	Manage the person's medications
Support many pathways to recovery	Prescribe treatment or one specific path to recovery
Motivate through hope and inspiration	Motivate through fear of negative consequences
Have cultural humility and curiosity about each person	Treat everyone the same
Have different boundaries from clinical practice	Ignore the boundaries of clinical colleagues
Respectfully hold differing perspectives	Automatically agree or disagree to "fit in"
Help the person to find their own voice	Speak for the person

(VHA, 2014; Copeland Center; SAMHSA 2012; SAMHSA BRSS TACS, 2012, 2018)

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Role of Adult Peer Specialists - Example

Jamie identifies as trans with pronouns, they/them. They work as a peer support specialist in a clinic that offers preadmission meetings where they meet with people in the community to offer hope and options to consider for recovery. Jamie also provides both one-on-one support and group support after people are admitted. Jamie works alongside intake staff to welcome people who are new to the clinic by letting them know what to expect and how the interdisciplinary team at the clinic works together to help people get better.

Jamie shares the peer perspective with clinic leadership and staff about things that come up while meeting with people in the community during preadmission or while people are receiving services. Jamie is careful not to break confidentiality while calling attention to areas where the team (and the organization as a whole) can improve.

Jamie runs groups on topics that people identify on their treatment plans and holds classes on sensitivity to stigma, discrimination, and greater inclusion for the whole organization. As a graduate of the Academy of Peer Services, Jamie teaches those who are interested on how to take the online courses and apply for certification. This is one of many ways in which Jamie is helping to support the next generation of peer specialists. Jamie includes awareness of the free courses in the Academy in their work with the clinical team as one of the resources that are available to better understand the values and best practices of peer support.

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Getting Support from Peer & Family Run Organizations

Getting Support from Peer & Family Run Organizations

What are Peer/Family-Run Organizations?

A peer-run/family peer-run organization is defined as a program or organization in which the majority of persons who oversee the organization's operation and governance have received (or have children who have received) mental health and/or substance use disorder services.

Over the **last three decades**, peer-run/recovery community organizations have created a variety of groundbreaking new models including peer crisis diversion, bridging, and wellness support services that are based on the principles of peer support that have helped to transform the lives of the people they support and the programmatic and policy environments in which they operate.

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Benefits of Collaborating with Peer-/Family Peer Run Organizations

- Creates a culture of person-centered, choice and support for individuals you serve
- Ensures peer input, buy-in, and guidance on program design and implementation
- Ability to educate MHOTRS team on all aspects of authentic peer-support and planned implementation across service lines – peers accessible to team
- Elevates the value of peer support specialists currently employed as experienced professionals
- Expands peer support to various programs offerings

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Contracting for Services

What Can Be Contracted?

- Peer-support for individuals (connecting through direct referrals and established MOU); Individual and Group services
- Support the organizations' development of crisis intervention models and non-clinical services workflow
- Bridging from housing programs to community integration
- Social determinants & referral network experts
- Expert educators on the peer support model, trauma informed practices, criminal justice system intercepts, recovery models, using evidence-based practices and strengths bases supports


Questions?

Lunch

Afternoon Agenda

Peer Support Services Part 2

- Qualifications and Supervision
- Hiring, Recruitment & Retention Strategies
- Pre-Admission and Billing
- Programmatic Guidance

MHOTRS Overview Part 2

- Co-enrollment
- Billing
- Utilization Review

Wrap Up

Peer Qualifications & Supervision

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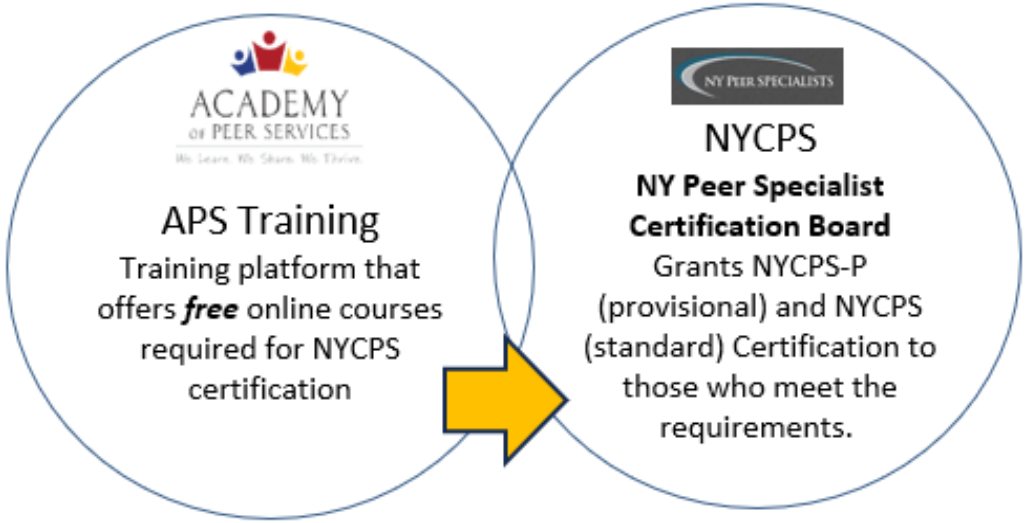
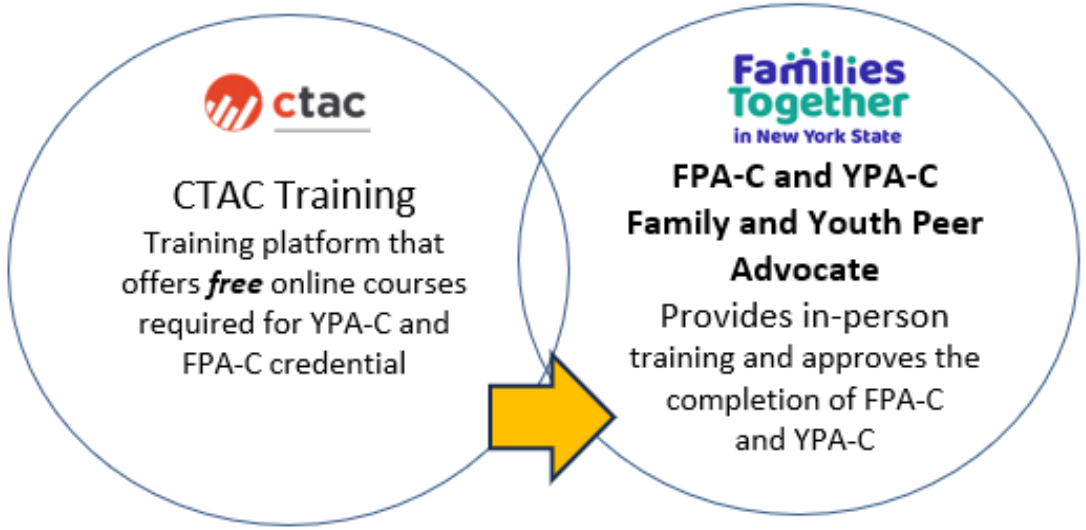
OMH Certification/Credentialing Overview



Adult Certification



Family and Youth Credentialing

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Adult Peer Specialist Certification (NYCPS)

NY PEER SPECIALISTS

Two levels of certification through Certification Board

NYCPS-Provisional (NYCPS-P)
Training through the Academy of Peer Services 13 Core Courses
Certification through the NYPSCB Certification Board
(does not require work experience)

New York Certified Peer Specialist (NYCPS)
Training through the Academy of Peer Services 13 Core Courses + 15 hours added training
Certification through the NYPSCB Certification Board
(requires 2000 hours of work experience verified by supervisor)

Both *are professional certifications.*

Contact the Certification Board with any questions at: NYPSCB@mhepinc.org

To download the application visit: nypeerspecialist.org

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Family and Youth Credentials (FPA, YPA)

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Families Together in New York State

Two levels for each Credential

Provisional Training Requirement (FPA-P, YPA-P)
Level 1 online training and other requirements

Professional Training / Work Requirement (FPA-C, YPA-C)
Level 2 online, Level 2 virtual training and coaching calls
Must include 2 hours of DEI training
requires 1000 hours of work experience for FPA
requires 600 hours of work experience for YPA

Both *are professional certifications.*
***Families Together in NYS* with any questions at: FPAcredential@ftnys.org**

Or YPAcredential@ftnys.org

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Office of Mental Health (OMH)

ACADEMY of PEER SERVICES
We Learn. We Share. We Thrive.

APS Online Training and Testing

NY PEER SPECIALISTS

NYCPS NY Peer Specialist Certification Board

Families Together in New York State ctac

FPA-C / YPA-C Family Peer Advocate / Youth Peer Advocate

Office of Addiction Services and Supports (OASAS)

Approved Foundational Training

NYASAP Approved Training and IC&RC Testing

NYASAP

CRPA NY Certification Board

Certified Recovery Peer Advocate (CRPA) **Does not require lived experience**

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Certified Recovery Peer Advocates (OASAS Qualified)

Peer Specialists/Advocates who hold a credential from a certifying authority recognized by the Commissioner of the Office of Addiction Services and Supports (Certified Recovery Peer Advocate) are eligible to work in MHOTRS **provided they qualify for** and obtain provisional OMH Peer Certification or Credentialing within 12 months of being hired.

Note: In order to qualify, the CRPA must be able to self-disclose personal lived experience with a mental health or related condition.

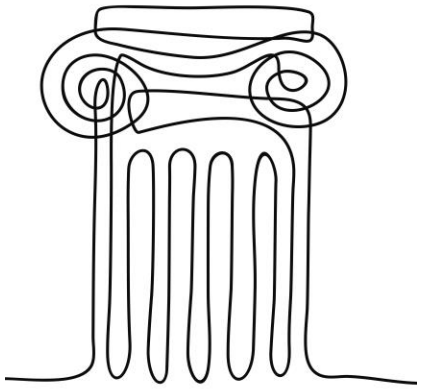
It is expected that, within a reasonable amount of time, those with a provisional will complete a full OMH Peer Certification or Credential.

Supervisor Qualifications
Licensed Practitioner of Healing Arts (LPHA)

- Qualified Individuals to supervise the delivery of Peer services (Part 599.4)
  - nurse practitioner;
  - physician;
  - physician assistant;
  - psychiatric nurse practitioner;
  - psychiatrist;
  - psychologist;
  - registered nurse;
  - licensed clinical social worker (LCSW); and licensed master social worker (LMSW) if supervised by an LCSW, licensed psychologist, or psychiatrist employed by the agency.
  - licensed mental health counselors (LMHC);
  - licensed marriage and family therapists (LMFT);
  - licensed psychoanalysts; and
  - licensed creative arts therapists (LCAT).

Pillars of Peer Support Supervision

1. Peer Specialist Supervisors are Trained in Quality Supervisory Skills
2. Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist.
3. Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles.
4. Peer Specialist Supervisors Advocate for the Peer Specialist and Peer Specialist Services Across the Organization and in the Community.
5. Peer Specialist Supervisors Promote both the Professional and Personal Growth of the Peer Specialist within Established Human Resource Standards.



(Daniels, et al, 2015)

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Supervision Resources

The **Academy of Peer Services (APS)** has a Supervision Specialization Track and several continuing education courses and webinars on the supervision of Peer Support Specialists.

MCTAC and CTAC have partnered with **Families Together in NYS** to produce a Supervisor Training module and many webinars and training programs on the Supervision of YPA and FPA.

PeerTAC has a recorded session on supervision, which can be accessed through the PeerTAC website.

Visit peertac.org

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Hiring, Recruitment & Retention Strategies

Hiring, Recruitment & Retention

Expand Your Typical Search Activities

- Advocacy organizations
- Colleges and Universities
- Community Centers
- Faith communities
- Online job boards and other online community forums
- Self-help groups
- Peer-run Programs
- Fitness Centers
- Social media outlets
- Youth Centers
- Colleagues, including those in the private behavioral health and primary care sectors

Hiring, Recruitment & Retention

Write a Detailed Job Description

- Given that peer staff can serve in diverse roles, it is recommended that you invest time upfront in defining the specific role within your organization and provide a realistic job preview of the position's core responsibilities.
- Providing clarity about the specific functions associated with the employment opportunity will minimize the number of applicants who are not a good fit and expedite the hiring process. It will also assist with establishing and maintaining role clarity within the organization.

Hiring, Recruitment & Retention

Ensure Hiring Staff understand Relevant Employment Laws

- Title I of the Americans with Disabilities Act prohibits employers from asking disability-related questions at certain points in the employment process.
- It is important not to assume that a person in recovery will require any modification or performance exemption simply because he or she has had a behavioral health condition, however, if an employee discloses that he or she has a disability (behavioral health or otherwise), and this disability is interfering with his or her ability to meet expectations, then he or she has the right to request "reasonable accommodation."

Hiring, Recruitment & Retention

Providers should offer an array of work schedules

- Providers should also remain flexible in offering Part time, Full time, and job sharing opportunities.
- Consideration should be given to understanding specific limits to entitlements that may impact one's ability to be or remained employed on a full time basis.

Recruitment Tips (Youth)

Develop a community recruitment plan that targets young adults in youth spaces such as:

- Colleges
- social media
- Libraries
- community centers
- Job coaching agencies

*Highlight the **age** and **lived-experience** requirements*

Recruitment Tips (Family)

Develop a community recruitment plan that targets parents/caregivers, specifically, such as

- Pediatrician offices
- Schools
- PTAs/SEPTAs
- Social media
- Libraries,
- Community centers

*Highlight the **lived-experience requirement***

Recruitment Tips (Adult)

Recruiting

- Keep all options open
- Use Peer Networks

Onboarding

- Transparency
- Thoroughness

Hiring

- The interview process goes both ways

Retaining

- Supervision
- Work Culture
- Immersion over inclusion

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Course

Family Peer Advocate Hiring Toolkit

Course

Youth Peer Advocate Hiring and Support Toolkit

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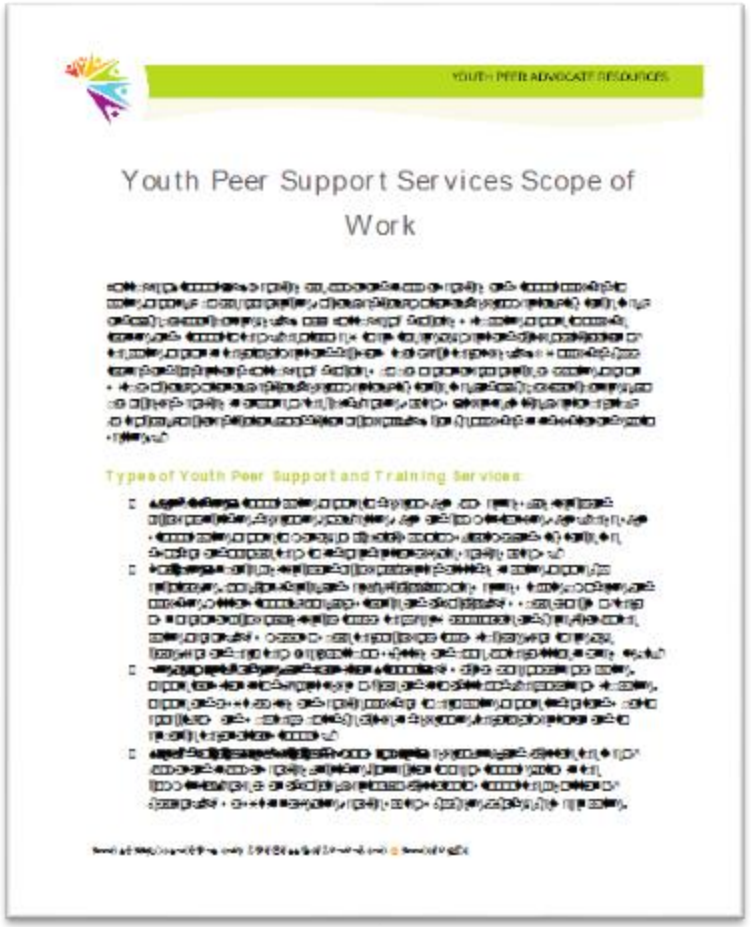
Hiring, Recruitment & Retention



Youth Peer Support Services Scope of Work

Types of Youth Peer Support and Training Services

Job Description Resource

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Peer Support Services-Billing

Billing: Peer/Family Support Services Preadmission

- Peer/Family Support Services are billable services effective November 23, 2022
- There is no limit to the number of days Peer Support Services can be provided prior to admission. The purpose and goal of the preadmission contacts must be identified and documented in the record
- Preadmission Peer Support Services may only be provided as an individual service, not in groups
- Each contact must be documented in the chart and should include the purpose of the contact, response of the individual, and progress made towards the goal

Billing: Peer/Family Support Services Preadmission

- Preadmission documentation for contact by the peer must be signed by the Peer Specialist/Advocate and a Licensed Practitioner of the Healing Arts (LPHA)
- The goal of preadmission services by the peer is to engage the individual in informed decision making, resilience and recovery
- There is no requirement of admission to bill for the services. Peer Support Services may not continue if the individual declines treatment and is not enrolled
- If the individual would like to continue to receive peer services, they can be referred to (adult) Community Oriented Recovery and Empowerment (CORE) Services or through Children and Family Treatment and Support Services (CFTSS), as appropriate

Billing: Peer/Family Support Services

- May be provided to individuals, family or other collaterals, or groups of individuals not to exceed 12 individuals
- May be provided to individuals prior to enrollment in the MHOTRS program, without limit
- Services are billed in 15- minute increments up to a maximum of three hours (12 units) per day
    - The three-hour maximum is for both individual and groups combined
    - Multiple units of Peer Support Services can be provided consecutively or at different times of the day

Billing: Peer/Family Support Services

- Peer/Family Support Services must be claimed using the appropriate health services/peer supports rate code (when provided on-site) or the appropriate offsite rate code in order to bypass the utilization threshold count
  - Procedure code:
    - H0038 (individual 15 minutes)
    - H0038 with HQ modifier (group 15 minutes)
  - Peer service was billable effective November 23, 2022 at the weight of .1134
    - The peer service weight was increased to .1592 effective January 1, 2023
    - The group service weight is 26% of the individual service weight

Billing: Peer/Family Support Services

- Peer/Family Support Services must be claimed using the appropriate health services/peer supports rate code (when provided on-site) or the appropriate offsite rate code in order to bypass the utilization threshold count
  - Rate codes:
    - 1474 Health/Peer (On-site, Freestanding)
    - 1588 Health/Peer (On-site, Hospital-based)
    - 1507 Offsite (Freestanding)
    - 1519 Offsite (Hospital-based)

Programmatic Guidance

- Peer Support Services may be provided before or after another service but not during
- An individual may simultaneously receive CFTSS Family Peer Support or Youth Peer Support, or CORE Empowerment Services (Peer Support) and MHOTRS pre-admission Peer Support Services. However, once the individual is admitted to a MHOTRS program they can no longer continue to receive the same service from both programs
- As the MHOTRS peer workforce develops, service access may initially be limited. Therefore, MHOTRS programs may consider referring individuals to CFTSS/CORE services to meet the individual's needs.
  - For CFTSS: Children and Family Treatment and Support Services/Home and Community Based Services (ny.gov) site map webpage.
  - For CORE: CORE Provider Application and Designation (ny.gov) webpage.

Commonly Asked Questions

- Are peer services billable, and how do the rates compare with clinical services?

  Peer Support Services are billable. Please refer to the OMH MHOTRS Billing and Fiscal Guidance ***for more information. OMH maintains up-to-date rates, weights and procedure codes under the*** CPT Procedure Weight and Rate Schedule ***on the OMH website.***

- Is contracting out with peer-run organizations allowed? Is contracting out for supervision of peers allowed?

  Contracting and partnering with peer-run organizations is allowed. Contracting out for supervision of peers is also allowed.

Commonly Asked Questions

- Is CRPA credential billable?

  Peer Specialists/Advocates who hold a credential from a certifying authority recognized by the NYS Office of Addiction Services and Supports (OASAS) (Certified Recovery Peer Advocate) are eligible to work in MHOTRS programs provided they qualify for and obtain provisional OMH Peer Certification or Credentialing within 12 months of being hired. It is expected that, within a reasonable amount of time, they will then complete full OMH Peer Certification or Credential their work experience hours post provisional certification/credentialing.

Please refer to OMH Peer Support Service Guidance, for more information.

Coming This Fall

PeerTAC: Organizational Self Assessment Learning Collaborative

- Purpose - Readiness for inclusion or expansion of peer services
- Understanding of peer support values/practices
- Preparing the organizational culture for recovery
- Hiring, Onboarding, and retaining peer support staff
- Supervision

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Resources for this Session

Use your phone to scan the QR code below or enter the link below to access a list of Resources.

https://bit.ly/45rJqhL

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Questions?

BREAK

MHOTRS Co-Enrollment

Co-Enrollment

- To promote greater flexibility and service access, co-enrollment is permitted for individuals enrolled in MHOTRS programs
- Co-enrollment is expected to be:
  - Informed and guided by individual choice
  - Clinically indicated with distinct and separate objectives
  - Inclusive of coordination and collaboration between service providers

Co-Enrollment

- At the onset of program admission and throughout the treatment episode, information should be collected to understand additional programs or services the individual/family are enrolled in

- To avoid service and intervention duplication and maximize program coordination, MHOTRS programs should maintain record of co-enrollment and update accordingly to reflect progress

Co-Enrollment

Service	Co-enrollment with MHOTRS
OASAS Outpatient Addiction Rehabilitation Services	Allowable
Personalized Recovery Oriented Services (PROS) with Clinic, only when the individual is receiving clinic services from the PROS	**Not Allowable**
PROS without Clinic	Allowable
Assertive Community Treatment (ACT) Including Adult, Young Adult and Youth ACT	Limited Allowance
Continuing Day Treatment (CDT)	Limited Allowance
Partial Hospitalization	**Not Allowable**
Crisis Services Mobile Crisis Intervention Crisis Stabilization Crisis Residences: Intensive Crisis Residence (ICR), Residential Crisis Support (RCS), Children's Crisis Residence	Allowable

Co-Enrollment

Service	Co-enrollment with MHOTRS
Children and Family Treatment and Support Services (CFTSS): • Other Licensed Practitioner (OLP)* • Community Psychiatric Supports and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Family Peer Support (FPS) • Youth Peer Support (YPS)	Limited Allowance
Community Oriented Recovery and Empowerment (CORE) Services: • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Family Support and Training (FST) • Empowerment Services – Peer Support	Allowable (see guidance specific to CPST and Peer)

Co-Enrollment with PROS

- Individuals who are enrolled in the Clinic Treatment component of Personalized Recovery Oriented Services (PROS) are ineligible to be co-enrolled in MHOTRS programs.
- Care Managers and others who are coordinating care should be aware that there are two types of PROS Programs:
  - PROS with Clinic (Not eligible for Co-enrollment)
  - PROS without Clinic (Eligible for Co-enrollment)
- To verify whether an individual is enrolled in Clinic Treatment at PROS, you can check their Medicaid RRE Codes in eMedNY/ePaces; RE Code 84 indicates that an individual is enrolled in Clinic Treatment in PROS.

Co-Enrollment with Skilled Nursing Facilities

- If the Skilled Nursing Facility (SNF) provider has psychiatric services included as part of their services in their all-inclusive rate, then MHOTRS programs cannot provide services to residents of that facility nor bill Medicaid / Medicaid Managed Care.
  - However, MHOTRS program can negotiate a contract between the Skilled Nursing Facility (SNF) and MHOTRS program to provide these services and be reimbursed directly by the SNF.
- If the SNF does not have psychiatric services included, a MHOTRS program could provide those services and bill Medicaid.
- MHOTRS providers should communicate and collaborate with the SNF medical providers if the MHOTRS program provides the psychiatric services for SNF residents.

Co-Enrollment Between MHOTRS Programs

If an individual is enrolled in a MHOTRS program but would benefit from a specialty not provided at that MHOTRS, it is possible to arrange for the receipt of that specialty from another MHOTRS program.

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Co-Enrollment: Programmatic Guidance Considerations

MHOTRS programs should consider the following:

- Co-enrollment in two MHOTRS programs should be an exception to the rule, not a standard
- Each MHOTRS program must have its own treatment plan
- Two MHOTRS programs can provide different services to an individual on the same day, but they should not provide the same service on the same day
- MHOTRS programs cannot use co-enrollment at another MHOTRS program to substitute for required services at their own program

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Co-Enrollment - Example

A treating clinician refers an individual they have been working with for the last 6 months to Better Health Clinic to receive Eye Movement Desensitization and Reprocessing (EMDR) treatment.

A treating clinician refers an individual they have been working with for the last 6 months to Better Health Clinic to attend a social skills group, given that this same group at the clinic where the client is receiving services is at capacity. (Individual cannot be co-enrolled to attend a group that their MHOTRS program provides).

Co-Enrollment: Programmatic Guidance

- Developmental Testing, Neurobehavioral Status Examination, and Psychological Testing are optional services that can only be provided to individuals admitted to the MHOTRS program
  - Co-enrollment is an option to meet this need when a program does not offer testing services
- <u>Co-enrollment for the sole purpose of receiving Peer Support Services is not permissible</u>
  - Peer Support Services must be integrated into the provision of other MHOTRS program services, and as such, may not be provided as a standalone service in a MHOTRS program which is not the individual's primary MHOTRS provider

Co-Enrollment: Programmatic Guidance Documentation

- Coordination of care and consultation are critical aspects of co-enrollment not just with other MHOTRS programs, but with additional programming as well
- Documentation should reflect occurrences of co-enrollment including:
  - The agency(ies) and program(s) in which the individual is enrolled
  - The goals and objectives of the co-enrolled program treatment plan
  - Record of coordination between program staff
- Monitoring instances of co-enrollment aid with avoiding service duplication and maximizing program outcomes through a coordinated approach to care
- To avoid service and intervention duplication and maximize program coordination, MHOTRS programs should maintain records of co-enrollment and update accordingly to reflect progress. See Section VII in the OMH MHOTRS Program Guidance for more information

Co-Enrollment: Programmatic Guidance Billing

- Co-enrollment allows reimbursement for services provided to an individual by two MHOTRS programs, including preadmission visits.
- However, reimbursement will not be made to more than one program for the same service on the same date of service.

Questions?

MHOTRS Billing

Additional Billing Changes

- Use of the U5 modifier for reduced services has been expanded
- AMA timeframes applicable for most Part 599 services
- Intensive Outpatient Program (IOP) no longer require waiver approval and providers may now request to provide IOP through an Administrative Action (AA)
- Integrated Outpatient Services (IOS) guidance was updated and new rate codes were effective April 1, 2023.

Billing: U5 Modifier- Reduced Services

- Previously available exclusively to school-based group, the use of the U5 modifier has been expanded to all MHOTRS programs for the following services that last at least 40 minutes but do not meet the 60 minutes required:
- Multi-Individual Group – 90853
- Multi-Family/Collateral Group – 90849

The U5 modifier will reduce the payment by 30%.

Billing: Service Time Duration

- Providers may bill for most MHOTRS services consistent with applicable AMA and CMS coding guidelines for service duration ranges.
- Where there is no duration range defined within those guidelines, the minimum duration cited in Part 599 Regulations and the OMH Billing and Fiscal Guidance Document must be followed.

Billing: Service Time Duration

Please review the MHOTRS Fiscal and Billing Guidance for more information.

APG Codes, Procedure Codes and Service Time

Detailed information on APGs can be found on the NYS Department of Health APG webpage

Procedure codes are maintained by the American Medical Association and the Centers for Medicare and Medicaid Services.

- CPT coding information can be found on the AMA website
- HCPCS coding information can be found on the CMS website

Regarding service time minimum durations, providers may bill for services consistent with applicable AMA and CMS coding guidelines for service duration ranges, unless otherwise noted below. Where there is no duration range defined within those guidelines, the minimum duration cited in this guidance and OMH regulations must be followed.

Procedure Code	Part 599: Service Title	AMA CPT Title	OMH *Recommended* Minimum Service Duration (unless noted as required)	Time range allowed if AMA Duration Standard is listed below.
90791	Initial Assessment	Psychiatric diagnostic evaluation.	45 minute minimum required	
90792	Initial Assessment with Medical Services	Psychiatric diagnostic evaluation with medical services.	45 minute minimum required	
99202	Psychotropic Medication Treatment	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	If billing based on complexity, at least 15 minutes minimum required	15-29 minutes
90832	Psychotherapy - Individual - 16-37 minutes	Psychotherapy, 30 minutes with patient.	30 minutes recommended but AMA time range is allowed	16-37 minutes
90834	Psychotherapy - Individual - 38-52 minutes	Psychotherapy, 45 minutes with patient.	45 minutes recommended but AMA time range is allowed	38-52 minutes
90846	Psychotherapy - Family - 30 minutes	Family psychotherapy (without the patient present), 50 minutes	30 minutes recommended but AMA time range is allowed	26-50 minutes
90847	Psychotherapy – Family & Client - 50 minutes	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	50 minute minimum required. Use 90846 if less than 50 min.	
90849	Psychotherapy - Family Group - 60 minutes	Multiple-family group psychotherapy	60 minutes recommended but for service durations between 40-59 minutes, U5 modifier must be used to reduce payment by 30%. Service duration less than 40 min is not reimbursable.	

Billing: Intensive Outpatient Program (IOP)

- Previously available by waiver approval, providers may now request to provide IOP through an Administrative Action (AA) in the Mental Health Provider Data Exchange (MHPD).
- Once approved, providers will receive access to IOP rate codes that allow for up to four MHOTRS program services without utilization threshold restrictions.
- Services 2-4 provided on the same day will not be subject to 10% discounting.
- Information on IOP can be found at: https://omh.ny.gov/omhweb/clinic_restructuring/docs/clinic-iop-guidance.pdf

Integrated Outpatient Services (IOS)

Integrated Outpatient Services (IOS): Updated Billing for Offsite and Primary Care Services for OMH-host Sites was released on December 22, 2022, and reissued on May 12, 2023, only applies to providers approved under Part 598 to provide IOS (i.e., OMH-hosted providers)

- A complete set of separate rate codes, which identify primary care and behavioral health (BH) services provided by clinics, were released
- In addition, OMH established a separate set of rate codes which will identify off-site services and pay the enhanced rate for behavioral health services provided by OMH-hosted IOS clinics
- Use of these new rate codes is effective April 1, 2023
- This updated guidance is applicable for both Medicaid Fee-for-Service and Managed Care

MHOTRS Utilization Review

Utilization Review

- MHOTRS programs must have a written utilization review policy and procedure to ensure that all individuals are receiving appropriate services and are being served at an appropriate level of care
- The policy and procedure developed by the agency must ensure that utilization review is performed, at a minimum, on 10% of all cases, including the following reviews:
  - Appropriateness of admission reviews for individuals admitted within 30 days of the date the program performs utilization review
  - Appropriateness of continued treatment reviews for individuals admitted within seven (7) months of the date the program performs utilization review
  - Appropriateness of continued treatment reviews for individuals who have been admitted seven (7) months or longer prior to the date the program performs utilization review, including individuals receiving psychotropic medication treatment and medication education services only.

Utilization Review (Continued)

- The utilization review must be performed randomly, by identified professional staff, and independently of the clinical staff treating the individual under review
- The MHOTRS program must also have policies and procedures in place to ensure all individuals are receiving appropriate services. This is outside of the 10% selected for UR
- These policies must include:
  - Supervisory review of appropriateness of services and level of care, as needed
  - Regular and routine case reviews, including a process to determine individuals in need of such case reviews (e.g., high risk, length of stay) and who should participate in the case review, which shall include physician or nurse practitioner


Questions?

Please Complete Our Survey!

Copies are available on paper OR
by using your phone to scan the QR code below

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PEER SUPPORT SERVICES
TECHNICAL ASSISTANCE CENTER

Contact Info

- OMH Medicaid Fee-for-Service Reimbursement and Billing Assistance:
  - medicaidffsbillinghelp@omh.ny.gov
- OMH Medicaid Managed Care Assistance:
  - OMH-Managed-Care@omh.ny.gov
- Questions can also be submitted to OMH Field Offices using this form:
  - https://omh.ny.gov/omhweb/bho/omh_mc_question_complaint_form.pdf
- For Adult services:
  - omh.sm.Adult-Clinic@omh.ny.gov
- For Children's services:
  - omhchildclinics@omh.ny.gov

- MCTAC: mctac.info@nyu.edu
- PeerTAC: info@peertac.org

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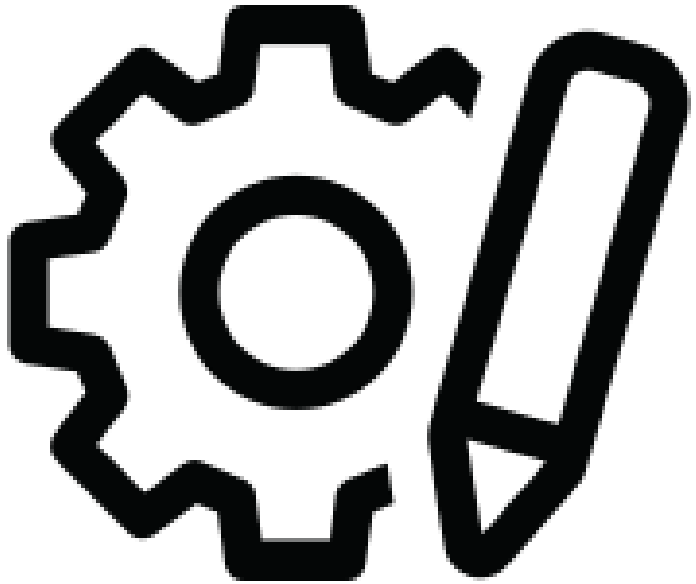
MHOTRS Resources

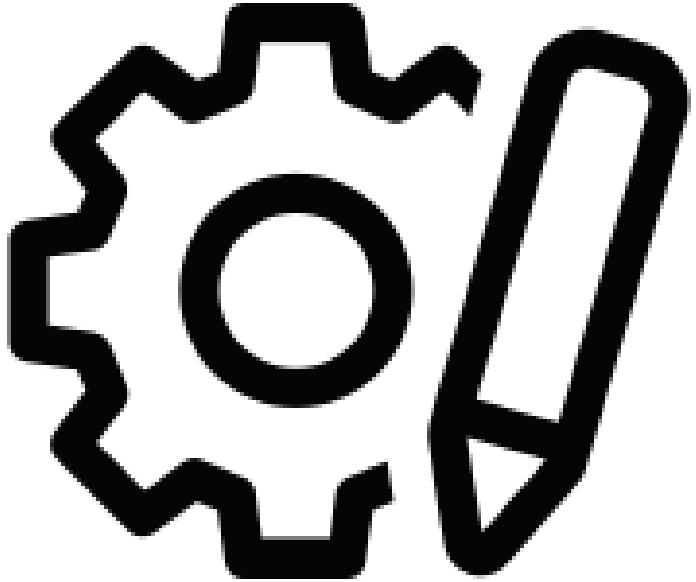


- Contact our Team: mctac.info@nyu.edu
- PeerTAC Join Email Listserv
- MCTAC Join Email Listserv

- OMH Part 599 Clinics/MHOTRS Page (link here)

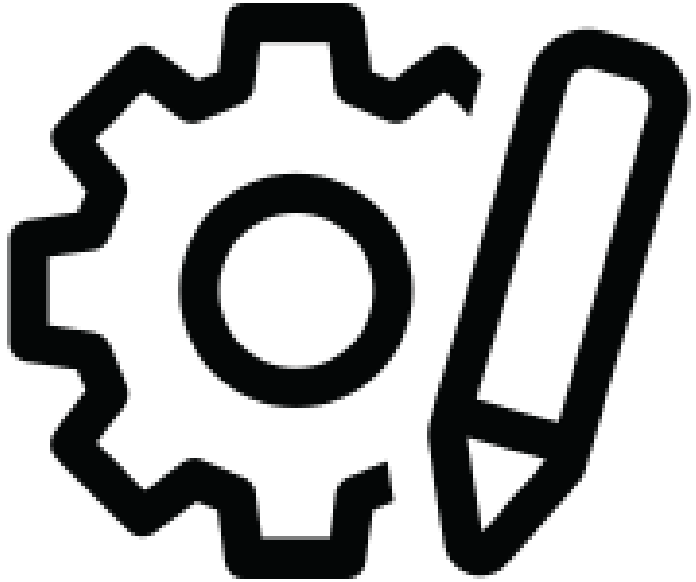
- MCTAC Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) Special Initiatives Page (link here)

Resources Related to Billing and RCM



- OMH MHOTRS Billing and Fiscal Guidance
- OMH MHOTRS IOP Guidance
- OMH MHOTRS Service Guidance
- MCTAC Billing Tool
- MCTAC MCO Plan Matrix Tool
- RCM Best Practice Tool
- MHOTRS Service Guidance
- 3rd Annual Ask a Medicaid Managed Care Plan: Billing Panel (recording here)

Resources Related to Off-Site Services



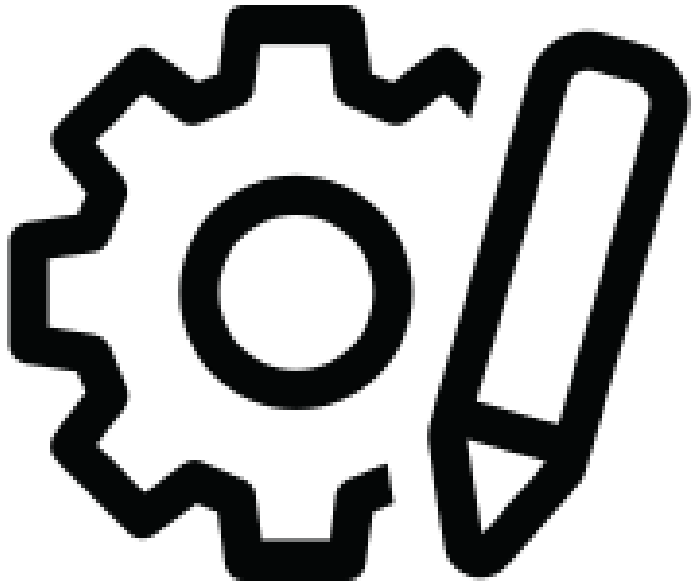
Community Delivered Services 2022

(link)

Community Delivered Services 2019

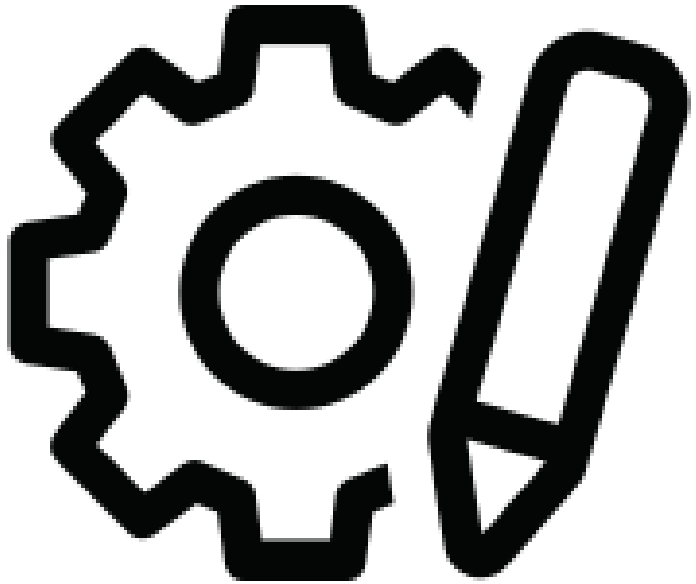
(link)

Resources Related to Peers



- PeerTAC Website (link here)
- PeerTAC: Join Email Listserv (link here)
- OMH Guidance on Youth, Family, Adult Peer Support Services (link here)
- National Practice Guidelines for Peer Specialists and Supervisors (link here)
- Blog Post (Pat Deegan) on difference between clinical and peer support (link here)
- Peer Run Organizations by Region, Dated 2/1/23 (link here)
- Family Peer Run Organization Directory, Dated 1/18/2023 (link here)
- Documentation Done Right Workbook Series - Tip Sheets on Peer/Family Support Services Progress Notes (link here)

Resources Related to Peers

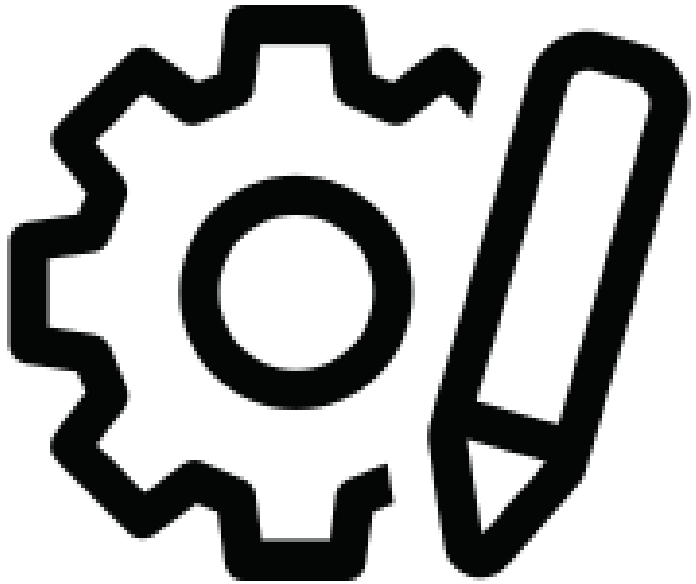


SAMHSA BRSS TACS. (March 21-22, 2012). **Equipping Behavioral Health Systems and Authorities to Promote Peer Specialist / Peer Recovery Coaching Services, Expert Panel Meeting Report**. Substance Abuse & Mental Health Services Administration, Bringing Recovery Supports to Scale Technical Assistance Center Strategy. https://www.naadac.org/assets/2416/samsha_2012_expert_panel_meeting_report_-_equipping_behavioral_health.pdf

Dept. of Veterans Affairs (2014). **Peer Specialist Toolkit: Implementing Peer Support Services in VHA,** p. 32 A Collaboration between VISN 1 New England MIRECC Peer Education Center, and the VISN 4 MIRECC Peer Resource Center. https://www.mirecc.va.gov/visn4/docs/peer_specialist_toolkit_final.pdf

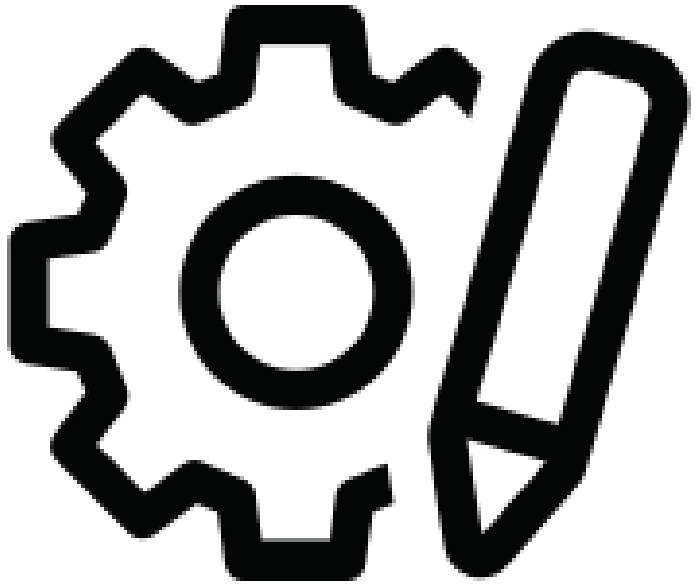
National Association of Peer Supporters (N.A.P.S.) (2019). **National Practice Guidelines for Peer Specialists and Supervisors. Washington, D.C.** https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf

Resources Related to Peers



- SAMHSA BRSS TACS (2018). **Core Competencies for Peer Workers in Behavioral Health**. Substance Abuse & Mental Health Services Administration, Bringing Recovery Supports to Scale Technical Assistance Center Strategy. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf
- Families Together in New York State (n.d.) **What Is / Is Not the Role of the Youth Peer Advocate** (Youth Peer Advocate Hiring and Support Toolkit) CTAC/MCTAC Self Learning Center: https://lms.ctacny.org/
- Families Together in New York State (n.d.) **Family Peer Support Is** (Family Peer Advocate Hiring Toolkit) CTAC/MCTAC Self Learning Center: https://lms.ctacny.org/
- Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P., (2015) Pillars of Peer Support – VI: Peer Specialist Supervision. www.pillarsofpeersupport.org; March 2015.

Resources Related to Peers

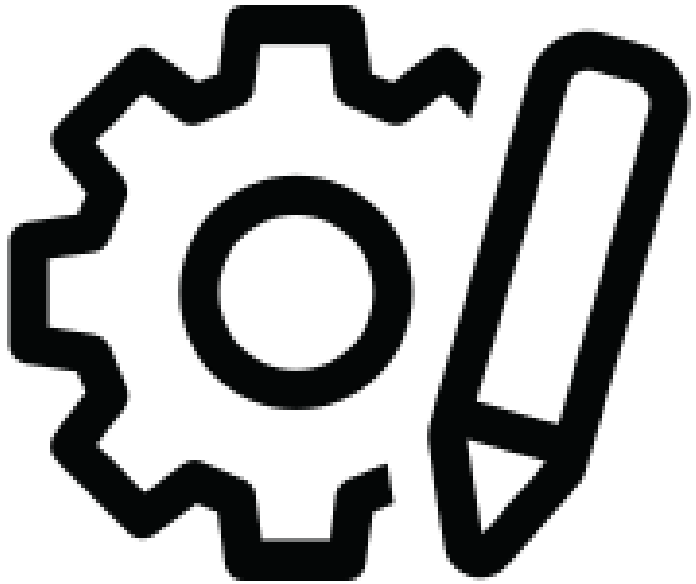


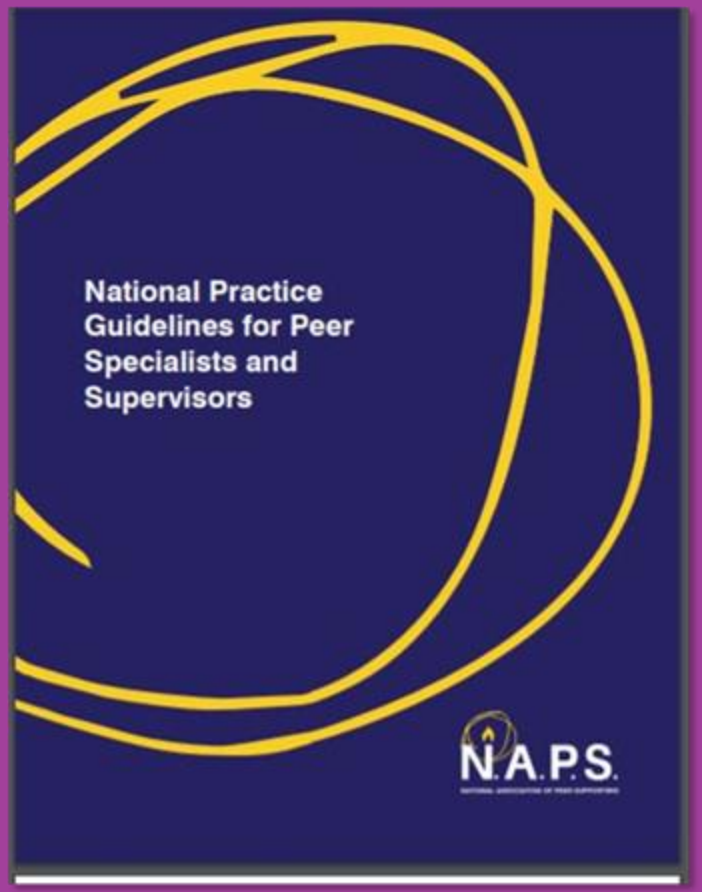
Edited by
Rita Cronise,
Dr. Jonathan P. Edwards,
Gita Enders, and
Dr. Joanne Forbes

All proceeds go to the National Association of Peer Supporters (N.A.P.S.)

Available on Amazon.

Resources Related to Supervision

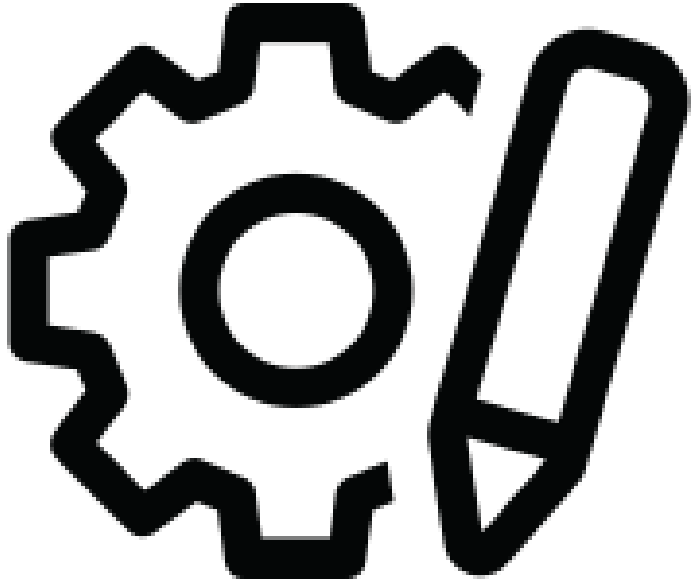




National Association of Peer Supporters (N.A.P.S.) issued
revised National Practice Guidelines for Peer Specialists and Supervisors to describe the role of the supervisor in helping peers to work in alignment with their values.

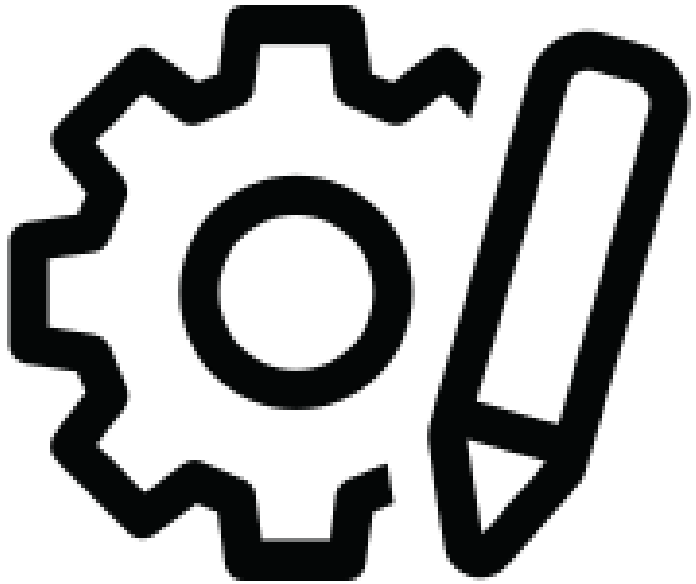
Available on the N.A.P.S. website:
https://www.peersupportworks.org/

Documentation Resources



- View our Documentation Done Right Workbooks (link here)
  - NEW: Tip Sheets for FPSS and YPS Progress Notes (Part 3 of Series)
- NEW: Assessment Resource Guide for Working with Youth and Families (link here)
- View our Documentation Best Practices Playlist (link here)
- View our Program Specific Documentation Playlist (link here)
- To access all of our Trainings, Tools, and Resources, register and log in here: https://www.ctacny.org

Resources Related to Telehealth and PHE



- OMH Telehealth Services Guidance (April 2023) (link)
- OMH Telehealth Services page (link)
- OMH Part 596 regulations (Sept 12 2022) (link)
- MCTAC Telehealth and Ending of PHE Series Page (link)
- DOH Medicaid Update Special Edition on Telehealth after PHE (Feb 2023) (link)
- Telehealth Modifiers for OMH Programs during COVID-19 State of Emergency Issued 3.25.20 (link)
- End of Public Health Emergency information (link)