

RESOURCE

Providing Youth and Young Adult
Peer Support through Medicaid

AUGUST 2016

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The **National Technical Assistance Network for Children’s Behavioral Health (TA Network)**, operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch to provide training and technical assistance to states, tribes, territories and communities funded by the Comprehensive Community Mental Health Services for Children and Their Families Program, as well as jurisdictions and entities without system of care grants, including youth and family leadership and organizations.

This resource was produced by the Center for Health Care Strategies (CHCS) and Youth M.O.V.E. National (YMN) in their role as a core partners in the TA Network.

CHCS is a nonprofit health policy resource center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

YMN is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. YMN works with youth, providers, families and other adults to: provide consultation and coaching; create youth movement principles and policies; develop training tools and resources; unite the voices and causes of youth and provide national youth leadership representing youth served by mental health and other youth-serving systems.

This document was prepared for the National Technical Assistance Network for Children’s Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201500007C. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

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Introduction

Defining Youth Peer Support

Across child- and adult-serving systems, there is interest among communities and organizations to provide transitional support to young adults with a strong focus on youth peer support (YPS). Often organizations that provide *parent/caregiver* and *adult* peer services are interested in adding YPS to their array of services. Many of the considerations and lessons learned in the implementation of parent peer supports can be useful to organizations in communities and states building YPS.¹ However, it is important to note that these two supports are distinct in their approaches to training, hiring, and supervision practices because youth peer providers are individuals who are working to maintain personal wellness while also providing supports. In addition, as recipients of services they often experience systems and cultures differently. YPS spans both child- and adult-serving systems to support successful transition. The population receiving the support (i.e., young adults) is unique, and YPS must be developmentally appropriate, useful, and appealing to young adults in transition. Because peer services for individuals with behavioral health needs have been defined in multiple ways, and peer providers are called upon to provide a range of services, it is essential to establish a common definition for *YPS services* and *youth peer provider*. In May 2013, the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a [joint informational bulletin](#)² with guidance for states around establishing a Medicaid benefit for children, youth, and young adults with significant mental health conditions. The bulletin highlighted parent and youth peer support services as an important service for this population and referenced [clarifying guidance on peer support services](#) to further address the scope and access of peer support services.

Parent and Youth Peer Support Services Defined

“Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities. **The providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions, either as a consumer or a caregiver.** These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth.”

May 2013 Joint CMCS and SAMHSA Informational Bulletin on Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

Distinguishing Youth Peer Support from Adult or Parent/Caregiver Support

YPS uses both lived experience within the child serving systems, and often in the adult system, as well as skills learned in formal training, to deliver services to young adults of transition age. Shifts in systems and practice occurring over the past decade (e.g., decreased use of out-of-home placements and increased community based and holistic approaches to mental health) have impacted the experience of youth and young adults involved with the mental health system. These shifts in practice have shaped the systems that YPS must navigate today that are different from those navigated by the family movement and the adult peer movement in the past.

YPS offers a unique opportunity to support young adults in transition to adulthood by collaborating across child and adult systems. As young adults move from receiving care in the child serving system to accessing services within the adult system or graduate from system involvement, YPS can be the “bridge” that ensures a smooth transition. Therefore, YPS providers must understand both the child- and adult-serving systems as they function today and the resources available in each.

Understanding the Role of Medicaid

Medicaid—the nation’s health insurance program for low-income individuals—can play an important role in financing YPS. A number of states are working toward establishing youth/young adult peer support as a Medicaid-covered service, distinct from adult or family/caregiver peer support.

States can establish Medicaid coverage for YPS through state plan amendments or waivers. A state Medicaid plan is the contract between a state and the federal government through which the state agrees to administer the Medicaid program in accordance with federal law and policy. The plan outlines the scope of the Medicaid program, including covered individuals and services and payment policy. A state plan can be amended to add services or make other changes, which are then subject to approval by the Centers for Medicare & Medicaid Services (CMS). States can include youth/young adult peer support as a billable service via state plan amendment, allowing any Medicaid-eligible youth in the state to receive this service. States may also choose to fund peer services for youth and young adults using Medicaid administrative funds or the Medicaid rehabilitative services option³—both of which have implications for the scope and definition of the services provided.

Waivers are vehicles states can use to test new or existing models of service delivery and payment, allowing Medicaid to pay for additional services not covered in the state plan or that are otherwise ineligible for federal matching funds. Waivers are financed using state and federal money and must be approved by CMS.

Key Considerations Before Becoming a Medicaid Provider

Weighing the Options

The decision to offer YPS requires consideration of several key issues. One option available to organizations is funding YPS through the Medicaid service delivery system. Agencies providing YPS should consider all of the opportunities and challenges associated with becoming Medicaid providers of YPS services—and ensure that youth are engaged in the process early, often, and on every level.

CONSIDERATION: Training

What Do Youth Peer Support Providers Do?

- Provide one-on-one support and encouragement to young adults; assist with goal setting and identification of positive environments and resources; advocate for youth in team meetings; and participate as requested in meetings and services.
- Facilitate group meetings of young adult peers.
- Conduct outreach in the community; and provide education on youth engagement, youth peer support, and recruitment of young adults to access available supports and services.
- Advocate for youth voice and the value of lived experience within agencies, communities, and systems.

Training for youth peer providers must build on the systems knowledge and shared experience that each brings to the work. When developing curriculum and training opportunities for YPS providers, organizations must consider how the content is presented and adapted to meet the learning styles and developmental needs of individuals with lived experience. Training should include exploration of safe sharing of lived experience for youth peers and how shared experience can be used to build mutuality and connection. Agencies hiring youth peer providers must also provide training to all staff within the agency about the role and added value of YPS, and the agency’s leadership must offer support as youth peer providers are added to the staff.

CONSIDERATION: Defining the Role

It is important to consider the role of the youth peer provider as both filling a professional service role to support youth and as an individual who is currently working to maintain wellness and transition to

adulthood themselves. The role and responsibilities of peer providers must be understood by all agency staff in order for peer support to be effective. Agencies with an organizational culture that values *lived systems experience* and *youth voice* are supportive environments for youth peer providers and may help increase staff retention.

CONSIDERATION: Defining the Service

YPS can be offered in a variety of ways; it can be categorized as indirect support, which is based in the community and can be available to a large population of young adults, or as direct support offered in service settings. Direct peer support is a formalized service that has a specified threshold of requirements both for the youth peer providing the service and for the youth receiving it. Providers of direct peer support must be trained, and may sometimes be certified and hired within service settings. Youth accessing these services must meet eligibility criteria for service, which often includes a mental health or substance use diagnosis or co-occurring mental health and substance use diagnosis, as well as other categorical requirements.

CONSIDERATION: Financing and Sustainability

Financial sustainability of YPS programs is important for states and agencies to consider beginning in the planning process. Medicaid billing options explained throughout this guide as well as looking at other creative funding mechanisms to ensure sustainability should be explored. Creative funding options seen in states currently piloting YPS include the use of block grant dollars and redeployment of state general funds. Providers also have options to consider when financing YPS such as the use of grant and foundation funding.

Additional components to factor into financing and sustainability include the costs of training and curriculum development that may not be billable to Medicaid; determining who will train youth peer providers; and workforce development and retention of youth peer providers.

CONSIDERATION: Workplace Culture

The readiness of agencies to support youth peer providers is largely based on the culture of the workplace. Key components include policies and practices that are welcoming and supportive of individuals newly entering the workforce, value placed on lived experience and youth voice, and the ability to be flexible and adaptable in supporting the youth peer providers. Organizations should demonstrate an understanding of the values and principles of youth driven care and YPS, in addition to recognizing the value added by peers in the service setting.

Understanding State Medicaid Programs

Each state administers its own Medicaid program, with partial funding from the federal government (called Federal Medical Assistance Percentage (FMAP) or “federal match”), which means that the structure and financing for Medicaid programs may look very different from state to state. In some states, Medicaid operates primarily under a fee-for-service structure, where providers are reimbursed

Opportunities for Relationship Building

- South Carolina’s System of Care, a leader in advancing a youth peer support approach, has a strong, collaborative relationship with Medicaid and youth representatives.
- Youth Power New York and Youth M.O.V.E. Maine have representation on their states’ block grant committees.

Maine’s Financing Strategy

Maine utilizes mental health block grant funding to support a variety of peer-delivered services in the adult mental health system as well as community-based, family-driven programs. These funds have been used to build infrastructure support for the development of a statewide youth movement in Maine by allowing funds to be used to hire staff; design formal and informal community-based, youth-led programming; and establish youth peer support programs. Maine currently disburses all block grant dollars evenly (50/50) between child mental health and adult mental health systems and uses a large portion of those funds to support the family, peer and, youth movements within the state.

directly by Medicaid for services delivered to beneficiaries. Increasingly, however, states are establishing Medicaid managed care arrangements—for all or a subset of their Medicaid recipients—through which the state contracts with one or more managed care organizations (MCOs) to provide a range of services to beneficiaries under a fixed rate (i.e., capitation) through a network of MCO contracted providers. Both of these arrangements have implications for the number and types of youth and young adults that an organization may serve. Understanding how a particular state’s Medicaid program works involves researching the state’s policies and engaging with state partners—especially the Medicaid agency.

Medicaid funds are used differently from state to state. In some states, organizations may bill the state directly as Medicaid providers, while in others, these organizations deliver direct peer support services through sub-contracts with traditional providers who bill Medicaid. In some states, the organization providing YPS services may be funded with Medicaid administrative dollars, which is not technically considered ‘billing’ Medicaid because no claims are submitted. There are states (e.g., Massachusetts and Georgia) where peer support (but not necessarily specifically YPS) is a stand-alone service, and states (e.g., California) where peer support is a component of another service (e.g., community support or case management).

States can also establish Medicaid coverage for YPS through state plan amendments or waivers. State Medicaid plans serve as the contract between a state and the federal government whereby the state agrees to administer the Medicaid program in accordance with federal law and policy. The plan outlines the scope of the Medicaid program, including covered groups and services, and payment policy. Under the Medicaid State Plan, states can include YPS as a billable service, allowing any Medicaid-eligible child, youth, or young adult to receive this service.

States may fund YPS services through 1915(c) home- and community-based services (HCBS) waivers, which allow for the provision of long-term care services in home- and community-based settings.⁴ States can provide a combination of standard medical and non-medical services through HCBS waivers, and can propose services to divert and/or transition individuals from institutional settings into their communities. Waiver funding includes state and federal money, and the Medicaid waiver plan must be approved by CMS.

Collaborating with Government Agencies and Providers

Effective working relationships with state agencies and provider systems are vital for organizations looking to become Medicaid providers of YPS. Ideally, the transition to becoming a Medicaid provider will not adversely influence relationships that have already been built, but will potentially enhance them. It is important to ensure that the youth voice is represented at decision-making tables within the organization and young adults are included in relationship building with state agencies and provider systems.

How Medicaid Is Billed for YPS

Agencies are billing Medicaid for youth peer support in multiple ways.

Youth M.O.V.E. Next in Glenn County, California hires and trains youth peer mentors between the ages of 16-25. This is unique, as most provider agencies employ an older age range of youth peer providers. Youth peer support is billed under the state’s rehabilitation option as collateral contact. Youth engagement and community outreach are built into the job descriptions of peer mentors.

Allegheny County, Pennsylvania created a unique training and workplace culture to meet the needs of young adults with lived experience working as youth peer providers. Youth Peer Support in High Fidelity Wraparound is funded through the managed care organization’s administration budget and reinvestment dollars. For more information, see [Allegheny County profile on page 40.](#)

Organizations providing YPS can serve an important role working with state and county governments and service delivery networks to increase youth voice in service planning and quality assurance processes. State agencies and provider networks that have embraced the value of youth voice and lived experience are more prepared to build a workforce inclusive of YPS service positions.

Organizations providing YPS services can also play a role in the development of services with the state and local system of care. These organizations may be helpful advisors around system of care development, particularly around youth driven care and YPS services. It is therefore important to educate and plan with state agencies, MCOs, and providers on how this role as a collaborative system partner can be maintained when an organization also becomes a Medicaid provider.

There is an opportunity for the organization to serve as both a valued advisory group, infused with young adults, that partners with managed care and provider systems and assists the state with policy development while also serving as a provider that is improving outcomes for youth and young adults at the service level. Becoming a Medicaid provider can also enhance an organization's perspective with regard to their role in helping to resolve systemic issues.

Organizations that want to become Medicaid providers of YPS must be able to demonstrate staff productivity and skill competency based on defined models of effective and evidence-based practice. This requires working with state and county agencies to recognize one or more models of YPS service delivery, and designing training and certification for peer support providers. An organization must decide if it will hire a supervisor with experience in both the practice model and the coaching skills to work on building required skill sets with staff. Some organizations enter into subcontract arrangements with consultants or other provider agencies in order to help with supervision, training, and certification.

Workforce Considerations

Youth Engagement

Identification of a continuum of youth engagement activities for young adults with lived systems experience to participate in throughout the community is important. Such a continuum includes youth advisory groups, youth advocacy groups, informal YPS groups, etc. Young adults participating in these activities develop leadership and advocacy skills and can learn to share stories of lived experience strategically. A continuum of youth engagement creates both a base of young adults ready to enter the youth peer workforce, as well as a community support system for young adults referred by youth peer providers.

Youth engagement throughout the planning, implementation, and evaluation process is key. Many state and provider agencies are incorporating youth voice - including both youth receiving services and peers providing the supports—in YPS evaluation and quality improvement processes. Youth voice on advisory councils for state decision-making bodies and for agencies hiring and providing YPS should ideally be standard practice.

Training and Credentialing

Some communities require only training in order to provide peer services, while others require a more in-depth credentialing process. Credentialing requires comprehensive training and testing upon completion that shows mastery of the skills taught. Credentialing requirements may also include participation in continuing learning opportunities or continuing education credits as well as fidelity monitoring or evaluative activity that shows adherence to the particular practice model.

KEEP IN MIND

Medicaid pays claims 90 days after submission, so organizations must account for a three-month delay in payment for services rendered. Billing Medicaid alone for YPS services is unlikely to sustain a provider organization, so view Medicaid funds as one component of a diversified funding strategy for the organization.

States that require credentialing for YPS providers often base their models on existing processes already in place for adult or parent peer support. Few states have identified a unique credentialing process specifically for YPS providers.

Current approaches to curriculum development, training, and credentialing for YPS involve the adaptation of adult peer curriculums. These training models may be used as-is, or may be enhanced, tailored, or informed by youth voice. Training must teach youth peer providers how to deliver effective services while maintaining personal wellness. Some states are developing specific YPS curriculums to meet the developmental needs of their staff.

Training and credentialing can be a time and money-intensive process. The amount an organization invests in a youth peer provider must be determined and factored into its cost planning. The process required to maintain credentialing might be cost prohibitive in the long term. Some states have identified the perceived expense of training as a barrier to buy-in for provider agencies that would potentially hire youth peers. Thus, despite the inclusion of effective peer support and the outreach and education efforts of system of care communities to agencies that are able to hire peers, it has been a challenge to sustain YPS services beyond grant funding.

Retaining and Supervising Staff

Retaining YPS staff requires a commitment to ensure continuing education, effective and supportive supervision, and an organizational culture supportive of the youth peer provider role. Continuing education is critical for these positions, as peers and provider organizations are continually learning how to meet the professional needs of the emerging youth peer provider workforce. Ongoing education pushes peer providers to excel professionally and offers the basis for a career path, which is essential to developing and retaining staff.

Additionally, YPS providers require safe and respectful supervision in two forms: (1) internal supervision from a clinical perspective to monitor and support the day-to-day service delivery of peer support; and (2) external supervision received from a peer with lived experience *and* peer support experience. External supervision is often established to connect YPS providers from various provider agencies together in regional meetings for sharing and processing of common challenges, opportunities, and experiences related to providing peer support. Creating an environment that promotes the ongoing maintenance of personal wellness through structured programming, internal/external supervision, continuing education, and the use of self-care plans for young adults providing support are important strategies in YPS staff retention.

Meeting Medicaid Reporting Requirements

Becoming Medicaid providers of YPS means that provider organizations must collect and report information related to the youth and young adults they serve. Federal Medicaid regulations also require providers to comply with documentation and reporting requirements under the Health Information Portability and Accountability Act (HIPAA). This involves ensuring privacy and confidentiality; securing all appropriate releases; complying with mandated reporting regulations; establishing and maintaining grievance procedures; and using secure electronic data systems to collect progress notes and detailed demographic and personal information. A YPS provider organization is likely to need designated internal staff or external contractors to compile these data and submit reports for Medicaid reimbursement.

Medicaid Billing and Rates

State Medicaid agencies are responsible for setting rates and determining which billing/Current Procedural Terminology (CPT) codes are used for peer support services. Rates cover specific components of services. For example, Medicaid rates may cover time spent on community-based face-to-face meetings, but not text message-based communications between a youth/young adult and YPS provider.

Medicaid rates may also include limits on the number of allowable or billable contacts (e.g., hours per day or times per week), which are determined by a state's Medicaid plan, waiver, or both. The rates guide provider organizations in determining peer specialist salaries and benefits.

Understanding Medicaid Rates

An organization providing YPS must develop a good understanding of the activities that can be billed for under its Medicaid contract and how they are billed. Depending on the Medicaid environment in a particular state—fee-for-service or managed care—rates may be set in 15-minute increments (fee-for-service) with specific codes that a YPS provider may bill to. For example, in Kentucky, the state Medicaid agency identified billing code H0038 for self-help/peer services, which is paid in 15-minute increments and covers a range of peer support activities including YPS. Alternatively, YPS services may be provided as part of a broader service category, such as community-based wraparound, which is paid for through a [fixed case rate](#) or monthly, per member per month amount (i.e., capitation). Typically, under this type of arrangement, only youth/young adults eligible for wraparound services are able to receive YPS. Understanding restrictions such as requirements for medical necessity is key.

Establishing Billing Processes

Medicaid billing policies and procedures, which are developed by each state along with some overarching federal provisions, guide organizations in establishing training, documentation, and reporting functions. Provider organizations must carry out two processes when billing Medicaid for YPS services.

First, staff providing YPS services must complete and submit accurate documentation of the services they deliver. Provider organization staff may need extensive training and monitoring to ensure contact (progress) notes and/or plans of care are written in compliance with these guidelines. Organizations should note that if a Medicaid audit is conducted and documentation is determined to be inaccurate or incomplete, the organization may be required to return funds to the state Medicaid agency, or the state may have to return funds to the federal government.

Second, the organization must establish administrative procedures around billing and have staff dedicated to billing functions. A provider organization can hire billing staff internally or outsource this function to an external contractor. Directly hiring billing staff creates additional organizational capacity as these employees may work on other projects too. On the other hand, it is costly to support billing staff in staying current with ever-changing Medicaid guidelines in an ongoing way, and thus, outsourcing billing may be more cost-effective.

Auditing

Medicaid requires meticulous attention to billing and payment. Because states are matched or reimbursed with federal funds, CMS has the authority to review a state's Medicaid provider actions, audit claims, and identify overpayments. In addition, depending on the service delivery and financing arrangement in a particular state, YPS provider organizations may be audited by a state office of behavioral health licensing, a managed care organization, or a provider with which it is contracted, underscoring the need to develop internal processes for compliance. In some ways, this process is not much different from the internal financial audits that provider organizations are required to have each year; however, the audits become more complex as the organization's budget grows and its contracts are diversified.

Conclusion

As states and traditional service providers recognize the importance of peer supports in serving families, youth, and young adults, there has been growing interest in the provision of transitional support to young adults. YPS has been added to the array of services provided by organizations whose primary roles have

been the provision of parent/caregiver or adult peer support services. While some of the considerations and lessons learned in the implementation of parent peer supports are applicable to YPS and can facilitate its design and implementation, it is essential to understand the ways in which YPS is distinct from parent/caregiver and adult peer supports in its approach to training, hiring, and staff support/supervision practices. Because of the population YPS serves (i.e., young adults), it must span both the child- and adult-serving systems to support successful transition. Individuals receiving the support are unique in their needs and presentation, so YPS must be developmentally appropriate, useful, and appealing to young adults in transition. The decision to offer YPS requires consideration of several key issues including financing and sustainability. One of the options open to organizations is to finance YPS through the Medicaid service delivery system. Understanding how Medicaid works in a specific state is an important factor in determining the viability of including YPS as part of an organization's services.

State and Community Snapshots: Youth Peer Support as a Medicaid Funded Service

The following state and community snapshots offer examples of how YPS has been operationalized and financed as a service using Medicaid in six states (Georgia, Kentucky, Massachusetts, Mississippi, Oklahoma and Oregon), and one county (Allegheny County, PA). A program overview and information on eligibility, financing/billing, workforce development and program evaluation is included for each profile.

STATE: Georgia

COUNTY (if applicable): N/A

ORGANIZATION PROVIDING YPS SERVICES: Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

GEORGIA PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	DBHDD
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	<i>Purchaser:</i> DBHDD, with support from the Department of Community Health (DCH) as a fee-for-service reimbursement source. <i>Primary contractor:</i> Medicaid enrolled provider agencies
3. Which organization(s) provide(s) YPS in the state?	Family support organizations and two community-based behavioral health centers.
4. What are the components of YPS in the state? Were young adults involved in the development?	In development. Young adults have been involved, via workgroups and round table discussions, in reviewing proposed CPS-Y curriculum/training outline.
5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?	Developing a definition. The state has a definition for <i>adult peer support</i> ⁵ in its State Plan. Both parent peer support and YPS will be incorporated under the adult peer support definition with the addition of specific language and criteria for providers of the service (e.g., individual lived experience or as a parent). Youth have been involved in all aspects of creating the youth peer training and definition.

GEORGIA PROGRAM OVERVIEW

<p>6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?</p>	<p>Pending the completion of the curriculum and training, a cohort of youth/young adults are anticipated to be employed by February 2016.</p> <p>Additionally, Georgia has one part-time youth coordinator position at the state level and has partnered with the statewide family network, Georgia Parent Support Network, to contract with several youth consultants from across the state with lived experience in mental health, substance abuse, co-occurring disorders, and foster care. These young adults participated in all activities connected to the design and implementation of the Certified Peer Specialist—Youth (CPS-Y) curriculum and workforce development. They are not currently providing YPS, but are expected to be among the first cohort certified by the state as CPS-Ys.</p>
<p>7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?</p>	<p>Yes, it is anticipated that CPS-Y will be added to the Medicaid State Plan on 1/1/16.</p>

ELIGIBILITY

Question	Answer
<p>8. Who is eligible to receive YPS services in the state?</p>	<p>YPS is in development and not yet a defined service. Currently peer support services are only available in the adult system.</p>
<p>9. What are the eligibility requirements for becoming a YPS provider?</p>	<p>Georgia YPS providers must:</p> <ul style="list-style-type: none"> • Be 18 years of age. • Have a diagnosis of mental illness, substance use, or a dual diagnosis of mental illness and addictive disease and a strong desire to identify themselves as a person with mental illness (currently or formerly receiving mental health services). • Be able to advocate for themselves. • Have a high school diploma or GED. • Be able and willing to actively seek and manage their own appropriate care. • Be able to share their own personal story in a safe and appropriate way.

FINANCING/BILLING

Question	Answer
<p>10. How is YPS funded?</p>	<p>YPS is currently funded on a limited basis through the Community-Based Alternatives for Youth program that was originally funded through the 1915(c) Alternatives to Psychiatric Residential Treatment Demonstration Waiver.</p>
<p>11. Is YPS a Medicaid-billable service in the state?</p>	<p>Yes, on a limited basis.</p>

GEORGIA PROGRAM OVERVIEW

<p>a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?</p>	<p><i>Currently:</i> The Balancing Incentives Program (BIP) and Money Follows the Person (MFP).</p> <p>Georgia is working toward inclusion of YPS in the Medicaid State Plan, which would expand access to all eligible beneficiaries.</p>
<p>b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?</p>	<p>\$8.93 per 15-minute unit</p>
<p>c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?</p>	<p>H0038</p> <p>CPS-Y will be billed using the established code, but will include a modifier to specifically indicate YPS services.</p>
<p>12. Which funds are used for training and ongoing development of YPS providers?</p>	<p>CMS CHIPRA grant, state funds, and SAMHSA grant funds.</p>

GEORGIA PROGRAM OVERVIEW

WORKFORCE DEVELOPMENT

Question	Answer
13. What is the selection and hiring process for YPS providers?	In development. Georgia has implemented a youth workforce development workgroup made up of youth, professionals from all child serving agencies, and adult/parent peer allies to develop the selection and hiring process for YPS providers.
14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?	<p>CPS-Y candidates will be required to go through a five-day training and certification. In addition, they will receive required ongoing coaching and continuing education. The youth workgroup has been involved in all aspects of this work.</p> <p>The curriculum includes a module for supervisors. Providers who wish to deliver YPS will be required to participate in this segment of the training. The day is divided into two segments; during the first half of the day, supervisors learn the definition, role, and responsibilities of CPS-Y and acquire a better understanding of the unique considerations in supporting and strengthening the success of these new youth professionals. The second half of the day includes both supervisors and youth peers developing a self-care plan for themselves. This self-care plan will include a work-based wellness approach as well as strategies to identify a sense of accomplishment and development.</p> <p>The training includes components from the adult mental health/substance abuse and parent peer trainings.</p>
<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>Youth Certified Peer Specialist (CPS-Y) Five-Day Training Elements:</p> <ul style="list-style-type: none"> • Defining peer support purpose and role; • Learning to use language to combat stigma and skillfully use personal stories; • Building support through CRAVE (Communication, Relationship, Acceptance, Value, and Empowerment); • System orientation, Georgia System of Care overview, and documentation procedures; • Science of Addiction and Recovery (SOAR) and five stages of recovery; • Individual Resiliency Planning (IRP) and boundaries; Supervision and coaching (both young adults and supervisors); and • Work readiness and ethics.
16. What is the ratio of peers to youth/young adults served?	TBD

GEORGIA PROGRAM OVERVIEW

17. What supervision and support is in place for youth peers?	In development. The state has a youth workforce development workgroup made up of youth, professionals from all the child serving agencies and adult/parent peer allies who are working on creating the supervision and support structures.
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PROGRAM EVALUATION

Question	Answer
18. Do you track outcomes related to YPS services?	TBD
Contact	Name: Wendy White Tiegreen Email: Wendy.Tiegreen@dbhdd.ga.gov Phone: 404-463-2468 Name: Dana McCrary, Email: Dana.McCrary@dbhdd.ga.gov Phone: 404-809-7180

STATE: Kentucky

COUNTY (if applicable): N/A

ORGANIZATION PROVIDING YPS SERVICES: Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

KENTUCKY PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and Kentucky Department for Medicaid Services (Medicaid)
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	DBHDID and Medicaid
3. Which organization(s) provide(s) YPS in the state?	<p>The following provider types are eligible to provide Medicaid-billable youth peer support services in Kentucky if they meet the requirements set forth in regulation:</p> <ul style="list-style-type: none">• Community mental health centers;• Independent providers;• Behavioral health service organizations;• Outpatient behavioral health services provided by level I and II psychiatric residential treatment facilities;• Outpatient hospital services; and• Residential crisis stabilization units.
4. What are the components of YPS in the state? Were young adults involved in the development?	<p>The Youth Empowerment Program (YES) was formed to develop the YPS position in Kentucky. Transition age youth (TAY) were active members of this group. The core competencies are:</p> <ul style="list-style-type: none">• System of care philosophy and wraparound process;• Youth support;• Group process;• Cultural and linguistic competence;• Communication;• Organization;• Self-care; and• Leadership, ethics, and values.

KENTUCKY PROGRAM OVERVIEW

<p>5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?</p>	<p>The Kentucky Medicaid State Plan definition states:</p> <p><i>Peer Support (for youth and adults) is emotional support that is provided by persons having a mental health, substance use, or co-occurring mental health and substance use disorder to others sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical, but therapeutic activities with individual clients or groups provided by a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for the client.</i></p> <p>Kentucky Peer Support Specialist (KYPSS) duties include:</p> <ul style="list-style-type: none"> • Using relevant personal stories to teach through experience; • Serving as a role model for clients; • Ensuring and empowering client voice and choice during development and implementation of plans; • Supporting clients by attending team meetings, upon request; • Supporting clients by improving their confidence to be a self-advocate; • Helping individuals working with youth to understand youth culture; and • Helping clients enhance their relationships with community partners.
<p>6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?</p>	<p>Four across the state</p>
<p>7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?</p>	<ul style="list-style-type: none"> • SAMHSA Healthy Transitions grant, which will focus on YPS as a vital part of the continuum of care in drop-in centers that will be opening. • Transformation Transfer Initiative (TTI) grant by SAMHSA’s Center for Mental Health Services, which will focus on providing YPS in state hospitals to facilitate smoother transition back into the community.

KENTUCKY PROGRAM OVERVIEW

ELIGIBILITY

Question	Answer
8. Who is eligible to receive YPS services in the state?	Individuals with a behavioral health diagnosis. The service is <u>not</u> limited to child- or adult-serving system. There is no age specification.
9. What are the eligibility requirements for becoming a YPS provider?	<p>Each applicant must:</p> <ul style="list-style-type: none"> • Meet the criteria of a youth with lived experience with an emotional, social, behavioral, and/or substance use disability; • Possess, at a minimum, a high school diploma or GED equivalency; • Have successfully completed the Kentucky Family Leadership Academy; • Discuss experience of receiving state funded services from at least one child serving agency on the applicant’s responses on the short-essay form; • Demonstrate experience with leadership and advocacy in the field of behavioral health, as well as the ability to demonstrate his or her own efforts at self-directed leadership development; and • Complete the KYPS training.

FINANCING/BILLING

Question	Answer
10. How is YPS funded?	Medicaid, DBHDID
11. Is YPS a Medicaid-billable service in the state?	Yes
a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?	Kentucky Medicaid State Plan Amendment (SPA), available at: http://chfs.ky.gov/NR/rdonlyres/F566D2E6-2A04-4604-84D1-DAD133640845/0/KY14006ApprovalLetter179andPlanPages.pdf
b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?	\$8.61 per 15 minute unit
c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?	H0038
12. Which funds are used for training and ongoing development of YPS providers?	Community Mental Health Services Block Grant funds, other grant funds

KENTUCKY PROGRAM OVERVIEW

WORKFORCE DEVELOPMENT

Question	Answer
13. What is the selection and hiring process for YPS providers?	Each provider has their own hiring process and must adhere to Kentucky Administrative Regulations regarding the selection of Youth Peer Support Specialists: http://www.lrc.ky.gov/kar/908/002/240.htm .
14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?	Completion of a 30-hour certification course (per Medicaid SPA) and ongoing continuing education units. TAY were involved in the curriculum development. See also: http://www.lrc.ky.gov/kar/908/002/240.htm
15. Does your organization have a curriculum to train YPS providers? Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified? Were young adults involved in the development or modification?	There is a YPS training curriculum developed by a sub-committee of Youth Empowerment Program (YEP). Some of the competencies were based on the existing family peer support curriculum.
16. What is the ratio of peers to youth/young adults served?	TBD

KENTUCKY PROGRAM OVERVIEW

17. What supervision and support is in place for youth peers?

Kentucky YPS services must be provided under the supervision of one of the following professionals who completed the department approved YPS 101 training: physician; psychiatrist; advanced practice registered nurse; physician assistant; licensed psychologist; licensed psychological practitioner; licensed clinical social worker; licensed professional clinical counselor; licensed marriage and family therapist; certified psychologist; certified psychologist with autonomous functioning; licensed psychological associate; marriage and family therapy associate; certified social worker; licensed professional counselor associate; licensed professional art therapist; professional equivalent; certified alcohol and drug counselor; or psychiatric nurse.

Individual supervision meetings must be conducted face-to-face; occur no less than once a week for the first year and monthly thereafter; and be documented.

The supervising professional must maintain a written record for supervision that is dated and signed by both the KYPSS and supervisor for each meeting; and includes a description of the encounter that specifies:

- The topic discussed;
- Any specific action to be taken;
- An update for any issue previously discussed that required follow-up; and
- A plan for additional training needs if any were identified.

See more here: <http://www.lrc.ky.gov/kar/908/002/240.htm>.

PROGRAM EVALUATION

Question	Answer
18. Do you track outcomes related to YPS services?	No
Contact	<p>Name: Beth Jordan Email: beth.jordan@ky.gov Phone: 502.782.6172</p> <p>Name: Kate Tilton Email: ktilton@kypartnership.org Phone: 502.875.1320</p>

STATE: Massachusetts

COUNTY (if applicable): N/A

ORGANIZATION PROVIDING YPS SERVICES: Department of Mental Health and the Children’s Behavioral Health Initiative and Community Services Agencies

MASSACHUSETTS PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	Department of Mental Health (DMH) and Children’s Behavioral Health Initiative (CBHI)
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	DMH
3. Which organization(s) provide(s) YPS in the state?	Community Service Agencies (CSAs) that contract with Medicaid Managed Care Entities and provider agencies that contract with DMH
4. What are the components of YPS in the state? Were young adults involved in the development?	<p>Young adults have been involved over the last several years in developing YPS services through the state’s CSAs. Young adults chair committees, review contract proposals, participate in hiring committees, design trainings, and engage in full- and part-time employment as peer mentors in inpatient, residential, and community based service systems.</p> <p>Medicaid billing for YPS is under Therapeutic Mentoring with the approval of the state Medicaid office.</p>
5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?	<p>In development. Generally, YPS provides one-to-one mentoring and support by sharing one's recovery with youth/young adults who are experiencing serious mental health conditions; assisting youth in navigating and understanding the service system; and helping youth to find their voice in treatment decisions.</p> <p>For more information, see:</p> <p>http://www.mass.gov/eohhs/docs/masshealth/cbhi/ps-therapeutic-mentoring-services-ps.pdf</p> <p>http://www.mass.gov/eohhs/gov/departments/dmh/transitional-age-youth-initiative.html</p> <p>http://speakingofhope.org/portfolio/stay-project/</p>

MASSACHUSETTS PROGRAM OVERVIEW

<p>6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?</p>	<p>There are 14 part-time employees in the CBHI CSAs through the Success for Transition Age Youth (STAY) Project as young adult peer mentors. The young adult peer mentors mentor older adolescents and young adults in the CSAs. They participate in team meetings and coach the young adults how to have a stronger voice and assist the young adults in developing their own goals and taking the lead. They work to meet the needs of the young adults by supporting them in the areas of education, employment, housing, and other needs.</p> <p>Two other individuals are employed through the SAMHSA Now is the Time (NITT) grant.</p> <p>Approximately 25 additional YPS are employed in other programs and services across the state, including Caring Together programs, DMH, and several others.</p>
<p>7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?</p>	<p>Expansion efforts are currently ongoing through SAMHSA grants and also with efforts by other state agencies such as the Department of Public Health (DPH), the Department of Children and Families (DCF), and the Department of Youth Services (DYS).</p> <p>YPS services will be funding through three streams: state agency funds, grants, and Medicaid. A challenge Massachusetts faces is the medical necessity criteria for Medicaid, so state agencies are looking at other ways to support YPS.</p>

ELIGIBILITY

Question	Answer
<p>8. Who is eligible to receive YPS services in the state?</p>	<p>Youth under age 21 who meet medical necessity criteria for outpatient, In-Home Therapy or Intensive Care Coordination for CBHI Therapeutic Mentoring and individuals in the child and adult mental health systems who meet eligibility criteria.</p> <p>For more information, see: http://www.mass.gov/eohhs/docs/masshealth/cbhi/mnc-therapeutic-mentoring-services.pdf.</p> <p>Currently, the child mental health system in Massachusetts has more young adult peer mentors than the adult system, but in the coming years, the goal is to engage more young adult peer mentors in employment opportunities within adult services.</p>

MASSACHUSETTS PROGRAM OVERVIEW

<p>9. What are the eligibility requirements for becoming a YPS provider?</p>	<p>Provider organizations must have available positions for young adult peer mentors and a culture that is supportive of young adult peer mentors. YPS must have lived experience of mental health conditions and have participated in treatment and/or state agency services. Massachusetts has Certified Peer Specialists in the adult system and some young adults are participating in that process.</p> <p>There is no formal certification for young adult peer mentors, though some providers are beginning to bill Medicaid for YPS under the Therapeutic Mentor code.</p>
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FINANCING/BILLING

Question	Answer
<p>10. How is YPS funded?</p>	<p>Through DMH, CBHI (through a SAMSHA grant for the STAY Project and NITT grant, and Medicaid), DCF, DPH, and providers; sometimes through private funding.</p>
<p>11. Is YPS a Medicaid-billable service in the state?</p>	<p>Yes, providers are beginning to bill this service as a specialty under the broader category of Medicaid funded Therapeutic Mentoring, although there is no billing code for “Young Adult Peer Mentoring.” Medicaid funded therapeutic mentors are not required to have “lived experience,” whereas DMH-funded peer mentors do have this as a requirement. In addition, therapeutic mentors see children from ages 5-21, while peer mentors see young people ages 16-21.</p>
<p>a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?</p>	<p>Medicaid SPA: ‘Therapeutic Mentoring’ http://www.mass.gov/eohhs/docs/masshealth/cbhi/ps-therapeutic-mentoring-services-ps.pdf</p>
<p>b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?</p>	<p>\$12.98 per 15-minute unit</p>
<p>c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?</p>	<p>T1027</p>
<p>12. Which funds are used for training and ongoing development of YPS providers?</p>	<p>State, grant, and Medicaid funds.</p>

MASSACHUSETTS PROGRAM OVERVIEW

WORKFORCE DEVELOPMENT

Question	Answer
13. What is the selection and hiring process for YPS providers?	<p>YPS providers are chosen through a hiring process by the CSAs, based on their geographic location, interest, and commitment to serving young adults and area of need in which they are located.</p> <p>Peer Mentors are young adults who utilize their lived experience to provide one-on-one mentoring and support by:</p> <ul style="list-style-type: none">• Sharing their recovery with youth/young adults who are experiencing serious mental health conditions;• Assisting youth in navigating and understanding the service system; and• Helping youth to find their voice in treatment decisions.
14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?	<p>YPS providers have many options for training:</p> <ul style="list-style-type: none">• Orientation trainings are offered to YPS providing organizations by the CSAs that employ them;• DMH developed the GIFT (Gathering and Inspiring Future Talent) Training, which is mandatory for young adult peer mentors only. The content for this training was informed by young adults, and young adults are now being trained as trainers for this curriculum;• Certified Peer Specialist training, Intentional Peer Support, or other adult-focused peer training;• Peer Mentor Voice meetings, Achieve My Plan (AMP), community of practice training in cultural competency, data collection training, and others that are related to the STAY grant; and• Ongoing trainings offered by DMH and CBHI on trauma informed care, brain development, and other critical continuing education opportunities.

MASSACHUSETTS PROGRAM OVERVIEW

<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>DMH has a curriculum for training young adult peer mentors that was designed in partnership with young adults and is known as GIFT. This curriculum was not designed exclusively for peer mentors, but has been adapted to meet their needs. In addition to peer mentors, other young adults interested in employment are invited to participate in the 60-hour training that is held three times per year. Young adults informed the content of this training and are involved in updating and improving this curriculum. Young adults are now being trained to take the lead on delivering this curriculum to their peers. The three main components of GIFT are:</p> <ol style="list-style-type: none"> 1) Peer Mentoring <ol style="list-style-type: none"> a. Understand the role of a peer mentor b. Understand how to navigate the complex relationships (guidelines) of being a peer mentor while preserving high quality of self-care 2) Core Gifts <ol style="list-style-type: none"> a. Create a Core Gift statement b. Describe the importance of diversity in mental health work 3) Career Development <ol style="list-style-type: none"> a. Create an effective resume and cover letter Understand skills for functioning in the professional workplace <p>Young adults also receive individual coaching to help support their career development.</p>
<p>16. What is the ratio of peers to youth/young adults served?</p>	<p>Depends on the setting and number of young adults in a given program, but typically, for part-time young adult peer mentors, the ratio is about 1:5.</p>
<p>17. What supervision and support is in place for youth peers?</p>	<p>Within the CSAs, young adult peer mentors receive clinical supervision from a clinician in addition to supervision/coaching from a family partner. Clinicians are typically licensed. Family partners must have lived experience as parents/caregivers and have completed the supervision course developed by the Parent/Professional Advocacy League and CBHI. Both CBHI and the provider network offer training opportunities throughout the year.</p>

PROGRAM EVALUATION

Question	Answer
<p>18. Do you track outcomes related to YPS services?</p>	<p>Yes—through the National Outcomes Measurement System (NOMS)/Data Collection Instrument (DCI) and the CANS instruments. Individual CSAs also track progress of mentees.</p>
<p>Contact</p>	<p>Name: Heidi Holland, STAY Project Director Email: heidi.holland@state.ma.us Phone: 617-626-8082</p>

STATE: Mississippi

COUNTY (if applicable): N/A

ORGANIZATION PROVIDING YPS SERVICES: Mississippi Department of Mental Health and Certified Community Mental Health Agencies

MISSISSIPPI PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	DMH and Certified Community Mental Health Agencies (non-profit organizations)
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	Division of Medicaid
3. Which organization(s) provide(s) YPS in the state?	Certified Community Mental Health Agencies
4. What are the components of YPS in the state? Were young adults involved in the development?	<p>The core components of peer support services are training, supervision, and self-care/personal wellness.</p> <p>https://www.facebook.com/MSPeerSupporters</p> <p>http://www.dmh.ms.gov/peer-support-services/</p>
5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?	<p>Certified Peer Support Specialists (CPSS) are first-degree family members and/or people living in recovery with mental illness, substance abuse, and intellectual and developmental disabilities that provide support to others who can benefit from their lived experiences. Mississippi defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”</p> <p>A CPSS has received mental health services or is currently receiving mental health services and has successfully completed the Department of Mental Health approved CPSS training and certification exam.</p> <p>http://www.dmh.ms.gov/wp-content/uploads/2015/01/CPSS-flip-card1.pdf</p> <p>Mississippi is the early stages of developing a definition for CPSS specific to youth/young adults in the behavioral health system. This process will continue to be inclusive of young adults, peer support specialists, advocacy groups, and interested stakeholders.</p>
6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?	Mississippi has seven individuals between the ages of 16-24 currently employed as CPSS.
7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?	At this time, there is not a youth/young adult track. Mississippi has plans to develop a specialized curriculum for CPSS who identify as a parent/caregiver or youth/young adult. Currently, Mississippi is using funds from Bringing Recovery Supports to Scale Technical Assistance Center Strategy to develop the specialized parent/caregiver track.

MISSISSIPPI PROGRAM OVERVIEW

ELIGIBILITY

Question	Answer
8. Who is eligible to receive YPS services in the state?	Children and youth, ages 0-21 years. Adults are also eligible (21 years and up).
9. What are the eligibility requirements for becoming a YPS provider?	<p>Requirements for CPSS are as follows:</p> <ul style="list-style-type: none"> • At least 16 years old; • High school diploma or GED or verification of enrollment in school or GED program; and • 250 hours of paid or volunteer work or activities in a support role with transition-aged youth. <p>CPSS candidates must also meet residency, self-disclosure, ethics, experience, references, training, and examination requirements.</p> <p>In Mississippi, only individuals who complete the CPSS training and are employed by a DMH Certified Provider can become a CPSS. The provider can bill Medicaid for peer support provided by a CPSS.</p>

FINANCING/BILLING

Question	Answer
10. How is YPS funded?	Division of Medicaid and DMH funds the development and training component.
11. Is YPS a Medicaid-billable service in the state?	Yes
a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?	<p>YPS services are covered under the Mississippi Medicaid State Plan, Administrative Code Section 43-13-117(16).</p> <p>http://www.medicaid.ms.gov/wp-content/uploads/2014/10/AdminCode-Part_206.pdf</p>
b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?	<ul style="list-style-type: none"> • \$7.83 per 15-minute unit • Maximum is 6 units daily (90 minutes), 200 units (50 hours) annually
c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?	H0038
12. Which funds are used for training and ongoing development of YPS providers?	Currently, training funds and ongoing development are provided through a Community Mental Health Services Block Grant.

MISSISSIPPI PROGRAM OVERVIEW

WORKFORCE DEVELOPMENT

Question	Answer
<p>13. What is the selection and hiring process for YPS providers?</p>	<p>Each DMH certified agency has its own procedures for selection and hiring of peer support specialists.</p> <p>To be considered for employment with a DMH Certified Provider, peers must complete the requirements for participating in the CPSS training and pass a written exam.</p>
<p>14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?</p>	<p>Yes, there are training and certification requirements.</p> <p>http://www.dmh.ms.gov/wp-content/uploads/2012/08/CPSS-Individual-Guide.pdf</p> <p>Currently, peers must complete a four-day CPSS training. After completion of the training and all other requirements, the applicant must successfully pass an examination with a score of 75 or greater. Upon completion of these requirements, the application is presented to the DMH Certification Board for approval/disapproval. Upon approval by the certification board, the peer is a CPSS. Less than five percent of the state's CPSS are young adults, between the ages of 18 to 24. Some agencies hire peers to work with young adults due to their lived experience and/or based on how youth perceive them. Mississippi's Medicaid guidelines identify peer support specialists at 16 years of age. DMH does not certify peers until the age of 18. Peers can participate in the training at 16 years of age.</p>
<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>Currently, DMH has a four-day training curriculum, which includes 24 modules/sessions. Mississippi's CPSS curriculum and train-the-trainer is based on Appalachian Consulting Group, which includes, but is not limited to the following sessions: Problem Solving; Power, Conflict and Integrity in the Workplace; Facing Your Fears; The Shift to Recovery and Resiliency; Creating Recovery Cultures, Effective Listening and the Art of Asking Questions; and Trauma Informed Services.</p> <p>The state is developing a more focused curriculum that will feature relevant topics and issues closely associated with the young adult population. The curriculum, which will be adapted in part from the existing CPSS training curriculum, will include input from current peer support specialists, young adults, advocacy groups, and interested stakeholders.</p>
<p>16. What is the ratio of peers to youth/young adults served?</p>	<p>The ratio varies per youth/young adult peer. The range is 1:7 up to 1:15.</p>

MISSISSIPPI PROGRAM OVERVIEW

17. What supervision and support is in place for youth peers?	Currently, all CPSS must be supervised by a mental health professional. The supervisor must complete a CPSS Supervisor Training and have at least a bachelor's degree in a mental health, intellectual/developmental disabilities, or a related field, and be under the supervision of an individual with a master's degree in mental health or intellectual/developmental disabilities, or a related field and who has either a professional license or a DMH credential as mental health or intellectual/developmental disabilities therapist.
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PROGRAM EVALUATION

Question	Answer
18. Do you track outcomes related to YPS services?	Currently Mississippi DMH does not have a system in place to track outcomes related to peer support services. Mississippi's community mental health system tracks the goals of peer support services and monitors the outcome of their work.
Contact	Name: Jackie Chatmon Email: Jackie.chatmon@dmh.state.ms.us Phone: 601-359-1288

STATE: Oklahoma

COUNTY (if applicable): N/A

ORGANIZATION PROVIDING YPS SERVICES: Oklahoma Department of Mental Health and Substance Abuse Services

OKLAHOMA PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides oversight and is the regulatory body for all Peer Recovery Support Specialist (PRSS) services
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	ODMHSAS and Medicaid
3. Which organization(s) provide(s) YPS in the state?	Community mental health centers and substance abuse agencies
4. What are the components of YPS in the state? Were young adults involved in the development?	<p>PRSS assist individuals with their recovery from behavioral health disorders and must possess knowledge about various mental health settings and ancillary services (i.e., Social Security, housing services, and advocacy organizations). PRSS provide YPS, serve as advocates, and provide information in order to assist consumers in regaining control of their lives and recovery processes.</p> <p>Young adults and adults with lived experience as young adults were involved in the development of content and curriculum.</p>
5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?	<p>Oklahoma does not have a specific definition for the PRSS for youth. However, Certified Recovery Support Specialists are defined as:</p> <p><i>Any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services as a PRSS.</i></p> <p>Examples of a PRSS' scope of practice include the following:</p> <ul style="list-style-type: none">• Use their knowledge, skills and abilities to:<ul style="list-style-type: none">○ Teach and mentor the value of every individual's recovery experience;○ Model effective coping techniques and self-help strategies;○ Assist service recipients in articulating personal goals for recovery;○ Assist service recipients in determining the objectives needed to reach his/her recovery goals.• Use ongoing training to:<ul style="list-style-type: none">○ Proactively engage consumers and possess communication skills/ability to transfer new concepts, ideas, and insight to others;○ Facilitate peer support groups;

OKLAHOMA PROGRAM OVERVIEW

	<ul style="list-style-type: none"> ○ Assist in setting up and sustaining self-help (mutual support) groups; ○ Support consumers in using a Wellness Recovery Action Plan (WRAP); ○ Assist in creating a crisis plan/Psychiatric Advanced Directive as instructed in the PRSS Training; ○ Use and teach problem solving techniques with consumers. ○ Teach consumers how to identify and combat negative self-talk and fears; ○ Support the vocational choices of consumers and assist him/her in overcoming job-related anxiety; ○ Assist in building social skills in the community that will enhance quality of life ○ Support the development of natural support systems; ○ Assist other staff in identifying program and service environments that are conducive to recovery; ○ Attend treatment team and program development meetings to ensure the presence of the consumer voice and to promote the use of self-directed recovery tools. <ul style="list-style-type: none"> ● Possess knowledge about various behavioral health settings and ancillary services (i.e., Social Security, housing services, advocacy organizations); ● Maintain a working knowledge of current trends and developments in the behavioral health field by: <ul style="list-style-type: none"> ○ Attending continuing education assemblies when offered by/approved by the Office of Wellness and Advocacy; and ○ Developing and sharing recovery oriented material with other PRSS' at consumer-specific continuing education trainings. ● Serve as a PRSS by: <ul style="list-style-type: none"> ○ Providing and advocating for effective recovery oriented services; ○ Assisting consumers in obtaining services that suit that individual's recovery needs; ○ Informing consumers about community and natural supports and how to utilize them in the recovery process. ● Assisting consumers in developing empowerment skills through self-advocacy.
<p>6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?</p>	<p>No PRSS-Y staff members have been officially trained to date. The anticipated rollout date for this new program curriculum is September 2015. However, youth who have helped to develop the content and curriculum are providing youth peer services in two service sites.</p>

OKLAHOMA PROGRAM OVERVIEW

7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?	Yes. A special emphasis to enhance the youth track of the peer recovery support specialist program is in the works with an anticipated rollout date of September 2015.
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ELIGIBILITY

Question	Answer
8. Who is eligible to receive YPS services in the state?	Anyone who is eligible to receive mental health and/or substance abuse services and wants to receive peer services. In order to receive peer support youth services, the individual will need to be age 16-25.
9. What are the eligibility requirements for becoming a YPS provider?	<ol style="list-style-type: none"> 1. Documentation of current status as being employed by the state of Oklahoma, by a behavioral service provider, or advocacy agency contracting with the state to provide behavioral health services; 2. The employment status verification form(s) from the employer must be sent to ODMHSAS by the employer; 3. Official high school transcript or General Equivalency Diploma (GED); 4. Documentation of age (minimum age 18 years old); and 5. Detailed information, as requested on the application, demonstrating recovery from a mental illness, substance abuse disorder or both. <p>Applicants must complete a 40-hour PRSS training program, including homework and a final examination (must achieve 75% or better score). Successful completion of the 40-hour training and examination will certify the applicant as a PRSS. The PRSS will then be required to obtain a minimum of 12 Continuing Education Units approved for PRSS every year thereafter to retain certification.</p> <p>An additional requirement for the PRSS-Y designation will be to attend a one-day supplemental training specific to youth and young adults.</p>

FINANCING/BILLING

Question	Answer
10. How is YPS funded?	Medicaid and state-appropriated dollars.
11. Is YPS a Medicaid-billable service in the state?	Yes
a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?	A State Plan Amendment was completed to include PRSS services as Medicaid reimbursable. Further changes to include youth in the provision of peer services were completed and required administrative rule changes that went into effect FY15.
b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?	\$9.75 per 15-minute unit

OKLAHOMA PROGRAM OVERVIEW

c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?

PRSS for youth will be billed using the established PRSS codes, but will include a modifier to specifically indicate youth services. Currently, the breakdown of PRSS services is as follows:

	Outpatient		Outpatient in Inpatient Setting		Telephone	
	Billing Code	Rate/Unit	Billing Code	Rate/Unit	Billing Code	Rate/Unit
Mental Health	H2015 HE	\$9.75/15 minutes	H2015 HE, HK	\$9.75/15 minutes	H2015 HE, TF	\$0.65/1 minute
Community Support Services Prior Authorization Group Only	H2015 HE, U1	\$9.75/15 minutes	H2015 HE, HK, U1	\$9.75/15 minutes	H2015 HE, TF, 1	\$0.65/1 minute
Substance Abuse	H2015 HF	\$9.75/15 minutes	H2015 HF, HK	\$9.75/15 minutes	H2015 HF, TF	\$0.65/1 minute

12. Which funds are used for training and ongoing development of YPS providers?

SAMHSA, the Center for Social Innovation, and allocations to the state of Oklahoma.

WORKFORCE DEVELOPMENT

Question

Answer

13. What is the selection and hiring process for YPS providers?

The selection and hiring process is similar to standard human resource provisions. However, self-identified lived experience with a mental health and/or substance abuse disorder as a youth/young adult is required. The ideal candidate would also have lived experience in a child serving system, but this is not a requirement.

14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?

Training and eligibility requirements will be the same for PRSS-Y as the PRSS, including the additional one-day supplemental training.

OKLAHOMA PROGRAM OVERVIEW

<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>Yes. The curriculum is currently being finalized. Individuals will complete the core PRSS 40-hour training and then an additional one-day training focusing on the PRSS-Y curriculum.</p> <p>Young adults were involved in the development of the PRSS-Y curriculum, which covers: adolescent peer support as a movement; recovery to a young adult; the role of peers in adolescent treatment; tailoring your recovery story to adolescents; key issues; substance abuse; the impact of diagnosis on adolescents; negative self-talk and adolescents; trauma informed care with adolescents; cultural competency with adolescents; living online; ongoing themes; developing supports; advocacy; conflicts, crises, and problem solving; uncovering strengths; ethics and boundaries; and support and peer groups.</p>
<p>16. What is the ratio of peers to youth/young adults served?</p>	<p>TBD</p>
<p>17. What supervision and support is in place for youth peers?</p>	<p>None currently established. The PRSS program aims to develop a supervisory track and guidelines for appropriate supervision of peers statewide, which will include the youth specialty.</p>

PROGRAM EVALUATION

Question	Answer
<p>18. Do you track outcomes related to YPS services?</p>	<p>TBD</p>
<p>Contact</p>	<p>Name: David Heath Holt Email: dholt@odmhsas.org Phone: 405-315-2079</p>

STATE: Oregon

COUNTY (if applicable): Josephine, Jackson, and Coos Counties

ORGANIZATION PROVIDING YPS SERVICES: Kairos Northwest

OREGON PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	Kairos Northwest
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	Oregon’s Medicaid agency; Kairos bills Medicaid for the majority—but not all—of the services it provides.
3. Which organization(s) provide(s) YPS in the state?	In southern Oregon: Kairos Northwest, Youth M.O.V.E. Oregon (YMO), Options, and Jackson County Mental Health. Other organizations throughout the state also provide YPS.
4. What are the components of YPS in the state? Were young adults involved in the development?	<p>Oregon Health Authority definition</p> <p><i>“Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.</i></p> <p>YPS specialists are on boards and committees, and involved with systems of care and wraparound services. The youth voice is part of behavioral health across the state.</p> <p>Peer orientation is provided to all new hires as part of the New Hire Orientation curriculum. A family support specialist and a YPS specialist are trained in peer work. Youth M.O.V.E. Kairos has conducted community presentations in southern Oregon and presented at Children’s Mental Health Awareness Day in Salem, OR.</p> <p>YMO was involved in developing the YPS training it offers. Kairos Northwest also employs the Building Bridges Initiative to promote youth and family voice and choice.</p>
5. Does the state have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?	<p>Services provided by peers (mental health consumers) include a range of supports, services, and advocacy that contribute to a client’s ability to engage in ongoing treatment. These services may include but are not limited to:</p> <ul style="list-style-type: none"> • Self-help support groups; • Drop-in centers; • Outreach services; • Education; and • Advocacy.
6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the state?	Kairos Northwest employs nine YPS specialists.

OREGON PROGRAM OVERVIEW

7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the state?	With the continued development of systems of care and the recognized importance of YPS at the state level, agencies are hiring or expanding their peer delivered services, including both family and youth peer support specialists.
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ELIGIBILITY

Question	Answer
8. Who is eligible to receive YPS services in the state?	<p>All youth/young adults served by Kairos Northwest have access to YPS, and ages vary from 12-24 depending on the program.</p> <p>For the other youth/young adults across the state, eligibility for YPS through wraparound services is determined by the local mental health organization and Department of Human Services, and the family and youth support specialists then work with those individuals.</p> <p>At Youth M.O.V.E. Oregon's drop-in center in Medford, any youth/young adult who comes through the door can receive YPS.</p>
9. What are the eligibility requirements for becoming a YPS provider?	<p>Oregon Health Authority definition:</p> <p><i>"Peer Support Specialist" means a person providing peer delivered services to an individual or family member with similar life experience, under the supervision of a qualified Clinical Supervisor. A Peer Support Specialist must complete a Division-approved training program as required by OAR 410-180-0300 to 0380 and be: (a) A self-identified person currently or formerly receiving mental health services; or (b) A self-identified person in recovery from a substance use or gambling disorder, who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or (c) A family member of an individual who is a current or former recipient of addictions or mental health services.</i></p>

FINANCING/BILLING

Question	Answer
10. How is YPS funded?	Medicaid
11. Is YPS a Medicaid-billable service in the state?	Yes
a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?	Peer support services are covered under Oregon's Medicaid State Plan .
b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?	<p>H0038: \$15.00, per 15 minutes (this is the facility based rate/non-Coordinated Care Organization (CCO) covered service)</p> <p>H2021: per 15 minutes, H2022: Per diem (H2021 and H2022 are encounter codes only, for use by CCOs and managed care)</p>

OREGON PROGRAM OVERVIEW

c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?	<p>H0038: Self-help/peer services, per 15 min</p> <p>H2021: Community based wraparound services, per 15 min</p> <p>H2022: Community based wraparound services, per diem</p>
12. Which funds are used for training and ongoing development of YPS providers?	Kairos Northwest’s training funds.

WORKFORCE DEVELOPMENT

Question	Answer
13. What is the selection and hiring process for YPS providers?	Human Resources and Peer Delivered Services Supervisor (PDSS) review resume and applications, for lived experience as well as other qualifications. HR, PDSS, YPS, and a staff member from the specific program in which they will be working then interview applicants.
14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?	<p>Peer support specialists must demonstrate knowledge of approaches to support others in recovery and resiliency, and demonstrate efforts at self-directed recovery. All peer support specialists must attend one of the 40-hour peer delivered services trainings that is recognized by the state. After the training, the YPS provider organization receives a National Provider Identifier number and can begin billing Medicaid.</p> <p>YPS specialists at Kairos Northwest receive ongoing training that includes:</p> <ul style="list-style-type: none"> • Collaborative problem solving (Tier 1 and 11 training); • Trauma informed care; and • Training in Neurosequential Model of Therapeutics (NMT)
<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>Oregon does not have a specific curriculum for YPS specialists, but requires YPS specialists to attend one of the state-approved 40-hour peer support specialist trainings. Kairos Northwest covers the cost of these trainings for its YPS and family support specialist workforce.</p>
16. What is the ratio of peers to youth/young adults served?	Depending on the program, the ratio ranges from 1:5, to 1:16 (community program/wraparound).

OREGON PROGRAM OVERVIEW

<p>17. What supervision and support is in place for youth peers?</p>	<p>The first peer was hired a little over six years ago, and the agency now employs 13 family and YPS specialists. Kairos Northwest’s current peer specialist supervisor has lived, educational, and work-related experience that informs her role as a Certified Parent Support Provider and peer specialist supervisor. She has an associate of applied science degree in human services, lived experience with foster care, adoption, addiction and as a family member. She has been employed as a peer specialist for six years and has completed Oregon’s peer delivered services training, Certified Parent Support training, and peer voice training.</p> <p>The peer specialists conduct peer support with one another and stay connected daily through, emails, in-person meetings, phone calls, and text messaging. The YPS supervisor conducts weekly individual and group supervision with Kairos Northwest’s peer specialists, and organizes a yearly retreat. The clinical director supervises the peer specialist supervisor, through weekly meetings and regular close contact by phone, email, text messaging, and in-person meetings. Kairos Northwest's program manager provides administrative supervision for three YPS providers outside the catchment area, and the peer specialist supervisor supports and supervises the YPS work.</p>
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PROGRAM EVALUATION

Question	Answer
<p>18. Do you track outcomes related to YPS services?</p>	<p>Yes. Kairos conducts a Youth Services Survey to gather outcomes data and participant satisfaction. Kairos also conducts a Family Service Survey and Agency Services Survey.</p>
<p>Contact</p>	<p>Name: Sandy Heine Email: sheine@kairosnw.org Phone: 541.941.2004</p> <p>Name: Shaunte Duron Email: sduron@kairosnw.org</p>

STATE: Pennsylvania

COUNTY (if applicable): Allegheny County

ORGANIZATION PROVIDING YPS SERVICES: Diversified Care Management (DCM)

****Responses to this survey are limited to Allegheny County's unique model and roles for Department of Human Services (DHS) Youth Support Partners and are NOT applicable to state funded YPS providers.***

ALLEGHENY COUNTY PROGRAM OVERVIEW	
Question	Answer
1. Which agency/agencies oversee(s) the provision of youth/young adult peer support (YPS) services?	The Allegheny County Department of Human Services is the umbrella organization integrating services from its offices of: Behavioral Health and Drug & Alcohol; Children, Youth, and Families; Intellectual Disabilities; Community Services; Area Agency on Aging. Diversified Care Management (DCM), a subcontracted agency with the DHS oversees provision of DHS Youth Support Partners.*
2. Who is the principal purchaser/contractor for YPS in the state/designated region/county?	Community Care Behavioral Health and the DHS
3. Which organization(s) provide(s) YPS in the county?	DCM
4. What are the components of YPS in the county? Were young adults involved in the development?	<p>Community Care Behavioral Health and the DHS contract with DCM to provide Youth Support Partners (YSP) who all have lived experience in one or more of the child serving systems (i.e., behavioral health, child welfare, juvenile justice, intellectual disability, independent living, etc.).</p> <p>The YSPs support young adults, approx. 14-24 years old who are currently involved with one or more DHS service in Allegheny County. Young adults have had an active voice in developing this service from the beginning. YSPs provide peer support, advocacy, mentoring, and positive role modeling for youth.</p>

ALLEGHENY COUNTY PROGRAM OVERVIEW

<p>5. Does the county have a definition of YPS? Were youth/young adults involved in the development (e.g., advocacy efforts, etc.)?</p>	<p>Allegheny County does not have a definition. Some examples of the primary things YSPs do in their role are:</p> <ul style="list-style-type: none"> • Help youth have a voice and be accountable for their own futures; • Enable youth to become self-reliant and independent; • Connect youth with community resources and natural supports to help meet the youth’s needs, goals and/or vision; • Work with team members to help ensure youth’s voice is included in planning and that the youth works with others to increase their chances for success; • Help youth improve decision making skills and encourage youth to pursue healthier lifestyles opportunities; • Support youth at court, meetings, etc. so they understand mandates, court sessions, papers, etc.; and • Serve as a voice and advocate for youth involved with child serving systems at county, state and federal levels.
<p>6. How many YPS staff are currently employed by the program? How many YPS staff are employed elsewhere in the county?</p>	<p>DCM’s Youth Support Partner Unit consists of:</p> <ul style="list-style-type: none"> • 28 YSPs; • 2 Youth Support Coordinators; • 6 Supervisor/Coaches; • 1 Program Manager • 1 Professional Development and Coaching Manager; and • 1 Unit Manager.
<p>7. Are you aware of any plans for expanding or enhancing the youth/young adult peer provider workforce in the county?</p>	<p>DCM’s YSP Unit is funded for 35 YSPs. Plans to hire eight additional YSPs will expand the number of target groups of young adults served throughout Allegheny County.</p>

ELIGIBILITY

Question	Answer
<p>8. Who is eligible to receive YPS services in the county?</p>	<p>Youth ages 14-24 who are currently involved with a DHS service are eligible to be referred to the YSP Unit.</p> <p>Referrals are considered on a case-by-case basis. Some funding streams target specific youth based on system or other qualifications, and DHS has secured diversified funding to be able to offer YSPs to a broad range of young adults touched by DHS services (i.e., child welfare, independent living, behavioral health, juvenile justice, multi-system involved, kinship care, etc.).</p>

ALLEGHENY COUNTY PROGRAM OVERVIEW

<p>9. What are the eligibility requirements for becoming a YPS provider?</p>	<p>At the state level, Pennsylvania’s Medicaid Waivers provide for peer support only for individuals 21 years of age and older.</p> <p>Allegheny County covers YPS through the High Fidelity Wraparound Joint Planning Team through money from the managed care organization’s administration and reinvestment dollars.</p>
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FINANCING/BILLING

Question	Answer
<p>10. How is YPS funded?</p>	<p>Allegheny County funding-Managed Care Organization administrative and reinvestment dollars-PA Department of Public Welfare (DPW)- Needs Based Budget and the Time Limited Family Reunification Grant</p>
<p>11. Is YPS a Medicaid-billable service in the state?</p>	<p>No</p>
<p>a. What Medicaid vehicle (e.g., waiver, State Plan Amendment, etc.) is used in your state to provide YPS services as a Medicaid-billable service?</p>	<p>N/A</p>
<p>b. What is the Medicaid rate for peer support? How is it billed (e.g., 15-minute increments, etc.)?</p>	<p>N/A</p>
<p>c. What Medicaid (CPT) code(s) is/are used to bill for YPS services?</p>	<p>N/A</p>
<p>12. Which funds are used for training and ongoing development of YPS providers?</p>	<p>Allegheny County funding-Managed Care Organization administrative and reinvestment dollars-PA DPW- Needs Based Budget and the Time Limited Family Reunification Grant</p>

ALLEGHENY COUNTY PROGRAM OVERVIEW

WORKFORCE DEVELOPMENT

Question	Answer
<p>13. What is the selection and hiring process for YPS providers?</p>	<p>YSP are at a minimum required to have a GED or high school diploma, at least one year of combined work experience, ability to work flexible hours to accommodate youth/families, the ability to secure a driver’s license and access to a vehicle, and personal lived experience that they are willing to strategically share with youth, colleagues, and others.</p> <p>YSP candidates are pre-screened for qualification factors, and if satisfactory, invited to participate in several rounds of small group interviews that include brief role-play and other activities. Candidates then may complete full applications and have background, education, reference checks, and child abuse, FBI, and other clearances completed before an offer is made.</p> <p>YSPs are hired with a six- month probation period. YSPs are given up to six months to secure a driver’s license and vehicle if they don’t have it at the time of hire. YSPs participate in a multi-week orientation, receive frequent trainings, and participate in coaching sessions from the date of hire.</p> <p>YSPs are full-time, salaried employees with benefits.</p>
<p>14. Are there training and/or certification requirements for YPS providers? Were young adults involved in the development?</p>	<p>YSPs participate in intensive training, coaching, and skill building activities. There are mandatory trainings such as Mandated Reporter Training, Strengths-Based Family Worker Training Credential, Trauma Informed Care training, Case Notes/Contact Log trainings, Time Management, Ethics and Boundaries, Professionalism, and introductions to DHS systems and services.</p> <p>As staff of the YSP Unit, the first YSP Credentialed Coaches in High Fidelity Wraparound have developed the YSP credential that all YSPs need to complete. These credentials involve coaching and participating in behavior rehearsals, shadowing, and demonstrating understanding and mastery of critical skill areas. YSPs also participate in many other trainings that they and other staff identify as beneficial for the YSPs. YSP Unit training is developed through the experience and knowledge gathered from staff and work with youth/families and colleagues.</p>
<p>15. Does your organization have a curriculum to train YPS providers?</p> <p>Was the curriculum specifically developed for YPS or has an existing peer support training curriculum (e.g. parent peer support or adult peer support) been modified?</p> <p>Were young adults involved in the development or modification?</p>	<p>DCM and the YSP Unit staff train the YSPs and work with colleagues, professionals, and others around how to work with a YSP and how to value and work with youth.</p> <p>The curriculum for YSPs, designed for multiple-child serving systems, focuses on youth voice and choice, strength-based work, advocacy, parallel processes and role modeling, and essential skill development. Young adults have played a critical role in its development.</p>

ALLEGHENY COUNTY PROGRAM OVERVIEW

<p>16. What is the ratio of peers to youth/young adults served?</p>	<p>On average, 1:14, with a maximum of 1:20.</p> <p>Several factors are considered when referrals are given to YSPs, including but not limited to location of youth, stage of engagement for YSP with youth, interest and willingness of youth to work with YSP, and YSPs individual progress in the role.</p>
<p>17. What supervision and support is in place for youth peers?</p>	<p>A Supervisor/Coach works closely with between four and six YSPs. This dual role allows the supervisor/coach to provide both the supervision staff need around working and doing this work, as well as coaching YSPs on the skills and beyond that the YSP needs to be successful. Supervisor/Coaches are provided training through DHS.</p> <p>Supervisor/Coaches need to achieve Inter-rated Reliability with the Manager of Professional Development and Coaching and be credentialed as a YSP Coach in order to coach and certify staff on the YSP credential and skills. Allegheny County notably has the first HFW YSP credentialed coach in the country.</p> <p>Five Supervisor/Coaches have been promoted from YSPs. Program Manager (formerly a supervisor and a credentialed HFW and YSP Coach) oversees the supervisors.</p>

PROGRAM EVALUATION

Question	Answer
<p>18. Do you track outcomes related to YPS services?</p>	<p>Anecdotal and some demographic data. Other outcomes tracking is in development.</p>
<p>Contact</p>	<p>Name: Amanda Hirsh, YSP Unit Manager Email: Amanda.hirsh@alleghenycounty.us Phone: 412-442-8975 OR Name: Jeanine Rasky, DHS Administrator Email: Jeanine.Rasky@AlleghenyCounty.us Phone: 412.35.6698</p>

Appendix A

Components for Organizations to Consider:

Organizations can use this checklist to help develop and implement YPS in their state.

Youth Engagement

- Has the organization demonstrated a commitment to including the voice of youth in planning and implementation?
 - Does our organization have resources designated for a youth engagement specialist or youth coordinator on staff?
 - Has our organization incorporated youth voice into organization committees and workgroups?
 - Does our organization have an active and engaged youth advisory council that support the organization's decision-making process?
 - Do youth serve in leadership roles? Examples may include co-facilitators, co-trainers for agency committees, workgroup members, or participants in developing hiring practices or orientation.
 - Does our organization partner with any youth driven organizations?
 - Do youth have a role in the development and analysis of data gathered in the Continuous Quality Improvement (CQI) processes at our organization?

Preparation and Planning for Youth Peer Support

- Does our organization have a clearly defined practice model for YPS?
 - Have youth and young adults participated in the development of a practice model?
- Is there a confirmed, explicit definition for YPS and youth peer provider in our state/community? Do our state partners understand it uniformly?
- Does our practice model for YPS include:
 - Clearly identified core competencies for the job?
 - Curriculum and training needs that meet the unique needs of youth peer providers? If yes, how?
- Does the model identify on going supervision, coaching and professional development training for YPS providers?
- Does our state and or funder require an approved credentialing or certification process to provide the service(s)?
 - Does our model meet all certification and credentialing requirements necessary to bill our funding sources (e.g. MCOs, Medicaid, and other provider agencies)?

Organizational Culture

- Have we clearly defined the organizational supports in place for the youth peer workforce?
 - Organizational readiness elements that allow organizations to make the cultural shift and commit to providing YPS include:
 - Recruitment and retention of youth peer providers;
 - Organization: HR Orientation includes value of lived experience and peer roles;

- Policies have been developed to support the implementation of YPS practice;
- Supervision & Coaching available to youth peer workforce; and
- Communication and feedback loop for quality of care and decision-making.

Administration⁶

- From an operations perspective, how will becoming a Medicaid provider change the way the organization manages and delivers YPS services?
- Does our organization have administrative staff with the time and skills to complete the Medicaid billing process or will additional staff be needed?
- If additional staff are required, what are the positions needed and is the funding we will receive from Medicaid sufficient to cover the additional positions?
- What technology (hardware and software) will be required for Medicaid billing?
- Does our organization have the necessary professional insurances in place (e.g., liability)?

Financing Structure and Rates⁷

- How is our state currently funding family and YPS (e.g., waiver, state plan amendment, or other type of state appropriation)?
- If our organization begins providing family and YPS with Medicaid funding, will other state funding continue, in order to serve families not eligible for services under Medicaid?
- Will our organization bill Medicaid directly, through a subcontract with a traditional provider, or through a firm that provides Medicaid billing services?
 - What is the availability of external agencies and competencies?
- Does our organization have sufficient funds in reserve to sustain it during the start-up phase of billing, and over the course of a year when billing may fluctuate?
- What do we have to learn about contracting methods, start-up costs, etc.?
- How will family and YPS staff be paid (e.g., as contractors, employees)?
 - If we choose to pay our staff as employees, are we complying with all federal and state labor laws relating to hiring, benefits, etc.?
- What rate is Medicaid paying for YPS in our county or state?
 - How was it determined and does it vary by region within the state?
 - If so, why?
- Does the Medicaid rate for peer support cover the cost of providing this service and result in a small profit that can go back into building our organization?
- Which services are included and can be billed for (e.g., phone calls with families, care coordinators, others on the child and family team; attendance at school meetings, court hearings, support groups; or training)?
- Which activities are not included and cannot be billed for (e.g., travel time, documentation, administrative costs, supervision time, training) and will the rates we receive cover these expenses?
- What other expenses can we anticipate (e.g., mileage costs, non-billable staff hours such as holidays, training, vacation, and sick leave)?

- Do we have other funding sources that will cover expenses not covered by Medicaid?
- What are the billing increments (e.g., 15 minutes, 30 minutes, one hour)?
 - Are there limits to the number of hours we can bill in one day or week per family?

Sustainability of Youth Peer Support⁸

- Will Medicaid funding increase the organization's capacity to serve multi-system involved children and youth by allowing peer support staff to participate on child and family teams and in wraparound care planning?
- Can the organization provide peer support services with different funding sources and eligibility criteria?
- How will the two types of YPS services be handled in our agency (i.e., Medicaid-funded vs. funded by other means)?
- Do state leaders understand the differences in YPS delivered by a family run organization compared with a traditional clinical services provider or a non-family run organization?

ENDNOTES

¹ J. Kallal, J. Walker, L. Conlan Lewis, D. Simons, J. Lipper, and S. Pires. *Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations*. Center for Health Care Strategies. February 2014. Available at:

<http://www.chcs.org/resource/becoming-a-medicaid-provider-of-family-and-youth-peer-support-considerations-for-family-run-organizations/>.

² Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare & Medicaid Services (CMS). "Informational Bulletin on Coverage of Behavioral Health Services for Children, Youth and Young Adults with Significant Mental Health Conditions." May 7, 2013. Available at:

<http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>.

³ For additional information about the Medicaid rehabilitative services option, see: <http://kff.org/medicaid/issue-brief/medicaids-rehabilitation-services-option-overview-and-current/>.

⁴ For additional information on 1915(c) HCBS waivers, see: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>.

⁵ Current definition of adult peer support in the Georgia State Plan: *Peer support provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialists under the direct supervision of a behavioral health professional. Individuals actively participate in decision-making and services operation. Services are directed toward achievement of the specific, individualized, and result-oriented goals defined by the individual and specified in the Individual Recovery Plan. The service is provided under the direct supervision of a Behavioral Health Professional. The Peer Support service actively engages and empowers the participant and his/her identified supports in leading and directing the design of the service plan and thereby endures the plan reflects the needs and preferences of the individual. Additionally, this service provides support and coaching interventions to individuals to promote recovery and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions by teaching more effective management techniques that focus on the individual's self-management and decision making about healthy choices which ultimately extend the members' lifespan. The interpersonal interactions and activities within the program are directed, supervised, guided and facilitated by the Behavioral Health Professional in such a way to create the therapeutic community or therapeutic effect required to achieve individual treatment goals. These services may be provided in a clinic or outside the clinic setting in the community. All certified peer specialists are required to hold current certification from the Georgia Department of Behavioral Health and Developmental Disabilities.*

⁶ Derived from the Agency Readiness Tool for Family Run Organizations published in the Center for Health Care Strategies' resource *Becoming a Medicaid Provider of Family and Youth Peer Support Considerations for Family Run Organizations* (2014). Available at:

http://www.chcs.org/media/Medicaid-FYPS-Considerations-for-FROs_FINAL_rev.pdf

⁷ Ibid.

⁸ Ibid.