

## **Certified Behavioral Health Peer Support (BHPS) - Group Adult**

### **Definition:**

Certified Behavioral Health Group Peer Support is an allowable service to be implemented as a “pilot” for the proposed FFY contract application. The “pilot” is defined as ....

Group peer support services are a face-to-face service provided in a group setting of up to eight individuals to promote positive coping skills through a department approved curriculum. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

### **Provider Requirements:**

- (1) BHPS-Group must be provided by a Certified Behavioral Health Peer Support Specialist (BHPSS), certified by the Montana Board of Behavioral Health (BHH); and provided and billed by a state approved program under contract with the Department.
- (2) The state-approved program must:
  - (a) ensure staff are certified by the BBH;
  - (b) develop policies and procedures for initial and on-going staff training for these services;
  - (c) assure ongoing communication and coordination of the treatment team to ensure the services provided are updated as needed; and
  - (d) establish the frequency of services as determined by needs of the member.

### **Medical Necessity Criteria:**

Member must meet the SUD criteria as described in the most recent version of the [AMDD Medicaid Services Provider Manual for SUD and Adult Mental Health](#) which can be found on the AMDD webpage at: <https://dphhs.mt.gov/amdd>.

**Prior Authorization:** Prior Authorization is not required.

### **Service Requirements:**

- (1) BHPS-Group must be a direct service provided in a group setting.
- (2) The maximum BHPS-Group size is eight individuals.
- (3) BHPS-Group is limited to 8 units per week per member.
- (4) Must utilize one of the following evidence-based or research-based curriculums:
  - a. Self-Management and Recovery Training (SMART);
  - b. Interactive Journaling: “My Personal Health Journal” or “Wellness and Recovery”;
  - c. Healthy Minds Healthy Bodies;
  - d. Wellness Recovery Action Plan (WRAP);
  - e. Whole Health Action Management (WHAM);
  - f. Peer to Peer (P2P); or
  - g. A provider may submit other curriculums not listed above, with the supporting research or documentation of appropriateness of the program, for consideration and approval by the department.

The above curriculum’s may be modified to meet national Culturally Linguistically Appropriate Services (CLAS) standards. Please notify the department prior to implementation of any modified curriculum.

- (5) The Individual Treatment Plan (ITP) must include peer support goals that address the individual’s primary behavioral health needs;
- (6) BHPS-Group must be billed using the appropriate HCPCS code;

- (7) BHPS includes the following components:
  - (a) coaching to restore skills;
  - (b) self-advocacy support;
  - (c) crisis/relapse support;
  - (d) facilitating the use of community resources; and
  - (e) restoring and facilitating natural supports and socialization.
- (8) Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.
- (9) BHPS-Group services must be delivered by a dedicated BHPS whose primary responsibility is the delivery of BHPS services.

**Continued Stay Review:** Not applicable.

**Continued Stay Criteria:** Not applicable

**UR Required Forms:** Not applicable.