

	Behavioral Health and Developmental Disabilities (BHDD) Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: May 12, 2023
Policy Number: 515	Subject: SUD Certified Behavioral Health Peer Support (CBHPS) Adult

Definition

CBHPS is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SUD diagnosis to achieve their goals for personal wellness and recovery. 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.

Medical Necessity Criteria

Member must meet the SUD criteria as described in this manual to be eligible for CBHPS services.

Provider Requirements

- (1) In order to bill Montana Medicaid, CBHPS must be provided by a Certified Behavioral Health Peer Support Specialist (CBHPSS), certified by the Montana Board of Behavioral Health (BBH) and provided by a state-approved and licensed Substance Use Disorder Outpatient Facility, Federally Qualified Health Center, Rural Health Clinic, Urban Indian Health Center, or IHS Tribal 638 provider.
- (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 and desires of the member.

Service Requirements

- (1) CBHPS must be a direct service provided in an individual setting.
- (2) Group peer support is not a Medicaid reimbursable service.
- (3) Transportation of a member in and of itself does not constitute an allowable direct service.
- (4) The individualized treatment plan (ITP) must include peer support goals that address the member's primary behavioral health needs.
- (5) Individual CBHPS is not a bundled service and must be billed using the appropriate HCPCS code.
- (6) CBHPS includes the following:
 - (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 a social support network.
- (7) It is not required that each member receiving BHPS receive every service listed above. Medically necessary services must be provided and documented in the individualized treatment plan and the services received must be documented clearly in the member's treatment file.
- (8) CBHPS must be delivered by a dedicated CBHPSS whose primary responsibility is the delivery of CBHPS.
- (9) Medication delivery and compliance are not within the scope of services eligible for reimbursement when delivered by a CBHPSS.
- (10) Face-to-face service delivery of CBHPS services is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Documentation must include the reason(s) for telehealth delivery of CBHPS services including attempts to identify local supports if the reason for telehealth provision of services is related to access issues.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay review not required.
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.