LEVEL OF CARE GUIDELINES: PEER SERVICES AND SUPPORTS – OPTUM LOUISIANA

Guideline Number: BH803LAPSS_012017  Effective Date: January, 2017

Table of Contents
INTRODUCTION……………………………………………….1
PEER SERVICES AND SUPPORTS…………………………….1
REFERENCES...................................................................2
HISTORY/REVISION INFORMATION ...............................2

INTRODUCTION

The Level of Care Guidelines is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The Level of Care Guidelines is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The Level of Care Guidelines is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the Level of Care Guidelines and their development, approval, dissemination, and use, please see the Introduction to the Level of Care Guidelines, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

PEER SERVICES AND SUPPORTS

Peer Services and Supports provide members with support, information, and the opportunity to develop skills in support of the member’s recovery. While providing these services, the Peer utilizes his/her training, lived experience and experiential knowledge to reduce the likelihood that the member will become isolated, disempowered, or disengaged. Peer services and Supports is focused on addressing the factors that precipitated access to this service (e.g., changes in the member’s signs and symptoms, psychosocial and

---

1 The terms “recovery” and resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA 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. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.
environmental factors, or level of functioning) to the point that the member’s condition can be safely, efficiently and effectively treated without the support of Peer Services and Supports.

Peer Services and Supports complement the member’s behavioral health treatment, and may be delivered while the member is in treatment or in advance of the start of treatment.

Peer Services and Supports vary in intensity, frequency and duration in accordance with the member’s ability to utilize behavioral health services, manage psychosocial challenges, or otherwise make progress in achieving the member’s recovery goals.

1. Admission Criteria
   - see "Common Criteria and Best Practices for All Levels of Care":
     AND
   - The member has a Serious Mental Illness (SMI) or a Substance-Related Disorder.
     AND
   - The member is not in imminent or current risk of harm to self, others, and/or property.
     AND
   - The factors that precipitated access to this service (e.g., changes in the member's signs and symptoms, psychosocial and environmental factors, or level of functioning) indicate that the member requires assistance with accessing treatment and/or community resources. Examples include:
     - The member requires information about their behavioral health condition, evidence-based treatment, approaches to self-care, or community resources.
     - The member could benefit from learning skills related to problem-solving, communication, managing crises or stress, activating and engaging in self-care, or promoting recovery.
     - The member requires assistance navigating the system of care.
     AND
   - The member is receiving behavioral health services, or is likely to engage in treatment with the provision of Peer Services and Supports
     AND
   - The requested service is Medically Necessary in accordance with Louisiana2.

2. Continued Service Criteria
   - see "Common Criteria and Best Practices for All Levels of Care":

3. Discharge Criteria
   - see "Common Criteria and Best Practices for All Levels of Care":

4. Clinical Best Practices

---

2 According to LAC 50:1.1101:
A. Medically necessary services are defined as those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.
B. In order to be considered medically necessary, services must be:
(1) Deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction.
(2) Those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient.
C. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and neither more nor less than what the recipient requires at that specific point in time.
D. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Medicaid program. Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary".
The Medicaid director, in consultation with the Medicaid medical director, may consider authorizing services at his discretion on a case-by-case basis.
REFERENCES*


*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, 2016</td>
<td>• Version 1</td>
</tr>
<tr>
<td>January, 2017</td>
<td>• Version 2</td>
</tr>
</tbody>
</table>