



Medicaid and Peer Support Guidance and Tips for Success

October 28, 2020 9-10:30 a.m.

[CREATING CONNECTIONS NH](#)

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Medicaid Requirements for Peer Recovery Support Services

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NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES

Promoting Prevention and Recovery

Provider Type

He-W 513.02(t)

"Peer recovery program" means a recovery community organization or program that is accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS), is accredited by Clubhouse International, is under contract with the department's contracted facilitating organization, or is under contract with the department's BDAS to provide peer recovery support services.

Provider Requirements

He-W 51.05(4)

- Completed 30 contact hours of recovery coach training approved by:
 - NH Training Institute on Addictive Disorders;
 - The NH Board of Licensing for Alcohol and Other Drug Use Professionals;
 - NAADAC, the Association for Addiction Professionals;
 - AdCare Education Institute, Inc., of New England;
 - Addiction Technology Transfer Center; or
 - Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);
- Completed a minimum of sixteen contact hours of training in ethics approved by any of the providers in 513 (r)(4)a.1.-6.;
- Completed a minimum of 6 contact hours of training in suicide prevention approved by any of the providers in (r)(4)a.1.-6.; and
- Completed a minimum of 3 contact hours of training on co-occurring mental health and substance use disorders approved by any of the providers in (r)(4)a.1.-6.

Supervision Requirements

He-W513.05(r)(3)

- The individual providing the services shall be supervised by a practitioner in accordance with He-W 513.04 (c)(2) who is on the staff of, or under contract with, the peer recovery program who shall have:
 - Completed the training described in He-W 513.05(r)(4); and
 - Completed 6 contact hours of training in the supervision of individuals delivering peer recovery support services approved by
 - NH Training Institute on Addictive Disorders;
 - The NH Board of Licensing for Alcohol and Other Drug Use Professionals;
 - NAADAC, the Association for Addiction Professionals;
 - AdCare Education Institute, Inc., of New England;
 - Addiction Technology Transfer Center; or
 - Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);

Service Requirements

He-W 513.05(r)(1)

- Peer recovery support services shall include non-clinical services delivered by peers who self-identify as having lived experience to help recipients age 12 and above and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, providing links to professional treatment and community supports;
- Peer recovery support services shall include:
 - Skill restoration therapy intended to reduce or remove barriers to achieving and maintaining recovery;
 - Emergency or crisis services available by telephone;
 - Assistance in accessing transportation services for individuals who lack safe transportation;
 - Individual skills development and restoration to prevent continuation or recurrence of substance misuse;
 - Psychoeducation interventions to support recovery;
 - Development and periodic revision of a specific recovery plan based on the information collected through the assessment that shall specify the goals and actions to address the recovery goals and other services needed by the individual; and
 - Working with the individual to develop and refine recovery goals;

Service Requirements

513.05(t)(1)

Continuous recovery monitoring shall include recovery check-ups with recipients on a regular basis, evaluations of the status of the recipient's recovery, consideration of a broad array of recipient needs, and provision of active referral to community resources as applicable;

Service Requirements

He-W 513.04(c)(f)(4)

Peer recovery support groups shall include no more than 8 individuals with one peer recovery coach present or no more than 12 individuals when that peer recovery coach is joined by a second peer recovery coach.

Documentation

He-W 513.10(g)

- Peer recovery programs shall maintain supporting records in accordance with He-W 520 and(d), (e), and (f) above, and shall include the following supporting documentation:
 - Progress on goals for each recovery contact including:
 - The type of support received and duration;
 - The topics addressed with the recipient;
 - The signature of the person delivering services; and
 - The date of each recovery contact;
 - Where applicable, a copy of the recovery plan that is:
 - Updated a every session; and
 - Signed by the provider and the recipient prior to services being rendered; and
 - The recipient's name, date of birth, address, and phone number.

Billing

513.05(r)(6-7) & Billing Manual

- Peer recovery support services shall be billed by the peer recovery program; and
- The supervising practitioner in (5) above shall be listed as the rendering provider when billing for services.
- Individual Peer Recovery Support: H0038
- Group Peer Recovery Support H0038-HQ
- Continuous Recovery Monitoring H0006

Thank You!

PEER SUPPORT GROUPS PROVIDE:

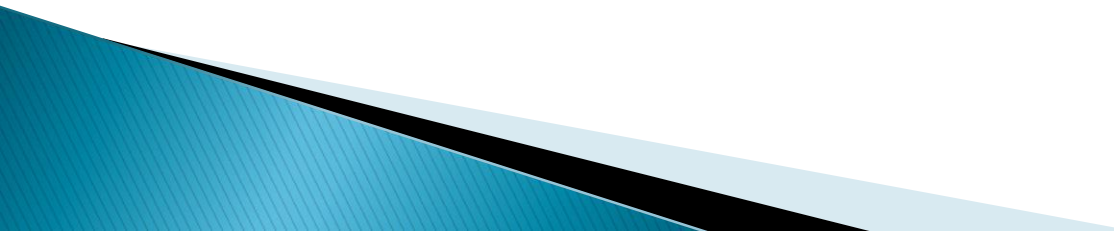


MANY > ONE
PEER SUPPORT FOUNDATION

Becoming a Medicaid Enrolled Substance Use Disorder Provider

Program Integrity Requirements
Karen Carleton, RN,BSN
Program Administrator
October 28, 2020

Today's Agenda

- ▶ Overview of Program Integrity functions
 - ▶ Enrollment Requirements
 - ▶ Screening Requirements/Site Visits
 - ▶ Documentation Requirements
 - ▶ Claim Submissions
- 

Program Integrity Overview

- ▶ The purpose of a surveillance and utilization review and control program is for the Department to assess the quality of the care, services, and supplies received by members and for which a Title XIX program has reimbursed providers.
- ▶ Detect, correct and prevent occurrences of unnecessary or inappropriate medical care, service, or supply for which Title XIX program has reimbursed providers and to ensure that accurate and proper reimbursement has been made for the care, services and supplies provided.
- ▶ All providers need to be enrolled in Medicaid to ensure screening requirements are met.



Home

Program

Member

Provider

Documentation

Directories

Provider Enrollment

Print | Help

* Required Field

Become a Billing Provider

If you would like to become a Billing Provider for New Hampshire Medicaid, please complete the appropriate online application. If you are a billing group or individual applying with a Federal Employer Identification Number (FEIN), please select the *Group Provider Enrollment* link below.

If you are an Individual billing provider that does not have an FEIN and would be applying with your Social Security Number (SSN), please select the *Individual Billing Provider Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)

[Instructions](#)

[Group Provider Enrollment](#)

[Individual Billing Provider Enrollment](#)

Become a Non-Billing Provider

If you would like to become a Non-Billing Provider for New Hampshire Medicaid, please complete the appropriate online application.

Non-Billing Individual Rendering Providers are providers who, through an affiliation with a billing provider, render services for New Hampshire Medicaid members. Please select the *Non-Billing Rendering Provider Enrollment* link below.

Non-Billing Individual Ordering/Referring/Prescribing (ORP) Providers are providers who enroll for the sole purpose of ordering, referring or prescribing supplies, services and/or pharmaceuticals for New Hampshire Medicaid members. Please select the *Non-Billing ORP Provider Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)

[Instructions](#)

[Non-Billing Rendering Provider Enrollment](#)

[Non-Billing ORP Provider Enrollment](#)

Become a Trading Partner

If you would like to become a Trading Partner (EDI) to electronically exchange data with New Hampshire Medicaid, please complete the online Trading Partner application. Select the *Trading Partner Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)

[Instructions](#)

[Trading Partner Enrollment](#)

Application Status

To check the status of your New Hampshire Title XIX Program Provider or Trading Partner Application, use your Application Tracking # and click the SUBMIT button.

*Application Tracking #

Recall Provider Application

To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / FEIN and click the SUBMIT button.

*Application Tracking #

*SSN/ FEIN

Recall Trading Partner Application

To recall an application that you have partially completed, enter your Application Tracking Number and SSN / FEIN and click the SUBMIT button.

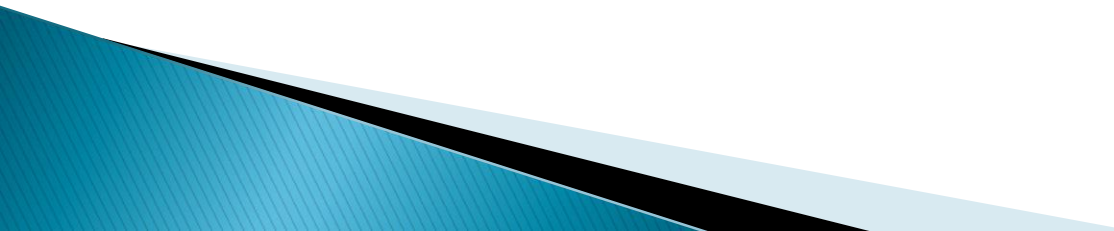
*Application Tracking #

*SSN/FEIN

PEER Recovery Programs

- ▶ “Peer recovery support services” means non-clinical recovery support services which are recipient directed and delivered by peers who have common life experiences with the recipients they are serving.
- ▶ Recovery support services” means non-clinical services that are provided to recipients to support their recovery from substance use disorders and prevent relapse.
- ▶ He-W 513.04 Provider Participation. Defines qualifications of providers

PEER Recovery Programs(cont.)

- ▶ Only enroll ordering or rendering providers associated with the group enrollment
 - ▶ CRSW is not an enrolled provider type in the Medicaid system
 - ▶ Covered services in He-W 513.05(r),(s) Peer Recovery outlines the qualifications and supervision of the non-clinical staff.
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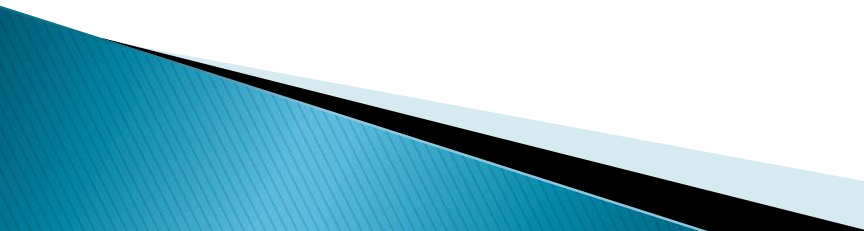
Screening Requirements

- ▶ Federal and State Requirements for database checks of owners, managing employees, board of directors, and employees need to be completed under 42 CFR 455.436 & Subpart B: 104,105,106
 - State is responsible for owners, managing employees, and board of directors during the enrollment process
 - If name is present on the LEIE list, the Provider enrollment will be delayed or terminated for NH Medicaid.

Screening Requirements (cont)

- ▶ Provider is responsible for checking their employees on the US DHHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) for all employees employed that deal with Medicaid members at time of hire and monthly thereafter
- ▶ If the employee name is discovered on the LEIE prior to hiring, entity should not hire or if after hire should be removed from any position that is paid with Medicaid funds or terminate employment if alternate position not available.
- ▶ The individual can notify the OIG to have their name removed.

Screening Requirements (cont)


- ▶ All employees should have a criminal background check for employment federal/state requirement and during the site visit a request to view personnel files to observe the completion of this.
 - ▶ If the employee has a negative return on the criminal background check it is to be reported to the program area BDAS to determine if a waiver is to be granted for that employee.
 - ▶ Other personnel documents to be reviewed will be any licenses, certificates, and training of the employees upon hire and as required by federal and state regulations.
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Requirement for Site Visits

- ▶ CMS defines SUD providers as moderate risk.
- ▶ Due to this risk category, a site visit is required as part of the enrollment process or a post-enrollment on-site screening visits to ensure program integrity compliance per the federal regulation of 42 CFR 455.432
- ▶ This is separate from audits and site visits conducted by BDAS staff or health facilities licensing staff.
- ▶ In New Hampshire, Program Integrity will complete these visits for providers that have not already been screened by a federal agency.
- ▶ On-site or virtual screening visits are conducted without prior notification or appointment. Program Integrity representatives will have a business card and a state identification, for your verification.

Requirement for Site Visits(cont)

On-site reviews evaluate the effectiveness of the Provider's PI compliance by providing information and education of:

- an understanding of the enrollment requirements
 - assurance of data and claim compliance for members
 - identification of areas that need improvement
 - visibility and relations needed to build a rapport between Program Integrity and the Providers
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Documentation Requirements to Support Claims Submitted for Service

- ▶ (c) The recipient's individual record shall include at a minimum:
 - ▶ (1) The recipient's name, date of birth, address, and phone number; and
 - ▶ (2) A copy of the evaluation described in He-W 513.05(u)(3)
- ▶ All documentation for the service should be maintained by the enrolled provider and available upon request.

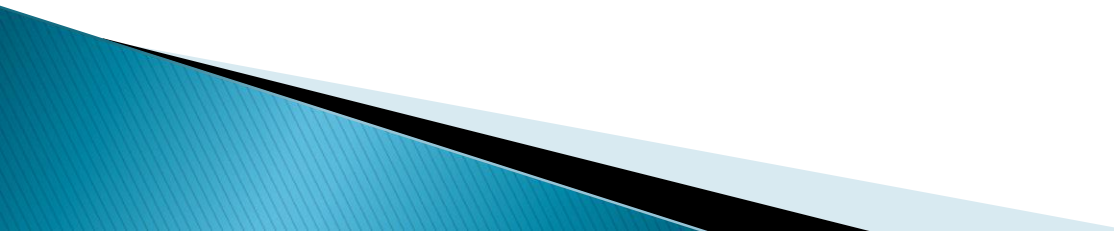
Documentation Requirements to Support Claims Submitted for Service

- ▶ Peer recovery programs shall maintain supporting records in accordance with He-W 520 and(d), (e), and (f) above, and shall include the following supporting documentation:
 - ▶
 - ▶ (1). Progress on goals for each recovery contact including:
 - ▶ a. The type of support received and duration;
 - ▶
 - ▶ b. The topics addressed with the recipient;
 - ▶
 - ▶ c. The signature of the person delivering services; and
 - ▶
 - ▶ d. The date of each recovery contact;
 - ▶
 - ▶ (2) Where applicable, a copy of the recovery plan that is:
 - ▶ a. Updated a every session; and
 - ▶
 - ▶ b. Signed by the provider and the recipient prior to services being rendered; and
 - ▶
 - ▶ (3) The recipient's name, date of birth, address, and phone number.

Claim Submission

- ▶ SUD services must be submitted on a CMS 1500 claim form. The electronic version is an 837P.
- ▶ Payment for services to SUD treatment and recovery support services shall be made in accordance with rates of reimbursement established by the Department pursuant to RSA 161:4, VI(a).
- ▶ Billing Manuals can be located at nhmmis.nh.gov, click Provider and then billing manuals.
- ▶ Same portal click Documentation, then documents and forms for Rate Sheet

Claims (cont.)

- ▶ Providers participating in the NH Medicaid Program are responsible for timely and accurate billing. If NH Medicaid does not pay due to billing practices of the provider which result in non-payment, the provider cannot bill the member.
 - ▶ In accordance with federal and state requirements, all providers must submit all initial claims within one year following the earliest date of service on the claim.
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References

- ▶ He–W 513 SUD Provider Rule
- ▶ Federal Regulations: 42 CFR 455.432, 42 CFR 455.450
- ▶ 21st Century Cures Act Section 5005(b)(1) amended section 1902(a)
- ▶ programintegrity@dhhs.nh.gov for any questions regarding enrollment

QUESTIONS??????

