Magellan HEALTHCARE

Recovery Support Services

Minimum Program Requirements

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Recovery Support Services (RSS) are designated as in-lieu of services (previously supplemental services) in the HealthChoices' Behavioral Health service continuum. Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) is contracted with at least one provider for RSS in each of our five counties. Through the course of routine oversight and monitoring, significant variations in both supporting documentation and the delivery of services have been identified. As a result, Magellan has compiled minimum standards for all RSS programs, based on federal/ state guidance and the existing peer support regulations.

Magellan requires all contracted RSS programs to have Supplemental Services Review Committee (SSRC) approved Service Descriptions, in accordance with these requirements.

These guidelines do not currently apply to RSS services that are provided by the Opioid Centers of Excellence (COE). The COE's converted to HealthChoices funding in July, 2019.

Minimum RSS Standards/Requirements:

- **Admission/Prescription Requirements**: Recovery Support Services must be recommended by a licensed practitioner of the healing arts (LPHA), within the scope of practice under state law. An LPHA includes a physician, physician's assistant, certified registered nurse practitioner, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor or psychologist who recommend RSS as a medically necessary service. Before an individual may receive RSS, there must be a written recommendation including the diagnosis and functional impairment of the individual from an LPHA acting within the scope of professional practice.
    - A Functional Impairment is defined as difficulties that substantially interfere with or limit one or more of the following:
        - A person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills
        - Role functioning in one or more major life activities including basic daily living skills
        - Instrumental living skills (maintaining household, managing money, getting around in the community, taking prescribed medication)
        - Functioning in social, family, and vocational/ educational contexts

- **Engagement Period**: In cases where the ability to obtain a recommendation by an LPHA is a barrier to access, engagement units may be utilized. In order to bill engagement units, the individual must have consented to receive RSS services (see "Minimum Documentation Requirements" below). Providers may bill engagement units for up to 60 days in order for a Certified Recovery Specialist (CRS) to engage with a member to obtain the signed recommendation from an LPHA.

    - Providers should expand upon their use of engagement units within their Service Description
    - Documentation for all services within the engagement period must clearly outline the CRS' efforts with engaging the member and attempts to obtain the LPHA
    - Providers should bill utilizing the contracted modifier combination on their contract for RSS/ CRS engagement:
        - H0047 U4 HW HF (Certified Recovery Specialist – Engagement Community – Face to Face)
        - H0047 U4 HF (Certified Recovery Specialist – Engagement Office – Face to Face)

- Service Descriptions must include a description of the referral and intake process.

- **Recovery/Service Plans**: An Individual Recovery Plan will be developed by the individual and the Recovery Specialist within 60 days from first contact/ consent and will be reviewed at a **minimum** of every 6 months thereafter; or, upon any major changes in goals or events in the individual's life. The Recovery Plan will be signed by both parties and will specify individualized goals and objectives pertinent to the individual's recovery and community integration in language that is self-directed, outcome oriented and measurable. This plan will also identify interventions directed at achieving the individualized goals and objectives, as well as specifying the Recovery Specialist's role in relating to the individual and involved others and the frequency by which the services will be delivered. After securing the necessary releases, the Certified Recovery Specialist will work with the individual's family, service and treatment providers, other programs and natural supports, where available, to assist in the achievement of these goals. Recovery Plans should be based upon the individual's strengths and will also include the needs of the individual in sustaining recovery. If applicable, the Recovery Plan should also include the role of the CRS as a support for the member in substance use crisis/relapse planning, prevention and management.

- **Unit Definition**: The unit of service for billing purposes is a **full** fifteen minutes of service in which a Certified Recovery Specialist has interaction with the individual and/or while the individual is present, with the individual's family, friends, service providers or other essential persons for the purpose of assisting the individual in meeting his/her needs, as specified in their Individual Recovery Plan. The full 15 minutes must be provided, in order to bill one (1) unit. Rounding up is not permitted. Providers may also not combine or bundle separate partial time units to equal one full unit of service. For example, three distinct and separate phone calls each lasting five minutes may not be combined to equal 1 unit (i.e., 3:00-3:05 PM; 4:30-4:35 PM; and 5:00-5:05 PM).

- **Encounter Forms**: Encounter verification forms offer a check and balance process for an agency to ensure that services delivered in the community are done so as documented. As such, this

mechanism for effect and control is best enforced by obtaining pertinent information which can verify the provision of services.

- Effective in 2014, Magellan requires all providers of Case Management, Peer Support and Recovery Support Services to obtain a signed Encounter verification form from the member for every **face-to-face** contact that results in a claim being submitted to Magellan (encounter forms are not required for phone calls with members). This impacts all models of these service types including, but not limited to, Intensive Case Management (ICM), Resource Coordination (RC), Targeted Case Management (TCM), Blended Case Management (BCM), Critical Time Intervention (CTI), Transition to Independence (TIP), Certified Peer Support (CPS), Recovery Support Services (RSS), etc.
- RSS Providers may determine how they will implement and monitor this requirement; however, at a minimum, the following information must be included on an Encounter Form: certification statement (reference MA Bulletin 99-89-05), provider name and MA ID, recipient name and ID, date of service, start and end time of the face-to-face session (the actual time in clock hours, not the duration; i.e., '2:00 PM-4:00 PM', not '2 hours') and the member's signature.
- For providers utilizing electronic signatures, the member's signature, which serves as a fraud prevention measure, must be at or following the documented end time of the session (i.e., if the session ended at 4:00 PM, the member's signature cannot precede 4:00 PM).

- **Overlap with other services**:
  - Recovery Support Services may often serve as an adjunct to clinically directed substance use treatment and therefore can overlap with both substance use and mental health community-based services including: Halfway House, Substance Use Disorder (SUD) Partial; SUD Outpatient and IOP; SUD Case Management; Crisis Residential; Mental Health (MH) Case Management; Psychiatric Rehabilitation Services; MH Partial; MH Outpatient and IOP; and Dual Diagnosis Treatment Team.
  - PSS and RSS are both forms of peer support services and aspects of the service may be duplicative. An individual may not receive both PSS and RSS at the same time. The primary diagnosis of the individual would determine which peer service would best suit the needs of the individual at a given point in time.

- **Billable Services**:
  - Recovery Support Services are considered in-lieu-of services that are available to HealthChoices Members over the age of 18, with diagnoses of substance use disorders, as well as individuals with co-occurring substance use disorders and mental health diagnoses. If co-occurring diagnoses are present, the primary diagnosis must be substance use.
  - This service will be made available to individuals at all stages of the recovery process, including individuals at the pre-contemplative stage and those not yet engaged in any type of treatment and/or services. Recovery Support Services will enhance the service continuum, by offering ongoing supports and assistance promoting and encouraging long term recovery.
  - Depending on the goals and needs of the individual, Recovery Support Services may address life concerns not consistently addressed in clinical treatment settings, including basic life necessities,

rebuilding of healthy lifestyles, sober leisure activities and community service, integration into the community, and enhancing both meaning and purpose to life.

- **Core Functions Include**: Recovery education and coaching, offering recovery information, encouragement, support, enhancement of self-management skills, etc.; Recovery resource identification, development and mobilization; Assertive linkages to and navigation within addiction treatment services and other human services; Mentorship and modeling of recovery lifestyle, including problem solving to eliminate obstacles of recovery; Development of natural resources and community support; Recovery check-ups, advocacy, leadership development and empowerment. Family engagement and education should also be included as needed.
- **Group Services**: A CRS will most often provide services on an individual (1:1) basis; but, may offer group services for several individuals together, when such services are beneficial, provided that group services may **not** include social, recreational or leisure activities; or, accompaniment to peer support groups or meetings (AA/NA meetings). Billable time in group services must include direct interaction with the CRS and may not include time spent passively viewing or listening to audio or visual material or listening to presentations by third parties.
    - To receive Recovery Support Services in a group setting, individuals must share a common goal on their Recovery Plans, and each individual must agree to participate in the group. Groups are identified as having between 2 and 10 individuals who are actively engaged in recovery planning.
    - Description of specific Group Services require pre-approval by Magellan. These proposals can be sent via e-mail to cassaneses@magellanhealth.com
- Telephone contact with an individual for the purpose of assisting in meeting his/her needs, as specified in their Recovery Plan, and as a reasonable and justifiable portion of a person's recovery, is reimbursable. Face to face interactions and the connecting relationship are vital to the peer support process and are considered the preferred method of service delivery. Telephone time is considered supplemental to, rather than a replacement for, face to face interactions and is limited to 25% of billable units per month. The documentation in the record should justify the rational for telephonic contact (in lieu of face-to-face contact) with the individual and any coordination/collaboration for other supports.

- **Discharge:**
    - Criteria for discharge should be defined by each provider's Service Description.
    - A formal discharge plan should be established for all individuals.
    - Upon discharge, a summary must be completed to include a report of participation, services provided, progress made, what services/ supports the individual is connected with after discharge (or recommendations if declining future support) and the reason for discharge.

- **Non-billable Services**:
    - Time spent in travel to or from appointments without the member present
    - Time spent in transit with member, unless working on ISP goals (a CRS should only transport a member when it is necessary and appropriate. The CRS should be mindful not to create dependence).
    - Staff meetings, record-keeping activities, and other non-direct services

- Services that are purely recreational, social or leisure in nature, or have no identified therapeutic or programmatic content.
- Accompaniment to mutual aid groups or meetings (AA/NA) are not compensable, as individual or group services (providing RSS *before or after* groups or meetings may be compensable, if it's provided in accordance with all other RSS guidelines).
- Time spent passively viewing or listening to audio or visual material or listening to presentations by third parties
- Telephone calls made on an individual's behalf but for which the individual is not present
- Time spent in structured breaks during group sessions

- **Minimum Documentation Requirements**:
  - Member consent to participate in the Recovery Support Services
  - Recommendation by a licensed practitioner of the healing arts (LPHA) which includes the individual's diagnosis and functional impairment (see above for description)
  - Strength-based Self-Assessment completed within first 60 days and updated annually at a minimum
  - Initial and all subsequent Individual Recovery Plans
  - Progress notes which record the date, start and end times (in clock hours), where the service was provided, and who was present (whether the service is billable or not).
    - For recovery support, collaborative documentation is considered best practice. Collaborative documentation refers to the CRS and the member writing the progress note together and facilitates a collective understanding of what was accomplished. Like all elements of RSS, collaborative documentation is voluntary, and the member must consent to participate. It is also not appropriate for all members and in every session.
    - Regardless of whether a progress note is written collaboratively, RSS progress note documentation must include:
      - The activities of the RSS appointment and the ways those activities support the IRP. If an RSS appointment deviates from the ISP, it is important to document the reason why that may be the case (such as an unexpected crisis situation).
      - Relevant details of discussion, including goal related and wellness conversation.
      - Continuity of care, such as planning information that includes concrete next steps.
      - The role of the CRS in supporting the member, and reference to the strategic sharing of the CRS's recovery story.
      - Documentation of referrals, resources, partnerships, and collaboration with other supports including natural supports.
      - Evidence of discharge planning should be present in the narrative.
      - Enough detail to justify the units of time spent in the RSS process.
      - Clear documentation and rationale of services provided during transit with an individual including:

➢ Services provided in transit must include the specific interventions that relate back to the specific goal in the member's ISP.
➢ Recovery Support Services should only be provided during transit if it is safe and appropriate.
➢ The CRS should only transport a member when it is necessary and appropriate. The CRS should be mindful not to create dependence. Other methods of transportation should be explored and utilized whenever possible. If an individual needs assistance with acquiring a specific skill such as riding the bus to roster independence, it would be appropriate to include this as a time-limited goal on the ISP.
➢ Providers should have policies and procedures in place that clearly outline their expectations and guidelines for staff around the general transportation of individuals as well as rendering services while in transit.

- Providers must also document how much time is spent in transit with a member while providing an intervention from the ISP, in addition to other non-billable time in transit. If services provided during transit are not billable, the time spent in transit should be clearly deducted from the overall time billed and this distinction should be clearly documented.
- Encounter Forms
- Discharge summary (must include a report of participation, services provided, progress made, what services/ supports the individual is connected with after discharge or recommendations if declining future support and the reason for discharge).
- An attestation reflecting that the individual was informed about future re-enrollment must also be included, signed and dated by the individual, Certified Recovery Specialist and a supervisor.

- **Caseloads**: The caseload of a Certified Recovery Specialist should not exceed 30 individuals, depending on the needs and the frequency of the contacts the peer requests, as well as the status of the staff person-either full or part time.

- **Staff Qualifications:** Certified Recovery Specialists must meet the educational (high school diploma/GED) and training (54 hours of education in specified areas) requirements, have passed the PCB's written exam and are certified by the PCB as Certified Recovery Specialists (CRS). Each CRS will maintain his/her certification by meeting PCB requirements of 30 credits for re-certification every two years. Newly hired CRS staff must receive six (6) hours of supervised field work from the CRS Supervisor before working independently.

- **Supervision**: A description of RSS supervisory requirements will be maintained in agency policies and procedures and referenced within the program service description. In June 2017, Pennsylvania's Certification Board published guidance for Certified Recovery Specialist Supervision titled, RECOVERY SPECIALIST SUPERVISOR CORE COMPETENCIES. This document is "intended for organizations or persons to use as an outline for development of trainings for those individuals who are providing supervision to substance use disorder recovery specialists." Available at the following web link:

https://www.pacertboard.org/sites/default/files/applications/RecoverySpecialistSupervisor_CoreCompetencies_FINAL.pdf.

- Once implemented by The Department of Drug and Alcohol Programs (DDAP), CRS Supervisors must complete the Department-approved CRS supervisory training; or complete the CRS supervisory training course approved by the Department within six months of assuming the position of CRS supervisor.
- Supervisors may only supervise a maximum of seven (7) full-time or equivalent CRS staff
- Supervisors shall conduct a minimum of one (1) hour of individual-based face-to-face meeting(s) with each Certified Recovery Specialist per week, with additional support as needed or requested.
- Group Supervision is also encouraged and should be utilized by agencies as an adjunct to Individual Supervision but does not count towards the 1-hour weekly Supervision minimum.
- Supervision logs will be maintained and made available for review at the time of Magellan audits.
- The log of supervisory meetings will document: 1) The date of the supervision meeting; 2) The length of time in the supervision meeting; 3) A summary of the points addressed during the meeting; and 4) CRS and supervisory signatures.

*The above elements represent Magellan's **minimum** requirements for contracted Recovery Support Services providers based on variability and inconsistencies in the existing approved Service Descriptions. The guidelines do not represent or encompass all aspects of a provider's Supplemental Service Description (SD) or all Magellan expectations. Please reference your Magellan Provider Handbook and Provider Contract for additional provider guidelines (i.e. Quality Improvement Program expectations). In submitting updated Service Descriptions, providers must follow the OMHSAS Supplemental Service Description Template and Magellan's SD Addendum.*