



**Arkansas Department of
Human Services**

Peer Support Specialist, Family Support Partner, and Youth Support Specialist Standards



Revised: 1/2018

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Peer Support Specialist, Family Support Partner, Youth Support Specialist Standards

I. PURPOSE:

- A. To assure that Outpatient Behavioral Health Services (OBHS) which are allowable and delivered by a Peer Support Specialist, a Family Support Partner, and a Youth Support Specialist comply with applicable laws, which require, among other things, that all care reimbursed by the Arkansas Medical Assistance Program (Medicaid) must be provided efficiently, economically, only when medically necessary, and is of a quality that meets professionally recognized standards of health care.
- B. The requirements and obligations imposed by this rule are substantive, not procedural.

II. SCOPE:

- A. Current Peer Support Specialist, Family Support Partner, and Youth Support Specialist status under this policy is a requirement for reimbursement of allowable services in the Arkansas Medicaid OBHS program.
- B. The Department of Human Services (DHS) Peer Support Specialist, Family Support Partner, and Youth Support Specialist status must be obtained prior to the provision of and reimbursement of allowable OBHS services.
- C. This status only allows the provision of services as indicated by the standards. For example, the status for Peer Support Specialist only allows the provision of Peer Support services.
- D. In the event of any change in employment, employment eligibility status, or actions that would impact the ability of the Peer Support Specialist, Youth Support Specialist, or Family Support Partner to appropriately perform his or her duties, the provider must notify the Department of Human Services immediately.

III. PEER SUPPORT SPECIALIST

- A. A Peer Support Specialist (PSS) models recovery and resiliency for individuals with behavioral health care needs. PSSs are individuals who self-identify as someone who has received or is receiving behavioral health services and is able to provide expertise not replicated by professional training. They use their lived experiences, training, and skills to promote recovery and resiliency. PSSs provide support and build relationships through their shared experiences.
- B. A PSS is allowed to provide Peer Support under the Outpatient Behavioral Health Services (OBHS) program reimbursed by Arkansas Medicaid. The Medicaid definition of Peer Support is as follows:

Peer Support is a consumer-centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained as Peer Specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide

education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

C. The minimum education/experience required to become a PSS include:

- a. Age eighteen (18) or older;
- b. High school diploma or GED;
- c. Valid Arkansas driver's license/identification card;
- d. Two (2) years or more of lived experience having personally received services within the behavioral health system;
- e. Completion of the PSS training program approved by the Arkansas Department of Human Services; and,
- f. Documentation of training from a Behavioral Health Agency that states the applicant is qualified as a Qualified Behavioral Health Provider (QBHP). This is maintained and verified by the Department of Human Services approved Behavioral Health Agency.

D. Additional requirements for PSS status:

- a. Must be supervised by a Mental Health Professional as defined by the QBHP requirements in the Behavioral Health Agency certification; and,
- b. Completion of eight (8) hours of training annually related to their PSS functions.
- c. Any individual who does not comply with the above requirements will not be allowed to be reimbursed for Peer Support Specialist services as specified by Arkansas Medicaid.
- d. On a monthly basis, the Behavioral Health Agency is required to provide a list to DHS of approved PSSs that are providing services for clients of the Behavioral Health Agency.
- e. The PSS who provides services must be noted within the medical record of the client.
- f. The term for PSS status approval is continuous for two (2) years from the date of approval.

- g. Applicants must submit a completed Provider Application, Form 900, to DHS for approval. The Provider Application is Attachment 1 in this manual.

IV. YOUTH SUPPORT SPECIALIST

- A. A Youth Support Specialist (YSS) is a peer that promotes recovery and resiliency for youth that are currently receiving behavioral health services. YSS's use their lived experience, training, and knowledge to support and empower youth with behavioral health care needs. They understand the importance of building connections and working toward fostering relationships with youth transitioning to adulthood. They support youth in the recovery process and empower their peer to reach their fullest potential.
- B. A YSS is allowed to provide Peer Support under the Outpatient Behavioral Health Services (OBHS) program reimbursed by Arkansas Medicaid. The Medicaid definition of Peer Support is as follows:

Peer Support is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained as peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

- C. The minimum education/experience required to become a YSS include:
 - a. Age eighteen (18) up to twenty-nine (29) year of age;
 - b. High school diploma or GED;
 - c. Valid Arkansas driver's license/identification card;
 - d. Two (2) years or more lived experience having personally received services within the behavioral health system;
 - e. Completion of the YSS training program approved by the Arkansas Department of Human Services; and,

- f. Documentation of training from a Behavioral Health Agency that states the applicant is qualified as a Qualified Behavioral Health Provider (QBHP). This is maintained and verified by the Department of Human Services approved Behavioral Health Agency.

D. Additional requirements for YSS:

- a. Must be supervised by an Mental Health Professional as defined by the QBHP requirements in the Behavioral Health Agency certification; and,
- b. Completion of eight (8) hours of training annually related to their YSS functions.
- c. Any individual who does not comply with the above requirements will not be allowed to be reimbursed for Peer Support Specialist services as specified by Arkansas Medicaid.
- d. On a monthly basis, the Behavioral Health Agency is required to provide a list to DHS of YSSs that are providing services for clients of the Behavioral Health Agency.
- e. The YSS who provides services must be noted within the medical record of the client.
- f. The term for YSS status approval is continuous for two (2) years from the date of approval.
- g. Applicants must submit a completed Provider Application, Form 900, for approval to DHS. The Provider Application is Attachment 1 in this manual.

V. FAMILY SUPPORT PARTNER

- A. A Family Support Partner (FSP) models recovery and resiliency for caregivers of children/youth with behavioral health care needs. A FSP is a legacy family member who has been the primary caregiver for a child who has been involved in behavioral health services. They use their lived experiences, training, and skills to promote recovery and resiliency. FSPs provide support and build relationships through their shared experiences.
- B. A FSP is allowed to provide Family Support Partner services under the Outpatient Behavioral Health Services (OBHS) program reimbursed by Arkansas Medicaid. The Medicaid definition of Family Support Partners is as follows:

Family Support Partner services are provided by peer counselors, or Family Support Partners (FSP), who model recovery and resiliency for caregivers of children or youth with behavioral health care needs. FSPs come from legacy families and use their lived experience, training, and skills to help caregivers and their families identify goals and actions that promote recovery and resiliency. An FSP may assist, teach, and model appropriate child-rearing

strategies, techniques, and household management skills. This service provides information on child development, age-appropriate behavior, parental expectations, and childcare activities. It may also assist the family in securing community resources and developing natural supports.

C. The minimum education/experience required to become an FSP include:

- a. Age eighteen (18) or older;
- b. High school diploma or GED;
- c. Valid Arkansas driver's license/identification card;
- d. Two (2) years or more lived experience being the primary caregiver of a child who has been involved with the behavioral health system;
- e. Completion of the FSP training program approved by the Arkansas Department of Human Services; and
- f. Documentation of training from a Behavioral Health Agency that states the applicant is qualified as a Qualified Behavioral Health Provider (QBHP). This is maintained and verified by the Department of Human Services approved Behavioral Health Agency.

D. Additional requirements for FSP:

- a. Must be supervised by a Mental Health Professional as defined by the QBHP requirements in the Behavioral Health Agency certification; and,
- b. Completion of eight (8) hours of training annually related to their FSP functions.
- c. Any individual who does not comply with the above requirements will not be allowed to be reimbursed for Family Support Partners services as specified by Arkansas Medicaid.
- d. On a monthly basis, the Behavioral Health Agency is required to provide a list to DHS of approved FSPs that are providing services for clients of the Behavioral Health Agency.
- e. The Family Support Partner who provides services must be noted within the medical record of the client.
- f. The term for FSP status approval is continuous for two (2) years from the date of approval.
- g. Applicants must submit a completed Provider Application, Form 900, for approval to DHS. The Provider Application is Attachment 1 in this manual.

VI. APPLICATION FOR PEER SUPPORT SPECIALIST, YOUTH SUPPORT SPECIALIST, FAMILY SUPPORT PARTNER:

- A. Applicants must submit the completed application, Form 900, a cover letter, and all required attachments to:

Department of Human Services
Division of Aging, Adult and Behavioral Health Services
Attn. Behavioral Health Services
4800 West 7th Street
Little Rock, AR 72205

- B. Applications and renewals will be accepted by electronic mail, postal mail, or and fax (501-686-9182), but preferably by electronic mail to the following email address: DHS.BehavioralHealth@dhs.arkansas.gov , with **Provider Application** indicated on the subject line. Please ensure that all required documentation is included with the application or renewal application.
- C. Each applicant must indicate on the application which Behavioral Health Agency the individual works for and attach a copy of their Qualified Behavioral Health Practitioner training documentation issued by the Behavioral Health Agency.
- D. PSS, YSS, and FSP status is not transferable or assignable.

VII. APPLICATION REVIEW PROCESS:

- A. Timeline:

1. DHS will review all application forms and materials within thirty (30) calendar days after DHS receives a complete application package. (DHS will return incomplete applications to senders without review.)
2. For approved applications, DHS will furnish an approval letter via postal or electronic mail within ten (10) calendar days of approval.

- B. Determinations:

1. Application approved;
2. Application returned for additional information; or,
3. Application denied. DHS will state the reason for denial in a written response to the applicant within ten (10) calendar days of the determination.

VIII. DHS Access to Applicants/Providers:

- A. DHS may contact applicants and providers at any time.
- B. DHS may make unannounced visits to applicants/providers.
- C. Applicants/providers shall provide DHS prompt direct access to applicant/provider documents and to applicant/provider staff and contractors.
- D. DHS reserves the right to ask any questions or request any additional information related to status.

IX. ADDITIONAL REQUIREMENTS:

Care and Services must:

- 1. Comply with all state and federal laws, rules, and regulations applicable to the furnishing of health care funded in whole or in part by federal funds; to all state laws and policies applicable to Arkansas Medicaid generally, and to Outpatient Behavioral Health Services specifically, and to all applicable Department of Human Services (“DHS”) policies including, without limitation, DHS Participant Exclusion Policy § 1088.0.0. The Participant Exclusion Policy is available online at <https://dhsshare.arkansas.gov/DHS%20Policies/Forms/By%20Policy.aspx> ;
- 2. Conform to professionally recognized behavioral health rehabilitative treatment models; and,
- 3. Be established by contemporaneous documentation that is accurate and demonstrates compliance. Documentation will be deemed to be contemporaneous if recorded by the end of the performing provider’s first work period following the provision of the care or services to be documented, or as provided in the Outpatient Behavioral Health Services manual, whichever is longer.

X. REQUIREMENTS FOR STATUS APPROVAL:

- A. The PSS, YSS, and FSP may not furnish Outpatient Behavioral Health Services during any time when status is not current and valid.
- B. An applicant may not be employed or provide services for reimbursement by Arkansas Medicaid if the applicant:
 - 1. Is excluded from Medicare, Medicaid, or both;
 - 2. Is debarred under Ark. Code Ann. § 19-11-245;
 - 3. Is excluded under DHS Policy 1088; or
 - 4. Was subject to a final determination that the provider failed to comply with professionally recognized standards of care, conduct, or both. For purposes of this subsection, “final determination” means a final court or administrative adjudication, or

the result of an alternative dispute resolution process such as arbitration or mediation.

XI. PROVIDER RENEWAL:

- A. The term of DHS status is continuous for two (2) years from the date of approval.
- B. An application for renewal must be checked as such on the appropriate form as a renewal application.
- C. DHS must receive renewal applications and all required supporting documentation at least fifteen (15) business days before the DHS approved PSS, YSS or FSP status expiration date;
- D. If DHS has not renewed the provider before the status expiration date, status is void beginning 12:00 a.m. the next day.

XII. NONCOMPLIANCE

- A. Failure to comply with this rule may result in one or more of the following:
 - 1. Submission and implementation of an acceptable corrective action plan as a condition of retaining PSS, YSS, or FSP status;
 - 2. Suspension of PSS, YSS, or FSP status for either a fixed period, to be determined by DHS, or until the provider meets all conditions specified in the suspension notice; or,
 - 3. Termination of PSS, YSS, or FSP status.

XIII. APPEAL PROCESS

- A. If DHS denies, suspends, or revokes a PSS, YSS, or FSP status (takes adverse action), the affected provider may appeal the DHS adverse action. Notice of adverse action shall comply with Ark. Code Ann. §§ 20-77-1701-1705, and §§1708-1713. Appeals must be submitted in writing to the Division of Aging, Adult and Behavioral Health Services (DAABHS) Director. The provider has thirty (30) calendar days from the date of the notice of adverse action to appeal. An appeal request received within thirty-five (35) calendar days of the date of the notice will be deemed timely. The appeal must state with particularity the error or errors asserted to have been made by DHS in denying status approval, and cite the legal authority for each assertion of error. The provider may elect to continue Medicaid billing under the Outpatient Behavioral Health Services program during the appeals process. If the appeal is denied, the provider must return all monies received for Peer Support Specialist, Youth Support Specialist or Family Support Partner services provided during the appeals process.
- B. Within thirty (30) calendar days after receiving an appeal the DAABHS Director shall: (1) designate a person who did not participate in reviewing the application or in the appealed-from adverse decision to hear the appeal; (2) set a date for the appeal hearing; (3) notify the appellant in writing of the date, time, and place of the hearing. The hearing shall be set within sixty (60) calendar days of the date DAABHS receives the request for appeal, unless a party to

the appeal requests and receives a continuance for good cause.

- C. DHS shall tape record each hearing.
- D. The hearing official shall issue the decision within forty-five (45) calendar days of the date that the hearing record is completed and closed. The hearing official shall issue the decision in a written document that contains findings of fact, conclusions of law, and the decision. The findings, conclusions, and decision shall be mailed to the appellant except that if the appellant is represented by counsel, a copy of the findings, conclusions, and decision shall also be mailed to the appellant's counsel. The decision is the final agency determination under the Administrative Procedure Act.
- E. Delays caused by the appealing party shall not count against any deadline. Failure to issue a decision within the time required is not a decision on the merits and shall not alter the rights or status of any party to the appeal, except that any party may pursue legal process to compel the hearing official to render a decision.
- F. Except to the extent that they are inconsistent with this policy, the appeal procedures in the most current version of the Arkansas Medicaid Outpatient Behavioral Health Services Provider Manual are incorporated by reference and shall control.

Arkansas Department of Human Services Provider Application

Employing Agency			
Contact Name and Title			
Email address			
Telephone			
Mailing address			
Applicant name			
Email Address		Telephone	
Date of birth		Current age	

Indicate the type of application being submitted and see the requirements for each type:

- Initial Application**
- Renewal Application** – must be submitted at least fifteen (15) business days prior to expiration, and must include documentation outlined in the manual related to renewal application.

Family Support Partner

The applicant has:

1. Received a High School Diploma or GED;
2. A valid Arkansas driver’s license or identification card;
3. Completed training as a Qualified Behavioral Health Provider (QBHP) by the Behavioral Health Agency for which the applicant works;
4. Completed the Family Support Partner training program approved by the Arkansas Department of Human Services; and
5. Two (2) or more years of lived experience being the primary caregiver of a child who has been involved with the behavioral health system.

Peer Support Specialist

The applicant has:

1. Received a High School Diploma or GED;
2. A valid Arkansas driver’s license or identification card;
3. Completed training as a Qualified Behavioral Health Provider (QBHP) by the Behavioral Health Agency for which the applicant works;
4. Completed the Peer Support Specialist training program approved by the Arkansas Department of Human Services; and
5. Two (2) or more years of lived experience having personally received services with the behavioral health system.

Youth Support Specialist

The applicant has:

1. Received a High School Diploma or GED;
2. A valid Arkansas driver’s license or identification card;
3. Completed training as a Qualified Behavioral Health Provider (QBHP) by the Behavioral Health Agency for which the applicant works;
4. Completed the Youth Support Specialist training program approved by the Arkansas Department of Human Services; and
5. Two (2) or more years of lived experience having personally received services with the behavioral health system.

By signing below the applicant and the Behavioral Health Agency attest the requirements listed above have been met for the type of application submitted.

Signature of Applicant Date

Typed/Printed Name

Signature of Provider Date

Typed/Printed Name

Arkansas Department of Human Services Application for Peer Specialist

In the event of any change in employment or in the applicant's ability to fulfill these requirements, notification to the Behavioral Health Agency and the Department of Human Services is required. The notification to DHS must include a written explanation of the situation (e.g. change in employer).

Attachments required for an Initial Application:

1. Verification of completion of High School or GED;
2. Copy of valid Arkansas driver's license or identification card;
3. Documentation of completion of training as a Qualified Behavioral Health Provider (QBHP) from the Behavioral Health Agency for which the applicant works;
4. Documentation of successful completion of the DHS approved required specialized training for type of application for support service submitted as follows:
 - Family Support Partner training program;
 - Peer Support Specialist training program; or,
 - Youth Support Specialist training program.
5. Name, physical address and Medicaid number for all sites at which the applicant will be providing services.

Attachments required for a Renewal Application – Required every two (2) years:

1. Copy of a valid Arkansas driver's license or identification card;
2. Copy of the previous approval letter from the Arkansas Department of Human Services;
3. Documentation of successful completion of at least eight (8) hours annually of specialized training related to the type of support services being delivered; and,
4. Name, physical address and Medicaid number for all sites at which the applicant will be providing services.

The completed application and the required documents may be sent electronically to DHS.BehavioralHealth@dhs.arkansas.gov, using **Provider Application** in the subject line, mailed, or faxed (501-686-9182) along with a cover letter to:

The Department of Human Services
Division of Aging, Adult and Behavioral Health Services
Mental Health Services
4800 W. 7th Street
Little Rock, AR 72205

Attachment 1

DHS WILL REVIEW AN INITIAL APPLICATION WITHIN THIRTY (30) CALENDAR DAYS OF RECEIPT.

Notification will be communicated electronically or through US mail within ten (10) days of approval. Applications are approved for a two-year period requiring a renewal application to be submitted.

DHS WILL REVIEW AN APPLICATION FOR RENEWAL WITHIN FIFTEEN (15) BUSINESS DAYS OF RECEIPT. Notification will be communicated electronically or through US mail within ten (10) days of approval. Applications are approved for a two (2) year period requiring a renewal application to be submitted.

For DHS Staff

- | | |
|---|--------------|
| <input type="checkbox"/> Application/Renewal application received | Date: |
| <input type="checkbox"/> Application approved | Date: |
| <input type="checkbox"/> Application returned for additional information | Date: |
| <input type="checkbox"/> Application denied | Date: |

Reviewed by: _____