

## PEER SUPPORT SERVICES (CPSS) DOCUMENTATION AUDIT TOOL

<b>Eligibility Determination – Medical Necessity Review Guidelines</b>	
<b>QUESTION</b>	<b>DEFINITION</b>
1. Is there documentation of a recommendation for CPS services by a physician or other practitioner of the healing arts?	A practitioner of the healing arts includes: a physician, a licensed psychologist, a certified registered nurse practitioner or a physician's assistant. Valid for 60 days.
2. Is the individual 18 years of age or older?	
3. Is there documentation that the individual receiving CPS service has a SMI diagnosis?	Schizophrenia, major mood disorder, psychotic disorder NOS or borderline personality disorder (DSM-III-R diagnostic codes 295.xx, 296.xx or 301.83)
4. Is there documentation that individual has a moderate to severe functional impairment that interferes with or limits their role performance in life domains?	See Strength based assessment life domains: education, social (social support system), vocational (employment), self-maintenance (managing symptoms), understanding illness, managing their money, living more independently.
<b>Elements of the recovery-focused Individual Service Plan: Question 5-12</b>	
5. Is there documentation by the CPS that demonstrates that the CPS in collaboration with the individual has identified and validated the strengths of the individual?	Strengths are documented in the record. Collaboration is evidenced by signature of CPS and the individual.
6. Was the initial Individual Service Plan (ISP) developed within one month from the day of admission?	An Individual Service Plan (ISP) was developed by the individual, the certified peer specialist (CPS) and the mental health professional within one month of enrollment. The ISP must be signed and dated by the individual, CPS and MHP.
7. Does the ISP include the services to be provided?	Such as advocacy, education, development of natural supports, skills training, coordination of and linkage to other service providers. Bulletin 09-07 p. 2. (Social, recreational or leisure activities are not appropriate Medicaid Peer Support services.) See Medicaid Funded Peer Support Services in PA Frequently Asked Questions p.20
8. Does the ISP include the expected frequency and duration of services?	How often will support be provided? Per week? Month?
9. Does the ISP include the locations where the services will be provided?	Residence, Program office, community, hospital, other
10. Does the ISP include the peer specialist's role in working with the individual and other involved persons?	Support, modeling recovery, engaging the consumer as a co-equal, developing or practicing a new skill, establishing a goal, problem solving, and instruction. See Medicaid Funded Peer Support Services in PA Frequently Asked Questions p.18-19 The purposes of PSS are to: <ul style="list-style-type: none"> <li>1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy processes;</li> <li>2. Teach and support acquisition and utilization of the skills needed to facilitate an individual's recovery;</li> <li>3. Promote the knowledge of available service options and choices;</li> <li>4. Promote the utilization of natural resources within the community; and</li> <li>5. Facilitate the development of a sense of wellness and self-worth.</li> </ul> MA Bulletin 09-07 p. 2.

## PEER SUPPORT SERVICES (CPSS) DOCUMENTATION AUDIT TOOL

QUESTION	DEFINITION
11. Are the goals and objectives of the ISP, as mutually agreed upon by the individual and the CPS, measureable and individualized?	Goals and objectives must be written in outcome oriented language and easily understandable by the individual.
<b>Elements of the Service Record –</b>	
12. Does the ISP review process meet the required timeframe standard of six months?	The ISP is reviewed every six months and each review is signed by the individual, the CPS and the supervising mental health professional. Review must be completed six months from the date of the member's signature. (N/A if the individual is in service less than 6 months.)
13. Each page in the service record contains the individual's name or MAID number.	Identifiers must be on each page that there is writing.
14. Each service record includes the individual's required demographics.	Individual's address, Telephone #, Emergency contact.
15. Each service record contains the HIPAA Privacy Notice and Consent for service, signed or initialed by the individual.	Statement of confidentiality or a HIPAA Notice of Privacy Practices is found in the medical record with individual's signature /date or there is documentation that the individual has received a copy of the Notice of Privacy Practices. Chart also must contain a signed consent for service.
16. Are all progress notes signed by the author.	All notes must be signed and dated by the responsible person.
17. All required documentation is legible to someone other than the writer?	All entries can be read at a normal pace. The reviewer is not required to excessively figure out individual words or phrases.
18. Do each of the progress notes contain the date of service, start time and the end time?	Up to 16 units per day may be billed. Services may be provided on the day of admission to inpatient, up to 8 units. Travel may not be included in the start and end time
19. Do each of the progress notes contain the place of service and the individuals participating in the session?	Home or community location, Include all individuals present.
20. Do each of the progress notes contain the type of contact (face to face, telephone or group session)	CPS Services delivered in a group session are delivered to individuals with a common goal. Examples of acceptable group CPS are WRAP planning and psychoeducational. Group sessions may not contain social, recreational or leisure activities.
21. Do each of the progress notes contain the ISP goals addressed during this contact?	Progress note must contain goals from the ISP if the ISP has been formulated. If contact with the individual cannot be made in person or by telephone, the service is not billable however, the progress note must reflect attempts to contact the individual.
22. Do each of the progress notes include the purpose of the peer support session?	The documentation in the PN must include what was talked about and the work toward completing the goals (purpose of the session).

**PEER SUPPORT SERVICES (CPSS) DOCUMENTATION AUDIT TOOL**

QUESTION	DEFINITION
23. Do the progress notes include specific interventions utilized by the CPS as related to the goals in the ISP?	Recovery interventions may include: linkage, engaging, referring, educating, practicing a new skill, or modeling.
24. Does each of the progress notes include a report of progress or lack of progress regarding the goals from the ISP?	Based on the goals from the ISP, there must be progress or lack of progress documented in the progress note.
25. Based on the individual's need, is there evidence that the provider has made a list of resources available to the individual?	The list should contain information related to housing, leisure, legal entitlements, emergency needs, physical health and wellness, mental health services, co-occurring disorders and trauma services.
26. Does the record show evidence of coordination of care and linkages with other resources?	With the individual's written consent, <ul style="list-style-type: none"> <li>• Coordination may include periodic CPS progress reports to the referral source and service providers, (documented in a progress note)</li> <li>• Evidence of attempts to coordinate care (phone contact log or in a progress notes), or documentation if the individual refuses linkage.</li> </ul>
27. Based upon individual need, is there evidence that information regarding substance abuse services were made available to individual?	Substance Abuse services, Support groups, Dual Recovery Anonymous, Alcoholics Anonymous and Narcotics Anonymous information were made available to the individual.
28. Is there documentation that peer support services are related to the ISP goals and include various structured activities?	<u>Description of possible goal related structured activities:</u> <ul style="list-style-type: none"> <li>• Crisis support: Develop a WRAP Plan, recognize the early signs of relapse and implement coping strategies</li> <li>• Development of community roles and natural supports by helping individual get information, such as, returning to school, job training, or employment. Assisting individual on how to be an active community member, assisting individual to access and maintain stable housing.</li> <li>• Individual Advocacy: assisting individual to obtain MH/SA service services</li> <li>• Self-help: Help the individual learn to make informed independent choices</li> <li>• Self-improvement: Help to plan and facilitate activities leading to increased self-worth.</li> <li>• Social Network: assisting the individual to develop positive personal networks, how to start a new relationship, or improve communication with significant others.</li> </ul>

**PEER SUPPORT SERVICES (CPSS) DOCUMENTATION AUDIT TOOL**

**Complete questions 29- 34 if the individual is discharged:**

<b>QUESTION</b>	<b>DEFINITION</b>
29. Is a discharge summary present in the record?	A discharge summary must be present if the individual has not received services for 6 months unless the provider has established a more stringent policy.
30. Does the discharge summary report include the individual's frequency and duration of participation in peer support services?	Discharge summary must include frequency of contact and length of time the individual received PS services.
31. Does the discharge summary report include the services provided?	This would include any linkage to services.
32. Does the discharge summary report include documentation about the measureable amount of progress made for each of the goals?	Describe if goals were completed, not addressed or the amount of progress made for each goal.
33. Does the discharge summary report include the reason for discharge?  (Reason for discharge may include: individual completed goals or the individual chooses not to participate in further services or is unable to participate in service.)	If the individual was discharged due to member choice, there must be an explanation of the circumstances.
34. Is there specific notation reflecting how the individual was informed about future enrollment, signed and dated by the individual, CPS, and mental health professional?	A specific notation must be present in the chart. It should state that the individual was informed about future re-enrollment. It may be part of the discharge summary or entered as a separate progress note.

**PREFERRED PEER PRACTICES – Monitored (not scored)**

<b>QUESTION</b>	<b>DEFINITION</b>
35. The individual was offered the opportunity to create a WRAP plan.	
36. The individual was offered the opportunity to establish an Advanced Directive.	
37. The individual was offered the opportunity to learn personal medicine.	This toolkit offers practical and empowering strategies to help consumers recover from their illnesses.
38. Each service record contains documentation of Primary Care Physician (PCP) notification or declination by the individual.	Each chart should contain a release of information to notify the member's PCP that they are in treatment. There must be documentation that the PCP was notified (such as a copy of a letter to the PCP) OR documentation that the member declined to notify the PCP.