

Provision of Peer Delivered Services

LOB(s): ☐ Commercial ☐ Medicare ☒ Medicaid	State(s): ☐ Idaho ☐ Montana ☐ Oregon ☐ Washington ☐ Other: ☒ Oregon
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Medicaid Policy

PacificSource is committed to assessing and applying current regulatory standards, widely used treatment guidelines, and evidenced-based clinical literature when developing procedural processes. Each policy contains a list of sources (references) and applicable regulations that serve as the summary of evidence used in the development and adoption of procedures. The evidence was considered to ensure the procedures promote clinical benefits, patient safety and/or access to appropriate care. Each policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Guidelines are written when necessary to provide guidance to providers and members to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Guideline and the Member's policy, the Member's policy language shall control. Guidelines do not constitute medical advice nor guarantee coverage.

Background

PacificSource Community Solutions (PCS), in alignment with the Oregon Health Authority (OHA), informs and promotes the use of Peer Delivered Services (PDS) (e.g., peer support specialist, peer wellness specialist, family support specialist, youth support specialist, or other peer specialist, in accordance with OAR 309-019-0105) as evidence-informed approach to supporting individuals with mental health and substance use disorders. These services are guided by Oregon Administrative Rules (OARs) and other applicable regulations.

Peer Delivered Services are provided by individuals with lived experience, either as a person in recovery from mental health or substance use challenges, or as a family member of someone who has received such services. These individuals, known collectively as Peers, are uniquely positioned to offer hope, connection, and practical support to PCS members with behavioral health conditions. Their shared experience fosters trust and models the possibility of recovery and resilience.

PDS are beneficial for individuals diagnosed with:

- Mental health disorders
- Substance use disorders
- Co-occurring conditions (behavioral health and physical health challenges)

Peers support members through:

- Emotional support and encouragement
- Education on recovery tools and resources
- Navigation of complex systems (e.g., healthcare, housing, education, justice system)
- Connection to community supports to reduce isolation
- Addressing social determinants of health

Peers and other THWs are integrated into both clinical and community-based settings. PDS may also be embedded in comprehensive care teams or behavioral health programs such as Assertive Community Treatment (ACT), crisis response services, or Wraparound services for youth. PDS are provided one-on-one or in a group setting. One-on-one support builds on the mutual relationship between the peer and the member as they work towards self-identified recovery goals. Group-based support offers members the opportunity to participate in structured services alongside others with shared recovery experiences. Group peer-delivered services improve skill building and foster connection to mutual support groups and other community resources.

PCS recognizes the essential role of Peers and THWs in delivering culturally responsive, person-centered care to promote recovery.

Medical Necessity and Medically Appropriate

Peer Delivered Services must meet the standard of medical necessity as defined by the OHA and applicable OARs. These services must be:

- Clinically appropriate in type, frequency, extent, site, and duration
- Consistent with generally accepted standards of care and best practices in behavioral health
- Reasonably expected to improve, maintain, or prevent deterioration of a member's physical or behavioral health condition
- Not primarily for the convenience of the member, provider, or caregiver
- Responsive to the members' documented needs related to their diagnosis in two or more of the following areas:
 - Support in building skills to manage symptoms and effectively access community-based resources.
 - Guidance in developing self-advocacy abilities aimed at reducing reliance on the behavioral health system.
 - Assistance in preparing for and engaging in meaningful employment experiences.
 - Peer role modeling to encourage greater personal responsibility in the recovery process.
 - Support in acquiring or maintaining essential daily living skills.

Peer Delivered Services must be aligned with the members' presenting behavioral health condition. Services must pair with a diagnosis made by a certified or licensed provider authorized to make such determinations, and this diagnosis must be documented in the medical record. For members with alcohol and substance use disorders, PDS must be consistent with the individuals assessed American Society of Addiction Medicine (ASAM) level of care and must address the biopsychosocial needs

identified through the multidimensional assessment. Services should be person-centered, individualized, culturally responsive, and recovery oriented.

Responsibilities of Peer Providers

Certified Peer Support Specialists (PSS), Peer Wellness Specialists (PWS), Family Support Specialists (FSS), Youth Support Specialists (YSS), Certified Recovery Mentors (CRM), and other THWs must:

- Deliver services that are medically necessary and clinically appropriate
- Ensure services are documented accurately and reflect the members' needs and goals, consistent with the PacificSource Documentation Requirements for Health Practitioners Policy and Procedure.
- Avoid delivering services that are duplicative, excessive, or outside the scope of their certification

Exclusions: Transportation; Recreational activities; Clinical and administrative supervision of Peers; Consultation services; Childcare or camps; Drop-In Center activities; Organization or community events (community celebrations; advocacy days; open houses, community dinners). Additionally, PDS must not duplicate other Medicaid-covered services the member is receiving, therefore if a member is already receiving PDS through a fidelity-based program (e.g., ACT, EASA, Wraparound), they should not receive additional PDS from other providers.

Fraud, Waste, and Abuse (FWA) Prevention

Peer providers must remain vigilant in preventing and avoiding practices that may constitute fraud, waste, or abuse consistent with the PacificSource Compliance & Program Integrity Plan. These practices not only violate ethical and legal standards but can also jeopardize service access for members and the integrity of the PDS system.

- **Fraud Definition:** Knowingly submitting false claims or misrepresenting services provided to receive payment. Examples include:
 - Billing for sessions that did not occur (e.g., when a member did not attend or cancelled the appointment)
 - Documenting services that were not actually delivered or inflating the duration of a session
- **Waste Definition:** Overuse or misuse of services or resources that result in unnecessary costs without improving member outcomes. Examples include:
 - Claiming reimbursement for accompanying a member to a mutual support group the peer is not leading when the member can attend independently, and no additional peer support was provided
 - Providing peer support sessions that significantly exceed the clinically appropriate duration (e.g., multiple hours in a single day without justification)
 - Continuing to meet with a member weekly for an extended period (e.g., years) when their condition no longer supports that frequency and no new goals are being addressed
 - Repeating the same service content without tailoring it to the member's evolving needs
- **Abuse Definition:** Practices that are inconsistent with accepted medical, behavioral health, or professional standards, including billing for non-covered or inappropriate services. Examples include:
 - Billing for transportation time or mileage when transportation is not a covered service

- Providing services outside the peer's scope of certification or training
- Using vague or generic documentation that does not clearly support the medical necessity of the service

Procedure

A. Eligibility

1. Member Eligibility

PCS Medicaid members with covered diagnoses are eligible to receive PDS in both clinical and community-based settings.

2. Provider Eligibility

PDS may be rendered by certified THWs recognized by the OHA, including:

- Peer Support Specialists (PSS, including all subtypes)
- Peer Wellness Specialists (PWS, including all subtypes)
- Family Support Specialists (FSS)
- Youth Support Specialists (YSS)
- Certified Recovery Mentors (CRMs)
- Other certified THWs authorized by the OHA to deliver and bill for PDS

B. Authorization Requirements

No prior authorization is required for PDS provided within the PCS Provider Network, as outlined in Exhibit B, Part 2, Section 3, Paragraph, Subparagraph (6) of the PCS CCO Contract.

C. Clinical Supervision Requirements

Peers may not operate as solo practitioners and must work under the clinical supervision of a licensed healthcare provider, in accordance with OARs 309-019-0130, 950-060-0000 and 410-180-0300, and outlined in the *OHA Traditional Health Worker Toolkit (2019)*.

D. PCS Promotion and Utilization of PDS

1. Member-Facing Actions

PCS is committed to ensuring members are well-informed about and connected to PDS. To support this goal, PCS will:

- Provide clear, accessible information to members on:
 - What PDS are and how they support recovery
 - How to access PDS in clinical and community settings
 - The roles and types of PDS providers
 - The benefits of PDS in enhancing care and recovery
- Integrate PDS information into key member-facing materials and interactions, including:
 - The PCS Member Handbook

- The PCS website, including the Provider Directory
- New Member Welcome Calls
- Equip the PCS Care Management team with knowledge and tools to connect members to PDS
- Offer access to Personal Health Navigators employed by PacificSource, who can assist members in locating and engaging with Peers in their communities

2. Provider-Facing Actions

PCS is equally committed to ensuring providers and community-based organizations are informed about and connected to PDS. To support this, PCS will:

- Provide clear guidance and technical assistance on:
 - Best practices for integrating THWs across care settings (e.g., ACT, crisis services, warm handoffs from hospitals, and services at Oregon State Hospital)
 - Understanding the scope of work and health benefits associated with THWs
 - Billing, reimbursement, and payment models
 - Certification and re-certification through the OHA and MHACBO, including continuing education requirements
 - Validation and credentialing processes through PCS
 - Clinical supervision best practices and requirements
 - Reporting requirements
 - Warm handoffs and referrals to THWs
- Include PDS information and resources for providers in:
 - The PCS Provider Manual
 - The PCS website, including the Provider Directory and a dedicated THW webpage
 - Provider Bulletins and Newsletters
 - Community-based Organization THW Program Guide
 - Regional Provider Forums
 - Active regional engagement through the PCS Traditional Health Worker Liaison and other PCS staff, fostering collaboration within the local system of care

Billing and Reimbursement Guidelines

A. Clinical Organizations

Clinical organizations employing Peer Support Specialists (PSS), Peer Wellness Specialists (PWS), or Certified Recovery Mentors (CRM) must meet the following requirements to bill for Peer Delivered Services (PDS):

1. Certification and Enrollment:

- Peers must be certified by the Oregon Health Authority (OHA) or the Mental Health and Addiction Certification Board of Oregon (MHACBO).

- Peers must obtain a National Provider Identifier (NPI) and an Oregon Medicaid ID.
- The employing organization must be enrolled as an Oregon Medicaid provider and hold a Certificate of Approval (COA), if required by the OHA

2. Documentation and Billing:

- All services must be documented in the members' clinical record and comply with the PacificSource Documentation Requirements for Health Practitioners Policy and Procedure, as well as OAR 410-172-0620 and 410-173-0045.
- Documentation must clearly support the need for continued services. This includes evidence that the individual continues to experience at least a moderate level of functional impairment related to their most recent behavioral health diagnosis. Additionally, documentation should demonstrate that the individual is making progress toward targeted skills and that continued peer-delivered services are likely to result in further improvement toward specific, measurable goals.
- Services are billed using appropriate Medicaid billing codes and modifiers per the OHA Fee Schedule.
- Each unit of service is equal to 15 minutes. Claims exceeding 8 (2+ hours) on a single date of service will require clinical documentation to be submitted with the claim. Claims will be reviewed for medical necessity prior to reimbursement. Claims submitted without required documentation will be denied
- Services deemed not medically appropriate will be denied reimbursement

B. Community-based Organizations

PCS offers an alternative payment methodology for CBOs through the CBO THW Programmatic Payment Model, designed to support THW services in non-clinical, community-based settings such as schools, shelters, outreach programs, and drop-in centers. To participate, CBOs must be non-clinical entities that are unable to bill through traditional Medicaid pathways due to statewide regulatory barriers.

1. Key Differences for CBOs from Clinical Billing:

- Staffing:
 - PCS reimburses for services provided by both certified and uncertified staff.
 - Uncertified staff must pass a criminal background check (per OAR 950-060-0070) and operate within the THW scope of practice.
 - CBOs must commit to supporting uncertified staff in achieving THW certification within one contract year.
- Administrative Requirements:
 - No NPI or Oregon Medicaid ID required for staff.
 - Validation is only required for certified THWs.
 - Clinical supervision requirements are reduced.
 - Documentation, payment processing, and reporting standards differ from clinical settings and are outlined in the CBO THW Program Guide.

2. Medicaid Compliance:

Regardless of the payment model, whether through traditional clinical billing or the CBO THW Programmatic Payment Model, all PDS reimbursed by Medicaid must adhere to federal and state requirements for medical necessity and service appropriateness. Specifically:

- Services must be medically necessary and clinically appropriate, meaning they are intended to address a member's current behavioral health condition, recovery goals, or presenting needs.
- All services must be clearly linked to the members' presenting concerns, and should demonstrate how the intervention supports recovery, stabilization, or improved functioning.
- Services must not be duplicative, excessive, or outside the THWs scope of practice, as defined by OARs and the THW certification type.

Definitions

Abuse - Actions that are inconsistent with sound medical, business, or fiscal practices, which result in unnecessary costs to Medicaid or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards.

Certificate of Approval (COA) - A designation issued by the OHA that authorizes organizations to provide certain types of behavioral health treatment services. It is a form of license required for agencies delivering outpatient, residential, or other regulated behavioral health services, particularly when services are provided by unlicensed staff. As outlined in the OAR 309-008 ruleset, the COA establishes standards related to staff qualifications and supervision, service delivery and documentation, client rights and protections, and overall compliance with applicable OARs.

Certified Recovery Mentor (CRM) - An individual with lived experience in recovery from a substance use disorder who is certified by the Mental Health and Addiction Certification Board of Oregon (MHACBO). CRMs are trained to provide peer-based recovery support services to individuals experiencing substance use challenges and disorders. To qualify, individuals must have maintained continuous recovery for a minimum of two years and complete a 40-hour addiction peer training program approved by the Oregon Health Authority (OHA). In Oregon, the scopes of practice for Certified Recovery Mentors (CRMs) and Adult Addiction Peer Support Specialists significantly overlap, reflecting their shared focus on supporting individuals in recovery from substance use disorders.

Community-Based Organization (CBO) - A public or private nonprofit organization that is representative of a community or significant segments of a community and engaged in meeting that community's needs in the areas of social, human, or health services.

Family Support Specialist - A subtype of PSS and PWS who meets qualification criteria adopted by the authority under ORS 414.665 and who provides supportive services to and has experience parenting a child who:

- Is a current or former consumer of mental health or addiction treatment
- Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier

Fraud - The intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in an unauthorized benefit to themselves or another party. Examples include billing for services not provided, falsifying records, or using another person's Medicaid ID.

Medical Necessity - Health care services and supplies that are required to prevent, diagnose, or treat a physical or behavioral health condition in a manner that is consistent with generally accepted best practices. These services are clinically appropriate in terms of type, frequency, extent, site, and duration. Medically necessary services are not primarily for the convenience of the member, provider, or caregiver and they are reasonably expected to improve or maintain the individual's health outcomes.

Peer - An informal, umbrella term used to describe an individual certified by the Oregon Health Authority as a Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) or certified by the Mental Health and Addiction Certification Board of Oregon (MHACBO) as a Certified Recovery Mentor (CRM). These individuals are self-identified as having lived experience with mental health conditions, substance use disorders, or problem gambling, and have completed OHA or MHACBO-approved training and certification requirements. Peers provide peer-delivered services that are person-centered, trauma-informed, and culturally responsive, supporting individuals and families navigating behavioral health challenges.

Peer-Delivered Services (PDS) - Non-clinical, recovery-oriented services and supports provided by Peer Support Specialists, Peer Wellness Specialists, and Certified Recovery Mentors to individuals or family members with similar lived experience. These services are intended to support individuals and families to engage individuals in ongoing treatment and recovery.

Peer Delivered Services Supervisor - As outlined in OARs 309-019-0105 and 309-019-0130, a Peer Delivered Services Supervisor is a qualified program staff, with at least one year of experience as a PSS or PWS in behavioral health treatment services, who is responsible for evaluating and guiding PSS and PWS program staff in the delivery of peer-delivered services and supports. Note: This OAR ruleset is specific to clinical behavioral health settings that hold a COA and does not apply to community-based or primary care settings.

Peer Support Specialist (PSS) - A type of THW certified by the OHA under ORS 414.665. PSSs are individuals who have lived experience with mental health conditions, substance use disorders, or problem gambling, and who have completed an OHA-approved training program (minimum 40 hours) to provide peer-delivered services. These individuals use their personal recovery experience to support others with similar life experiences. There are four recognized subtypes of PSS in Oregon, including Adult Addiction Specialist, Adult Mental Health Specialist, Family Support Specialist, and Youth Support Specialist.

Peer Support and Peer Wellness Specialist Supervision - Guidance, mentorship, and accountability related to the unique discipline of peer-delivered services. Effective supervision supports the integrity of the peer role, reinforces recovery principles, and ensures services are delivered in alignment with the values of mutuality, empowerment, and lived experience. While clinical organizations are required to provide supervision by a qualified Clinical Supervisor as defined in OARs 410-019-0125, 309-019-0130 and 950-060-0000, THWs employed by contracted CBOs are not subject to this requirement. Instead, CBOs may implement alternative supervision models that reflect the peer support philosophy and are appropriate to their setting, provided they ensure quality, ethical service delivery, and compliance with Medicaid standards.

Peer Wellness Specialist (PWS) - A type of THW certified by the OHA under ORS 414.025. PWSs are individuals with lived experience of behavioral health conditions (such as mental health or substance use disorders), physical health conditions, or as family members of individuals with such conditions. They complete a minimum of 80 hours of OHA-approved training and are prepared to work as part of person-centered health home teams that integrate behavioral and physical health care. They are trained to work in integrated clinical care settings and community-based settings. Their role is to promote whole-person wellness by helping individuals navigate complex health systems, advocate for their needs, and achieve personal health and recovery goals. There are four recognized subtypes of PWS in Oregon, including Adult Addiction Specialist, Adult Mental Health Specialist, Family Support Specialist, and Youth Support Specialist.

Personal Health Navigator - An individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides information, assistance, tools, and support to enable a member to make the best health care decisions in the member's particular circumstances and considering the member's needs, lifestyle, combination of conditions and desired outcomes.

Qualified Clinical Supervisor - The following licensed healthcare professionals are eligible to supervise THWs in clinical care settings that do not hold a Certificate of Approval: Physicians, Certified Nurse Practitioners, Physician Assistants, Dentists, Dental Hygienists with an Expanded Practice License, PhD Psychologists, PsyD Psychologists, Licensed Clinical Social Workers (LCSW), and Licensed Professional Counselor (LPC).

Traditional Health Worker (THW) – An inclusive, umbrella term defined in OAR 950-060-0010 and ORS 414.665 that refers to the worker types certified by the OHA Office of Equity and Inclusion, including Community Health Worker, Personal Health Navigator, Peer Wellness Specialist, Peer Support Specialist, Tribal Traditional Health Worker, and Birth Doula.

Tribal Traditional Health Worker – An individual recognized under ORS 414.665 who has experience or expertise in public health and serves in a tribal or urban Indian community, either as a paid worker or volunteer. They typically share cultural, linguistic, and socioeconomic backgrounds with the community they serve. Their role includes improving community health—physical, behavioral, and oral—through culturally appropriate education, peer counseling, and direct services, including tribal-based practices. They also help individuals access needed care and support community wellness efforts.

Waste - The careless or inefficient use of Medicaid resources, often due to poor practices or lack of oversight. Waste may not involve intent to deceive but still results in unnecessary costs to the program.

Youth Support Specialist - A subtype of PSS and PWS who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

- Is not older than thirty 30 years of age:
 - Is a current or former consumer of mental health or addiction treatment
 - Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barrier

Related Policies

Covered Services

Documentation Requirements for Health Practitioners

Early and Periodic Screening, Diagnostic, and Treatment EPSDT)

PacificSource Compliance & Program Integrity Plan

References

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Behavioral Health Services – Chapter 309 <https://secure.sos.state.or.us/oard/displayChapterRules.action>

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410. <https://secure.sos.state.or.us/oard/displayChapterRules.action>

Oregon Administrative Rules (OARs). Oregon Health Authority. Equity and Inclusion Division: Chapter 950. <https://secure.sos.state.or.us/oard/displayChapterRules.action>

Oregon Health Authority. (2024). Behavioral Health Peer-Delivered Services Billing Guide

Oregon Health Authority. Oregon Health Plan. OHP Fee-for-Service Fee Schedule:

<https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>

Oregon Health Authority. Peer Delivered Services. Available at:

<https://www.oregon.gov/oha/HSD/AMH-PD/Pages/index.aspx>

Oregon Health Authority. Traditional Health Worker Program. Available at:

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Oregon Health Authority (2019). Traditional Health Worker Toolkit

Oregon Health Plan, Health Plan Services Coordinated Care Organization Contract with PacificSource Community Solutions, Inc.

Oregon Revised Statutes (ORS): Title 34, Human Services; Juvenile Code; Corrections: Medical Assistance – Chapter 414. https://oregon.public.law/statutes/ors_title_34

Appendix

Policy Number:

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Applicable regulation(s): ORS 414.025 and 414.665; OARs: 309-019-0105, 410-120-1360, 309-019-0125, 309-019-0130, 410-141-3835, 410-172-0620, 410-173-0045, 309-008-0100 through 309-008-1600, 410-141-3705, 410-141-3740, and 950-060-0000 through 950-060-0160; CCO Contract

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