

Department of Developmental Services- CT
Service Definition
Peer Support

1. Service Title:

Peer Support - Individuals who receive supports through DDS or other waiver programs such as DMHAS, PCA or ABI waivers or other individuals who meet the qualifications listed in section 6 can be hired to provide peer support. Not exclusive to waiver participants.

2. SERVICE DEFINITION- Limitations

This service may be self-directed (i.e., purchased from a qualified individual practitioner) or purchased from a qualified provider agency.

Peer support includes face-to-face interactions including Face Time or comparable technology (such as IPAD, IPHONE) that are designed to promote ongoing engagement of waiver participants towards the participant's personal goals. All peer support will promote the individuals strengths and abilities to continue improving socialization, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with medical providers including behavioral health services providers and/or others in support of the participant.

Service can be provided in the participant's home, at their job or community.

Example of Activities: How to manage the participants home, manage self-direction of supports, How to find a job or maintain a job, How to advance in chosen career, how to access the community and build community supports.

The Peer Support uses his/her personal experience and how to engage the participant in order to continually reinforce and maintain skills. Individuals who receive supports through DDS or other waiver programs such as DMHAS, PCA or ABI waivers can be hired to provide peer support.

3. SERVICE SETTINGS

Service can be provided in the participant's home, at their job or community.

4. GENERAL SERVICE LIMITATIONS

Peer Support interventions will exclude activities that are duplicative of any other waiver service. Peer Support is limited to 2 hours per week and over a six month time period.

Prior approval is needed to extend beyond the six months and should be documented in the individual plan. (Max up to 6 additional months)

Department of Developmental Services- CT
Service Definition
Peer Support

5. SERVICE UTILIZATION AND AUTHORIZATION GUIDELINES:

Authorized hours of service will be based on the above limitations.

6. QUALIFIED PROVIDER OR SELF-DIRECTED STAFF REQUIREMENTS

Service can be provided in the participant's home, at their job or community.

Example of Activities: How to manage the participants home, manage self-direction of supports, How to find a job or maintain a job, How to advance in chosen career, how to access the community and build community supports.

Prior to employment

Be at least 21 years old

Possess a high school diploma or GED or related documentation such as certification of completion

Minimum 2 years of personal experience.

Personal experience related to: How to manage the participants home, manage self-direction of supports, How to find a job or maintain a job, How to advance in chosen career, how to access the community and build community supports.

The Peer Support uses his/her personal experience and how to engage the participant in order to continually reinforce and maintain skills. Individuals who receive supports through DDS or other waiver programs such as DMHAS, PCA or ABI waivers can be hired to provide peer support.

Other qualifications as determined by the participant in their individual plan

CDS not required

Drivers Licensed not required

Training programs will address abilities to:

Follow instructions given by the participant or the participant's conservator

Report changes in the participant's condition or needs

Maintain confidentiality

Meet the participant's needs as delineated in the Individual plan.

Function as a member of an interdisciplinary team

Healthy relationships

Respond to fire and emergency situations

Accept supervision in a manner prescribed by the Department or its designated agent

Maintain accurate, complete and timely records that meet Medicaid requirements

Provide services in a respectful culturally competent manner and

Use effective Peer Support Practices.

Comp, IFS and EDS Waiver

Updated 6-2016

Department of Developmental Services- CT
Service Definition
Peer Support

Entity Responsible for Verification:

DDS or Designee (FI or provider)

Frequency of Verification

Initial

7. RATE FOR SERVICE FOR QUALIFIED PROVIDER OR SELF-DIRECTED

Procedure codes: Agency (1501z) Individual (1502z)

Hourly Fee. The basis of payment for services is a quarter-hour unit of direct service time. Billing should be rounded to the nearest 15-minute interval.

See rate table: <http://www.ct.gov/dds/cwp/view.asp?a=3166&q=505668>

8. SERVICE DOCUMENTATION

Maintain documentation by the individual providing the service that includes at a minimum: the date of the service; the start and end time of the service, and a description of the activities related to outcomes/goals/objectives, care or transportation provided to the person, and the signature of the person providing the service. The person receiving the service or their legal representative has the option of signing the provider documentation form. For individuals who hire their own staff the employer of record must sign the time sheet to verify the employee worked the hours reported on the time sheet and provided the support noted in the service documentation.

9. HOW TO OBTAIN PEER SUPPORT SERVICES

A participant may request this service in collaboration with the Planning and Support Team. The team must revise or update the person's Individual Plan (IP) to include the need for peer support service in the *Action Plan*. The team determines the estimated amount of service within the defined service limitations. Peer support service must be funded within the person's existing budget unless there are extenuating circumstances that would require PRAT review and approval. Peer Support Services must be included in the *Summary of Supports and Services or IP.6*, indicating the amount and frequency of service. If PRAT recommends denial of the request it will be sent to the Central Office Waiver Unit for review.

10. APPLICATION PROCESS AND QUALIFYING PROVIDERS

Provider Agency

To be included on the list of providers qualified to deliver Peer Support Services, provider agencies must apply to the DDS Operations Center for review and approval. Approval will be based on the criteria specified in the DDS HCBS Waiver Manual and this document. Applicants who are not determined to be qualified may reapply in 12

Comp, IFS and EDS Waiver
Updated 6-2016

Department of Developmental Services- CT
Service Definition
Peer Support

months. A list of qualified providers will be maintained by the DDS Operations Center and will be available on the DDS website.

Existing Providers in good standing that wish to become qualified providers of Peer Support Services must meet the qualifications for this service. The application will consist of the following:

1. Application to Amend Services form
2. The DDS Checklist verifying qualifications

Existing providers shall submit the above within 15 days to prior to starting the service:

Individual Practitioners who wish to become qualified providers of Peer Support Services- Follow the Self Directed Hiring Process:

BECOMING QUALIFIED

New provider agencies who want to provide the Peer Support Service must complete all the requirements for a new qualified provider as specified on the Become a DDS Qualified Provider Home Page. In addition, the following must also be submitted on the Peer Support Provider who will provide this service for the agency: DDS Checklist for Peer Support Services

All applicants must be reviewed and approved by the Operations Center and its clinical designee prior to being granted Qualified Provider status.
Clinical Designee for Peer Supports will be a subcommittee of the Statewide Peer Review Committee.

11. MAINTAINING QUALIFICATION STATUS

The qualified provider is responsible to submit to the Operations Center a copy of renewed licenses and certifications. The qualified provider must notify the DDS Operations Center if any actions have been placed against the license/certificate, if the license/certificate has been revoked or if there is a change in the qualified provider's employment status. Failure to do so will result in removal from the list of approved providers for Peer Support Services. DDS is responsible to review licensing and certification material. DDS also checks the DPH website credential status page and for active status and any change in status.

Department of Developmental Services- CT
Service Definition
Peer Support

Checklist for Peer Support

Agency or FI

Prior to employment

- Be at least 21 years old
- Possess a high school diploma or GED or related document such as a certificate of completion
- Minimum 2 years of personal experience.(resume)
 - Personal experience in at least one of the related areas:
 - How to manage the participants home,
 - How to manage self-direction of supports,
 - How to find a job or maintain a job,
 - How to advance in chosen career,
 - How to access the community and build community supports.
- Possess a valid email address

The Peer Support uses his/her personal experience and how to engage the participant in order to continually reinforce and maintain skills. Individuals who receive supports through DDS or other waiver programs such as DMHAS, PCA or ABI waivers can be hired to provide peer support.

Other qualifications as determined by the participant in their individual plan

Training programs will address abilities to:

Follow instructions given by the participant or the participant's conservator

Report changes in the participant's condition or needs

Maintain confidentiality

Meet the participant's needs as delineated in the Individual plan.

Function as a member of an interdisciplinary team

Healthy relationships

Respond to fire and emergency situations

Accept supervision in a manner prescribed by the Department or its designated agent

Maintain accurate, complete and timely records that meet Medicaid requirements

Provide services in a respectful culturally competent manner and

Use effective Peer Support Practices.

The following background checks should be completed by the FI or agency provider:

- Criminal Background Check
- Sexual Offender Registry
- CT Fingerprinting
- DDS Abuse/Neglect Registry

Comp, IFS and EDS Waiver
Updated 6-2016