

# Medicaid Funding for Family and Youth Peer Support Programs in the United States

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Family and youth peer support are essential components in a children's system of care. These services are essential in developing an individualized, recovery-focused plan of care that emphasizes resiliency through the development of natural supports, confidence, growth, self-advocacy, mutual support, and effective communication. Family and youth peer support workers are integral members of the treatment team; their personal experience and firsthand knowledge of child- and family-serving systems have been associated with a variety of improved outcomes such as service initiation and completion, increased knowledge about the youth's condition and relevant services, satisfaction, and youth functioning at discharge.<sup>1</sup> Research has demonstrated that peer support facilitates recovery, benefits parents and caregivers by reducing stress and increasing social supports, and may reduce health care costs.<sup>2</sup>

The following is a 2019 point-in-time review of states that are using Medicaid to finance family and/or youth peer support. In 1999, Georgia was the first state to bill Medicaid for peer services. Since then, many states have expanded peer support services to serve children and families. This national Technical Assistance (TA) Network document is intended for use by multiple stakeholders engaged in the design, financing, implementation, and/or expansion of behavioral health services for children and families, including state and local family- and youth-run organizations, state Medicaid and other public child-serving agencies, Medicaid managed care organizations, providers, and other stakeholders.

<sup>1</sup> [https://www.chcs.org/media/FYPS\\_Literature\\_Review\\_FINAL.pdf](https://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf)

<sup>2</sup> <https://www.samhsa.gov/find-help/recovery>; [https://quchtdtcenter.georgetown.edu/resources/Webinar\\_and\\_Audio\\_Files/Youth\\_Peer\\_to\\_Peer\\_pubs - Literature Review FINAL.pdf](https://quchtdtcenter.georgetown.edu/resources/Webinar_and_Audio_Files/Youth_Peer_to_Peer_pubs_-_Literature_Review_FINAL.pdf)

Current Medicaid funding sources for family and youth peer support include the use of state plan amendments (SPA), Medicaid waivers, and Health Home state plan amendments. The state Medicaid plan, the contract between a state and the federal government whereby the state agrees to administer the Medicaid program in accordance with federal law and policy, outlines the scope of the Medicaid program, including groups covered, services furnished, and payment policy. A state plan is amended when a state makes changes in its Medicaid program (e.g., adding services), either outright or via specific mechanisms like a Health Home or 1915(i) Medicaid Plan Option. The state plan amendment must be approved by the Centers for Medicare & Medicaid Services (CMS) for the state to receive federal matching funds.

Waivers allow Medicaid to pay for additional services not covered in the state plan or not otherwise eligible for federal Medicaid matching funds. Some states fund family and youth peer support through 1915(c) Home- and Community-Based Services (HCBS) waivers. HCBS waivers allow for the provision of long-term care services in home- and community-based settings. States can provide a combination of standard medical and non-medical services and can propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and communities.

**Methodology**

The TA Network conducted a state-by-state review of all publicly available Medicaid state plans, waivers, policies, and administrative regulations, as well as certification programs for family and youth peer support specialists. The purpose of the review was to catalog each state’s efforts and identify those states that reimburse for these peer support services in response to requests from the field. Our review includes information on Medicaid funding mechanism (e.g., state plan or waiver), billing codes, reimbursement rates, and workforce qualifications. Methods used to collect information include review of, and excerpts from, online state resources and email and phone exchanges with lead consultants with the TA Network. States that finance family or youth peer support programs (FYPSP) through administrative federal financial participation dollars and states that leverage Medicaid funding for FYPSP under other service titles/descriptions such as case management or resource development are not included in this scan. The information presented is up to date as of April 2020.

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STATE: Alabama	
<b>Titles:</b>	Peer Counseling
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915(i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support Services Definition</a>
<b>Billing Codes:</b>	H0038 HA – Individual, Certified Youth Peer Specialist H0038 HA/HQ – Group, Certified Youth Peer Specialist H0038 HS – Individual, Certified Parent Peer Specialist H0038 HS/HQ – Group, Certified Parent Peer Specialist
<b><a href="#">Billing Amounts:</a></b>	H0038 HA – \$20.30 per 15 minutes H0038 HA/HQ – \$4.43 per 15 minutes H0038 HS – \$20.30 per 15 minutes H0038 HS/HQ – \$4.43 per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	<p>A <a href="#">Certified Mental Health Youth Peer Specialist</a> is a youth who has personal experience with children’s and adolescent’s mental health, who is willing to share their personal experiences, who has at least a high school diploma or GED, and who has satisfactorily completed a Youth Peer Specialist training program approved by the state. A Certified Peer Specialist must be supervised by a Rehabilitative Services Professional.</p> <p>A <a href="#">Mental Health Parent Peer Support Specialist</a> is a provider who is parenting or has parented a child experiencing mental, emotional, or behavioral health disorders and can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED and has satisfactorily completed a Parent Peer Support</p>



	Provider training program approved by the state. A Parent Peer Support Specialist must be supervised by a Rehabilitative Services Professional.
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STATE: Alaska	
<b>Titles:</b>	Peer Support Services
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915(i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support Services Service Requirements/Expectations</a>
<b>Billing Codes:</b>	H0038 – Peer Support Services, Individual (Child) H0038-HR – Peer Support Services, Family (with patient present) H0038-HS – Peer Support Services, Family (without patient present)
<b><u>Billing Amounts:</u></b>	\$20.17 per 15 minutes for all services listed above
<b>Qualifications, Training, &amp; Supervision:</b>	<a href="#">Qualifications for Peer Support Specialists</a> <ul style="list-style-type: none"> <li>Meets all the qualifications of a behavioral health clinical associate;</li> <li>Is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family;</li> <li>Is supervised by a mental health professional clinician whom the CBHS provider has determined is competent to supervise peer support services.</li> </ul>

STATE: Arizona	
<b>Titles:</b>	Peer Support Services

<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915(i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support General Definition</a>
<b><u>Billing Codes:</u></b>	H0038 – Self-Help/Peer Services, Individual H0038-HQ – Self-Help/Peer Services, Group H0038-GT with Place of Service 02 – Self-Help/Peer Services, Telemedicine H0038 with Place of Service 02 – Self-Help/Peer Services, Telephonic H2016 – Comprehensive Community Support Services, Peer Support
<b><u>Billing Amounts:</u></b>	Fee for service rates: H0038 – \$17.02 per 15 minutes H0038-HQ – \$4.51 per 15 minutes H2016 – \$322.08 per diem Represents rate set by Arizona Health Care Cost Containment System. Regional Behavioral Health Authorities have specific contracted rates.
<b>Qualifications, Training, &amp; Supervision:</b>	Qualifications for Credentialed Parent/Family Support Providers <ul style="list-style-type: none"> <li>• Must be a parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral, mental health, or substance use needs;</li> <li>• Must meet the requirements to function as a Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP);</li> <li>• Must complete and pass a competency exam with a minimum score of 80 percent upon completion of required training.</li> </ul> A Credentialed Parent/Family Support Provider Employment Training Program curriculum must include <a href="#">a number of core elements</a> . Agencies employing Credentialed Parent/Family Support Providers must provide supervision by individuals qualified as BHTs or BHPs. Supervision must



	<p>be appropriate to the services being delivered and the qualifications of the Credentialed Parent/Family Support Provider as a BHT, BHP, or BHPP. Supervision must be documented and inclusive of both clinical and administrative supervision. Individuals providing supervision must receive training and guidance to ensure current knowledge of best practices in providing supervision to Credentialed Parent/Family Support Providers.</p>
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STATE: Arkansas	
<b>Titles:</b>	Peer Support Family Support Partners
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input checked="" type="checkbox"/> 1915(i) State Plan Amendment (beginning 3/1/19) <input checked="" type="checkbox"/> Other: <a href="#">1915(b) Waiver</a>
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family Support Partners Service Description</a>
<b>Billing Codes:</b>	H2014-UC-U4 – Family Support Partners H2014-U4 – Family Support Partners, Telephonic
<b>Billing Amounts:</b>	Payment for all home and community-based services provided under the 1915(i) will be made by the Provider-led Arkansas Shared Savings Entity (PASSE) Organized Care entity who will receive a per member per month payment for each member enrolled in the PASSE.
<b>Qualifications, Training, &amp; Supervision:</b>	Qualifications for Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners <ul style="list-style-type: none"> <li>Must complete 40 hours of Qualified Behavioral Health Professional training;</li> <li>Must complete annual ongoing training approved by Arkansas Department of Human Services;</li> <li>Must have lived experience;</li> </ul>



	<ul style="list-style-type: none"> <li>• Must work under the supervision of a mental health professional.</li> </ul>
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STATE: Colorado	
<b>Titles:</b>	Peer Support/Recovery Services – Behavioral Health
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input checked="" type="checkbox"/> Other: 1915(b)(3); EPSDT for children under 21
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support/Recovery Services – Behavioral Health Service Description</a>
<b>Billing Codes:</b>	H0038 – Peer Support/Recovery Services, Behavioral Health
<b>Billing Amounts:</b>	Rates for Peer Support Services are set by each <a href="#">Regional Accountable Entity</a> .
<b>Qualifications, Training, &amp; Supervision:</b>	<p>Qualifications for Peer Support Specialists:</p> <ul style="list-style-type: none"> <li>• High school diploma or GED;</li> <li>• Established in recovery for a minimum of one year, but longer is preferred;</li> <li>• Commitment to attend all training days;</li> <li>• Internet access;</li> <li>• Desire to assist others in their recovery journey.</li> </ul> <p>Colorado does not require a peer specialist to be certified or licensed by the Colorado Department of Regulatory Agencies but to have formal training in specific content areas as outlined in “Combined Core Competencies for Colorado’s Peer Specialists/Recovery Coaches and Family Advocates/Family Systems Navigators – Updated and Approved by Behavioral Health Transformation Council 01-25-2013.”</p>



STATE: District of Columbia	
<b>Titles:</b>	Community Support Services
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b><u>Definition(s) &amp; Service Components:</u></b>	<p>Peer support is included in Community Support Services (CSS). CSS are rehabilitation supports considered essential to assist the consumer in achieving rehabilitation and recovery goals. CSS focus on building and maintaining a therapeutic relationship with the consumer. Community Support activities include: (1) participation in the development and implementation of a consumer's IRP/IPC and Community Support Individualized Service Specific Plan (ISSP); (2) assistance and support for the consumer in stressor situations; (3) mental health education, support, and consultation to consumers' families and/or their support system, which is directed exclusively to the well-being and benefit of the consumer; (4) individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school, and work environments; (5) assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms that interfere with the consumer's daily living, financial management, personal development, or school or work performance; (6) assistance to the consumer in increasing social support skills and networks that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living; (7) developing strategies and supportive mental health interventions for avoiding out-of-home placement for adults, children, and youth and building stronger family support skills and knowledge of the adult, child, or youth's strengths and limitations, and (8) developing mental health relapse prevention strategies and plans.</p>
<b>Billing Codes:</b>	H0038 – Self-Help Peer Support H0038 HQ – Self-Help Peer Support, Group H0038 HS – Self-Help Peer Support – Family Service H0038 HQ HS – Self-Help Peer Support – Family Service, Group





<p><b><u>Billing Amounts:</u></b></p>	<p>H0038 - \$21.97 per 15 minutes          H0038 HQ - \$6.6.5 per 15 minutes          H0038 HS - \$21.97 per 15 minutes          H0038 HQ HS - \$6.65 per 15 minutes</p>
<p><b>Qualifications, Training, &amp; Supervision:</b></p>	<p><b><u>Qualifications for Certified Peer Specialists</u></b></p> <ul style="list-style-type: none"> <li>• Be a self-disclosed current or previous consumer of behavioral health services within the Department of Behavioral Health network with demonstrated personal recovery and an ability to help others with their recovery;</li> <li>• Be at least 18 years old;</li> <li>• Have a high school diploma or equivalent;</li> <li>• Be a resident of the District of Columbia;</li> <li>• Be willing to create and follow a wellness recovery plan.</li> </ul> <p><b><u>Requirements for Certification</u></b></p> <ul style="list-style-type: none"> <li>• Completion of a six-week certification program, including the required classroom work;</li> <li>• Completion of an 80-hour field practicum with a District of Columbia community-based behavioral health provider;</li> <li>• Score a minimum of 85 percent on the certification examination;</li> <li>• Sign the Peer Specialist Code of Ethics after graduation.</li> </ul>

<b>STATE: Florida</b>	
<p><b>Titles:</b></p>	<p>Self-Help/Peer Services</p>
<p><b>Medicaid Funding Mechanism:</b></p>	<p> <input type="checkbox"/> State Plan Amendment  <input checked="" type="checkbox"/> 1115 Waiver (health plans may request permission to provide Peer Services in lieu of Psychosocial Rehabilitation)  <input type="checkbox"/> 1915(c) Waiver  <input type="checkbox"/> 1915 (i) State Plan Amendment  <input type="checkbox"/> Other:         </p>
<p><b>Type of Peer Support:</b></p>	<p> <input checked="" type="checkbox"/> Family Peer Support    <input type="checkbox"/> Youth Peer Support         </p>
<p><b>Definition(s) &amp; Service Components:</b></p>	<p><a href="#">Self-Help/Peer Services Service Description</a></p>

<b>Billing Codes:</b>	H0038 – Self-Help/Peer Services
<b>Billing Amounts:</b>	\$6.65 to \$21.97 per 15 minutes* (depending on individual or group configuration) *Higher rates for members who are deaf or hard of hearing
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>Qualifications for Certified Recovery Peer Specialists (CRPS)</p> <ul style="list-style-type: none"> <li>• Lived experience;</li> <li>• High school diploma or GED;</li> <li>• 500 hours of supervised work and/or volunteer experience. At least 250 hours of experience must be specific to providing peer support to others with similar lived experience. Work and/or volunteer experience must be directly related to the core competencies of the credential and must have occurred within the last five years.</li> </ul> <p>Content-specific training includes 40 hours of training divided among the following content areas:</p> <ul style="list-style-type: none"> <li>• Core requirements (28 hours minimum)</li> <li>• Whole health requirement (8-16 hours)</li> <li>• Electives (0-4 hours)</li> </ul> <p>A CRPS-F (Family) must be certified by the Florida Certification Board and work under the supervision of a bachelor’s-level practitioner, master’s-level Certified Addiction Professional, or higher.</p> <p>Applicants must agree to 16 hours of on-the-job supervision of their performance of peer support services in paid or volunteer capacity. Of the 16 hours, a minimum of four hours of supervision must be provided and documented in each of the following categories: a) advocacy, b) mentoring, c) recovery support, and d) professional responsibility.</p>

<b>STATE: Georgia</b>	
<b>Titles:</b>	Parent Peer Support Service Youth Peer Support
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:

<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Parent Peer Support Service – Group Service Definition</a> <a href="#">Parent Peer Support Service – Individual Service Definition</a> <a href="#">Youth Peer Support – Group Service Definition</a> <a href="#">Youth Peer Support – Individual Service Definition</a>
<b>Billing Codes:</b>	H0038 (with modifiers for practitioner level, location of service, etc.)
<b>Billing Amounts:</b>	<p>Parent or Youth Peer Support – Group</p> <ul style="list-style-type: none"> <li>• In clinic: \$13.20/\$17.72 per 15 minutes</li> <li>• Out of clinic: \$16.12/\$21.64 per 15 minutes</li> </ul> <p>Parent or Youth Peer Support – Individual</p> <ul style="list-style-type: none"> <li>• In clinic/telehealth: \$15.13/\$20.30 per 15 minutes</li> <li>• Out of clinic: \$18.15/\$24.36 per 15 minutes</li> </ul> <p>Rates vary based on practitioner qualifications.</p>
<b>Qualifications, Training, &amp; Supervision:</b>	<p><a href="#">Qualifications for Certified Peer Specialists</a></p> <ul style="list-style-type: none"> <li>• Must have a diagnosis of mental illness or a dual diagnosis of mental illness and substance use disorder. Candidates must be willing to identify as a person living with a mental health condition and be willing to use their lived recovery experience to support others in their recovery;</li> <li>• Must have at least a high school diploma/GED and may be requested to provide a copy of these documents;</li> <li>• Must be well-grounded in recovery (at least one year between diagnosis and application to training);</li> <li>• Must have strong reading comprehension and written communication skills as indicated by answers on the application;</li> <li>• Must have demonstrated experience with leadership, advocacy, or governance.</li> </ul> <p>Certified Peer Specialist trainings last two weeks, generally a total of nine days from 8:30 a.m. to 4:30 p.m. Following successful completion of the training, the participant must pass the Georgia Certified Peer Specialist Exam.</p> <p>Supervision shall extend beyond performance oversight. For Certified Peer Support-Youth practitioners, it is expected that supervision considers conducive, youth-centric environments, recovery-oriented culture, employee development, supportive relationships, etc. Supervisors must attend at least one Georgia Department of Behavioral Health and Developmental Disabilities-required Peer Support Supervisor training per year.</p>



STATE: Idaho	
<b>Titles:</b>	Certified Family Support Partner
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input checked="" type="checkbox"/> Other: 1915(b)
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Certified Family Support Partner (CFSP) Service Description</a>
<b>Billing Codes:</b>	H0046 – Family Support Services by a qualified Family Support Partner
<b>Billing Amounts:</b>	Rates are determined by the Idaho Behavioral Health Plan.
<b>Qualifications, Training, &amp; Supervision:</b>	<p><a href="#">Qualifications and Training for CFSPs</a> (Sections 3.2 and 3.3)</p> <ul style="list-style-type: none"> <li>• CFSP candidate has experience raising a child who lives with mental illness or behavioral or emotional disorders;</li> <li>• CFSP candidate has completed 40 contact hours of training specifically designated for Idaho CFSPs and approved by the State Behavioral Health Authority (SBHA);</li> <li>• CFSP candidate passes a post-training assessment established by the training entity and approved by SBHA;</li> <li>• If the CFSP candidate holds a bachelor’s degree in human services (e.g., social work, psychology, education, sociology, social sciences), they must document 100 hours of work experience in the human services field within a year of completing the training. If the 100 hours of work experience are not completed within a year, a review is required by the certifying body;</li> <li>• If the CFSP candidate does not hold a bachelor’s degree in human services (e.g., social work, psychology, education, sociology, social sciences), they must have a high school diploma or GED and document 200 hours of work experience in the human services field within a year of completing the training. If the 200 hours of work experience are not completed within a year, a review is required by the certifying body.</li> <li>• CFSP candidate completes 20 supervision hours with a designated Idaho CFSP Supervisor within a year of completing the training;</li> <li>• CFSP maintains a working knowledge of current trends and developments in the fields of children’s mental health, substance use disorders, child and</li> </ul>



	<p>adolescent brain development, education/special education, child welfare regulations, juvenile justice regulations, wellness and recovery, ethical practices, and peer support services by reading current journals, books, etc.; attending webinars, workshops, and conferences as they relate to these fields; and sharing with other CFSPs.</p> <ul style="list-style-type: none"> <li>• CFSP must be at least 18 years old.</li> </ul>
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STATE: Iowa	
<b>Titles:</b>	Parent Peer Support
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input checked="" type="checkbox"/> Other: 1915(b)3 waiver
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Parent Peer Support Service Definition</a>
<b>Billing Codes:</b>	H0038
<b>Billing Amounts:</b>	\$12.50 per 15-minute unit, not to exceed 12 units or \$150.00 per member per month.
<b>Qualifications, Training, &amp; Supervision:</b>	<p>Qualifications for Peer Support Specialists:</p> <ul style="list-style-type: none"> <li>• Has received Appalachian Consulting Group Model training or a state-recognized training for Parent Peer Support;</li> <li>• Must be 21 years of age or older;</li> <li>• Must have a high school diploma or GED;</li> <li>• Organization must be accredited.</li> </ul>

STATE: Kansas	
<b>Titles:</b>	Parent Support and Training

<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="https://www.kdads.ks.gov/provider-home/training-registration-and-surveys/medicaid-mental-health-service-provider-training/trainings/peer-support-training">https://www.kdads.ks.gov/provider-home/training-registration-and-surveys/medicaid-mental-health-service-provider-training/trainings/peer-support-training</a>
<b>Billing Codes:</b>	S5110 – Parent Support and Training, Individual S5110-TJ – Parent Support and Training, Group
<b>Billing Amounts:</b>	\$10.30 per 15 minutes – Parent Support and Training, Individual \$3.09 per 15 minutes – Parent Support and Training, Group
<b>Qualifications, Training, &amp; Supervision:</b>	Qualifications for Parent Support Specialists <ul style="list-style-type: none"> <li>• Individual providers must have a high school diploma or equivalent;</li> <li>• Must be 21 years old. Preference is given to parents or caregivers of children with serious emotional disturbance;</li> <li>• Completion of Parent Support Training according to a curriculum approved by the operating agency within one year of hire;</li> <li>• Pass a Kansas Bureau of Investigation background check, Department of Children and Families child and adult abuse registry checks, and motor vehicle screens. The motor vehicle screen can be waived for positions that do not require driving as a function of the position;</li> <li>• Must be associated with a Community Mental Health Center.</li> </ul>

<b>STATE: Kentucky</b>	
<b>Titles:</b>	Parent/Family Peer Support (Behavioral Health) Youth Peer Support (Behavioral Health)
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver

	<input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Parent/Family Peer Support (Behavioral Health) Service Definition</a> <a href="#">Youth Peer Support (Behavioral Health) Service Definition</a>
<b>Billing Codes:</b>	H0038-147 – Parent/Family Peer Support (Behavioral Health), Individual H0038-148 – Parent/Family Peer Support (Behavioral Health), Group H0038-149 – Youth Peer Support (Behavioral Health), Individual H0038-150 – Youth Peer Support (Behavioral Health), Group
<b>Billing Amounts:</b>	<a href="#">\$8.61 per 15 minutes</a> for Community Mental Health Centers
<b>Qualifications, Training, &amp; Supervision:</b>	<p><a href="#">Qualifications for Youth Peer Support Specialists</a></p> <ul style="list-style-type: none"> <li>• Be an individual who is at least 18 years old and is not older than 35;</li> <li>• Have lived experience;</li> <li>• Be receiving or have received from at least one child-serving agency a state-funded service that is related to the youth’s emotional, social, behavioral, or substance abuse disability;</li> <li>• Have a high school diploma or GED;</li> <li>• Successfully complete the Kentucky Family Leadership Academy (KFLA) training approved by the department;</li> <li>• Discuss the experience of receiving state-funded services from at least one child-serving agency on the applicant’s responses on the short-essay form;</li> <li>• Demonstrate experience with leadership and advocacy in the field of behavioral health;</li> <li>• Demonstrate the applicant’s own efforts at self-directed leadership development.</li> </ul> <p>Youth Peer Support services shall be provided under the supervision of a professional who shall complete the department-approved Youth Peer Support 101 training. Individual supervision meetings shall be conducted face-to-face, occur no less than once a week for the first year and monthly thereafter, and be documented.</p> <p>Youth Peer Support Specialists must complete the KFLA curriculum (15 hours) and a 30-hour training curriculum. (<a href="#">See curriculum topics here.</a>)</p> <p><a href="#">Qualifications for Family Peer Support Specialists</a></p> <ul style="list-style-type: none"> <li>• Be 18 years of age or older;</li> </ul>



	<ul style="list-style-type: none"> <li>• Be a self-identified parent or other family member who has lived experience with a client who has received services related to a mental health, substance use, or co-occurring mental health and substance use disability from at least one child-serving agency;</li> <li>• Meet the minimum educational requirement of a high school diploma or GED;</li> <li>• Successfully complete the KFLA training approved by the department;</li> <li>• Successfully complete Kentucky Family Peer Support Specialist core competency training approved by the department or receive a training waiver for this requirement;</li> <li>• Successfully complete, maintain, and submit to the department documentation of a minimum of six hours of related training or education in each subsequent year.</li> </ul> <p>Family Peer Support services shall be provided under the supervision of a professional. Supervision meetings between the supervising professional and family support specialist shall be conducted face-to-face; occur no less than twice per month, at least one of which shall be individual; be at least 30 minutes in length; and be documented.</p> <p>Family Peer Support Specialists must complete the KFLA curriculum (15 hours) and a 30-hour training curriculum. (<a href="#">See curriculum topics here.</a>)</p>
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STATE: Louisiana	
<b>Titles:</b>	Parent Support and Training Youth Support and Training
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Parent Support and Training Service Definition</a> <a href="#">Youth Support and Training Service Definition</a>
<b>Billing Codes:</b>	S5110 – Parent Support and Training (Individual)





	<p>S5110-HQ – Parent Support and Training (Group)  H0038 – Youth Support and Training (Individual)  H0038-HQ – Youth Support and Training (Group)</p>
<p><b>Billing Amounts:</b></p>	<p>\$12.91 per 15 minutes – Parent or Youth Support Training, Individual  \$3.23 per 15 minutes – Parent or Youth Support Training, Group  <a href="#">Children’s System of Care rates (page 8)</a></p>
<p><b>Qualifications, Training, &amp; Supervision:</b></p>	<p>Qualifications for Youth Support Specialists</p> <ul style="list-style-type: none"> <li>• Must have lived experience with a behavioral health diagnosis. A behavioral health diagnosis can include a diagnosis with mental health challenges, addiction challenges, or co-occurring disorders;</li> <li>• Must have at minimum a high school diploma or GED;</li> <li>• Must be at least 18 years of age;</li> <li>• Must have certification in the state of Louisiana to provide the service, which includes criminal and professional background checks and the completion of a standardized basic training program approved by the Office of Behavioral Health (OBH);</li> <li>• Must have at least 12 months of continuous demonstrated recovery as indicated by the Substance Abuse and Mental Health Services Administration’s working definition of recovery.</li> </ul> <p>The Youth Support Specialist must be supervised by a person meeting the qualifications for a Youth Support and Training Supervisor and a Licensed Mental Health Professional.</p> <p>Qualifications for Parent Support Specialists</p> <ul style="list-style-type: none"> <li>• Have a high school diploma or equivalent;</li> <li>• Must be 21 years of age and have a minimum of two years of experience living or working with a child with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of life/work experience and education with one year of education substituting for one year of experience (preference is given to parents or caregivers of children with serious emotional disturbance);</li> <li>• Certification and completion of Parent Support Training according to a curriculum approved by OBH prior to providing the service;</li> <li>• Pass criminal and professional background check and motor vehicle screens.</li> </ul> <p>The Parent Support Specialist must be supervised by a person meeting the qualifications for a Family Support Supervisor. A licensed mental health professional shall be available at all times to provide backup, support, and/or consultation.</p> <p><a href="#">Training/Certification for Peer Support Specialists</a></p> <ul style="list-style-type: none"> <li>• OBH has established statewide training for Peer Support Specialists. This training was developed by the Recovery Opportunity Center of Arizona.</li> </ul>



	<p>This is a two-week, 76-hour training. There are eight hours of classwork and several hours of homework daily. There also is a written midterm and written and practical final exam.</p> <ul style="list-style-type: none"> <li>Peer Support Specialists must complete a minimum of 10 Continuing Education Units (CEU) per calendar year. Three of these CEUs must be in the area of ethics. The other seven will be in the competencies related to the tenets of peer support.</li> </ul>
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STATE: Maine	
<b>Titles:</b>	Family or Youth Support Specialist
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment (2703 Behavioral Health Homes only) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b><u>Definition(s) &amp; Service Components:</u></b>	<p>The Behavioral Health Home Organization (BHHO) must provide assistance with health system navigation and training on self-advocacy techniques. In accordance with the member's Plan of Care, the BHHO shall provide information, consultation, and problem-solving supports, if desired by a member, to the member and their family or other support system in order to assist the member in managing symptoms or impairments of their illness. The Peer Support Specialist must coordinate and provide access to Peer Support services, peer advocacy groups, and other peer-run or peer-centered services, and must assist the member with identifying and developing natural support systems.</p>
<b>Billing Codes:</b>	T2022-HB – Behavioral Health Homes, Adult T2022-HA – Behavioral Health Homes, Child
<b>Billing Amounts:</b>	<a href="#">\$394.40 for all BHHO services for children (rate is per member, per month).</a>
<b>Qualifications, Training, &amp; Supervision:</b>	<p>The Youth Support Specialist is an individual who is receiving or has received services and supports related to the diagnosis of a mental illness, is in recovery from that illness, and is willing to self-identify on this basis with Behavioral Health Home (BHH) members.</p>



	<p>The Family Support Specialist is an individual who has a family member who is receiving or has received services and supports related to the diagnosis of a mental illness, and who is willing to self-identify on this basis with BHH members.</p> <p>Qualifications for Youth Support Specialists</p> <ul style="list-style-type: none"> <li>• Has completed the designated Maine Office of Child and Family Services (OCFS) curriculum for peer supports and receives and maintains that certification.</li> </ul> <p>Peer support staff may function as a Family/Youth Support Specialist for children’s services without certification for the first nine months of functioning as a Family/Youth Support Specialist, but may not continue functioning as a Family/Youth Support Specialist for children’s services beyond nine months:          (a) without having received provisional certification by completion of the core training, and (b) without continuing pursuit of full certification as a Family/Youth Support Specialist for children’s services and maintaining certification as a Family/Youth Support Specialist, according to requirements as defined by OFCS.</p>
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STATE: Maryland	
Titles:	Family Peer Support
Medicaid Funding Mechanism:	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input checked="" type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
Type of Peer Support:	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
Definition(s) & Service Components:	<a href="#">Family Peer Support Service Definition</a>
<b><u>Billing Codes:</u></b>	W5022 – Face-to-Face Caregiver Peer-to-Peer Support W5023 – Collateral (Telephonic) Caregiver Peer-to-Peer Support
<b><u>Billing Amounts:</u></b>	W5022 – \$17.80 per 15 minutes W5023 – \$8.89 per 15 minutes



Qualifications, Training, & Supervision:	<p><a href="#">Qualifications for Family Peer Support Partners:</a></p> <ul style="list-style-type: none"> <li>• Employed by a Family Services Organization;</li> <li>• 18 years of age or older;</li> <li>• Supervised by an individual who is 21 or older and has at least three years of experience providing family peer-to-peer support or working with children with serious behavioral health challenges and their families;</li> <li>• Has current or prior experience as a caregiver of a child with behavioral health challenges or is an individual who has experience with state or local services and systems as a consumer who has or had behavioral health challenges;</li> <li>• Has received training and certification as approved by the department;</li> <li>• Has completed the Wraparound Certificate Program or has been certified by the national Certification Commission for Family Support, which certifies individual Certified Parent Support Providers.</li> </ul>
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STATE: Massachusetts	
<b>Titles:</b>	Family Support and Training/Family Partner
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input checked="" type="checkbox"/> 1115 Waiver (Children’s Behavioral Health Initiative) <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<p><a href="#">Family Support and Training/Family Partner Service Definition</a></p> <p><a href="#">Family Support and Training Service Components</a></p>
<b><u>Billing Codes:</u></b>	H0038 – Parent/caregiver peer-to-peer support service provided by a family partner
<b><u>Billing Amounts:</u></b>	\$15.96 per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	<p><a href="#">Qualifications for Family Partners:</a></p> <ul style="list-style-type: none"> <li>• Experience as a caregiver of a youth with special needs, preferably a youth with mental health needs;</li> <li>• Bachelor’s degree in human services field and one year of experience working with the target population; OR</li> </ul>



	<ul style="list-style-type: none"> <li>• Associate’s degree in human services field and one year of experience working with children/adolescents/transition-age youth; OR</li> <li>• High school diploma or GED and a minimum of two years of experience working with children/adolescents/transition-age youth;</li> <li>• Experience in navigating any of the child- and family-serving systems and teaching family members who are involved with the child- and family-serving systems;</li> <li>• Possess a current/valid driver’s license and an automobile with proof of auto insurance.</li> </ul> <p>Organizational providers that deliver family support and training services include outpatient hospitals, community health centers, mental health centers, and other clinics. Family support and training providers supervise all staff, commensurate with licensure level and consistent with credentialing criteria.</p> <p>The Family Support and Training provider ensures that all Family Partners, supervisory staff, and program managers, upon employment and annually thereafter, before assuming their duties, complete a training course. <a href="#">A list of minimum training content is available here.</a></p>
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STATE: Michigan	
<b>Titles:</b>	Peer-Directed and -Operated Support Services Family Support and Training
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> 1915(c) Waiver (Family Support and Training) <input type="checkbox"/> 1915 (i) State Plan Amendment <input checked="" type="checkbox"/> Other: EPSDT for individuals under 21 (Youth Peer Support)
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Youth Peer Support Specialist Definition</a> <a href="#">Family Support and Training Definition</a>
<b>Billing Codes:</b>	<a href="#">H0038-TJ – Youth Peer Support Specialist</a> <a href="#">S5111 – Parent Support Partner</a>

<b>Billing Amounts:</b>	H0038 – 15 minutes, rates vary by regional Community Mental Health Services Program. Michigan transitioned its 1915(c) Waiver from fee-for-service to managed care. Family Support and Training is included in the 1915(c) waiver. Capitation payments for services included in the waiver are paid through contracts with the Regional Prepaid Inpatient Health Plans.
<b>Qualifications, Training, &amp; Supervision:</b>	<p><u><a href="#">Qualifications for Youth Peer Support Specialists (YPSS):</a></u></p> <ul style="list-style-type: none"> <li>• Young adult, 18 to 26 years old, with lived experience who received mental health services as a youth;</li> <li>• Willing and able to self-identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others;</li> <li>• Experience receiving services as a youth in complex, child-serving systems is preferred (behavioral health, child welfare, juvenile justice, special education, etc.);</li> <li>• Employed by Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP), or its contract providers;</li> <li>• Trained in the MDHHS-approved curriculum and ongoing training model.</li> </ul> <p>The YPSS shall receive regular supervision by a child mental health professional and participate as an active member of the treatment team.</p> <p><u><a href="#">YPSS training</a></u> includes an initial four-day training, followed by quarterly one-day meetings (must attend three out of four each year), and monthly coaching contacts for one year.</p> <p><u><a href="#">Qualifications for Parent Support Partners</a></u></p> <ul style="list-style-type: none"> <li>• An individual who has lived experience as a parent/caregiver of a child with behavioral and mental health needs, and/or intellectual/developmental disability, including autism;</li> <li>• Employed by the PIHP/CMHSP or its contract providers;</li> <li>• Trained in the MDHHS-approved curriculum and ongoing training model.</li> </ul> <p>Parent-to-Parent and Resource Parent training must be provided by a trained parent using the MDHHS-endorsed curriculum.</p>

<b>STATE: Minnesota</b>	
<b>Titles:</b>	Mental Health Certified Family Peer Specialist
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver

	<input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Mental Health Certified Family Peer Specialist Services</a>
<b>Billing Codes:</b>	H0038HA – Certified Family Peer Specialist Services H0038HA, HQ – Certified Family Peer Specialist Services (Group Setting)
<b><u>Billing Amounts:</u></b>	\$15.02 per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	<p><a href="#">Certified Family Peer Specialists</a> (CFPS) are employed by existing mental health community providers or centers that are enrolled in Minnesota Health Care Programs (MHCP). A CFPS must meet the following qualifications:</p> <ul style="list-style-type: none"> <li>• Be at least 21 years of age;</li> <li>• Have a high school diploma or its equivalent;</li> <li>• Have raised or is currently raising a child with a mental illness;</li> <li>• Be currently navigating or have experience navigating the children's mental health system;</li> <li>• Demonstrate leadership and advocacy skills;</li> <li>• Have strong dedication to family-driven and -focused services;</li> <li>• Successfully complete the Department of Human Services (DHS)-approved Certified Family Peer Specialist Training and certification exam.</li> </ul> <p>A Family Peer Specialist must be certified by the Certification Commission for Family Support of the National Federation of Families for Children's Mental Health as a Certified Parent Support Provider (CPSP) and must be recorded as having successfully completed a Minnesota-specific training approved by DHS. CPSP-designated individuals must renew or recertify every two years through continuing education requirements and ongoing supervision (also called consultation or mentoring) from another parent support provider.</p>

<b>STATE: Mississippi</b>	
<b>Titles:</b>	Certified Peer Support Specialist (Caregiver)  Certified Peer Support Specialist (Children and Youth Mental Health Services)

<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support (ages 16+ only)
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Mississippi Administrative Code, Title 23, Part 206: Mental Health Services</a>
<b>Billing Codes:</b>	H0038 – Peer Support
<b><u>Billing Amounts:</u></b>	\$7.83 per 15 minutes
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>Certified Peer Support Specialist (CPSS) training includes an online, pre-training requirement, followed by four days of classroom training and a written examination. CPSS training provides acknowledgment that a peer has met a set of requirements necessary to provide support to family members and/or individuals with substance use issues and/or a mental illness.</p> <p>Individuals and/or family members may qualify to become a CPSS in Mississippi by meeting the following criteria:</p> <ul style="list-style-type: none"> <li>• Reside in the state of Mississippi;</li> <li>• Self-identify as a family member and/or current or former recipient of mental health and/or substance use services;</li> <li>• Be employed in Mississippi’s public mental health system, which means the applicant is working in a program certified by the Department of Mental Health under the supervision of a trained mental health professional;</li> <li>• Have a high school diploma or GED;</li> <li>• Be at least 16 years of age and enrolled in school or a GED program to provide services to transition-age youth;</li> <li>• Have a minimum of 250 hours of paid work or volunteer hours or activities in a support or advisory role with adults or transition-age youth diagnosed with a serious mental illness and/or substance use disorder. One year of college or educational experience (within the last three years) can be substituted for work experience All experience must be gained prior to applying for certification;</li> <li>• Provide two references that confirm the individual’s ability to perform the role of a CPSS;</li> </ul>





	<ul style="list-style-type: none"> <li>• Successfully complete CPSS training;</li> <li>• Receive a score of 75 percent or higher on the CPSS Examination.</li> </ul> <p>A full list of requirements and documents is available on the <a href="#">CPSS website</a>.</p>
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STATE: Missouri	
<b>Titles:</b>	Peer and Family Support
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b><u>Definition(s) &amp; Service Components:</u></b>	<p>Provided under Comprehensive Substance Treatment and Rehabilitation Services (C-STAR). Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.</p> <p>Components:</p> <ul style="list-style-type: none"> <li>• Person-centered planning to promote the development of self-advocacy skills;</li> <li>• Empowering the participant to take a practice role in the development, updating, and implementation of their person-centered plan;</li> <li>• Crisis support;</li> <li>• Assisting the participant and families in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies so the person remains in the least-restrictive settings, achieves recovery and resiliency goals, and self-advocates;</li> <li>• Assisting participants/families in identifying strengths and personal/family resources to aid recovery/promote resilience. Serves as an advocate, mentor, or facilitator of the issues and skills necessary to improve the health of a child/youth with substance use or co-occurring disorders;</li> <li>• Providing information and support to parents/caregivers of children with “emotional disorders” so they have a better understanding of the participant’s needs, the importance of their voice in the development and implementation of the individualized treatment plan, the roles of various</li> </ul>

	providers, and the importance of the “team” approach, and assisting in the exploration of options to be considered as part of treatment.
<b>Billing Codes:</b>	H0038 HA – Child/adolescent H0038 HA GT – Child/adolescent, interactive telecommunication
<b>Billing Amounts:</b>	H0038 HA – \$21.97 per 15 minutes H0038 HA GT – \$21.91 per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	Family Support Provider: A family member of a child/youth (17 or younger) who had or currently has a behavioral/emotional disorder or a substance use disorder, and: <ul style="list-style-type: none"> <li>• Has a high school diploma or equivalent;</li> <li>• Has completed training as required by the state;</li> <li>• Is supervised by a qualified addiction professional or an individual with a master’s degree in a behavioral health or related field who has completed a practicum or has one year of experience in a behavioral health setting.</li> </ul>

<b>STATE: Nebraska</b>	
<b>Titles:</b>	Peer Support Specialists
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support Services Service Definition</a>
<b>Billing Codes:</b>	H0038 HE – Mental Health, Individual H0038 HF – Substance Use, Individual H0038 HE/HQ – Mental Health, Group H0038 HF/HQ – Substance Use, Group



<p><b><u>Billing Amounts:</u></b></p>	<p>H0038 HE – \$11.50 per 15 minutes  H0038 HE HF – \$11.50 per 15 minutes  H0038 HE/HQ – \$7.91 per 15 minutes  H0038 HF/HQ – \$7.91 per 15 minutes</p>
<p><b><u>Qualifications, Training, &amp; Supervision:</u></b></p>	<p>A peer support provider must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Be 19 years of age or older;</li> <li>• Self-identify as having lived experience as an individual diagnosed with a mental health/substance use disorder or as a parent to a child with a mental health/substance use disorder;</li> <li>• Be able to demonstrate, via attestation, one year of navigating a personal recovery and resiliency journey using relevant indicators such as ongoing use of illicit drugs or alcohol, or avoidance of frequent inpatient levels of care;</li> <li>• Have a high school diploma or equivalent with a minimum of two years of paid or volunteer experience working in a human services field;</li> <li>• Obtain state and/or national certification as a peer support provider.</li> </ul> <p>The supervising practitioner assumes professional responsibility for the services provided by the peer support provider. Supervising practitioners must be licensed as one of the following:</p> <ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Professional (PLMHP)</li> <li>• Licensed Alcohol and Drug Counselor (LADC) for substance use only</li> <li>• Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use only.</li> </ul>

<p style="text-align: center;"><b>STATE: Nevada</b></p>	
<p><b>Titles:</b></p>	<p>Peer Support Specialist</p>
<p><b>Medicaid Funding Mechanism:</b></p>	<p><input checked="" type="checkbox"/> State Plan Amendment  <input type="checkbox"/> 1115 Waiver  <input type="checkbox"/> 1915(c) Waiver  <input type="checkbox"/> 1915 (i) State Plan Amendment  <input type="checkbox"/> Other:</p>

<b>Type of Peer Support:</b>	<input type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Scope of Peer Support Services for Children and Adults</a>
<b><u>Billing Codes:</u></b>	H0038 – Peer Support Services, Individual H0038 HQ – Peer Support Services, Group
<b><u>Billing Amounts:</u></b>	H0038 – Individual: \$7.88 per 15 minutes H0038 HQ – Group: \$1.58 per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	<p>A Peer Supporter is a qualified individual who is currently or was previously diagnosed with a mental and/or behavioral health disorder and who possesses the skills and abilities to work collaboratively with and under the clinical and direct supervision of a Qualified Mental Health Professional. The selection of the supporter is based on the best rehabilitation interest of the recipient.</p> <p>A Peer Supporter cannot be the legal guardian or spouse of the recipient. At a minimum, a peer supporter must meet the qualifications for a <a href="#">Qualified Behavioral Health Aide</a>. Peer Supporters are contractually affiliated with a Behavioral Health Community Network, Independent Professional (Psychologists and Psychiatrists), or <a href="#">Individual Rehabilitative Mental Health</a> provider, and may provide services to any eligible Medicaid recipient, if determined appropriate in the treatment planning process. Additional information on certification for <a href="#">Peer Recovery and Support Services is available here</a>.</p>

<b>STATE: New Hampshire</b>	
<b>Titles:</b>	Family Peer Support, Youth Peer Support
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input checked="" type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support

<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family and Youth Peer Support Scope and Definitions</a>
<b><u>Billing Codes:</u></b>	H0038 HW SC UB – Family Peer Support H0038 HW SC U3 – Youth Peer Support
<b><u>Billing Amounts:</u></b>	H0038 HW SC UB – \$20.55, per 15 minutes H0038 HW SC U3 – \$10.59 , per 15 minutes
<b>Qualifications, Training, &amp; Supervision:</b>	<p>A Family Peer Support provider must have:</p> <ul style="list-style-type: none"> <li>• A high school diploma or equivalent;</li> <li>• Lived experience as the parent or primary caregiver of a child or youth with emotional or behavioral challenges, who has received supports through the public child- and family-serving systems;</li> <li>• Valid state driver’s license and/or access to transportation with liability coverage as required by state laws; and</li> <li>• Upon hire, FPSPs must complete the required training, including but not limited to: a) Orientation; b) Pre-Service Assignments per Curriculum; c) Day 1 and Day 2 per curriculum; d) Skill Builder Booster training, minimum of one each three months for the first 24 months.</li> </ul> <p>A Youth Peer Support providers must have:</p> <ul style="list-style-type: none"> <li>• Lived experience of a child/youth with emotional or behavioral health challenges who has received supports though the public child- and family-serving systems;</li> <li>• Valid state driver’s license and/or access to transportation with liability coverage as required by state laws;</li> <li>• A high school diploma or equivalent;</li> <li>• Orientation training; and</li> <li>• Pre-service training.</li> </ul>

<b>STATE: New Mexico</b>	
<b>Titles:</b>	Certified Peer Support Worker Certified Family Support Workers
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment

	<input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	Services are included in Comprehensive Community Support Services (CCSS) and are specified in <a href="#">New Mexico Administrative Code 8.321.2.14</a> . CCSS services are certified by the New Mexico Children, Youth, and Families Department for eligible recipients under 21 years of age and the New Mexico Department of Health for recipients over 21. CCSS is provided to individuals 21 years and under who meet the criteria for or are diagnosed as either or both: (a) at risk of or experiencing serious emotional disturbances (SED); (b) has a chronic substance abuse disorder.
<b>Billing Codes:</b>	H0038 – Peer Support
<b>Billing Amounts:</b>	\$12.00 per 15 minutes
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>A <a href="#">Certified Family Support Worker</a> must be 18 years of age or older and have:</p> <ul style="list-style-type: none"> <li>• A high school diploma or GED;</li> <li>• Personal experience navigating any of the child-/family-serving systems and/or advocating for family members who are involved in the child/family behavioral health systems, as well as an understanding of how these systems operate in New Mexico;</li> <li>• Successful completion of a 40-hour training program;</li> <li>• A valid New Mexico address and driver’s license;</li> <li>• The ability to manage their own well-being;</li> <li>• Received certification as a Certified Family Support Worker or Community Support Worker with family specialty.</li> </ul> <p>• A <a href="#">Certified Peer Support Worker</a> must be 18 years of age or older and have:</p> <ul style="list-style-type: none"> <li>• A high school diploma or GED;</li> <li>• Successful completion of a 40-hour training program;</li> <li>• Self-identified as a current or former consumer of mental health and/or substance abuse services, with at least two years of mental health or substance abuse recovery;</li> <li>• Certification as a Certified Peer Support Worker.</li> </ul> <p>CCSS agency supervisory staff must possess the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS. Specifically, the supervisory staff must have:</p> <ul style="list-style-type: none"> <li>• A bachelor’s degree in a human services field from an accredited university or college;</li> <li>• Four years of relevant experience in the delivery of case management or community support services with the target population;</li> <li>• At least one year of demonstrated supervisory experience;</li> </ul>



	<ul style="list-style-type: none"> <li>Completed 20 hours of documented training or continuing education, as identified in the New Mexico Behavioral Health Collaborative CCSS service definition.</li> </ul>
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STATE: New York	
<b>Titles:</b>	Family Peer Support Youth Peer Support and Training Certified Recovery Peer Advocate – Family
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family Peer Support</a> <a href="#">Youth Peer Support and Training</a> <a href="#">Certified Recovery Peer Advocate – Family</a>
<b><u>Billing Codes:</u></b>	H0038 with modifiers
<b>Billing amounts (1) and (2):</b>	<i>Youth Peer Support and Training Professional</i> \$16.36-18.35 per 15 minutes – Individual \$7.91-8.87 per 15 minutes – Group  <i>Family Peer Support Service Professional</i> \$16.36-18.35 per 15 minutes – Individual \$7.91-8.87 per 15 minutes – Group  <i>Youth or Family Peer Support Service off-site add-on rate</i> \$2.89-3.24 per 15 minutes – Individual* \$1.40-1.57 per 15 minutes – Group*



	*max one per day
<p><b><u>Qualifications, Training, &amp; Supervision:</u></b></p>	<p>Family Peer Support will be delivered by a New York State-credentialed Family Peer Advocate (FPA). To be eligible for the FPA credential, the individual must:</p> <ul style="list-style-type: none"> <li>• Demonstrate lived experience as a parent or primary caregiver who has navigated multiple child-serving systems on behalf of their child(ren) with social, emotional, developmental, health, and/or behavioral health care needs;</li> <li>• Have a high school diploma, high school equivalency, or a State Education Commencement Credential. This educational requirement can be waived by the state if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential;</li> <li>• Complete Levels 1 and 2 of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training;</li> <li>• Submit three letters of reference attesting to proficiency in and suitability for the role of an FPA, including one from the FPA’s supervisor;</li> <li>• Document 1,000 hours of experience providing Family Peer Support Services;</li> <li>• Agree to practice according to the Family Peer Advocate Code of Ethics;</li> <li>• Complete 20 hours of continuing education and renew their FPA credential every two years.</li> </ul> <p>A Certified Recovery Peer Advocate-Family (CRPA-F) must be 18 years of age or older and:</p> <ul style="list-style-type: none"> <li>• Demonstrate lived experience as a primary caregiver of a youth who has participated in or navigated the addiction services system;</li> <li>• Have a high school diploma, GED, or a State Education Commencement Credential;</li> <li>• Complete a minimum of 46 hours of content-specific training, covering the following topics: advocacy, mentoring/education, recovery/wellness support, and ethical responsibility;</li> <li>• Document 500 hours of related work or volunteer experience;</li> <li>• Provide evidence of at least 25 hours of supervision in a peer role;</li> <li>• Pass the <a href="#">New York Certification Board/International Certification &amp; Reciprocity Consortium Peer Advocate Exam</a> or <a href="#">other exam by an Office of Addiction Services and Supports (OASAS)-designated certifying body</a>;</li> <li>• Demonstrate a minimum of 20 hours in the area of Family Support (combined online and classroom training);</li> <li>• Complete 10 hours of continuing education per year of certification, including two hours of ethics.</li> </ul> <p>Supervision will be provided by, as appropriate, by:</p> <ul style="list-style-type: none"> <li>• Individuals who have a minimum of four years of experience providing Family Peer Support Services, at least one year of which is as a credentialed FPA/CRPA-F with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract.</li> </ul>





	<ul style="list-style-type: none"> <li>• A qualified mental health staff person with training in FPSS and the role of FPAs/CRPA-F.</li> <li>• As the FPSS service gains maturity in New York State, efforts will be made to transition to supervision by an experienced credentialed FPA/CRPA-F within the organization or a competent behavioral health professional who meets the qualifications of either:             <ul style="list-style-type: none"> <li>• A professional who meets the criteria for a “qualified mental health staff person” found in 14 NYCRR 594 or 14 NYCRR 595; or</li> <li>• [For Certified Recovery Peer Advocate with a Family Specialty only] A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS-certified program.</li> </ul> </li> </ul>
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STATE: Oklahoma	
<b>Titles:</b>	Family Support and Training
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family Support and Training Provider (FSP)</a>
<b><u>Billing Codes:</u></b>	T1027 HE – Individual, Face-to-Face, Mental Health T1027 HE, GT – Individual, Telemedicine, Mental Health T1027 HE, TF – Individual, Telephonic, Mental Health T1027 HE, HK – Individual, Outpatient in Inpatient Setting, Mental Health T1027 HF – Individual, Face-to-Face, Substance Abuse T1027 HF, GT – Individual, Telemedicine, Substance Abuse T1027 HF, TF – Individual, Telephonic, Substance Abuse T1027 HF, HK – Individual, Outpatient in Inpatient Setting, Substance Abuse



<p><b><u>Billing Amounts:</u></b></p>	<p>T1027 HE – \$9.75 per 15 minutes          T1027 HE, GT – \$9.75 per 15 minutes          T1027 HE, TF – \$0.65 per minute          T1027 HE, HK – \$9.75 per 15 minutes          T1027 HF – \$9.75 per 15 minutes          T1027 HF, GT – \$9.75 per 15 minutes          T1027 HF, TF – \$0.65 per minute          T1027 HF, HK – \$9.75 per 15 minutes</p>
<p><b>Qualifications, Training, &amp; Supervision:</b></p>	<p>A <a href="#"><u>Family Support and Training Provider</u></a> (FSP) must:</p> <ul style="list-style-type: none"> <li>• Have a high school diploma or equivalent;</li> <li>• Be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of two years of experience working with children with serious emotional disturbance (SED) or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or caregivers of a child with SED);</li> <li>• Successfully complete Family Support Training according to a curriculum approved by the Oklahoma Department of Mental Health and Substance Abuse Services;</li> <li>• Pass Oklahoma State Background Investigation background check.</li> </ul> <p>Treatment plans must be overseen and approved by a Licensed Behavioral Health Professional (LBHP)/Licensure Candidate. The FSP must function under the general direction of a LBHP/Licensure Candidate or systems of care team, with a LBHP/Licensure Candidate available at all times to provide backup, support, and/or consultation.</p>

STATE: Oregon	
<p><b><u>Titles:</u></b></p>	<p>Peer Support Specialist (606) – Family Support (for children 0-25)          Peer Support Specialist (607) – Youth Support (for youth 14-25)          Peer Wellness Specialist (610) – Family Support (for children 0-25)          Peer Wellness Specialist (611) – Youth Support (for youth 14-25)</p>
<p><b>Medicaid Funding Mechanism:</b></p>	<p><input type="checkbox"/> State Plan Amendment  <input checked="" type="checkbox"/> 1115 Waiver  <input type="checkbox"/> 1915(c) Waiver</p>

	<input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support Specialist and Peer Wellness Specialist</a>
<b><u>Billing Codes:</u></b>	H0038
<b><u>Billing Amounts:</u></b>	\$15.00 per 15 minutes, fee-for-service. Managed care rates are set by each regional Coordinated Care Organization.
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>A Certified Peer Support Specialist/Peer Wellness Specialist must:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Not be listed on the Medicaid provider exclusion list;</li> <li>• Identify as a peer under one or more of the following: <ul style="list-style-type: none"> <li>○ A self-identified person currently or formerly receiving mental health services;</li> <li>○ A self-identified person in recovery from an addiction disorder who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs (two years);</li> <li>○ A self-identified person in recovery from problem gambling;</li> <li>○ A family member of an individual who is a current or former recipient of addiction or mental health services.</li> </ul> </li> <li>• Successfully complete the <a href="#">required training</a> offered by an Oregon Health Authority (OHA)-approved training program for Peer Support Specialist or Peer Wellness Specialist (40 hours);</li> <li>• Complete an <a href="#">OHA application</a> and send it to the Office of Equity and Inclusion (OEI);</li> <li>• Pass a criminal history background check administered by the OHA Background Check Unit.</li> </ul> <p>All Peer Support Specialists and Peer Wellness Specialists <u>except</u> for Peer Support Specialists in Recovery from Addictions must take and pass a background check provided by the OHA Background Check Unit.</p>

<b>STATE: Pennsylvania</b>	
<b>Titles:</b>	Peer Support Specialist

<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support (ages 14 and older)
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Peer Support Services</a>
<b><u>Billing Codes:</u></b>	H0038 – Peer Support Services H0038-GT – Peer Support Services, Telephonic
<b><u>Billing Amounts:</u></b>	\$10.00 per 15 minutes
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>Peer Support Services (PSS) may be provided by: an agency that provides only peer support services, an outpatient psychiatric clinic, a partial hospitalization program, a crisis intervention provider, a case management provider, or a psychiatric rehabilitation provider. The PSS program shall be a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. A PSS agency shall meet the requirements under Chapter 20 (relating to licensure or approval of facilities and agencies).</p> <p>Certified Peer Specialists must:</p> <ul style="list-style-type: none"> <li>• Be self-identified individuals who have received or are receiving mental health services for a serious emotional disturbance or serious mental illness;</li> <li>• Be 18 years of age or older;</li> <li>• Have a high school diploma or GED;</li> <li>• Within the last three years, have either maintained at least 12 months of successful work or volunteer experience, or earned at least 24 credit hours at a college or postsecondary educational institution;</li> <li>• Complete the <a href="#">Department of Human Services (DHS)-approved Certified Peer Specialist training</a>.</li> </ul> <p>A supervisor of certified peer specialists shall meet <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li>• A mental health professional who has completed DHS-approved peer specialist supervisory training;</li> <li>• A person who (1) has a bachelor’s degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education, or a related field from a program that is accredited by an agency recognized by the U.S. Department of</li> </ul>



	<p>Education (USDOE) or the Council for Higher Education Accreditation, or an equivalent degree from a foreign college or university approved by USDOE; (2) has two years of mental health direct service experience that may include peer support services; and (3) has completed the peer specialist supervisory training curriculum approved by DHS;</p> <ul style="list-style-type: none"> <li>• A person who has a high school diploma or GED and four years of mental health direct service experience that may include peer support services, and has completed the peer specialist supervisory training curriculum approved by DHS.</li> </ul>
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STATE: Tennessee	
<b>Titles:</b>	Family Support Specialist
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family Support Specialist</a>
<b>Billing Codes:</b>	T2025, per 15 minutes S9482, per 15 minutes
<b>Billing Amounts:</b>	Rates are set by TennCare’s managed care organizations.
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	A Family Support Specialist must: <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Hold a high school diploma or a GED or higher from an accredited institution;</li> <li>• Self-identify as being or having been the biological parent, adoptive parent, foster parent, or relative caregiver with legal custody of a child or youth with a mental, emotional, behavioral, or co-occurring disorder;</li> </ul>



	<ul style="list-style-type: none"> <li>• Provide a statement of personal experience regarding navigating the child-serving systems as the primary caregiver of a child or youth with a mental, emotional, behavioral, or co-occurring disorder;</li> <li>• During the last 10 years (in employment and/or volunteer work), have actively participated for at least 12 consecutive months in service planning, system navigation, and building resiliency for a child or youth;</li> <li>• Successfully complete the evidence-based and/or best practice prerequisite training <a href="#">currently recognized by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)</a>;</li> <li>• Successfully demonstrate mastery of the following competencies through testing and evaluation as required by one of the evidence-based and/or best practice Family Support Specialist Training Programs recognized by TDMHSAS;</li> <li>• Either as an employee or a volunteer, be under the direct supervision of a mental health professional;</li> <li>• Read and understand the Certified Family Support Specialist Scope of Activities and the Certified Family Support Specialist Code of Ethics.</li> </ul>
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STATE: Texas	
<b>Titles:</b>	Family Support
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> 1915(c) Waiver (Youth Empowerment Services Waiver) <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input type="checkbox"/> Youth Peer Support
<b>Definition(s) &amp; Service Components:</b>	<a href="#">Family Supports</a>
<b>Billing Codes:</b>	H2014HA
<b><a href="#">Billing Amounts:</a></b>	\$6.25 per 15 minutes

<p><b><u>Qualifications, Training, &amp; Supervision:</u></b></p>	<p>Family Support providers must have a high school diploma or a high school equivalency certificate issued in accordance with the law of the issuing state, undergo a criminal history and background check, and have at least one of the following:</p> <ul style="list-style-type: none"> <li>• One cumulative year of receiving mental health community services for a mental health disorder;</li> <li>• One cumulative year of experience navigating the mental health system as the parent or primary caregiver of a youth receiving mental health community services;</li> <li>• Direct clinical supervision from a master’s-level therapist.</li> </ul>
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STATE: Virginia	
<p><b>Titles:</b></p>	<p><a href="#">Family Support Partners – Mental Health</a></p>
<p><b>Medicaid Funding Mechanism:</b></p>	<p><input checked="" type="checkbox"/> State Plan Amendment  <input type="checkbox"/> 1115 Waiver  <input type="checkbox"/> 1915(c) Waiver  <input type="checkbox"/> 1915 (i) State Plan Amendment  <input type="checkbox"/> Other:</p>
<p><b>Type of Peer Support:</b></p>	<p><input checked="" type="checkbox"/> Family Peer Support   <input type="checkbox"/> Youth Peer Support</p>
<p><b><u>Definition(s) &amp; Service Components:</u></b></p>	<p><a href="#">Family Support Partners</a></p>
<p><b>Billing Codes:</b></p>	<p>H0024 – Family Support, Individual  H0025 – Family Support, Group</p>
<p><b><u>Billing Amounts:</u></b></p>	<p>H0024 – \$6.50 per 15 minutes  H0025 – \$2.70 per 15 minutes</p>
<p><b><u>Qualifications, Training, &amp; Supervision:</u></b></p>	<p>A Family Support Partner is a Peer Recovery Specialist (PRS) who is a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or an adult with personal experience with a family member with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care</p>



	<p>services. The PRS shall perform the service within the scope of their knowledge, lived experience, and education.</p> <p>A PRS must have the qualifications, education, and experience established by the Department of Behavioral Health and Developmental Services (DBHDS) as set forth in <a href="#">12VAC35-250-10 through 12VAC35-250-50</a> and must have received certification in good standing by a certifying body recognized by DBHDS as set forth in <a href="#">12VAC35-250-40</a>. A PRS is professionally qualified and trained: (1) to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental health, substance abuse disorders, or both; (2) to provide peer support as a self-identified individual successful in the recovery process with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders; and (3) to offer support and assistance in helping others in the recovery and community integration process.</p> <p>A Direct Supervisor provides direct supervision to the PRS. The Direct Supervisor will:</p> <ul style="list-style-type: none"> <li>• Have two consecutive years of practical experience rendering peer support services or family support services, have certification as a PRS under a certifying body approved by DBHDS, and have completed the DBHDS PRS supervisor training; or</li> <li>• Be a Qualified Mental Health Professional (QMHP) as defined in 12VAC30-105-20 with at least two consecutive years of experience as a QMPH, and have completed the DBHDS PRS supervisor training; or</li> <li>• Be a Licensed Mental Health Provider (LMHP), LMHP-Resident, LMHP-Resident in Psychology, or LMHP-Supervisee who has documented completion of the DBHDS PRS supervisor training and who is acting within their scope of practice under state law.</li> </ul>
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STATE: Washington	
<b>Titles:</b>	Peer Support
<b>Medicaid Funding Mechanism:</b>	<input checked="" type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input type="checkbox"/> Other:
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support (ages 13 and older)



<b>Definition(s) &amp; Service Components:</b>	<a href="#">Certified Peer Counselor – Family and Youth</a>
<b>Billing Codes:</b>	H0038 TG
<b><u>Billing Amounts:</u></b>	\$12.30 per 15 minutes
<b><u>Qualifications, Training, &amp; Supervision:</u></b>	<p>A Certified Peer Counselor is someone who has applied for, is eligible for, or has received mental health services and:</p> <ul style="list-style-type: none"> <li>• For a child under the age of 13, or for a child age 13 or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians;</li> <li>• Is 18 or older;</li> <li>• Has a high school diploma or GED (this requirement may be waived or delayed in some circumstances);</li> <li>• Has been in mental health recovery for at least one year;</li> <li>• Demonstrates qualities of leadership;</li> <li>• Demonstrates proficiency in reading comprehension and writing skills;</li> <li>• Is willing to share their personal story of recovery;</li> <li>• Completes an online course and application;</li> <li>• Completes a 40-hour approved Family and Youth training; and</li> <li>• Passes an exam.</li> </ul>

<b>STATE: Wyoming</b>	
<b>Titles:</b>	Family Support Youth Support
<b>Medicaid Funding Mechanism:</b>	<input type="checkbox"/> State Plan Amendment <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> 1915(c) Waiver <input type="checkbox"/> 1915 (i) State Plan Amendment <input checked="" type="checkbox"/> Other: 1915(b) Care Management Entity
<b>Type of Peer Support:</b>	<input checked="" type="checkbox"/> Family Peer Support <input checked="" type="checkbox"/> Youth Peer Support (ages 13 and older)



<p><b>Definition(s) &amp; Service Components:</b></p>	<p><a href="#">Family Support Partner</a>  <a href="#">Youth Support Partner</a></p> <p>Eligibility is limited to youth enrolled in the 1915(b) Waiver (Wyoming Medicaid's Youth Initiative) and youth enrolled in the 1915(c) Waiver (Children's Mental Health Waiver).</p>
<p><b><u>Billing Codes:</u></b></p>	<p>H0038 UK – Family Support, Individual  H0038 UK HQ – Family Support, Group  H0038 – Youth Support, Individual  H0038 HQ – Youth Support, Group  T1027 – Family Training and Counseling for Child Development, Individual  T1027 HQ – Family Training and Counseling for Child Development, Group</p>
<p><b><u>Billing Amounts:</u></b></p>	<p>H0038 UK – \$14.04 per 15 minutes  H0038 UK HQ – \$7.02 per 15 minutes  H0038 – \$14.04 per 15 minutes  H0038 HQ – \$7.02 per 15 minutes  T1027 – \$14.04 per 15 minutes  T1027 HQ – \$7.02 per 15 minutes</p>
<p><b><u>Qualifications, Training, &amp; Supervision:</u></b></p>	<p>Family Support Partner requirements:</p> <ul style="list-style-type: none"> <li>• High school diploma or GED equivalent;</li> <li>• A parent or caregiver of a child with behavioral health needs or someone with two years of experience working closely with children with serious emotional/behavioral challenges and their families;</li> <li>• Minimum of two years of experience in a behavioral health setting as a parent, client, or family advocate;</li> <li>• At least 21 years of age;</li> <li>• A valid driver's license, appropriate auto insurance, and reliable transportation;</li> <li>• CPR and First Aid certification;</li> <li>• Completion of the required Care Management Entity and state training and certification processes for High Fidelity Wraparound Family Support Partners;</li> <li>• Enrollment as a Wyoming Medicaid Provider through the state's fiscal agent;</li> <li>• Successful completion of all Central Registry and Federal Bureau of Investigation Division of Criminal Investigation background screenings;</li> </ul>



	<ul style="list-style-type: none"><li>• Demonstration of fidelity to National Wraparound Initiative standards through ongoing participation in Wraparound fidelity monitoring, using the Wraparound Fidelity Index, short form (WFI-EZ).</li></ul> <p>Youth Support Partner Requirements:</p> <ul style="list-style-type: none"><li>• High school diploma or GED equivalent with behavioral health needs or someone who has experience overcoming various systems or obstacles related to mental and behavioral health challenges;</li><li>• 18 to 26 years old;</li><li>• Possess a valid driver's license, appropriate auto insurance, and reliable transportation.</li><li>• CPR and First Aid certification;</li><li>• Completion of the Wraparound 101 training on the Magellan in Wyoming website to understand their role as member of the Wraparound service benefit and child and family team;</li><li>• Completion of the required Care Management Entity and state training and certification processes for High Fidelity Wraparound Youth Support Partners;</li><li>• Enrolled as a Wyoming Medicaid Provider through the state's fiscal agent;</li><li>• Successful completion of all Central Registry and Federal Bureau of Investigation Division of Criminal Investigation background screenings;</li><li>• Demonstration of fidelity to National Wraparound Initiative standards through ongoing participation in Wraparound fidelity monitoring, using the WFI-EZ.</li></ul>
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## Conclusion

As of 2019, 33 states allowed Medicaid billing for parent and/or youth peer support services. States predominately used the Healthcare Common Procedural Coding System identifier H0038 to reimburse peer services, although Idaho, Maine, Maryland, Oklahoma, Tennessee, Texas, and Virginia used alternative codes.

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*This resource was produced by Management & Training Innovations in its role as a core partner in the National Technical Assistance Network for Children's Behavioral Health.*