Mental Health Peer Support Services – Individual

Last Updated: [10/19/2023]

Service Type: 0650 Community Mental Health Rehab Services **Procedure Code:** H0024

Medical Necessity Criteria

Members 21 years or older qualifying for MH Peer Support Services shall meet the following requirements:

- Have a documented mental health disorder diagnosis;
- Require recovery-oriented services for:
 - The acquisition of skills needed to engage in and maintain recovery; and
 - The development of self-advocacy skills to achieve a decreasing dependency on formalized treatment systems; and,
 - o Increasing responsibilities, wellness potential, and shared accountability for the member's own recovery; and
- Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains:
 - Educational (e.g., obtaining a high school or college degree);
 - Social (e.g., developing a social support system);
 - Vocational (e.g., obtaining part-time or full-time employment);
 - o Self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).

Continued Stay Criteria:

To qualify for continued services for Peer Support Services and Family Support Partners for both MH and ARTS the following must occur:

- Medical necessity service criteria shall continue to be met;
- Progress notes shall document the status of progress relative to the goals identified in the Recovery, Resiliency, and Wellness Plan; and
- The member continues to require the monthly minimum contact requirements.



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Discharge Criteria:

Discharge criteria for both MH and ARTS Peers Support Services and Family Support Partners shall occur when one or more of the following is met:

- Goals of the Recovery, Resiliency, and Wellness Plan have been substantially met; or
- The member or as applicable for youth under 21, the caregiver, request discharge; or
- The member or as applicable for youth under 21, the caregiver, fail to make the monthly minimum contact requirements or the member or caregiver, as applicable, discontinues participation in services.

