

Medical Necessity Criteria

Certified Peer Specialist (CPS)

Certified Peer Specialists (CPSs) are individuals currently in sustained mental health recovery or who have lived experience with behavioral health and/or co-occurring mental health disorders and have been certified to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. CPSs are actively engaged in their own personal behavioral health recovery and share real-world knowledge and experience with others who are on their own recovery path. CPSs share their recovery story and personal experiences in an effort to establish an equitable relationship and support Members in obtaining and maintaining recovery.

The primary responsibility of CPSs is to support the voices and choices of the Members, establishing a mutually supportive relationship, using a strength-based approach, and sharing experience and inspiration about recovery, community inclusion, and accompaniment, thereby minimizing the power differentials as much as possible. The focus of the CPS role is to create a relationship between equals that is non-clinical, non-medical, and focused on removing obstacles to recovery by linking Members to a recovery community and serving as an individual guide and mentor. CPSs must have obtained, or must be able to demonstrate that they are actively working to obtain credentialing as a Certified Peer Specialist.

Members can access CPS services through all components of Community Behavioral Health Centers (CBHC) including Community Crisis Stabilization (CCS) and Mobile Crisis Intervention (MCI) components. Services are delivered on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of such a setting include, but are not limited to, a Member's home, CBHC facility, an inpatient or diversionary unit, a day program, etc.

Criteria

Admission Criteria

All of the following criteria are necessary for admission to this level of care:

1. The Member demonstrates symptomatology consistent with the most current version of the Diagnostic and Statistical Manual of Mental Disorders, which requires and can reasonably be expected to respond to therapeutic intervention; **AND** at least one (1) of the following:
 - a. The Member is attempting to achieve and/or maintain recovery from a mental health disorder, substance use disorder or co-occurring disorders.
 - b. The Member could benefit from education about recovery and community resources, open to trying new strategies for developing recovery-supportive friendships, reconnecting or improving family relationships, and identifying and using recovery-community networks.
 - c. The Member could benefit from assistance with facilitating connections to primary and specialty medical, dental, and mental health services as well as social services, including applying for benefits and navigating other relevant systems.
 - d. The Member could benefit from a mentor in creating and enacting goals to work towards/in behavioral health recovery.

OR

2. The Member is referred by a Community Behavioral Health Center (CBHC).

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

Exclusion Criteria

Any of the following criteria may be sufficient for exclusion from this level of care:

1. The Member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention.
2. The Member has severe medical conditions or impairments that would prevent beneficial utilization of services.
3. The Member, and their parent/guardian/caregiver when applicable, does not consent to CPS services.

Continued Stay Criteria

All of the following criteria are necessary for continuing in treatment at this level of care:

1. The Member is actively addressing components of the Wellness Plan and making adjustments as needed.
2. There is documented, active coordination of services with other behavioral health providers, the primary care provider, and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate services continue.
3. The CPS must document any activities related to supporting a Member, including face-to-face, telephonic, and collateral contacts.
4. There is documented, active discharge planning starting with admission to CPS services.
5. When medically necessary, the Member is supported in accessing appropriate psychopharmacological services.

Discharge Criteria

Any of the following criteria is sufficient for discharge from this level of care:

1. The Member no longer meets admission criteria.
2. CPS Wellness Plan goals and objectives have been met.
3. The Member or Member and parent and/or legal guardian is/are not utilizing or engaged in the CPS service.
4. Consent for CPS services is withdrawn.
5. Support systems that allow the Member to be maintained in the community have been established.