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Owner: Dana James:
 21011004-Quality
 Assurance Coordinator
Policy Area: Wraparound (REACH,
 O'YEAH)-Administration

References:

#072- Certified Peer Specialist

POLICY

It is the policy of Wraparound Milwaukee that eligible youth and young adults receive access to behavioral health and recovery support services through a Certified Peer Specialist as identified in the Plan of Care/ Future Plan. Youth and young adults referred for this service must be between the ages of 14 and 21. Services may not duplicate any other peer specialist services the member may be receiving.

PROCEDURE

A. Certified Peer Specialist Role Description

Certified Peer Specialists will use their own substance abuse and/or mental health recovery to assist, engage, and encourage participants who live in home and community settings. The Certified Peer Specialist will help support participants with a sense of belonging through a supportive relationship that encourages them to address their own mental health while helping facilitate self-direction and self-worth. A Certified Peer Specialist works as an equal with the participant to empower and motivate each participant through his or her own personal recovery. The Certified Peer Specialist will provide life experiences that help develop the participant's leadership, confidence and abilities to better ones own future. Certified Peer Specialists function as role models demonstrating techniques in recovery and in ongoing coping skills as someone who can:

- Identify as a person in mental health recovery and share own story to assist participants with his/her own recovery;
- Assist participants with creating their own individualized well-being plan;
- Help facilitate participants through transitional challenges, which may include learning, living, working, belonging, healing, and safety;
- Provide information, support, and understanding to encourage participant;
- Help recipient problem-solve, make better decisions, and set goals to assist in mental health recovery;
- Complete documentation as necessary and report to supervisor as appropriate.

Certified Peer Specialist Services are intended to be provided in the community or at the home of the participant, unless otherwise identified on the Referral Form or Plan of Care/Future Plan.

B. Certified Peer Specialist Eligibility and Application Procedure

1. Certified Peer Specialists must be 18 years or older, and have a minimum of a High School Diploma or G.E.D. Certified Peer Specialists must have successfully completed a peer specialist training program that utilizes the approved State of Wisconsin training curriculum.
2. Certified Peer Specialists will meet the requirements and abide by the Wisconsin Certified Peer Specialist Code of Ethics, which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.
3. Certified Peer Specialists must maintain their certification by successfully completing all required Continuing Education and complying with all recertification obligations and timelines.
4. Certified Peer Specialists will abide by the Wisconsin Certified Peer Specialist Scope of Practice, which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.

C. Covered Services/Allowable Service Time

Certified Peer Specialists will meet one-on-one with the participant for up to the allotted time authorized on the Provider Referral Form and Service Authorization Request and agreed upon by the Child and Family/Future Team. Work hours are determined by the needs of the participant, family and/or program and the availability of the Provider.

- Allowable service time per participant shall not exceed 3 hours/day, 6 hours/week, and 24 hours/month.
- **It is expected that Certified Peer Specialist sessions will occur between the hours of 8:00a.m. and 9:00p.m.** The reason for contact outside of these hours must be justified in the documentation.
- Certified Peer Specialists shall attend Child and Family Team and Future Plan meetings as requested, and/or any other meetings in which the participant/family is being discussed **and are present**. The Certified Peer Specialist Agency should bill at the hourly rate when attending these meetings.
- Contacting and speaking with AND/OR attempting to contact but not speaking with the participant by phone, as indicated by the Plan of Care/Future Plan, is billable. Documentation must indicate if an attempt was made but no contact actually occurred.
- Travel time (*to and from*, including travel to appointments that result in a no-show) and record-keeping/documentation time related to the service is billable. Travel time and record keeping time are not billed separately, but are billed as part of the covered service provided. Travel time may not exceed 50% of total hours billed per month.

D. Documentation/Consents-

1. Consent for Service

Consent for Service must be obtained according to Wraparound Policy #054, Provider Agency Responsibilities and Guidelines

2. Progress Report Log

Certified Peer Specialists shall document all service activities in Synthesis. A Synthesis User I.D. Request Form is found on Frequently Used Forms.

3. Transportation Consent (Attachment 1)

A Transportation Consent form must be completed if the participant will be transported for any reason, and must be completed and dated prior to the first transport.

E. Supervision

1. Program Supervisor

Agencies providing Certified Peer Specialist services must identify a Program Supervisor. Program Supervisors must have, at minimum, a B.S. in a Human Services field plus 2,000 hours of experience or Certification as a Peer Specialist plus 4,000 hours of experience, in working in the same or similar capacity in a peer support service model. Program Supervisors shall train Certified Peer Specialists on agency and Wraparound policies and procedures, provide direction and guidance, assign Certified Peer Specialists based on the identified needs/strengths of the referred participant, review Certified Peer Specialist notes, maintain organized participant files, handle participant complaints, attend Child and Family Team/Future Plan meetings as needed, engage in quality assurance activities/tasks to ensure that peer support is being provided in adherence with the Peer Support Specialist Policy and best practice.

2. Clinical Supervisor

Note: The Clinical Supervisor can be the Program Supervisor.

It is required that all Certified Peer Specialist Workers receive clinical supervision, at minimum, by a Masters level, Medicaid-Certified licensed clinician or 3,000 hour practitioner, with a minimum of one year of experience providing mental health and/or substance abuse services, preferably in a peer support service model. Clinical supervision of Certified Peer Specialists includes direct review, assessment and feedback regarding each provider's delivery of Peer Support services. Supervision services should also be used to seek consultation related to individual participant's needs. Agencies are encouraged to establish routine supervision times so that Certified Peer Specialists may obtain consultation and supervision as needed/required. Documentation that supervision occurred with the Certified Peer Specialist must be present. This can be in the form of a brief note indicating the name of the Certified Peer Specialist, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what participant(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign the note with full name and credentials and date.

The amount of Supervision that must occur with each Certified Peer Specialist is **one-hour for every 30 hours of face-to-face participant contact**. A Certified Peer Specialist must receive at least one hour of supervision every 30 days (*or per month*) regardless if they have documented 30 hours of face-to-face contact. The Clinical Supervisor can determine if the individual Certified Peer Specialist is in need of further supervision above and beyond the minimum requirements.

Supervision can be provided individually or in a group. In either situation, the content of the review must be participant specific regarding the participant's response to the plan, strategies that might be appropriate, etc. Group supervision may not be "topic" specific such as an in-service on working with participants with ADHD. Group supervision shall be limited to a maximum of 8 Certified Peer Specialists.

For individual supervision, the agency is to maintain a record of:

- Date of the meeting
- Beginning and end times for each meeting
- Name(s) of the participant discussed at the meeting
- Name of the Certified Peer Specialist
- Summary of the content of the supervision (i.e.: current status of the participant, barriers to

achieving POC/Future Plan goals, clinical recommendations)

- Signature of supervisor and Certified Peer Specialist.

For group supervision, the agency is to maintain a record of:

- Date of the meeting
- Beginning and end times for each meeting
- A sign-in sheet for all Certified Peer Specialists in attendance at the meeting
- List of the names of the participants discussed at the meeting
- Brief statement as to the content of the supervision
- Signature of the Clinical Supervisor

Agency must maintain Certified Peer Specialist – Clinical Supervision Records in a location that can be readily accessed by agency staff and Wraparound Milwaukee staff for review such as a three ring binder with the binder organized by month and by Certified Peer Specialist with the most recent note on top.

References

1. [Wisconsin Certified Peer Specialist Scope of Practice: https://www.dhs.wisconsin.gov/library/p-00972.htm](https://www.dhs.wisconsin.gov/library/p-00972.htm)
2. [Wisconsin Certified Peer Specialist Code of Ethics: https://www.dhs.wisconsin.gov/library/p-00972a.htm](https://www.dhs.wisconsin.gov/library/p-00972a.htm)
3. [Core Competencies for Wisconsin Certified Peer Specialists: https://www.dhs.wisconsin.gov/library/p-00972b.htm](https://www.dhs.wisconsin.gov/library/p-00972b.htm)
4. [Wisconsin Certified Peer Specialist Recertification Requirements: http://www.wicps.org/recertification.html](http://www.wicps.org/recertification.html)

Attachments:

1: [Transportation Consent Form](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	12/20/2017
	MaryJo Meyers: 11003003-Director Wraparound Program	12/20/2017
	Pamela Erdman: 12008005-Placement Resources Manager	12/19/2017
	Dana James: 21011004-Quality Assurance Coordinator	12/18/2017

TRANSPORTATION CONSENT FORM

PARTICIPANT'S NAME: _____ (Print) DOB: _____

(Peer Specialist's Name) OF _____
(Name of Peer Specialist Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of participant)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

Signature of Legal Guardian (if participant under age 18) Relationship to Youth Date

Signature of Participant (must sign if age 14 or over) Date

WITNESSED BY:

Print Name of Witness

Signature of Witness Date Witnessed

Agency Address Agency Phone

EMERGENCY CONTACT:

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.