

Medicaid Services Manual
Transmittal Letter

June 24, 2025

To: Custodians of Medicaid Services Manual

From: Casey Angres
Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 4300 – Peer Support Services

Background And Explanation

A new Medicaid Services Manual (MSM) Chapter 4300 – Peer Support Services is being proposed to add service descriptions for Adult, Youth, and Family Peer Support. The chapter includes provider eligibility criteria, member eligibility criteria, covered services, non-covered services, authorization requirements, billing requirements, and legal references.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: The proposed changes affect all Medicaid-enrolled providers delivering Peer Support Services. These provider types (PT) include but are not limited to: Peer Support Services Agency/Entity/Group (PT 97, Specialty 897), Adult Certified Peer Support Specialist (PT 97, Specialty 706), Certified Family Peer Support Specialist (PT 97, Specialty 899), and Youth Certified Peer Support Specialist (PT 97, Specialty 720).

Financial Impact on Local Government: The financial impact or potential financial impact of the proposed regulation on local government is unknown at this time.

These changes are effective July 1, 2025.

Material Transmitted		Material Superseded
MTL 17/25		MTL NEW
Peer Support Services		Peer Support Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
4300	Peer Support Services	Added “Peer Support Services” Section.
4301	Authority	Added “Authority” Section.

Signature: Casey Angres

Casey Angres (Aug 4, 2025 15:44:51 PDT)

Email: cangres@dncfp.nv.gov

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
4302	Adult Peer Support Services	Added “Adult Peer Support Services” Section.
4302.1	Overview	Added “Overview” Section.
4302.1A	Eligible Providers	Added “Eligible Providers” Section.
4302.1B	Eligible Members	Added “Eligible Members” Section.
4302.1C	Covered Services	Added “Covered Services” Section.
4302.1D	Non-Covered Services	Added “Non-Covered Services” Section
4302.1E	Authorization Requirements	Added “Authorization Requirements” Section.
4302.1F	Billing	Added “Billing” Section.
4302.1G	Managed Care Members	Added “Managed Care Members” Section.
4302.2	Family Peer Support Services	Added “Family Peer Support Services” Section.
4302.2A	Overview	Added “Overview” Section.
4302.2B	Eligible Providers	Added “Eligible Providers” Section.
4302.2C	Eligible Members	Added “Eligible Members” Section.
4302.2D	Covered Services	Added “Covered Services” Section
4302.2E	Non-Covered Services	Added “Non-Covered Services” Section.
4302.2F	Authorization Requirements	Added “Authorization Requirements” Section.
4302.2G	Billing	Added “Billing” Section.
4302.2H	Managed Care Members	Added “Managed Care Members” Section.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
4302.3	Youth Peer Support Services	Added “Youth Peer Support Services” Section.
4302.3A	Overview	Added “Overview” Section.
4302.3B	Eligible Providers	Added “Eligible Providers” Section.
4302.3C	Eligible Members	Added “Eligible Members” Section.
4302.3D	Covered Services	Added “Covered Services” Section
4302.3E	Non-Covered Services	Added “Non-Covered Services” Section.
4302.3F	Authorization Requirements	Added “Authorization Requirements” Section.
4302.3G	Billing	Added “Billing” Section.
4302.3H	Managed Care Members	Added “Managed Care Members” Section.

NEVADA MEDICAID

MEDICAID SERVICES MANUAL TABLE OF CONTENTS

PEER SUPPORT SERVICES

4300	PEER SUPPORT SERVICES	1
4301	AUTHORITY	1
4302	ADULT PEER SUPPORT SERVICES.....	1
4302.1	OVERVIEW	1
4302.1A	ELIGIBLE PROVIDERS	1
4302.1B	ELIGIBLE MEMBERS	2
4302.1C	COVERED SERVICES.....	2
4302.1D	NON-COVERED SERVICES	2
4302.1E	AUTHORIZATION REQUIREMENTS.....	3
4302.1F	BILLING.....	3
4302.1G	MANAGED CARE MEMBERS	4
4302.2	FAMILY PEER SUPPORT SERVICES	4
4302.2A	OVERVIEW	4
4302.2B	ELIGIBLE PROVIDERS	4
4302.2C	ELIGIBLE MEMBERS	5
4302.2D	COVERED SERVICES.....	5
4302.2E	NON-COVERED SERVICES.....	6
4302.2F	AUTHORIZATION REQUIREMENTS	6
4302.2G	BILLING.....	7
4302.2H	MANAGED CARE MEMBERS.....	7
4302.3	YOUTH PEER SUPPORT SERVICES	7
4302.3A	OVERVIEW	7
4302.3B	ELIGIBLE PROVIDERS	7
4302.3C	ELIGIBLE MEMBERS	8
4302.3D	COVERED SERVICES.....	8
4302.3E	NON-COVERED SERVICES.....	9
4302.3F	AUTHORIZATION REQUIREMENTS.....	9
4302.3G	BILLING.....	10
4302.3H	MANAGED CARE MEMBERS.....	10

	MTL 17/25
NEVADA MEDICAID	Section: 4300
MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

PEER SUPPORT SERVICES

4300 PEER SUPPORT SERVICES

	MTL 17/25
NEVADA MEDICAID	Section: 4301
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

4301 AUTHORITY

- Section 1905(a)(13) of the Social Security Act (SSA)
- 42 Code of Federal Regulations (CFR) 440.130(c),(d)
- Nevada Medicaid State Plan, Attachment 3.1-A, Section 13d. (Coverage) and Attachment 4.19-B (Rates)
- Nevada Revised Statutes (NRS) 433.622-433.628 (Peer Recovery Support Services)
- NRS 433.631 (Certification)

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

4302 ADULT PEER SUPPORT SERVICES

4302.1 OVERVIEW

Adult Peer Support Services provide structured, recovery-oriented interventions delivered by Certified Peer Support Specialists who have lived experience with mental health or substance use disorders (SUD). These services assist individuals in achieving recovery, building self-advocacy skills, managing symptoms, and accessing community resources. Peer support services are person-centered and designed to empower individuals toward independent and productive lives.

There are two modalities for Adult Peer Support Services: Adult Mental Health Peer Support Services to support individuals with mental health disorders, and Adult Recovery Peer Support Services to support individuals with SUDs.

4302.1A ELIGIBLE PROVIDERS

1. Certified Peer Support Specialists who meet the following qualifications:
 - a. Self-identify as having lived experience with a mental health or SUD.
 - b. Hold certification from the Nevada Certification Board (NCB) or another state-approved training program which includes modules specific to serving adults with behavioral health needs.
 - c. Engage in ongoing training as required by the state.
 - d. Cannot have a familial relationship with the recipient.
2. Adult Peer Support Specialists may provide services on an individual basis in collaboration with a mental health provider or mental health provider agency, or as part of an agency that provides only adult peer support services. The requirements for each model are outlined below.
 - a. Individual Adult Peer Support Specialist. Any individual who has had lived experience as an individual with social, emotional, developmental, intellectual, health, and/or behavioral health care needs. Individual Adult Peer Support Specialists are contractually affiliated with a health care or behavioral health provider agency, or an independent licensed mental health professional.
 - b. Peer Support Services Agency. A Nevada-based agency that is peer-led and enrolled as a Peer Support Services group enrolled as a Medicaid provider and meets all requirements to maintain status as an approved Medicaid provider (Medicaid Services Manual (MSM) Chapter 100 – Medicaid Program).

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

4302.1B ELIGIBLE MEMBERS

Eligible members, over the age of 18, who are diagnosed with a mental health or SUD and have been identified by a professional as having a documented need for Adult Mental Health Peer Support Services or Adult Recovery Peer Support Services (SUD) to enhance recovery, build self-sufficiency, and strengthen community integration. Services must be documented within a current plan of care (POC).

4302.1C COVERED SERVICES

Adult Mental Health Peer Support Services and Adult Recovery Support Services (SUD) must be documented in the recipient's POC and coordinated with any care coordination or interdisciplinary teams.

Covered services include:

1. Recovery coaching and mentorship.
2. Skill-building in self-advocacy and resiliency.
3. Symptom management support.
4. Crisis de-escalation and support.
5. Assistance with navigating behavioral health services.
6. Support for social and community engagement.

Services may be provided individually or in groups.

Services can be provided face-to-face, by telephone, and through virtual meetings.

Services must incorporate a trauma-informed approach to care which seeks to enhance safety, trust, collaboration, and partnering between providers and recipients.

Supervision must be provided by a clinical supervisor (MSM Chapter 400 – Mental Health Services) or Peer Recovery and Support Specialist Supervisor certified by the NCB.

4302.1D NON-COVERED SERVICES

Services that do not directly support recovery or are not included in the POC are not eligible for Medicaid reimbursement under this benefit.

Adult Peer Support Specialists may not provide direct medical, care coordination, or therapy services.

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

Non-covered services under this benefit include but are not limited to:

1. Documentation
2. Room and board expenditures
3. Services delivered by a recipient's relative, unpaid interns, or volunteers
4. Services rendered to recipients who are institutionalized or residing in an institution for mental diseases.
5. Supervision
6. Providing transportation (this does not include connecting the child or family to transportation-related resources)
7. Clinical Services
8. Caregiver Services to individual or the individual's family (e.g., household tasks, chores such as laundering clothes, moving, housekeeping, and grocery shopping)

4302.1E AUTHORIZATION REQUIREMENTS

Adult Peer Support Services can be used for up to 18 hours/72 units annually before prior authorization is required. Prior authorizations must be approved by Medicaid's Quality Improvement Organization (QIO)-like vendor and may not exceed 90-day intervals. Prior authorizations must be based on the recipient's needs as documented in the POC.

4302.1F BILLING

Providers must follow Medicaid billing guidelines, including the use of appropriate service codes and modifiers.

The following codes must be used to bill for Medicaid-covered Adult Peer Support Services:

Billing Code	Brief Description	Unit	Prior Authorization Requirement
H0038	Self-help/Peer Services (Adult Peer Support Services)	Per 15 minutes	Yes
H0038-HQ	Self-help/Peer Services group (Adult Peer Support Services)	Per 15 minutes	Yes

Refer to the Nevada Medicaid Billing Manual for additional details on claims submission.

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

4302.1G MANAGED CARE MEMBERS

Managed care organizations (MCOs) must ensure compliance with Medicaid guidelines for Adult Mental Health Peer Support Services and Adult Recovery Peer Support Services (SUD). Providers should verify coverage requirements with the recipient's MCO.

4302.2 FAMILY PEER SUPPORT SERVICES

4302.2A OVERVIEW

Family Peer Support Services provide structured support to parents and caregivers of children and youth with behavioral health disorders. Certified Family Peer Support Specialists are adults with lived experience as parents or caregivers of children or youth with behavioral health disorders. Certified Family Peer Support Specialists assist families in navigating behavioral health systems, building self-advocacy skills, and promoting resilience within the family unit.

4302.2B ELIGIBLE PROVIDERS

1. Certified Family Peer Support Specialists who meet the following qualifications:
 - a. Self-identify as a parent or caregiver of a child or youth with a behavioral health disorder.
 - b. Hold certification from the NCB or another state-approved training program which includes modules specific to serving adults and youth with behavioral health needs.
 - c. Engage in ongoing training as required by Nevada Medicaid.
 - d. Cannot have a familial relationship with the recipient.
2. Family Peer Support Specialists may provide services on an individual basis in collaboration with a mental health provider or mental health provider agency, or as part of a family peer support services agency. The requirements for each model are outlined below.
 - a. Individual Family Peer Support Specialist: Individual Family Peer Support Specialists are contractually affiliated with a health care or behavioral health provider agency, or an independent licensed mental health professional.
 - b. Peer Support Services Agency: A Nevada-based agency that is peer-led and enrolled as a Peer Support Services group with Nevada Medicaid and meets all requirements to maintain status as an approved Medicaid provider (MSM Chapter 100).

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

4302.2C ELIGIBLE MEMBERS

Family Peer Support is provided to the family member or caregiver of an eligible member, under the age of 21, when services are medically necessary to ameliorate behavioral health conditions. Family Peer Support is provided for the direct benefit of the eligible member. The eligible member does not have to be present for the service to be provided. The need for services must be documented within a current POC.

4302.2D COVERED SERVICES

Family Peer Support Services must be documented in the recipient's POC and coordinated with any care coordination or interdisciplinary teams.

Covered services include:

1. Emotional Support: Assisting families in identifying informal supports.
2. Community Service Connection: Helping families to connect and navigate the process of obtaining resources within the community.
3. Parental Self-Care: Educating and providing resources to caregivers that promote self-care and enhances resiliency skills
4. Instructional Support: Empowering families to make informed decisions and advocate for their child.
5. Advocacy: Providing direct advocacy with the family on behalf of their child.
6. Information and Referral: Providing information and resources regarding development, impact, and support service options.
7. Child and Family Team Support: Supporting the family in voicing issues, concerns, and goals for the family.
8. Educational Support: Assisting families with school or educational meetings that can improve the child's well-being.
9. Crisis De-escalation: Supporting Qualified Mental Health Professionals (QMHPs) assisting in a crisis response to families identified with a need.

Family Peer Support Services may be provided individually or in groups.

Services can be provided face-to-face, by telephone, and through virtual meetings.

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

Family Peer Support Services must incorporate a trauma-informed approach to care which seeks to enhance safety, trust, collaboration, and partnership between providers and recipients.

Supervision must be provided by a clinical supervisor (per MSM Chapter 400) or a Family Peer Support Specialist Supervisor holding active certification from a Nevada Medicaid-approved program.

4302.2E NON-COVERED SERVICES

Services that do not directly support the eligible member or are not included in the POC are not covered. Family Peer Support Specialists may not provide direct medical, care coordination, or therapy services. Services cannot be provided by an individual who has a familial relationship with the individual(s) receiving support.

Non-covered services under this benefit include but are not limited to:

1. Documentation
2. Tutoring
3. Room and board expenditures
4. Services delivered by a recipient's relative, unpaid interns, or volunteers
5. Supervision
6. Providing transportation to a child or family receiving family peer support services (except connecting to transportation-related resources)
7. Clinical services
8. Caregiver services to family (e.g., babysitting, household tasks, chores such as laundering clothes, moving, housekeeping, and grocery shopping)

4302.2F AUTHORIZATION REQUIREMENTS

Family Peer Support Services can be used for up to 18 hours/72 units annually before prior authorization is required. Prior authorizations must be approved by Medicaid's QIO-like vendor and may not exceed 90-day intervals. Prior authorizations must be based on the expected benefit to the eligible member as documented in the POC to receive the service.

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

4302.2G BILLING

Providers must adhere to Medicaid billing guidelines using appropriate service codes and modifiers. The following codes must be used to bill for Medicaid-covered Family Peer Support Services

Code (Modifier)	Brief Description	Unit	Prior Authorization Requirement
H0038 (HR)	Family Peer Support Services (with client present)	Per 15 minutes	Yes
H0038 (HS)	Family Peer Support Services (without client present)	Per 15 minutes	Yes
H0038 (HQ + HR)	Group Family Peer Support Services	Per 15 minutes	Yes

Refer to the Nevada Medicaid Billing Manual for additional claims submission details.

4302.2H MANAGED CARE MEMBERS

MCOs must ensure compliance with Medicaid guidelines for Family Peer Support Services. Providers should verify coverage requirements with the recipient's MCO.

4302.3 YOUTH PEER SUPPORT SERVICES

4302.3A OVERVIEW

Youth Peer Support Services provide structured support to youth with behavioral health disorders. Certified Youth Peer Support Specialists are young adults (18 to 30 years old) with lived experience as a youth with a behavioral health disorder. Certified Youth Peer Support Specialists assist youth in building self-advocacy skills, developing wellness goals, navigating youth-serving systems, and transitioning to adult-serving systems.

4302.3B ELIGIBLE PROVIDERS

1. Certified Youth Peer Support Specialists who meet the following qualifications:
 - a. Self-identify as having lived experience with a behavioral health disorder as a youth.
 - b. Be a young adult between the ages of 18 and 30.

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

- c. Hold certification from the NCB or another state-approved training program which includes modules specific to serving youth with behavioral health needs.
 - d. Engage in ongoing training as required by the state.
 - e. Cannot have a familial relationship with the recipient.
2. Youth Peer Support Specialists may provide services on an individual basis in collaboration with a mental health provider or mental health provider agency, or as part of an agency that provides only youth peer support services. The requirements for each model are outlined below.
 - a. Individual Youth Peer Support Specialist. Any individual who has had lived experience as a youth with social, emotional, developmental, intellectual, health, and/or behavioral health care needs. Individual Youth Peer Support Specialists are contractually affiliated with a health care or behavioral health provider agency, or an independent licensed mental health professional.
 - b. Peer Support Services Agency. A Nevada-based agency that is peer-led and enrolled as a Peer Support Services group enrolled as a Medicaid provider and meets all requirements to maintain status as an approved Medicaid provider (per MSM Chapter 100).

4302.3C ELIGIBLE MEMBERS

Eligible members, under the age of 21, who are diagnosed with a mental health or SUD and have been identified by a professional as having a documented need for Youth Peer Support Services to build self-sufficiency and strengthen community integration. The need for services must be documented within a current POC.

4302.3D COVERED SERVICES

Youth Peer Support Services must be documented in the recipient's POC and coordinated with any care coordinator or interdisciplinary teams.

Covered services include:

1. Emotional support and encouragement
2. Skill-building in self-advocacy
3. Developing wellness goals
4. Symptom management support
5. Crisis de-escalation and support

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

6. Assistance with navigating youth-serving systems
7. Assistance with transitioning to adult-serving systems
8. Support for social and community engagement

Services may be provided individually or in groups

Services can be provided face-to-face, by telephone, and through virtual meetings.

Services must incorporate a trauma-informed approach to care which seeks to enhance safety, trust, collaboration, and partnering between providers and recipients.

Supervision must be provided by a clinical supervisor (per MSM Chapter 400) or a Youth Peer Support Specialist Supervisor holding active certification from a Nevada Medicaid-approved program.

4302.3E NON-COVERED SERVICES

Services that do not directly support the eligible youth or are not included in the POC are not covered. Youth Peer Support Specialists may not provide direct medical, care coordination, or therapy services. Services cannot be provided by an individual who has a familial relationship with the individual(s) receiving support.

Non-covered services under this benefit include but are not limited to:

1. Documentation
2. Tutoring
3. Room and board expenditures
4. Services delivered by a recipient's relative, unpaid interns, or volunteers
5. Supervision
6. Providing transportation (except connecting to transportation-related resources)
7. Clinical services
8. Caregiver services to the youth or the youth's family (e.g., babysitting, household tasks, chores such as laundering clothes, moving, housekeeping, and grocery shopping)

4302.3F AUTHORIZATION REQUIREMENTS

Youth Peer Support Services can be used for up to 18 hours/72 units annually before prior authorization is required. Prior authorizations must be approved by Medicaid's QIO-like vendor

	MTL 17/25
NEVADA MEDICAID	Section: 4302
MEDICAID SERVICES MANUAL	Subject: POLICY

and may not exceed 90-day intervals. Prior authorizations must be based on the recipient's needs as documented in the POC.

4302.3G BILLING

Providers must adhere to Medicaid billing guidelines using appropriate service codes and modifiers. The following codes must be used to bill for Medicaid-covered Youth Peer Support Services:

Code (Modifier)	Brief Description	Unit	Prior Authorization Requirement
H0038-HA	Self-help/Peer Services (Youth Peer Support Services)	Per 15 minutes	Yes
H0038-HQ + HA	Self-help/Peer Services group (Youth Peer Support Services)	Per 15 minutes	Yes

Refer to the Nevada Medicaid Billing Manual for additional claims submission details.

4302.3H MANAGED CARE MEMBERS

MCOs must ensure compliance with Medicaid guidelines for Youth Peer Support Services. Providers should verify coverage requirements with the recipient's MCO.