

Section 4300.2 | **FAMILY PEER SUPPORT SERVICES**

**4300.20 FAMILY PEER SUPPORT SERVICES**

**4300.21 OVERVIEW**

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

**4300.22 ELIGIBLE PROVIDERS**

Certified Family Peer Support Specialists who meet the following qualifications

1. Self-identify as a parent or caregiver of a child or youth with a mental health or substance use disorder.
2. Hold active certification from Nevada Medicaid state-approved peer support training program.
3. Complete specialized training modules in Family Peer Support Services as part of Family Peer Support Specialist certification. Inclusive of trauma informed approach.
4. Engage in ongoing training as required by the State.
5. 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:

1. **Individual Family Peer Support Specialist** – Any individual who has lived experience as a parent or primary caregiver of a child or youth with social, emotional, developmental, intellectual, health, and/or behavioral health care needs. Individual Family Peer Support Specialists are contractually affiliated with a health care or behavioral health provider agency, or an independent licensed mental health professional.
2. **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 (MSM Chapter 100).

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**4300.23 ELIGIBLE MEMBERS**

Medicaid eligible recipients, under the age of 21, who are diagnosed with a mental health or substance use disorder and have been identified by a professional as having a documented need for Family Peer Support Services to enhance recovery, build self-sufficiency, and strengthen community integration. Services must be documented within a current treatment plan.

**4300.24 COVERED SERVICES**

Family Peer Support Services must be documented in the recipient's treatment plan and coordinated with any case management 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 assisting in a crisis response to families identified with a need.

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

Family Peer Support 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.

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Supervision must be provided by a clinical supervisor (per MSM Chapter 400) or A Peer Recovery and Support Specialist Supervisor, certified by the Nevada Certification Board (NCB).

### **4300.25 NON-COVERED SERVICES**

Services that do not directly support family recovery or are not included in the treatment plan are not covered. Family Peer Support Specialists may not provide direct medical, case management, or therapy services. Services cannot be provided by an individual who has a familial or personal 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 provided on the day of admission to a residential program
5. Services rendered to recipients who are institutionalized or residing in an institution for mental diseases
6. Services delivered by a recipient's relative, unpaid interns, or volunteers
7. Supervision
8. Providing transportation to a child or family receiving family peer support services (except connecting to transportation-related resources)
9. Clinical services
10. Caregiver services to family (e.g., babysitting, household tasks, chores such as laundering clothes, moving, housekeeping, and grocery shopping)

### **4300.26 AUTHORIZATION REQUIREMENTS**

1. Family Peer Support Services do not require prior authorization for the first 26 hours (104 units) annually.
2. Beyond 26 hours (104 units), prior authorization must be approved by Nevada Medicaid's Quality Improvement Organization (QIO)-like vendor. Authorizations may not exceed 90-day intervals.

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3. Prior authorizations must be based on the recipient's needs as documented in the treatment plan.

**4300.27 BILLING**

Providers must adhere to Medicaid billing guidelines using appropriate service codes and modifiers:

<b>Billing Code</b>	<b>Brief Description</b>	<b>Unit</b>	<b>Prior Authorization Requirement</b>
<b>H0038-HR</b>	Self-help/Peer services (Family Peer Support Services)— <b>with client present</b>	Per 15 minutes	Yes
<b>H0038-HS</b>	Self-help/Peer services (Family Peer Support Services)— <b>without client present</b>	Per 15 minutes	Yes
<b>H0038-HQ</b>	Self-help/Peer services (Family Peer Support) <b>group</b>	Per 15 minutes	Yes

Prior authorization is required after the first 26 hours (104 units) annually.

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

**4300.28 MANAGED CARE MEMBERS**

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

**4300.29 LEGAL REFERENCES**

1. Section 1905(a)(13) of the Social Security Act
2. 42 CFR 440.130(c); 42 CFR 440.130(d)
3. Nevada Medicaid State Plan, Attachment 3.1-A
4. NRS 433.622-433.628 (Peer Recovery Support Services)
5. NRS 433. 631 (Certification)