

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-03-14</b>
	Effective Date	<b>12/01/2022</b>
	Revision Date	<b>N/A</b>
Title: <b>Peer Staff Registration</b>	Functional Area: <b>Beneficiary Protection</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
<b>Alexandra Rechs, MFT</b> Program Manager, Quality Management		

**BACKGROUND/CONTEXT:**

Sacramento County Behavioral Health Services is responsible for assuring that the mental health and substance use prevention and treatment services provided are commensurate with the scope of practice, training and experience of the staff utilized. Behavioral Health Services, Quality Management (QM) must certify all staff providing mental health and substance use prevention and treatment services are in accordance with Title 9, Welfare and Institution Code, and Business and Professions Code regulations. QM is responsible for issuing a staff registration number when the classification and certification requirements are met.

**DEFINITIONS:**

**Behavioral Health Peer Specialist Classifications**

Behavioral Health Peer Specialists are individuals with lived experience as behavioral health clients, family members, or caregivers of an individual living with a behavioral health condition. Their role is to provide support and help others navigate complex social systems, like the behavioral health system. Peer Specialists may provide services that are tracked or billed, and services provided may require a co-signature (See Staff Billing Priviliages Matrix, Attachment C). Qualifications for a particular Peer Specialist classification are independent of positions available within the provider organizational structure. All Peer Specialist Classifications require the individual to have a current Medi-Cal Peer Support Specialist Certification and meet one of the following requirements:

**Behavioral Health Peer Specialist Supervisor:** to maintain the efficacy and evidenced based practice of the utilization of certified peer support specialists as supervisors of other peers, every effort should be made to hire peers into the supervisory role. Depending on the availability of the peer work force California Department of Health Care Services (DHCS) will allow supervision to be provided by those who have taken a DHCS approved peer support supervisory training curriculum, and meets one of the following qualifications:

- Has a Medi-Cal Peer Support Specialist Certification and has two (2) years of experience working in the behavioral health system (Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS));

Or

- Is a non-peer behavioral health professional, (including registered or certified substance use disorder counselor) and has worked in the behavioral health system (MHP or DMC-ODS) for a minimum of two (2) years - *This is the only exception to the Medi-Cal Peer Support Specialist Certification requirement.*

**Senior Behavioral Health Peer Specialist:** is an individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer and has two (2) years of full-time paid experience as a peer counselor or advocate for children/youth or adults receiving behavioral health services or for their families or caregivers.

**Behavioral Health Peer Specialist:** is an individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer. This position does not require a co-signature.

**Behavioral Health Peer Specialist (Co-signature required):** is an individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer. This classification does require a co-signature. Once the supervisor of the individual is confident in the staff's direct service and documentation skills they may be re-registered and the "Always Require Co-Signature" designation removed.

### **Peer - No-Certification (Other Qualified Provider)**

An individual employed by a MHP provider who may use a variety of funding streams other than the Medi-Cal Peer Support Services benefit to support training and the provision of peer services for all population types within county operated or contracted programs, regardless of a peer's certification status. For example, peers may provide certain SMHS if the county MHP has found the peer to be qualified and all other federal and state requirements are met. Individuals identifying as peers may meet the definition of "Other Qualified Provider"; as established in the California's Medicaid State Plan, the definition of "Other Qualified Provider" is "an individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service." MHPs have the authority to determine, in accordance with any applicable state and federal requirements, whether an individual such as a peer meets the Other Qualified Provider criteria and is able to provide covered SMHS as specified in Supplement 3 to Attachment 3.1-A in the State Plan. Claiming for covered SMHS services when delivered by peers who are Other Qualified Providers is only an option for SMHS, and does not apply to covered DMC or DMC-ODS services delivered by peers.

**Peer – No Certification** – an individual employed by a MHP provider that is going through the peer specialist training and certification process or for those peer staff who choose not to become certified. This classification will use the Medi-Cal and MHSA Peer codes identified in the Staff Billing Privileges Matrix. This classification does not require a co-signature.

**Peer – No Certification (Co-Signature Required)** - an individual employed by a MHP provider that is going through the peer specialist training and certification process or for those peer staff who choose not to become certified. This classification will use the Medi-Cal and MHSA Peer codes identified in the Staff Billing Privileges Matrix. This classification does require a co-signature. Once the supervisor of the individual is confident in the staff's direct service and documentation skills they may be re-registered as Peer – No Certification or one of the certified peers classifications if qualifications are met.

### **PURPOSE:**

The purpose of this policy and procedure is to delineate the peer staff classifications and the corresponding qualifications, education, documentation requirements, for all staff providing mental health and substance use and prevention services. It is the policy of Behavioral Health Services to classify each qualifying staff providing mental health and/or substance use and prevention services, directly or indirectly. A staff registration number is issued based on staff meeting requirements for each classification. Failure to register a staff into a classification with QM prior to the staff providing services to

clients at the current MHP or SUPT provider site, may result in disallowance of all claims submitted by this staff until the staff is appropriately registered.

***This policy is not meant to supersede specific program design or contractual obligations.***

## **DETAILS:**

### **I. Quality Management Peer Staff Registration Form and Application**

The completed Quality Management Peer Staff Registration Application Form (Attachment AC) and a copy of the NPI printout with the appropriate taxonomy code, must be submitted to [Quality Management](#) with all the required supporting documentation for the requested professional classification at the start of employment.

#### **A. Specify the reason for the application:**

1. **New** – this staff is unknown to the MHP or SUPT and does not possess an Avatar Staff Identification (ID) number.
2. **Update**- This staff possesses an Avatar Staff ID and the agency wishes to change information previously submitted. Example: Name change, professional classification, employment status, agency. **Please note:** when a staff changes from one program to another within an agency, an updated registration form must be completed, even when a classification does not change. Supporting documentation is required when there is a change in classification. Failure to register the staff with QM to the new program in a timely manner causes this staff to be out of compliance with this P&P. All billings incurred prior to registration to the new program may be disallowed.

#### **B. Agency**

1. Agency name
2. Phone number of the staff registration contact person within the agency
3. Date application is being completed
4. Contact person's name for staff registration issues
5. Contact person's email address

#### **C. Applicant**

1. Applicant Name. ***It must match the name on NPI Registry and Certifying Organization, if applicable.***
2. Date of Birth **(required to query State and Federal databases mandated as part of the credentialing process),**
3. Previous Name/AKA – indicate any previous name(s) submitted.
4. Social Security number **(required to query State and Federal databases mandated as part of the credentialing process)**
5. Gender **(Required for Staff Registration)**
6. Date of Employment with current agency
7. Start Date in Classification being requested
8. Employment Status – indicate appropriate status

**D. Professional Classification** - Indicate the specific classification for which this staff qualifies and is being hired to perform.

**E. Dual SUPT/Mental Health Role Classification – (For QM Internal purposes only).** This box may only be used by staff who work concurrently with a DBHS substance use and prevention and mental health program and the classifications within each program are different. QM will complete this section, as appropriate.

**II. Network Adequacy Information** – DHCS is responsible for monitoring the MHPs network adequacy to meet state and federal standards. This information will be entered into the county electronic health

record (EHR) and used in place of the current Network Adequacy Certification Tool (NACT) Excel spreadsheet format.

- A. **Staff Email Address** – Staff’s work email address
- B. **Telehealth Provider** – This identifies if the staff provides behavioral health services using telehealth service modality, which for this purpose, can be either via telephone or two-way video interface.
- C. **Field Based Services** – This indicates if the staff travels to the beneficiaries (e.g., beneficiary’s home) and/or community settings to deliver covered services.
- D. **Maximum Distance Provider May Travel** – This is the farthest the staff will travel to provide field based services.
- E. **Area of Expertise** – This identifies if the staff primarily provides services for children and youth, adults, or both.
- F. **Service Types (choose all that apply)** – This describes the types of services the staff is able to provide based on their classification and scope of practice.
- G. **Cultural Competence Training** – This indicates if the staff received cultural competence training within the past 12 months.
- H. **Languages Spoken Other Than English and Level of Fluency (choose up to 3)** – This identifies languages spoken by staff other than English. Level of fluency is also noted and should be based on formal language proficiency evaluation.
- I. **Site Address(s)** – Network adequacy tracks staff by provider site. If staff works at multiple sites include the program name and address for each.
- J. **FTE Adult and FTE Children** – For each site and age group served by the staff, enter the percentage of a full-time equivalent (FTE) position each staff is available to serve beneficiaries. Enter the percentage as a numeric three digit value that is greater than or equal to “000” and less than or equal to “100”. For example, 20 hours per week or 0.5 FTE would equate to “050.” If a staff serves adults and children/youth, the staff’s FTE percentage should be reported for each age group. For example, if one FTE staff serves children/youth 30% of the time and adults 70% of the time, enter the respective FTE value for that age group (i.e., 030 for 0-20; 070 for 21+).
- K. **Max Caseload Adult and Max Caseload Children** – This identifies the maximum caseload assigned to a staff per site and per age group served by the staff. If the staff does not have a set caseload then enter the maximum number of beneficiaries the staff is able to serve in a typical work week.
- L. **Hire Date** – Provider is required to update Quality Management when a staff begins providing services for each site/program.
- M. **Termination Date** - Provider is required to update Quality Management of the termination date when a staff is no longer employed at a provider agency or program. The original copy of the registration may be scanned and emailed, faxed or mailed to QM with the termination date added. This step is imperative to prevent unintended violations with compliance regulations.

### III. Professional Classification Supporting Documentation

#### A. Behavioral Health Peer Specialist Class:

1. Peer Staff Registration Form completed (Attachment AC).

2. Peer Staff Application Form completed and signed (Attachment B1 or B2).
3. For Certified Peer Specialists (including Senior and Supervisor classifications)– submit a copy of the CalMHSA Board’s certification.
4. Resume demonstrating paid work experience for Senior and Supervisor classifications.
5. Proof of completion of DHCS approved peer support supervisory training curriculum (If applicable).
6. National Provider Number (NPI) – Write NPI number on the form and attach the NPPES printout. Please use the Recommended Taxonomy Code **175T00000X**

**B. Peer – No Certification**

1. Peer Staff Registration Form completed (Attachment AC).
2. Peer Staff Application completed and signed (Attachment B1 or B2). High School diploma or GED required. No work experience required.
3. National Provider Number (NPI) – Write NPI number on the form and attach the NPPES printout. Please use the Recommended Taxonomy Code **170V00000X**

**IV. Quality Management Staff Certification document**

- A. QM will return the signed application to the agency following inspection of all the required supporting documents.
  1. The Staff ID number will be issued/activated when QM certifies the staff.
  2. The documents must be maintained in the agency staff file, and available upon request for site certification, staff registration, and federal/state/local audit purposes .

**REFERENCE(S)/ATTACHMENTS:**

- Title 9. Division I, Chapter 3, Article 8; Welfare & Institutions Code Section 5600, 5750, 5751
- [DHCS BHIN No.: 22-040](#)
- [DHCS BHIN No.: 22-026](#)
- [DHCS BHIN No.: 22-018](#)
- [DHCS BHIN No.: 21-041](#)
- Attachment AC – Peer Staff Registration Form
- Attachment B1 and B2 – Peer Staff Application
- Attachment C - Staff Registration-Service and Billing Privileges Matrix

**RELATED POLICIES:**

- PP-BHS-QM-03-07 Staff Registration
- No. 04-01 Site Certification of Physical Plant

**DISTRIBUTION:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
<b>X</b>	Mental Health Staff	<b>X</b>	Children’s Contract Providers
<b>X</b>	Mental Health Treatment Center	<b>X</b>	Substance Use Prevention and Treatment Services
<b>X</b>	Adult Contract Providers		

**CONTACT INFORMATION:**

- Quality Management Information  
[QMInformation@SacCounty.net](mailto:QMInformation@SacCounty.net)
- Quality Management Staff Registration  
[DHSQMStaffReg@saccounty.net](mailto:DHSQMStaffReg@saccounty.net)



Sacramento County Department  
of Health Services  
Division of Behavioral Health Services  
**QUALITY MANAGEMENT**  
**PEER STAFF REGISTRATION APPLICATION**

Avatar Staff ID Number (if known): \_\_\_\_\_ New: \_\_\_\_\_ Update: \_\_\_\_\_

**Agency**

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Applicant**

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I. (required)

Previous Name/AKA: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First M.I. (required)

NPI Number: \_\_\_\_\_ Gender: \_\_\_\_\_  
(required)

Date of Employment: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Full Time Part Time Contracted Temporary/On-Call Volunteer

Start Date in Classification: \_\_\_\_\_

**Peer Professional Classification and Taxonomy** (choose one and attach certification documents)

Peer – No Certification – Co-signature Required – 172V00000X

Peer – No Certification – 170V00000X

BH Peer Specialist – Co-signature Required – 175T00000X

BH Peer Specialist – 175T00000X

BH Senior Peer Specialist – 175T00000X

BH Peer Specialist Supervisor – 175T00000X

Certification #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Certification Organization Name: \_\_\_\_\_

**Dual ADS/Mental Health Role Classification**

Yes:

No:

**(INTERNAL USE ONLY)**

**NETWORK ADEQUACY INFORMATION – MHP ONLY**

Staff Work Email address: \_\_\_\_\_

Telehealth Provider:    O = Only Telehealth Provided        B = Both In-person and Telehealth Provided  
  N = No Telehealth Provided

Field Based Services:    Yes:            No:

Maximum Distance Provider May Travel: \_\_\_\_\_

Area of Expertise:    C = Child (0-20)        A = Adult (21+)        A&C = Both

Service Types (choose all that apply):

- |                             |                               |
|-----------------------------|-------------------------------|
| Mental Health Services      | Case Management               |
| Crisis Intervention         | Medication Support            |
| Intensive Care Coordination | Intensive Home Based Services |

Cultural Competence Training:    Yes        No

Languages Spoken Other Than English and Level of Fluency (choose up to 3):

Arabic	Fluency: _____	Korean	Fluency: _____
Armenian	Fluency: _____	Mandarin	Fluency: _____
Cambodian (Khmer)	Fluency: _____	Other Chinese	Fluency: _____
Cantonese (Yue Chinese)	Fluency: _____	Russian	Fluency: _____
Farsi (Persian)	Fluency: _____	Spanish	Fluency: _____
Hmong	Fluency: _____	Tagalog	Fluency: _____
American Sign Language (ASL) Fluency:	_____	Vietnamese	Fluency: _____



**Site Information – MHP ONLY**

Information must be complete for each program and site address staff works.

<b>Site #1 - Program Name</b> _____			
Street Address	Suite#	City	Zip
*FTE Adult: _____	*FTE Youth: _____	**Max Caseload Adult: _____	**Max Caseload Youth: _____
Hire Date: _____	Term Date: _____		
<b>Site #2 – Program Name</b> _____			
Street Address	Suite#	City	Zip
*FTE Adult: _____	*FTE Youth: _____	**Max Caseload Adult: _____	**Max Caseload Youth: _____
Hire Date: _____	Term Date: _____		
<b>Site #3 – Program Name</b> _____			
Street Address	Suite#	City	Zip
*FTE Adult: _____	*FTE Youth: _____	**Max Caseload Adult: _____	**Max Caseload Youth: _____
Hire Date: _____	Term Date: _____		
<b>Site #4 - Program Name</b> _____			
Street Address	Suite#	City	Zip
*FTE Adult: _____	*FTE Youth: _____	**Max Caseload Adult: _____	**Max Caseload Youth: _____
Hire Date: _____	Term Date: _____		

\* FTE Adult and FTE Children – For each site and age group served by the staff, enter the percentage of a full-time equivalent (FTE) position each staff is available to serve beneficiaries. Enter the percentage as a numeric three-digit value that is greater than or equal to “000” and less than or equal to “100”. For example, 20 hours per week or 0.5 FTE would equate to “050.” If a staff serves adults and children/youth, the staff’s FTE percentage should be reported for each age group. For example, if one FTE staff serves children/youth 30% of the time and adults 70% of the time, enter the respective FTE value for that age group (i.e., 030 for 0-20; 070 for 21+).

\*\* Caseload Adult and Max Caseload Children – This identifies the maximum caseload assigned to a staff per site and per age group served by the staff. If the staff does not have a set caseload then enter the maximum number of beneficiaries the staff is able to serve in a typical work week.

**Send completed form to:**

Email: [DHSQMStaffReg@saccounty.net](mailto:DHSQMStaffReg@saccounty.net) -or- Fax: (916) 875-0877 Notify  
Quality Management of any staffing changes or staff terminations.

7001-A East Parkway, Suite 300 • Sacramento, California 95823 • phone (916) 875-0844 • fax (916) 875-0877



Sacramento County
Department of Health Services
Division of Behavioral Health Services
PEER STAFF APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following qualifications required to register for the Peer Staff classification category indicated below.

- Behavioral Health Peer Specialist Supervisor - An individual that has completed a Department of Health Care Services (DHCS) approved peer support supervisory training curriculum and meets at least one of the below qualifications:
- Has a Medi-Cal Peer Support Specialist Certification Program certification and two years of experience working in the behavioral health system (Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS)).
- Has worked as a non-peer behavioral health professional (including registered or certified substance use counselor) in the behavioral health system (MHP or DMC-ODS) for a minimum of two years.
Senior Behavioral Health Peer Specialist - An individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer and has two (2) years of full-time paid experience as a peer counselor or advocate for children/youth or adults receiving behavioral health services or for their families or caregivers. This position does not require a co-signature.
Behavioral Health Peer Specialist - An individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer. This position does not require a co-signature.
Behavioral Health Peer Specialist (Co-signature required) - An individual that is currently or was previously a consumer of behavioral services (mental health or substance use), or a parent or family member/caretaker of a behavioral health consumer. This classification does require a co-signature. Once the supervisor of the individual is confident in the staff's direct service and documentation skills they may update the classification to Behavioral Health Peer Specialist and the co-signature requirement may be removed.

Applicant: \_\_\_\_\_
Signature Date

Agency Representative: \_\_\_\_\_
Signature Date

Quality Management: \_\_\_\_\_
Signature Date



Sacramento County
Department of Health Services
Division of Behavioral Health Services
PEER STAFF APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following qualifications required to register for the Peer Staff classification category indicated below.

- Peer Staff (No Certification) - An individual employed by a MHP provider that is going through the peer specialist training and certification process or for those peer staff who choose not to become certified. This classification will use the Medi-Cal and MHSA Peer codes identified in the Staff Billing Privileges Matrix. This classification does not require a co-signature.
Peer Staff (No Certification - Co-Signature Required) - An individual employed by a MHP provider that is going through the peer specialist training and certification process or for those peer staff who choose not to become certified. This classification will use the Medi-Cal and MHSA Peer codes identified in the Staff Billing Privileges Matrix. This classification does require a co-signature. Once the supervisor of the individual is confident in the staff's direct service and documentation skills they may update the classification to Peer - No Certification and the "Always Require Co-Signature" designation may be removed.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Management: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Peer Services**

Billing Codes		Professional Classification					
Mental Health Services	Treatment Codes	Peer – No Certification (Co-Sig Req)	Peer – No Certification	Peer Specialist (Co-Sig Req)	Peer Specialist	Senior Peer Specialist	Peer Program Supervisor
Collateral	95010	*	X	*	X	X	X
Collateral in Community	95020	*	X	*	X	X	X
Collateral -Phone	95030	*	X	*	X	X	X
Group Session	96520	*	X	*	X	X	X
Group Session in Community	96522	*	X	*	X	X	X
Rehabilitation	94000	*	X	*	X	X	X
Plan Development	98500	***	**	***	**	**	**
<b>Katie A. Services</b>							
Intensive Care Coordination Child and Family Team	ICC-CFT	*	X	*			
Intensive Care Coordination	KTA1	*	X	*	X	X	X
Intensive Home Based Services	KTA2	*	X	*	X	X	X
<b>Case Management / Brokerage</b>							
Case Management	94510	*	X	*	X	X	X
<b>Crisis Intervention</b>							
Crisis Intervention	95510	*	X	*	X	X	X
Crisis Intervention - Add On	90840	*	X	*	X	X	X
<b>Miscellaneous Services</b>							
Cancellation	90501	X	X	X	X	X	X
No Show	90500	X	X	X	X	X	X
Community Client Contact	20500	X	X	X	X	X	X
Client Non-Billable Activity	11111	X	X	X	X	X	X
<b>Peer Service Codes</b>							
Peer - Education/Employment	PS001	*	X				
Peer - Community Linkage	PS002	*	X				
Peer - Alcohol and/or Drug	PS003	*	X				
Peer - Physical/Medical Care	PS004	*	X				
Peer - Post Program Planning	PS005	*	X				
Peer - Group Activities	PS006	*	X				
Peer - Personal Plan Creation	PS007	*	X				
Peer - Housing Activities	PS008	*	X				
Peer - Benefits Education	PS009	*	X				
Peer - Crisis Support	PS010	*	X				
Peer - Family Crisis Support	PS011	*	X				
Peer - WRAP	PS012	*	X				
Peer - Case Coordination	PS013	*	X				
Peer - Client Support	PS014	*	X				
Peer - Family Support	PS015	*	X				
BH Prevention Education Service	H0025			*	X	X	X
Self-Help/Peer Services	H0038			*	X	X	X

**X** No restrictions

**\*** Requires co-signature of LPHA/LPHA Waived / MHRS / LVN / PT

**\*\*** Limited to progress note only, including Care Plans within the progress note