



DATE: April 4, 2025

Behavioral Health Information Notice No: 25-010  
Supersedes BHIN Numbers: BHIN [21-041](#); BHIN [22-006](#); BHIN [22-018](#);  
BHIN [22-026](#); BHIN [22-040](#); BHIN [22-061](#); BHIN [22-062](#); BHIN [22-067](#);  
BHIN [23-003](#); BHIN [23-010](#); and BHIN [23-012](#)

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Program  
California Association of Mental Health Peer Run Organizations  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professionals  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Medi-Cal Peer Support Services, Medi-Cal Peer Support Specialists,  
and Medi-Cal Peer Support Specialists Certification Program  
Standards

PURPOSE: To provide the requirements and standards for implementing the  
Medi-Cal Peer Support Services benefit, Medi-Cal Peer Support  
Specialist provider type, and Medi-Cal Peer Support Specialist  
Certification Programs.

REFERENCE: Centers for Medicare and Medicaid Services State Medicaid  
Directors Letter [#07-011](#); [Welfare and Institutions Code, Division 9,  
Part 3, Chapter 7, Article 1.4](#); California State Plan Amendment  
(SPA) [#21-0051](#).

**BACKGROUND:**

This Behavioral Health Information Notice (BHIN) consolidates and updates  
Department of Health Care Services (DHCS) guidance and standards for the Medi-  
Cal Peer Support Services benefit, the Medi-Cal Peer Support Specialist provider  
type, and the Medi-Cal Peer Support Specialist Certification Program.

Senate Bill (SB) 803, chaptered in 2020, authorized DHCS to seek federal approvals to add Medi-Cal Peer Support Specialists as a Medi-Cal provider type and Medi-Cal Peer Support Services as a distinct service type in Mental Health Plans (MHPs) and Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) programs (collectively referred to as “Medi-Cal behavioral health delivery systems”) opting into this Medi-Cal benefit (Welf. & Inst. Code, § [14045.19](#)). Medi-Cal behavioral health delivery systems that elect to provide this Medi-Cal benefit shall fund the county portion of the non-federal share of payments for services (*id.*). DHCS received federal approvals of its CalAIM Section 1115 Demonstration Waiver and State Plan Amendment adding Peer Support as a distinct Medi-Cal service type in December 2021.<sup>1</sup>

SB 803 also directed DHCS to develop state standards for Medi-Cal Peer Support Specialist Certification Programs that may be implemented by counties that opt in to provide Medi-Cal Peer Support Services or by county-contracted certification entities (Welf. & Inst. Code, §§ [14045.13](#) and [14045.14](#)). Certification of Medi-Cal Peer Support Specialists is required for Medi-Cal reimbursement of Peer Support Services.<sup>2</sup> DHCS worked with stakeholders to develop these certification standards, including behavioral health and peer-led associations, county partners, representatives from non-profit organizations, peer support workers, behavioral health consumers, and other interested individuals. These standards are non-binding for peer support worker programs operating through other, non-Medi-Cal funding streams, but are valuable as best practices. Qualified peers that have not been certified as Medi-Cal Peer Support Specialists may provide other Specialty Mental Health Services (SMHS) if they meet the “other qualified provider” requirements defined in California’s Medicaid State Plan.<sup>3</sup>

This BHIN includes requirements for the Medi-Cal Peer Support Services benefit, the Medi-Cal Peer Support Specialist provider type, and state standards for Medi-Cal Peer Support Specialist Certification Programs, including the steps counties that opt in shall take to implement these programs.

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<sup>1</sup> See [California State Plan Amendments \(SPAs\) #: 21-0051, 20-0006-A, and 21-0058](#), and the [CalAIM Section 1115 demonstration waiver and 1915\(b\) waiver](#).

<sup>2</sup> See Peer Support Specialist definition and provider qualifications in California State Plan, [Supplement 3 to Attachment 3.1-A](#), pages 2i and j and [Supplement 2 to Attachment 3.1-B, and Supplement 3 to Attachment 3.1-B](#)).

<sup>3</sup> See [Supplement 3 to Attachment 3-1 A and Supplement 2 to Attachment 3-1 B](#).

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**Section 1 - Medi-Cal Peer Support Services**

(a) Medi-Cal Peer Support Services are defined as “culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower Medi-Cal members through strength-based coaching, support linkages to community resources, and educate members and their families about their conditions and the process of recovery.”<sup>4</sup>

(b) Medi-Cal Peer Support Specialists shall use their personal lived experience of recovery to assist individuals with their recovery from a mental illness or substance use disorder (SUD).

(c) Medi-Cal Peer Support Services may be provided with the member or significant support person(s) and may be provided in a clinical or non-clinical setting.<sup>5</sup>

(d) Medi-Cal Peer Support Services shall be based on an approved plan of care that includes specific individualized goals.<sup>6</sup>

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<sup>4</sup> [California’s Medicaid State Plan, Supplement 3 to Attachment 3.1-A.](#)

<sup>5</sup> [California’s Medicaid State Plan, Supplement 3 to Attachment 3.1-A](#)

<sup>6</sup> [CMS Medicaid Directors Letter #07-011.](#)

## **Section 2 - Medi-Cal Peer Support Services to Parents/Legal Guardians, Caregivers, or Other Collaterals**

(a) Medi-Cal Peer Support Services may include contact with parents/legal guardians, caregivers, family members, or other collaterals (family members or other people supporting the member), if the purpose of the collateral's participation is to focus on the recovery and treatment needs of the member by supporting the achievement of the member's goals. There may be times when, based on clinical judgment, the member is not present during the delivery of the service, but remains the focus of the service.<sup>7</sup>

## **Section 3 - Medi-Cal Peer Support Services Service Components**

(a) Medi-Cal Peer Support Services may be delivered as a standalone service or provided in conjunction with other Specialty Mental Health Services (SMHS), DMC, or DMC-ODS services, including inpatient and residential services. Medi-Cal Peer Support Specialist Services are not subject to prior authorization by Medi-Cal behavioral health delivery systems. In accordance with the SMHS, DMC, and DMC-ODS billing manuals,<sup>8</sup> there are no lockouts for Medi-Cal Peer Support Services. Medi-Cal Peer Support Services may be delivered by any Medi-Cal Peer Support Specialist affiliated with an organizational provider that is contracted with a Medi-Cal behavioral health delivery system to provide Medi-Cal Peer Support Services. Medi-Cal Peer Support Services must be coordinated to avoid duplicative services.<sup>9</sup>

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<sup>7</sup> For instance, Medi-Cal Peer Support Services may be provided to parents/legal guardians of members 17 years of age and younger when the service is directed exclusively toward the benefit of the member. Medi-Cal Peer Support Services in this context consist of a Peer Support Specialist who uses their personal lived experience to assist the parents/legal guardians/Resource Families of members 17 years of age and younger with mental illness and/or substance use disorders in performing a range of tasks to support the member during the recovery process. Medi-Cal Peer Support Specialists providing services to the parents/legal guardians of a member 17 years of age and younger may have a "Parent, Caregiver, and Family Member" Medi-Cal Peer Support Specialist certification specialization and "should be self-identified consumers who are in recovery from mental illness and/or substance use disorders;" or a parent of a child with a similar mental illness and/or substance use disorder, or an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder. ([CMS Medicaid Directors Letter #07-011](#) and [CMS' Clarifying Guidance on Peer Support Services Policy](#).)

<sup>8</sup> See the [SMHS Billing Manual version 1.5](#), [DMC State Plan Billing Manual](#), and [DMC-ODS Billing Manual](#).

<sup>9</sup> [42 CFR § 438.208\(b\)\(4\)](#).

(b) Medi-Cal Peer Support Services must be based on an approved plan of care. Please refer to [BHIN 23-068](#), or superseding guidance, for documentation requirements for SMH, DMC, and DMC-ODS services.

(c) Medi-Cal Peer Support Services are limited to the following three service components as outlined in California's Medicaid State Plan.<sup>10</sup> Services provided shall fit within at least one of those service components:

(1) **Educational Skill Building Groups** means providing a supportive environment in which members and their families learn coping mechanisms and problem-solving skills in order to help the members achieve desired outcomes. These groups promote skill building for the members in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(2) **Engagement** means Medi-Cal Peer Support Specialist led activities and coaching to encourage and support members to participate in behavioral health treatment. Engagement may include supporting members in their transitions and supporting members in developing their own recovery goals and processes.

(3) **Therapeutic Activity** means a structured non-clinical activity provided by a Medi-Cal Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the member's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the member; promotion of self-advocacy; resource navigation; and collaboration with the members and others providing care or support to the member, family members, or significant support persons.

#### **Section 4 - Opting In to Provide Medi-Cal Peer Support Services**

(a) Effective May 2022, Medi-Cal behavioral health delivery systems interested in opting in to provide Medi-Cal Peer Support Services effective July 1, 2022, were required to submit a letter to DHCS stating their request to opt in. For Medi-Cal behavioral health delivery systems that did not choose to opt in effective July 1, 2022, DHCS will allow opt-in opportunities on an annual basis.

(b) To provide Medi-Cal Peer Support Services, Medi-Cal behavioral health delivery systems shall submit a letter to DHCS to identify the program(s) (SMHS, DMC, and/or

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<sup>10</sup> [California's Medicaid State Plan, Supplement 3 to Attachment 3.1-A.](#)

DMC-ODS) for which they are opting in. The opt-in letter shall be signed by the Behavioral Health Director and emailed to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) no later than December 31 prior to the implementation effective date of July 1 (e.g. for a July 1, 2026 implementation effective date, the Medi-Cal behavioral health delivery systems would need to submit the opt-in letter by December 31, 2025).

### **Section 5 - Early and Periodic Screening, Diagnostic and Treatment Obligations**

(a) In accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate under Section 1905(r) of the Social Security Act, because Medi-Cal Peer Support Services are coverable under Section 1905(a) of the Social Security Act, all Medi-Cal behavioral health delivery systems, irrespective of their choice to opt into providing Medi-Cal Peer Support Services, shall ensure that all members under age 21 receive Medi-Cal Peer Support Services when the services are medically necessary to correct or ameliorate discovered health conditions. Services that sustain, support, improve, or make more tolerable a health condition are considered to ameliorate the health condition and thus medically necessary and covered as EPSDT services.<sup>11</sup> Nothing in this BHIN limits or modifies the scope of the EPSDT mandate.<sup>12</sup>

(b) Medi-Cal behavioral health delivery systems that do not opt to provide the Medi-Cal Peer Support Services benefit shall have written policies and procedures to ensure medically necessary Medi-Cal Peer Support Services are provided to their members under age 21. The Behavioral Health Director shall sign these policies and procedures. Depending on the location of the county, distance to certified Medi-Cal Peer Support Specialists, and contracting arrangements available, counties that do not opt in pursuant to Section 4 may consider utilizing one of the following methods to provide Medi-Cal Peer Support Services to their members under age 21: telehealth, contracts with another Medi-Cal behavioral health delivery system, or contracts with another provider organization that has certified Medi-Cal Peer Support Specialists on staff.

### **Section 6 - Medi-Cal Peer Support Specialists Qualifications**

(a) Under California law (Welfare and Institutions Code (W&I) Sections [14045.10-21](#)), a Medi-Cal Peer Support Specialist is an individual with a current state-approved certification as a Medi-Cal Peer Support Specialist from a county, or an agency

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<sup>11</sup> [A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#).

<sup>12</sup> Medi-Cal behavioral health delivery systems should refer to [BHIN 21-073](#) regarding medical necessity criteria for SMHS and BHINs [21-071](#) and [22-003](#) regarding Medi-Cal substance use disorder treatment services for members under age 21 for further guidance on compliance with EPSDT requirements.

representing the county, who also meets all other applicable California state requirements, including ongoing continuing education requirements.

(b) Under W&I Code Section [14045.15](#) (a), Medi-Cal Peer Support Specialists shall meet the following qualifications:

- (1) Be at least 18 years of age;
- (2) Possess a high school diploma or equivalent degree;
- (3) Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer;
- (4) Be willing to share their experience;
- (5) Have a strong dedication to recovery;<sup>13</sup>
- (6) Agree, in writing, to adhere to the code of ethics;
- (7) Successfully complete the curriculum and training requirements for a Medi-Cal Peer Support Specialist; and
- (8) Pass a Medi-Cal Peer Support Specialist certification examination provided by a DHCS-approved Certification Program.

(c) H.R. 7939 (the Veterans Auto and Education Improvement Act of 2022) amends the Servicemembers Civil Relief Act (SCRA) by adding a new section called “Portability of Professional Licenses of Servicemembers and their Spouses” which expands those who are exempt from licensing and certification requirements. The SCRA allows servicemembers and their spouses to use their professional licenses and certificates in certain circumstances when they must relocate due to military orders. For a covered license or certificate to be considered valid in a new location, a servicemember or their spouse must satisfy the following criteria as set forth in [50 U.S. Code 4025a \(a\)](#):

- (1) Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service.
- (2) Provide a copy of the military orders to the licensing authority in the new jurisdiction.
- (3) Have actively used the license or certificate during the two years immediately preceding the move.
- (4) Remain in good standing with:
  - (A) the licensing authority that issued the covered license or certificate; and

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<sup>13</sup> Per W&I Code § [14045.12](#) (i), Recovery is defined as a process of change through which an individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential. This process of change recognizes cultural diversity and inclusion and honors the different routes to resilience and recovery based on the individual and their cultural community.

(B) every other licensing authority that issued to the servicemember or the spouse of a servicemember a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction.

(5) Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

(d) If these criteria are met, the servicemember or their spouse's covered license or certificate shall be considered valid at a similar scope of practice and in the discipline applied for in the new jurisdiction for the duration of military orders.

(e) Medi-Cal Peer Support Specialists shall provide services under the direction<sup>14</sup> of a Behavioral Health Professional. Behavioral Health Professionals must be licensed, waived, or registered in accordance with applicable State of California licensure requirements and be listed in the California Medicaid State Plan as a qualified provider of SMHS, DMC, or DMC-ODS. All SUD and Expanded SUD services, including Medi-Cal Peer Support Services, must be medically necessary and recommended by physicians or other Licensed Practitioner of the Healing Arts (LPHAs) acting within their scope of practice. All SMHS, including Medi-Cal Peer Support Services, must be medically necessary and recommended by physicians or other Licensed Mental Health Professionals (LMHPs) acting within their scope of practice.

(1) For Medi-Cal Peer Support Services provided as SMHS, the following Behavioral Health Professionals listed in the state plan as LMHPs may direct services: Licensed Physicians; Licensed or Waivered Psychologists<sup>15</sup>, Licensed, Waivered, or Registered Clinical Social Workers; Licensed, Waivered, or Registered Professional Clinical Counselors; Licensed, Waivered, or Registered Marriage and Family

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<sup>14</sup> "Under the direction" means that the Behavioral Health Professional directing services is acting as a clinical team leader, providing direct or functional supervision of service delivery. The Behavioral Health Professional is not required to be physically present at the service site to exercise direction (unless required by state law). The Behavioral Health Professional directing service assumes ultimate responsibility for the Medi-Cal Peer Support Services provided.

<sup>15</sup> For a psychologist candidate, "waivered" means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under the law.

Therapists;<sup>16</sup> Registered Nurses (including Certified Nurse Specialists or Nurse Practitioners); and Licensed Occupational Therapists.

(2) For Medi-Cal Peer Support Services provided as a DMC/DMC-ODS service, the following Behavioral Health Professionals listed in the state plan as LPHAs may direct services: Physicians; Nurse Practitioners; Registered Nurses; Licensed Clinical Psychologists; Licensed or Registered Clinical Social Workers; Licensed or Registered Professional Clinical Counselors; Licensed or Registered Marriage and Family Therapists; and Licensed Occupational Therapists.<sup>17</sup>

### **Section 7 - Medi-Cal Peer Support Specialist Supervisor Requirements**

(a) Medi-Cal Peer Support Specialists may be supervised by a Medi-Cal Peer Support Specialist Supervisor who meets applicable State of California requirements; however, the services shall be under the direction of a Behavioral Health Professional pursuant to Section 6, subdivision (e) of this BHIN. Medi-Cal Peer Support Specialist Supervisors shall meet at least one of the following qualifications:

(1) Have a Medi-Cal Peer Support Specialist certification, have at least two years of experience providing behavioral health services directly to consumers, and complete a DHCS-approved Peer Support Specialist Supervisor training curriculum pursuant to subdivision (b); OR

(2) Be a practitioner that is eligible to provide SMHS, SUD Treatment Services, or Expanded SUD Treatment Services as described in the state plan<sup>18</sup> including, Licensed Practitioner of the Healing Arts (LPHA), Licensed Mental Health Provider (LMHP), Clinical Trainee, Alcohol or Other Drug Counselor, Mental Health Rehabilitation Specialist, or Physician Assistant, have at least two years of

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<sup>16</sup> In accordance with California's State Plan for SMHS, for a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations. "Waivered" means a candidate who was recruited for employment outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

<sup>17</sup> In accordance with California's State Plan for SUD services, for a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

<sup>18</sup> [California's Medicaid State Plan, Supplement 3 to Attachment 3.1-A.](#)

experience providing behavioral health services directly to consumers, and complete a DHCS approved Medi-Cal Peer Support Specialist Supervisor training curriculum pursuant to subdivision (b); OR

(3) Have a high school diploma or GED, have at least four years of experience providing behavioral health services directly to consumers (which may include providing Medi-Cal Peer Support Services), and complete a DHCS-approved Medi-Cal Peer Support Specialist Supervisor training curriculum pursuant to subdivision (b).

(b) Medi-Cal Peer Support Specialist Supervisors shall complete a one-time DHCS-approved Medi-Cal Peer Support Specialist Supervisor training within 60 days of beginning to supervise Medi-Cal Peer Support Specialists. Medi-Cal behavioral health delivery systems may require additional supervisor training requirements.

### **Section 8 - Medi-Cal Peer Support Specialist Practice Guidelines**

(a) Counties may refer to the service descriptions developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in *What are Peer Recovery Support Services* to implement practice standards for Medi-Cal Peer Support Specialists.<sup>19</sup>

### **Section 9 - Medi-Cal Peer Support Specialist Certification Program Standards**

(a) As described in W&I Code Section [14045.14](#), Medi-Cal Peer Support Specialist Certification Program (“Certification Program”) is a program administered by a county, or agency representing the county, that DHCS has approved to certify qualified individuals as Medi-Cal Peer Support Specialists. Each county shall only designate one Certification Program to certify Medi-Cal Peer Support Specialists across all relevant Medi-Cal behavioral health delivery systems.

(b) Prospective certification programs shall submit a Medi-Cal Peer Support Specialist Certification Program Plan (“Certification Program Plan”) with supporting documents pursuant to subdivision (e) to DHCS by email to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) by May 1 prior to the start of the State Fiscal Year (SFY) (July 1 – June 30) of planned implementation (e.g. for a July 1, 2025 implementation, the Certification Program Plan would need to be submitted by May 1, 2025).

(c) Counties or designated Certification Programs may change their Certification Program Plans only once per year by submitting a new Certification Program Plan by

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<sup>19</sup> [SAMHSA: What Are Peer Recovery Support Services?](#)

May 1 prior to the start of the SFY of planned implementation. Counties may change designated Certification Programs only once per year by submitting a new designation by May 1 prior to the start of the during the SFY of planned implementation. Counties with no changes to their Certification Programs nor designations do not need to submit a new Certification Program Plans or designations to DHCS.

(d) Certification Programs shall comply with all federal and state requirements and the terms of their DHCS-approved Certification Program Plans; are subject to periodic reviews conducted by DHCS; and shall submit Medi-Cal Peer Support Specialist program reports to DHCS annually and upon DHCS' request.

(e) Certification Program Plan

All Certification Program Plan materials, including certification plans, updated program materials, or changes to a county's Certification Program selection shall be submitted by email at [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) by May 1 prior to the start of the SFY in which implementation of or proposed changes to the Certification Program will take place. As applicable, the submission shall contain the name of the Certification Program selected and/or an explanation of which Certification Program Plan materials were removed, added to, or amended. The Certification Program Plan shall meet the Requirements for Certification Programs set forth in (f) and include the following supporting documents:

- (1) Policies and Procedures for Initial Certification of a Medi-Cal Peer Support Specialist, including training and curriculum and a process for reviewing prospective training entities.
- (2) Policies and Procedures for Submitting Annual Reports
- (3) Policies and Procedures for Grandparenting and Out-of-State Reciprocity
- (4) Policies and Procedures for County Reciprocity
- (5) Fee Schedule
- (6) Policies and Procedures for Biennial Renewal and Late Certification Renewal
- (7) Policies and Procedures for Complaints and Corrective Actions for Medi-Cal Peer Support Specialists

(f) Requirements for Certification Programs

(1) Policies and Procedures for Initial Certification of a Medi-Cal Peer Support Specialist

(A) For an initial certification of a Medi-Cal Peer Support Specialist, a Certification Program shall ensure that candidates:

- (i) Agree in writing to adhere to the most recent version of the Code of Ethics for Medi-Cal Peer Support Specialists.

- (ii) Complete an 80-hour core competencies-based training curriculum that meets the requirements of subdivision (a) of Section 10.
- (iii) Pass the initial certification exam.

(B) Upon a candidate's completion of training provided by a Certification Program or an approved training entity and meeting requirements specified in Section 6 (b) (1-6), they shall take an examination that has been approved by DHCS and is administered by the Certification Program. The Certification Program shall provide reasonable accommodations to the candidate as requested, including testing through oral communication and testing in threshold languages.<sup>20</sup>

(2) Policies and Procedures for Submission of an Annual Report

In accordance with paragraph (3) of subdivision (a) of W&I Section [14045.14](#), counties shall submit annual reports to DHCS via [MCBHOMD@dhcs.ca.gov](mailto:MCBHOMD@dhcs.ca.gov) by December 31 of each year. Counties shall make past reports publicly available, subject to applicable federal and state privacy laws. DHCS may require counties to provide additional information in their annual reports on a case-by-case basis. The reporting instructions and template will be provided to counties in an email correspondence shortly after this BHIN is released.

The reports shall include the following information for the previous SFY (July 1 – June 30):

- (A) Associated delivery system for implemented peer services (e.g., DMC, DMC-ODS, SMHS)
- (B) Curriculum information, including:
  - (i) Training organization name(s) (if different than the Medi-Cal Peer Support Specialist Certification Program);
  - (ii) Format of training (online vs. in-person); and
  - (iii) Length of training.
  - (iv) Areas of specialization information: Description of curriculum and core competencies for each area of specialization (including the four DHCS-required areas of specialization and additional areas of specialization), including information outlined in (i) – (iii).
- (C) Demographic data, including:
  - (i) Data visualizations of certifications, including:

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<sup>20</sup> "Threshold languages" refers to the languages DHCS has determined require translation services in a given service area for Medi-Cal managed care members pursuant to Welf. & Inst. Code § [14029.91](#), subd. (b).

(a) History of certifications over time for the previous five FYs. This data visualization shall reflect total Medi-Cal Peer Support Specialist certifications and certifications by FY over time.

(b) Additional visualizations shall include number of Medi-Cal Peer Support Specialists certified by race, ethnicity, age group, gender, and primary language spoken.

(D) Complaints and/or Corrective Actions against Medi-Cal Peer Support Specialists

(i) Number of complaints filed against Medi-Cal Peer Support Specialists.

(ii) Number of investigations completed by the Certification Program.

(iii) Number of Corrective Action Plans issued to Medi-Cal Peer Support Specialists.

(iv) Number of Medi-Cal Peer Support Specialists certification suspensions.

(v) Number of Medi-Cal Peer Support Specialists certification revocations.

(vi) Trend analysis for Medi-Cal Peer Support Specialist certification suspensions and revocations.

(vii) Proposed solutions and/or next steps to remediate any compliance issues identified.

(E) Complaints, Investigations, and Corrective Actions against Medi-Cal Peer Support Specialist Certification Programs

(i) The number of complaints received against the certification program.

(ii) The nature of the complaints.

(iii) Whether the complaint led to corrective action.

(iv) The outcome of corrective action.

(v) Trend analysis, if needed.

(F) Any anticipated changes to the certification program for the next FY including, changes in curriculum, areas of specialization, supervisor training, or training format.

(3) Certification Process for Current Peer Providers (employed on January 1, 2022 formerly known as Grandparenting) and Out-of-State Reciprocity Process

(A) Certification Programs shall offer eligible peer support workers Medi-Cal Peer Support Specialist certification through the grandparenting or out-of-state reciprocity process, as applicable, if the individual meets all the following criteria:

- (i) 1550 hours in three years or fewer, with 500 hours completed within the last 12 months as a peer support worker (paid or unpaid) **and** 20 hours of continuing education units (CEUs), including six hours of law and ethics. CEUs can be in relevant professional competencies obtained via relevant in-state, out-of-state, or national educational forums;
- (ii) Has peer support worker certification in good standing issued in a state or territory outside of California;
- (iii) Documented completion of at least one peer training;
- (iv) Passed the Certification Program exam;
- (v) Agreed to adhere to the Code of Ethics for Medi-Cal Peer Support Specialists in California; **and**
- (vi) Provided three Letters of Recommendation:
  - (a) One from a supervisor
  - (b) One from a colleague/professional
  - (c) One self-recommendation describing their current role and responsibilities as a peer support worker

(B) The deadline for individuals to seek certification through the grandparenting process was June 30, 2023. Individuals shall have been employed as a peer support worker on January 1, 2022, and on the date, they submitted their application, between January 1, 2022, and June 30, 2023.

(C) For individuals seeking certification through out-of-state reciprocity: There is no employment deadline or sunset date for peer support workers with out-of-state certification to apply for reciprocity.

(D) As with the initial certification, Certification Programs shall provide reasonable accommodations to the candidate as requested, including testing through oral communication and testing in threshold languages.

#### (4) County Reciprocity

Once a Peer Support Specialist is certified through a DHCS-approved Certification Program, they shall be recognized as a certified Medi-Cal Peer Support Specialist in all counties throughout California. The county or designated Certification Program that has issued certification is responsible for reviewing complaints and implementing corrective actions against Medi-Cal Peer Support Specialists in accordance with the policies and procedures it has established pursuant to (7), regardless of whether the Medi-Cal Peer Support Specialist has provided services in a different county.

(5) Fee Schedule

(A) A Certification Program shall develop a certification fee schedule that explains the fees that the Certification Program will charge and submit it to DHCS for review and approval. The fees charged shall be reasonably necessary to cover the cost to the Certification Program to verify that individuals have met the requirements to be certified as Medi-Cal Peer Support Specialists.<sup>21</sup> Fees shall be non-duplicative of other funding received by the Certification Program. The Certification Program shall submit to DHCS a justification of its fee schedule that includes both narrative and a spreadsheet that include the following:

- (i) Medi-Cal Peer Support Specialist certification application costs, such as application development, application processing, ongoing maintenance, and updates to tools and policies.
- (ii) Medi-Cal Peer Support Specialist certification exam costs, such as proctoring exam (if applicable), scoring exam, and translation costs.
- (iii) Medi-Cal Peer Support Specialist certification exam retake costs, such as proctoring exam (if applicable), scoring exam, and translation costs.
- (iv) Medi-Cal Peer Support Specialist certification renewal, reinstatement, and late fees costs, such as processing time for renewals and reinstatement.

(B) A Certification Program may include additional certification activities and related costs in calculating the fee schedule. DHCS will review the fee schedule and will approve additional costs if DHCS determines that they are directly related to the verification that an individual has met the requirements to be certified as a Medi-Cal Peer Support Specialist.

(C) Charges shall be no greater than necessary to cover reasonable costs; rounding to the nearest increment of \$5.00 is acceptable to account for uncertainty in costs.<sup>22</sup>

(D) Fees for peer trainings to enable individuals to meet Medi-Cal Peer Support Specialist certification requirements are not directly related to the verification that an individual meets all the requirements to provide Medi-Cal Peer Support

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<sup>21</sup> W&I Section [14045.12](#) defines “certification” as “activities related to the verification that an individual has met all of the requirements under this article and that the individual may provide peer support specialist services pursuant to this article.”

<sup>22</sup> [2 CFR § 200.404](#): Outlines basic considerations when assessing whether costs are reasonable.

Services and shall not be included in the activities and costs for the certification fee schedule.

(E) A Certification Program shall submit a proposed fee schedule to DHCS as part of its complete Certification Program Plan. DHCS will issue a written determination approving or disapproving the proposed fee schedule or request more information within 90 calendar days of receipt. If DHCS requests additional information, DHCS will have an additional 90 calendar days to issue its written determination from the date of receipt of the additional responses. After 120 days from the initial date DHCS received the proposed fee schedule, if DHCS is unable to approve it, the proposed fee schedule shall be disapproved.

(F) Following the first approval, proposed fee schedules shall be resubmitted every two years, pursuant to the process set forth in (E), from the date of initial submission to receive approval for the coming SFY. If a Certification Program wishes to revise the fee schedule within the two-year revision and resubmission cycle, the program shall submit an email request to DHCS at [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov).

(6) Policies and Procedures for Biennial Renewal and Late Certification Renewal

(A) A Certification Program shall require Medi-Cal Peer Support Specialists to affirm once every two years that they will comply with the code of ethics.

(B) A Certification Program shall require Medi-Cal Peer Support Specialists to complete 20 hours of continuing education every two years, including six hours of law and ethics. The continuing education shall include updates on applicable laws and evidence-based best practices.

(C) The following are required procedures for certification renewal:

(i) **Current:** Certification was renewed on or before its expiration renewal due date. Process to maintain certification: Biennial Renewal.

- (a) Complete 20 hours of continuing education;
- (b) Reaffirm Code of Ethics; and
- (c) Pay biennial renewal fee.

(ii) **Lapsed:** Certification is considered lapsed if it is not renewed by the renewal due date. It will remain lapsed for up to one year after the renewal due date if it is not renewed within this period. Process to bring certification current:

- (a) Complete 20 hours of continuing education;
- (b) Reaffirm Code of Ethics; and

(c) Pay biennial renewal fee; and late fee, if applicable.

(iii) **Expired:** Certification is considered expired if it is not renewed within one year of the renewal due date. It will remain expired for up to four years after the renewal due date if it is not reinstated within this period. Process to bring certification current:

(a) Complete 80-hour initial certification refresher course or pass certification exam;

(b) Complete 20 hours of continuing education;

(c) Reaffirm Code of Ethics; and

(d) Pay reinstatement fee; and late fee if applicable.

(iv) **Vacated:** Certification is considered vacated if it is not renewed within four years of the renewal due date. Process to bring certification current:

(a) Reapply for certification;

(b) Complete 80-hour initial certification curriculum;

(c) Pass certification exam; and

(d) Pay application fee, training fee, and exam fee.

#### (7) Policies and Procedures for Complaints and Corrective Actions Against Medi-Cal Peer Support Specialists

(A) A Certification Program shall submit to DHCS for review and approval its policies and procedures for reviewing complaints and implementing corrective actions against certified Medi-Cal Peer Support Specialists. The policies and procedures shall include:

(i) How the Certification Program will investigate complaints and the timeframe for investigation;

(ii) How the Certification Program will implement corrective actions for substantiated complaints. The corrective actions shall include education hours, certification suspension, and/or revocation; and

(iii) How the Certification Program will implement an appeals process.

(B) DHCS is not responsible for investigating complaints against individual Medi-Cal Peer Support Specialists nor reviewing appeals for corrective actions against Medi-Cal Peer Support Specialists. Certification Programs shall investigate complaints against Medi-Cal Peer Support Specialists they certified. DHCS' oversight of the Certification Program(s) shall be conducted through the process described in the annual reporting section of this BHIN and through any additional program monitoring efforts.

(C) Certification Programs shall ensure that any additional non-Medi-Cal peer support certification programs offered are clearly distinct from the Medi-Cal Peer Support Certification Program. It must be clear to applicants which certification program they are completing and clear to the public that the certificate issued either does or does not grant the individual authority to provide Medi-Cal Peer Support Services.

(D) Certification Programs shall ensure that Medi-Cal Peer Support Specialist certificates issued include the following information on the certificate:

- (i) Name of the individual;
- (ii) Confirmation the individual is 18 years of age or older;
- (iii) Date of certification;
- (iv) Date certification will expire;
- (v) A statement that the certified individual may provide Medi-Cal Peer Support Services once employed or contracted with a county or a network provider contracted with a county that has opted in to provide Peer Support Services;
- (vi) Specializations, if any, of the individual; and
- (vii) The county issuing certification or the list of counties on whose behalf the Certification Program has issued certification.

### **Section 10- Curriculum and Training Requirements**

(a) Certification Programs shall develop an 80-hour training curriculum that includes training on the following core competencies:

- (1) The concepts of hope, recovery, and wellness;
- (2) The role of advocacy;
- (3) The role of consumers and family members;
- (4) Psychiatric rehabilitation and addiction recovery principles;
- (5) Cultural and structural competence;<sup>23</sup>
- (6) Trauma-informed care;
- (7) Group facilitation;
- (8) Self-awareness and self-care;
- (9) Co-occurring mental health and substance use disorders;
- (10) Conflict resolution;

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<sup>23</sup> Structural competency is defined as “the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health ([Metzl 2014](#)).

- (11) Law and ethics, including professional boundaries, confidentiality, and privacy;
- (12) Study and test-taking skills, application and résumé preparation, and job interviewing;
- (13) Safety and crisis planning;
- (14) The role of medication services;
- (15) Referrals to other services and systems;
- (16) Documentation standards; and
- (17) Digital literacy.

(b) Areas of Specialization Curricula and Trainings

(1) Certification Programs shall develop curricula and trainings for areas of specialization that DHCS determines Certification Programs are required to offer. All curricula and trainings are subject to DHCS review and approval. DHCS requires Certification Programs to implement curriculum for the following areas of specialization:

- (i) Parent, Caregiver, and Family Member Peers (required as of July 1, 2022);
- (ii) Crisis Services (required as of July 1, 2023);
- (iii) Forensic (Justice Involved) (required as of July 1, 2023); and
- (iv) Homelessness (required as of July 1, 2023).

(2) A Certification Program shall submit proposed changes to its DHCS-approved curriculum for DHCS review by May 1 prior to the start of the SFY in which the area of specialization will take place. This process will occur every SFY for any areas of specialization that undergo changes following DHCS review. The Certification Program shall submit any proposed curriculum changes to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov). The email shall contain an explanation of which items were removed from, added to, or altered from the original DHCS-approved curriculum.

(3) Certification Programs may propose a supplemental area of specialization by submitting a draft curriculum for the area of specialization to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) by May 1 prior to the beginning of the SFY in which the curriculum would begin. Additional areas of specialization proposed by Certification Programs are subject to DHCS' review and approval. This process will occur every SFY for any new supplemental areas of specialization. Certification Programs are the only entities that may submit curriculum for supplemental areas of specialization.

(c) Medi-Cal Peer Support Specialist Supervisor Curriculum and Training

(1) Certification Programs are responsible for providing Medi-Cal Peer Support Specialist Supervisor curriculum for the counties they serve. Certification Programs shall:

- (A) Use their current curriculum to train peer support supervisors, subject to DHCS approval; or
- (B) Develop a new curriculum to train peer support supervisors, subject to DHCS approval; or
- (C) Utilize a DHCS-pre-approved curriculum.

(2) A Certification Program that does not use a DHCS pre-approved Medi-Cal Peer Support Specialist Supervisor training curriculum shall submit their proposed curriculum to DHCS for review and approval. Certification Programs shall submit the proposed curriculum to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) by May 1 prior to the start of the SFY in which the training program will start.

(3) Certification Programs shall submit proposed significant changes to a DHCS-approved curriculum by May 1 prior to the start of the SFY in which the revised training program will start to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov). The email shall contain an explanation of which items were removed from, added to, or altered from the original DHCS-approved curriculum.

(d) A Certification Program shall develop policies and procedures to authorize training entities to provide Medi-Cal Peer Support Specialist trainings for initial certification, certification renewals, areas of specialization, supervisor training, and continuing education.

(1) A Certification Program shall develop a process, subject to DHCS' approval, as part of its Certification Program Plan, to evaluate all prospective training entities. A Certification Program shall make its evaluation criteria available to prospective training entities. The evaluation criteria shall determine whether proposed training curriculum meets core competencies and whether the training entity meets the necessary standards for training providers. The Certification Program shall annually review all training entities it has approved to ensure ongoing compliance.

(2) A Certification Program shall allow new training entities to apply on an annual basis.

(3) A Certification Program shall publish certification exam pass rate data for each training entity on an annual basis. To enable training entities to revise trainings to improve examination performance by their training participants, a Certification Program shall provide deidentified aggregate examination performance data to training entities annually.

### **Section 11 - Short Doyle Medi-Cal Claiming for Medi-Cal Peer Support Services**

(a) Medi-Cal Peer Support Services are optional; only Medi-Cal behavioral health delivery systems that opt in pursuant to Section 4 may provide this Medi-Cal benefit to all qualifying Medi-Cal members. Medi-Cal behavioral health delivery systems that do not opt to provide the benefit must provide medically necessary Peer Support Services pursuant to section 5. Medi-Cal behavioral health delivery systems that elect to provide this Medi-Cal benefit shall fund the county portion of the non-federal share of payments for services. Medi-Cal Peer Support Services shall be claimed through the Short Doyle Medi-Cal (SD/MC) claiming system for SMHS, DMC, and DMC-ODS.

(b) Medi-Cal Peer Support Services may be claimed for Medi-Cal members who are receiving care from facilities or programs certified for outpatient, inpatient, and residential SMHS, DMC, and DMC-ODS services, including hospital-based residential and withdrawal management services. Medi-Cal Peer Support Services may be claimed in addition to, and concurrently with, residential or inpatient services that are claimed at per diem rates.

(c) SMHS, DMC, and DMC-ODS claims shall include taxonomy code 175T00000X (Peer Support Specialist) for reimbursement. Certified Medi-Cal Peer Support Specialists may only submit claims to SD/MC for Medi-Cal Peer Support Services (H0025 and H0038) and Contingency Management (H0050) under the Peer taxonomy. If a Medi-Cal Peer Support Specialist meets the qualifications for another practitioner type (e.g., Other Qualified Provider), the Medi-Cal Peer Support Specialist may submit a separate claim under a different taxonomy for any non-Peer Support Services that are non-duplicative of Peer Support Services claimed. All claims shall be billed in 15-minute increments. Below are the procedure codes and modifier combinations for claiming Medi-Cal Peer Support Services before and after CalAIM Payment Reform changes went into effect in SD/MC on July 1, 2023.

(d) The Medi-Cal Peer Support Services components (see definitions above) should be claimed under the identified codes as follows:

- (1) Self-Help/Peer Services for Individuals (H0038)
  - (A) Engagement
  - (B) Therapeutic Activity
- (2) Behavioral Health Prevention Education Service for Groups (limited to 2-12 Medi-Cal members) (H0025)
  - (A) Educational Skill Building Groups

**(e) Before July 1, 2023:**

**SMHS Healthcare Common Procedure Coding System (HCPCS) and modifier combinations**

<b>Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>
Behavioral Health Prevention Education Service	H0025	HE
Self-Help/Peer Services	H0038	HE

**DMC-ODS HCPCS and modifier combinations**

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
ODS/NTP (ASAM 1.0-OTP) - Behavioral Health Prevention Education Service	H0025	UA	HG
ODS/NTP (ASAM 1.0-OTP)- Self-Help/Peer Services	H0038	UA	HG
ODS/ODF (ASAM 0.5, 1.0-OTP) - Behavioral Health Prevention Education Service	H0025	U7	
ODS/ODF (ASAM 0.5, 1.0-OTP) - Self-Help/Peer Services	H0038	U7	
ODS/IOT (ASAM 2.1) - Behavioral Health Prevention Education Service	H0025	U8	
ODS/IOT (ASAM 2.1) - Self-Help/Peer Services	H0038	U8	
ODS/PH (ASAM 2.5) - Behavioral Health Prevention Education Service	H0025	UB	
ODS/PH (ASAM 2.5) - Self-Help/Peer Services	H0038	UB	
ODS/RES 3.1 - Behavioral Health Prevention Education Service	H0025	U1	
ODS/RES 3.1 - Self-Help/Peer Services	H0038	U1	
ODS/RES 3.3 - Behavioral Health Prevention Education Service	H0025	U2	
ODS/RES 3.3 - Self-Help/Peer Services	H0038	U2	

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
ODS/RES 3.5 - Behavioral Health Prevention Education Service	H0025	U3	
ODS/RES 3.2 - Behavioral Health Prevention Education Service	H0025	U9	
ODS/RES 3.2 - Self-Help/Peer Services	H0038	U9	

**DMC HCPCS and modifier combinations**

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>
IOT or ODF - Behavioral Health Prevention Education Service	H0025	
IOT or ODF - Self-Help/Peer Services	H0038	
NTP - Behavioral Health Prevention Education Service	H0025	HG
NTP - Self-Help/Peer Services	H0038	HG

For DMC and DMC-ODS claims, use Youth modifier “HA” and/or Pregnancy modifier “HD” when applicable. A level of care “U modifier” is also required for DMC-ODS services. The level of care modifier shall correspond to the service group for which the service facility location is DMC certified.

When reporting units of service and costs for Medi-Cal Peer Support Services on the SMHS Cost Report, use Mode 15, Service Function 20.

**(f) After July 1, 2023:**

**SMHS Healthcare Common Procedure Coding System (HCPCS) and modifier combinations**

<b>Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>
Behavioral Health Prevention Education Service	H0025	
Self-Help/Peer Services	H0038	

Please note that effective July 1, 2023, outpatient procedure codes no longer require the HE modifier in the SMHS delivery system. If an outpatient procedure code is submitted with the HE modifier, the claim will be denied for using an invalid procedure code and modifier combination.

**DMC-ODS HCPCS and modifier combinations**

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
ODS/NTP (ASAM 1.0-OTP) - Behavioral Health Prevention Education Service	H0025	UA	HG
ODS/NTP (ASAM 1.0-OTP)- Self-Help/Peer Services	H0038	UA	HG
ODS/ODF (ASAM 0.5, 1.0-OTP) - Behavioral Health Prevention Education Service	H0025	U7	
ODS/ODF (ASAM 0.5, 1.0-OTP) - Self-Help/Peer Services	H0038	U7	
ODS/IOT (ASAM 2.1) - Behavioral Health Prevention Education Service	H0025	U8	
ODS/IOT (ASAM 2.1) - Self-Help/Peer Services	H0038	U8	
ODS/PH (ASAM 2.5) - Behavioral Health Prevention Education Service	H0025	UB	
ODS/PH (ASAM 2.5) - Self-Help/Peer Services	H0038	UB	
ODS/RES 3.1 - Behavioral Health Prevention Education Service	H0025	U1	
ODS/RES 3.1 - Self-Help/Peer Services	H0038	U1	
ODS/RES 3.3 - Behavioral Health Prevention Education Service	H0025	U2	
ODS/RES 3.3 - Self-Help/Peer Services	H0038	U2	
ODS/RES 3.5 - Behavioral Health Prevention Education Service	H0025	U3	

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
ODS/RES 3.5 - Self-Help/Peer Services	H0038	U3	
ODS/RES 3.2 - Behavioral Health Prevention Education Service	H0025	U9	
ODS/RES 3.2 - Self-Help/Peer Services	H0038	U9	

Please see [BHIN 24-001](#) and superseding guidance for current DMC-ODS services, [BHIN 21-001](#) and superseding guidance for Level of Care designations, and the DMC-ODS Billing Manual and Service Table for updated Level of Care modifier information.

#### DMC HCPCS and modifier combinations

<b>Service Group and Service Description</b>	<b>Procedure Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
NTP - Behavioral Health Prevention Education Service	H0025	UA	HG
NTP - Self-Help/Peer Services	H0038	UA	HG
ODF - Behavioral Health Prevention Education Service	H0025	U7	
ODF - Self-Help/Peer Services	H0038	U7	
IOT - Behavioral Health Prevention Education Service	H0025	U8	
IOT - Self-Help/Peer Services	H0038	U8	
RES 3.1 - Behavioral Health Prevention Education Service	H0025	U1	
RES 3.1 - Self-Help/Peer Services	H0038	U1	
RES 3.3 - Behavioral Health Prevention Education Service	H0025	U2	
RES 3.3 - Self-Help/Peer Services	H0038	U2	

RES 3.5 - Behavioral Health Prevention Education Service	H0025	U3	
RES 3.5 - Self-Help/Peer Services	H0038	U3	

For DMC and DMC-ODS claims, use the Pregnancy modifier “HD” when applicable and use Youth modifier “HA” for 24-hour services. A level of care “U modifier” is also required for DMC and DMC-ODS services. The level of care modifier shall correspond to the service group for which the service facility location is DMC certified.

(g) For complete billing information, please reference the SMHS and DMC/DMC-ODS resources located on the [MedCCC library](#) page. Questions about claiming for or reimbursement of Medi-Cal Peer Support Services may be directed to [MEDCCC@dhcs.ca.gov](mailto:MEDCCC@dhcs.ca.gov). All other questions related to Medi-Cal Peer Support Services should be emailed to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov).

**Section 12 - Compliance Monitoring, Complaint Investigations of Certification Programs, Corrective Action, Program Suspension, Program Revocations and Appeals**

(a) DHCS monitors and oversees the provision of Medi-Cal services by Medi-Cal behavioral health delivery systems as required by state and federal law.

(b) Complaints and Investigations of Medi-Cal Peer Support Specialist Certification Programs and Corrective Actions and Discipline.

(1) Counties shall monitor and oversee the Medi-Cal Peer Support Specialist Certification Program they have designated:

(A) Counties shall receive and complete investigations of complaints against Certification Programs by county staff members or network providers who allege that a Certification Program has violated applicable laws or standards, including W&I Code Sections [14045.10 – 14045.21](#) or the standards in this BHIN, within 30 days.

(B) If a county’s investigation results in a finding that the Certification Program has violated applicable laws or standards, the county shall include its findings in a written investigative report and require the Certification Program to submit and complete a corrective action plan (CAP).

(C)The county shall serve the written investigative reports that require CAPs to the Certification Program by U.S. Mail or by e-mail to the Certification Program’s e-mail address. The county shall provide copies of investigative reports requiring CAPs to DHCS by submitting to [MCBHOMD@dhcs.ca.gov](mailto:MCBHOMD@dhcs.ca.gov) or by U.S. mail, to:

Department of Health Care Services  
Behavioral Health 2621  
P.O. Box 997413  
Sacramento, CA 95899-7413

(D) The Certification Program shall submit, for the county's approval, a proposed CAP within fifteen (15) calendar days from the date the county served the investigative report. A county shall require the Certification Program to include the following information in a CAP:

- (i) Description of corrective actions that the Certification Program shall take, including a timeline for implementation and completion of corrective actions;
- (ii) Evidence of correction that the Certification Program shall submit to the county;
- (iii) Processes the Certification Program shall follow to monitor the effectiveness of corrective actions over time; and
- (iv) Descriptions of corrective actions the Certification Program shall require its employees and contractors to perform to address the findings in the investigative report.

(E) The county shall approve or deny the proposed CAP within fourteen (14) calendar days. If the county denies the proposed CAP, the Certification Program may submit a revised CAP for county approval.

(F) The Certification Program shall complete the approved CAP to the county's satisfaction within 90 days from the date the county served the investigative report. The county may approve extension requests from the Certification Program, if the county determines an extension is appropriate.

(G) If a Certification Program fails to obtain county approval of its proposed CAP(s), fails to resolve any finding(s) from the investigative report in a timely manner, or fails to complete the approved CAP, the county shall notify DHCS. Depending on the severity of the findings from the investigative report and circumstances of the Certification Program's failure to address these findings, DHCS may suspend or revoke its approval of the Certification Program.

(H) DHCS shall notify the Certification Program in writing of its decision to suspend or revoke and the basis for the decision.

(I) A Certification Program with a suspended approval shall not accept new applicants for certification and is prohibited from issuing any certifications from the date of the notice of suspension, until DHCS approval is reinstated.

(J) A Certification Program with a revoked approval shall not accept new applicants for certification and is prohibited from issuing any certifications from the date of the notice of revocation.

(K) DHCS may reinstate its approval of a Certification Program under suspension upon receipt of sufficient evidence from the county that the Certification Program has completed the CAP to resolve the findings from the investigative report.

(L) Certification Programs may submit written appeals regarding revoked approvals within fifteen (15) calendar days of the notice of revocation. The written appeal shall include evidence that the Certification Program completed the CAP and addressed all findings in the investigative report. Appeals shall be submitted to [MCBHOMD@dhcs.ca.gov](mailto:MCBHOMD@dhcs.ca.gov), or submitted by U.S. mail, to:

Department of Health Care Services  
Behavioral Health 2621  
P.O. Box 997413  
Sacramento, CA 95899-7413

### **Section 13 - Code of Ethics**

(a) The Code of Ethics for Medi-Cal Peer Support Specialists is in Enclosure 1 and posted on the DHCS Peers webpage. DHCS may update the Code of Ethics as needed. DHCS shall notify all approved Certification Programs of updates. A Certification Program shall inform all Medi-Cal Peer Support Specialists certified by the Certification Program of the updates in writing. Medi-Cal Peer Support Specialists shall review and agree to adhere to any updates when renewing their certifications.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief,  
Medi-Cal Behavioral Health Policy Division

Enclosure