



SANTA CRUZ COUNTY DMC-ODS PEER SUPPORT GUIDANCE

Certified Peer Support Services in DMC-ODS – Pre - Admit & Standalone Peer Services

This document provides guidance regarding certified peer support services provided in an Avatar Pre-Admit episode as well as Standalone certified peer support services.

- Certified peer support services provided in a **Pre-Admit** episode are **short-term** services done with the intention of connecting the client to longer term treatment services through initial engagement, rapport building, use of motivational interviewing, and coordinating care.
 - Examples of activities: Peers conducting community outreach, driving clients to program, introducing clients to program staff, coordinating care & providing client needs assessment /referrals in preparation to enter treatment, and introducing client to idea of treatment.
- **Standalone** certified peer services are provided in an Outpatient treatment episode and are usually longer-term services. The client does not have to be receiving services from another level of care concurrently.
 - Examples of activities: Developing & following approved plan of care, building coping & recovery skills, individual & group coaching, linkage to community resources, educating client and/or significant support people, building motivation to enter level of care treatment in clinical and non-clinical settings.

Claiming for Certified Peer Services

Services in **Pre-Admit** can be provided using **AH0038** Self-Help/Peer services individual code.

- A maximum of *3 services* can be claimed in Pre-Admit with the expectation that the client will either be open to a treatment episode after 3 Peer contacts or will be closed to services.

Standalone peer services can be claimed using: **AH0038** Self-Help/Peer services individual code and **AH0025** Behavioral Health Prevention Education group code.

Required Documentation

Pre-admit/Standalone:	Description
Diagnosis form	Required for billing services, Z codes can be utilized & may be entered by certified peers & AOD certified/registered counselors
ASAM Brief	Conducted by appropriate staff – certified peers <i>may</i> complete the ASAM brief if appropriately trained
Peer Support Care plan	Simple peer support care plan with goal(s) for services (ex. connecting to services, coordinating care, providing referrals, engaging client in treatment). Must be approved by Peer Support Specialist Supervisor
Consent for SUDs treatment form	Signed by client

Pre-admit/Standalone:	Description
SUDs consent for Electronic Health Record Exchange form	Signed by client. Episode is sequestered if client does not consent.
Regular Avatar Admissions form (not Cal-OMS)	Always required as part of EHR when opening someone to a new episode including pre-admit.
Client Registration/Financial	If client is new to the EHR Avatar, they will first need to be opened to the client Registration/Financial episode using the Admissions form
Decentralized Financial form	Required for billing services
Release of Confidential Information *required if indicated	Signed by client. Required when referring a sequestered client to a different program and for other care coordination needs.
In addition to above Standalone requires:	Description
Cal-OMS Admission Form	Completed at episode opening
Diagnosis	SUD Diagnosis completed by LPHA
Approved Plan of Care	Plan of care documented in a progress note & routed to peer support supervisor for approval
Problem list	Update to reflect the problem the peer is addressing
Medical Necessity	LPHA documentation of medical necessity & recommendation for peer services based on relevant ASAM findings/consultation with Peer.
Medical (physical health) Review	MD (or delegate) documented review of client's personal, medical, substance use history and review of available health records within 30 calendar days of admit and identification of "significant" medical issues/conditions that need to be addressed
Health Questionnaire	Completed and signed within 24 hours of admission. (DHCS form 5103 or equivalent)

Additional Requirements

Certified peer support services are to be provided *at the direction of an LPHA*.

Certified peers *must be supervised by a Peer Support Specialist Supervisor* that has been formally trained.

Refer to QI guidance for specific requirement guidelines: [Peer Support Specialist Guidelines_Final_2-1-2024.pdf](#)

References

- [BHIN 25 010 MediCal Peer Support Program Standards](#)
- [DHCS Peer Support FAQ page](#)
- [SUD–Clinical–Documentation–Guide–4.25.2025.pdf](#)
- [Peer Certification – California Mental Health Services Authority](#)
- [CMS Directors’ Letter 07-011](#)