

**PEER SUPPORT SERVICES  
SERVICE DESCRIPTION  
REVIEW CHECKLIST**

Provider: \_\_\_\_\_ County: \_\_\_\_\_

OMHSAS Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Certified Peer Specialists:      Part Time \_\_\_\_\_      Full Time \_\_\_\_\_

Total FTE \_\_\_\_\_

**Provider Enrollment Option Selected (check one):**

- \_\_\_\_\_ 1)      A freestanding peer support service seeking approval for Medicaid enrollment
- \_\_\_\_\_ 2)      A Medicaid enrolled agency seeking additional approval to provide Peer Support Services
- \_\_\_\_\_ 3)      A peer support service program that has affiliated with a DPW-approved Medicaid Provider through a subcontracting arrangement

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Service Description:**

	<b>Requirement</b>	<b>Met Y / N</b>	<b>Comments</b>
<b>1</b>	A description of the governing body and advisory structures, including an agency table of organization that shows the structure of the program with all service components.		
<b>2</b>	A description of the program philosophy which reflects recovery principles as articulated in the OMHSAS vision statement and guiding principles.		
<b>3</b>	The population to be served, including the expected number of persons to be served, diagnosis, age, and any specialization.		
<b>4</b>	The types of services and activities offered, particular peer supports utilized, including whether services will be provided on an individual or group basis, type of intervention(s) practiced, typical program day or services and expected outcomes.		

5	Program capacity, including staffing patterns, staff-to-consumer ratios, staff qualifications and cultural composition reflective of population, and plan for deployment of staff to accommodate unplanned staff absences to maintain staff-to-consumer ratios.		
6	Service delivery patterns, including average frequency of service received (days per week or month), intensity (hours) and duration of services (length of stay) provided by each peer specialist.		
7	Days and hours of program operation.		
8	Geographic limits of program operation.		
9	A description of how services will be provided in the community and, if services will also be provided on-site, a description of the physical plant, including physical space and floor plan utilized by the peer support program and copies of all applicable licenses and certificates, including Labor and Industry, fire, health and safety.		
10	A description of the training plan for program staff (peer specialists, peer specialist supervisors and mental health professionals) to develop knowledge and competency in the area of recovery and peer support as well as the provision of services in an age-appropriate and culturally competent manner.		
11	A description of how the mental health professional will maintain clinical oversight of peer support services, which includes ensuring that services and supervision are provided consistent with the service requirements.		
12	A description of how peer specialists within the agency will be given opportunities to meet with or otherwise receive support from other peer specialists both within and outside the agency.		
13	A description of how each consumer's Recovery-focused Individual Service Plan (Individual Service Plan) will be developed and how the plan for services and activities will meet the needs specified in the Individual Service Plan as well as how consumers may request changes in services or service intensity.		

