

## Peer Support Services, Plan of Care, Progress Note

Client Name: \_\_\_\_\_  
 Client MRN: \_\_\_\_\_  
 Service Min: \_\_\_\_\_ Documentation Min: \_\_\_\_\_  
 Travel Min: \_\_\_\_\_ Total Min: \_\_\_\_\_  
 Face to Face Min: \_\_\_\_\_ Non Face to Face Min: \_\_\_\_\_  
 Language Service Provided: \_\_\_\_\_ Interp. Yes No  
 Diagnosis(es): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Service: \_\_\_\_\_  
 Date of Documentation: \_\_\_\_\_  
 CPT Code: Behavioral Health Prevention Education  
 Services (H0025)  
 Self-help/Peer Services - 15 min (H0038)  
 Mental Health Assessment No fee (90899-13)  
 Modifier(s): \_\_\_\_\_  
 FIN#: \_\_\_\_\_

### Purpose of Service:

### The following Peer Support Service Objectives will be provided:

*Please check off all objectives that will be provided under this Plan of Care*

#### Educational Skill Building (group or individual)

*Definition: Educational skill building provides a supportive environment in which beneficiaries and/or their families learn coping mechanisms (behavior) and problem-solving skills in order to help the beneficiaries achieve desired outcomes. This service focuses on skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.*

#### Engagement

*Definition: Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions and supporting beneficiaries in developing their own recovery goals and processes .*

#### Therapeutic Activity

*Definition: Therapeutic Activity means a structured **non-clinical** activity provided by a 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 beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.*

**All authorized interventions have been deemed medically necessary by a Certified Peer Support Specialist under the direction of a Behavioral Health Professional and will be reviewed annually and/or updated as clinically appropriate.**

**Date this plan was developed/discusses/agreed upon with Beneficiary:**

**Were other authorized health care decision makers consulted to develop goal/s? If yes, who was consulted:**

**Transition Plan for when CL has achieved goals of this Plan of Care:**

---

Certified Peer Support Specialist

---

Co-Signature - LPHA/LMHP