




MEMORANDUM

TO: (1) All peer support services providers licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS)
and
(2) Primary Contractors and Behavioral Health Managed Care Organizations in the Behavioral Health HealthChoices Program

FROM: Jennifer S. Smith
Deputy Secretary 

RE: Peer Support Services- Frequently Asked Questions

DATE: April 1, 2025

The Office of Mental Health and Substance Abuse Services (OMHSAS) updated the Peer Support Services (PSS) Bulletin and Provider handbook, issued as OMHSAS-24-05, effective December 20, 2024. In order to assist in the implementation of the updated bulletin and handbook, OMHSAS is providing responses to commonly received questions. The updated bulletin and handbook are available online at: [omhsas-24-05-peer-services-bulletin-12-20-20.pdf](https://www.omhsas.pa.gov/peer-services-bulletin-12-20-20.pdf)

FREQUENTLY ASKED QUESTIONS

Implementation of the OMHSAS Peer Support Services Bulletin and Handbook

1. **Question:** When a prospective Certified Peer Specialist (CPS) takes the online certification they receive the results of the exam immediately, but it takes 1-2 weeks before they receive their official certification in the mail. Does the CPS have to provide the hardcopy of their certificate to the licensed PSS service provider before providing services or do they just need to provide proof that they have successfully completed the certification exam?

Answer: OMHSAS will accept a copy of the official e-mail from the Pennsylvania Certification Board (PCB) or a printed copy of the online notification that they have successfully completed their certification exam on a temporary basis. This e-mail or online notification may be used for no more than 30 calendar days from the date when the examination was completed. This temporary document is to be placed into the CPS's personnel file at the licensed PSS provider agency. By the end of the 30-day period following the CPS examination, the provider must ensure that the CPS has provided a copy of their formal certification document from the PCB and that formal certification must be placed in the CPS' personnel file.

2. **Question:** OMHSAS-22-08 stated “CPS certification through the PCB shall be attained within six months of hire as a CPS.” OMHSAS-24-05 removed “to attain certification through the PCB within six months of hire.” What is the effective date for this change?

Answer: Bulletins created and released by OMHSAS are effective from the “Effective Date” placed on the front page of the bulletin unless otherwise specified within the document. OMHSAS 24-05 was effective on December 20, 2024. Therefore, any prospective CPS hired by a licensed PSS provider agency prior to or on December 20, 2024, has no longer than six months from their date of hire to obtain their certification from the PCB. Any prospective CPS hired after December 20, 2024, must be certified prior to providing peer support services.

3. **Question:** If a licensed PSS provider agency has a detailed and stringent service description that will need modification based on OMHSAS-24-05, what steps should be taken to come into compliance while processing a revised service description?

Answer: If the revisions of the PSS bulletin and handbook in OMHSAS-24-05 will require a modification to the service description of a licensed PSS provider agency, the agency must contact its regional OMHSAS licensing representative to inform them of the required changes and that a revised service description will be forthcoming. The licensed PSS provider agency will work with its licensing representative to make these updates in a timely manner with the expectation for their compliance with the current PSS bulletin and handbook. The licensed PSS provider agency shall submit and receive approval from their regional OMHSAS licensing representative prior to implementing any changes.

General Requirements

4. **Question:** What is the difference between who can receive services provided by a Certified Peer Specialist (CPS) versus services provided by a Certified Recovery Specialist (CRS)?

Answer: CPS have lived experience of mental health conditions and typically work with individuals who have mental health diagnosis. CRS have lived experience of Substance Use Disorder (SUD) and typically work with individuals with an SUD diagnosis.

5. **Question:** Some of the requirements the Behavioral Health Managed Care Organization (BH-MCO) developed for PSS are different from those stated in OMHSAS-24-05. Can OMHSAS explain the differences?

Answer: The Office of Mental Health and Substance Abuse Services (OMHSAS) sets the minimum standards for PSS licensure and MA payment in OMHSAS-24-05. As with other services, BH-MCOs have the option to require PSS standards that exceed minimum standards set by OMHSAS.

6. **Question:** Is a PSS provider required to be licensed by the Department of Human Services (the Department) to enroll in the PROMIS[™] system?

Answer: Yes. A provider must be licensed to provide PSS by the Department and enroll in the PROMIS[™] system to receive MA payment.

7. **Question:** Do licensed PSS provider agencies need to meet BH-MCO credentialing standards and are they subject to BH-MCO site evaluation audits?

Answer: Yes, as determined by the BH-MCO.

Service Description

8. **Question:** Is a licensed PSS provider agency required to provide services to youth (ages 14-17) and adults (ages 18 and above)?

Answer: No. The licensed PSS provider agency may serve only adults or only youth if they elect to, as long as the population served are clearly delineated in the OMHSAS approved service description and the provider meets all of the requirements in OMHSAS-24-05 for the population they elect to serve.

9. **Question:** If a licensed PSS provider agency updates their service description to include youth (ages 14-17), do they need to update the supplemental provider agreement as well?

Answer: No. A licensed PSS provider agency does not need to re-sign the Supplemental Provider Agreement. Signing the agreement occurs every five (5) years during revalidation.

Coordination of Care

10. **Question:** Will CPSs serving youth (ages 14-17) be able to attend and bill for support during Individual Education Plan (IEP) meetings at the schools?

Answer: A CPS may support and bill for attending an IEP if requested by the youth and/or their parent or legal guardian and there is a corresponding individualized service plan goal.

11. **Question:** What mechanism is in place to allow for a CPS to participate in external inter-disciplinary team meetings?

Answer: A licensed PSS provider agency must have a written agreement to coordinate care with other service providers as needed. The CPS can participate with the individual in a treatment team meeting when a signed release is in place and there is a corresponding individualized service plan goal.

General Staffing

12. **Question:** Does a PSS Director/Mental Health Professional (MHP) have to be a person with lived experience?

Answer: No, MHPs are not required to have lived experience. However, because of the nature of PSS, having lived experience may be beneficial.

Staffing Qualifications

13. **Question:** Does the CPS need to have an SMI or SED?

Answer: No. A CPS must be a self-identified individual with a mental health diagnosis who has reached a point in their recovery pathway where they can positively support others.

14. **Question:** Can a licensed PSS provider agency have more stringent standards than the OMHSAS staffing requirements? For example, can they continue to require that a CSP have an SMI/SED or a high school diploma/GED?

Answer: Yes. The OMHSAS requirements in the bulletin and handbook are minimum standards and a licensed PSS provider agency can choose to exceed the standards.

15. **Question:** Can a CPS Supervisor conduct supervisory meetings using telehealth technology?

Answer: Yes, supervision meetings can be held via audio-video telehealth technology. However, audio only supervision is not permitted.

Criminal history and child abuse background clearances

16. **Question:** Are licensed PSS provider agencies required to obtain criminal history and child abuse clearances for CPSs?

Answer: CPS's who work with youth (ages 14-17) are required to obtain criminal history and child abuse background clearances as required by the Child Protective Services Law (23 Pa.C.S. Chapter 63).

OMHSAS strongly recommends that criminal history and child abuse clearances are completed for all CPSs, no matter the age of the person(s) that they serve, for the safety of the individuals they serve.

17. **Question:** If a CPS has a child abuse and/or criminal background clearance result that prohibits them from working with youth (ages 14-17), can they still work as a CPS for adults (eighteen (18) years of age and older)?

Answer: This is dependent on the individual PSS provider agency's local policy.

18. **Question:** Are CPSs considered to be mandated reporters?

Answer: If the licensed PSS provider agency's service description states that they serve youth (ages 14-17) and the CPS has been hired to work with youth, the CPS is a mandated reporter.

Assessment

19. **Question:** Will an individual that began receiving PSS as a youth (ages 14-17) be able to continue services as an adult (18 years of age or older)? And if so, can they continue services with the same CPS?

Answer: Yes, an individual can continue services once they turn age 18. However, if their current licensed PSS service provider only serves youth then a referral should be made to another licensed PSS provider agency serving an adult population. If the licensed PSS provider agency serves both youth and adults, the licensed PSS provider agency's local policy would determine if the individual can remain with the same CPS.

Continued Stay Requirements

20. **Question:** When a youth (ages 14-17) has an SED diagnosis and is receiving PSS, what happens when the youth turns eighteen (18) and has not yet received an SMI diagnosis?

Answer: OMHSAS recommends that a transition plan be created prior to the individual turning 18 years of age and the licensed PSS provider agency shall determine the individual's eligibility for continued stay. If an agency believes that there is a need for an individual to continue to receive PSS, and the individual

desires to continue with the service, an updated recommendation from a Licensed Practitioner of the Healing Arts (LPHA) should be obtained to verify an SMI as

defined in OMHSAS-24-05. If the current licensed PSS provider agency does not serve individuals over the age of seventeen (17), there should be a referral to another PSS provider that can offer the service. The new PSS provider must have a recommendation for PSS from an LPHA.

Confidentiality

21. **Question:** How will confidentiality be maintained for youth (ages 14-17) receiving PSS when the youth consented to receive PSS services?

Answer: For information on confidentiality when a minor consents to mental health treatment, please review [OMHSAS-23-01 Act 65 of 2020: Consent to Mental Health Treatment for Minors.](#)

Individual Participation and Freedom of Choice

22. **Question:** Based on Behavioral Health HealthChoices requirements, if there are currently only two (2) licensed PSS provider agencies in a county, does that mean both existing providers will be required to offer PSS to youth (ages 14-17)?

Answer: No. There are no licensing requirements for PSS provider agencies to offer PSS to youth (ages 14-17). Each Behavioral Health HealthChoices Primary Contractor will work with their BH-MCO to meet HealthChoices access requirements.

Provider Qualifications for MA Payment

23. **Question:** Can individual CPSs be enrolled in the PROMIS[™] system to provide PSS services?

Answer: No. Only licensed PSS provider agencies can be enrolled to provide PSS in the MA program.

24. **Question:** What process does the Department use to license PSS provider agencies?

Answer: An application for licensure can be obtained by contacting a regional OMHSAS office or going to the following link: <https://www.pa.gov/en/agencies/dhs/resources/licensing/mental-health-programs-licensing.html>. The completed application should be submitted to a regional OMHSAS field office. An OMHSAS representative will review the application and contact the provider agency to schedule an onsite survey.

25. **Question:** How can a PSS provider agency determine how many PROMISe™ enrollment applications must be submitted?

Answer: For information on provider enrollment please review [OMHSAS-19-02](#).

Compensable Versus Non-Compensable Service and Payment Conditions

26. **Question:** Can PSS be provided while a CPS is driving a vehicle when the individual is in the vehicle with them?

Answer: PSS can be provided while the CPS is driving. The CPS and the licensed PSS provider agency should determine if the CPS can safely operate the motor vehicle while providing services. If a licensed PSS provider agency will be allowing PSS to be provided while driving, the provider must have policies and procedures in place that address the provision of services while driving, including a requirement that the insurance on the provider's vehicle or the CPS's vehicle covers any accidents that may occur during the provision of services.

27. **Question:** Is the time that a CPS spends in transit while delivering PSS compensable?

Answer: Yes, if the CPS is delivering PSS services, identified in the individual's ISP, to the individual, this time is considered compensable.

Non-compensable services

28. **Question:** Is the time that a CPS spends in transit, while not delivering compensable services, able to be billed?

Answer: No. A CPS must be delivering PSS services identified in the individual's ISP to be a billable service.

Payment conditions for various services

29. **Question:** If a person receiving PSS requests support during a psychiatrist or other doctors appointment, could a CPS attend and offer support to the individual during the appointment?

Answer: Yes, supporting an individual during a doctor's appointment is appropriate if there is a corresponding individualized service plan goal.

COMMENTS AND QUESTIONS REGARDING THIS MEMORANDUM SHOULD BE DIRECTED TO:

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