NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MELANIE BUSH • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Melanie Bush DS MB

FROM: Chrissy Pitner, SPA Coordinator

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2026-0006

Purpose
Attached for your review and signature is a Medicaid State Plan Amendment (**Peer Support Services (PSS))** summarized below, and submitted on September 16, 2026 with a due date of September 18, 2026.

Clearance
This amendment has been reviewed for both accuracy and completeness by:

Chrissy Pitner, Kathryn Horneffer, Todd Baustert, Tabitha Evans, Chris Gordon, Sarah Gregosky, Melanie Bush

Background and Summary of Request
It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The purpose of the revisions to the State Plan Amendment is to define the mental health conditions eligible for PSS and to clarify qualification requirements for staff providing the service. The amendment also identifies the licensed clinicians authorized to sign service orders for Peer Support Services and establishes a nine-month validity period for each service order. Utilization management review guidance is being added, including requirements for prior approval, nonquantitative treatment limits (NQTLs), and concurrent review. The guidance specifies that prior approval is required beyond 24 unmanaged units; Medicaid may cover up to 176 units of PSS over a 60-calendar-day authorization period, not to exceed 88 units per 30-calendar-day period. Authorization requests for more than 88 units per 30-calendar-day period must be reviewed by a utilization review vendor and reauthorized every 30 calendar days. In addition, concurrent requests extending beyond nine months must be reviewed and reauthorized every 30 calendar days by a utilization review vendor.

The proposed effective date for the SPA is September 1, 2026.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at 919-280-8729.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS)

Peer Support Services (PSS) an evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult beneficiary diagnosed with a Serious Mental Illness or substance use disorder. PSS provides structured, scheduled interventions that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of a beneficiary. PSS is directly provided by NC Certified Peer Support Specialist (CPSS) who has self-identified as a person in recovery from a mental health or substance use disorder and certified by the NC Certified Peer Support Specialist Program. The NC CPSS must meet the minimum qualifications of a paraprofessional (PP), as defined in Attachment 3.1-A.1, Page 15a.14 and Attachment 3.1-A.1, Page 15a.15. PSS is intended to complement clinical and other medically necessary services and are typically provided in coordination with services that address a beneficiary's SMI or SUD diagnosed condition.

The focus of the service~~s~~ is on the beneficiary's strengths, rather than the identified serious mental illness or substance use disorder and emphasizes the acquisition, development, and expansion of rehabilitative skills needed to establish and maintain recovery. The service promotes skills for coping with and managing symptoms while utilizing natural supports and community resources.

Peer Support Services (PSS) is provided one-on-one to a beneficiary or in a group setting. Providing one-on-one support builds on the relationship of mutuality between a beneficiary and CPSS; supports the beneficiary in accomplishing self-identified goals; and may further support a beneficiary's engagement in treatment. Peer Support Services provided in a group setting allow a beneficiary the opportunity to engage in structured services with others that share similar recovery challenges or interest**s**; improve or develop recovery skills; and explore community resources to assist the beneficiary in their recovery. PSS is based on ~~a~~ beneficiary's needs and goals and coordinated within the context of a beneficiary's Person-Centered Plan. Structured services provided by PSS include:

a. Peer mentoring or coaching (one-on-one) - to encourage, motivate, and support beneficiary moving forward in recovery. Assist beneficiary with setting self-identified recovery goals, developing recovery action plans, and solving problems directly related to recovery, such as finding housing, developing natural support system, finding new uses of spare time, and improving job skills. Assist with issues that arise in connection with collateral problems such as legal issues or co-existing physical or mental challenges.

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS) (continued)

b. Recovery resource connecting- connecting a beneficiary to professional and nonprofessional services and resources available in the community that can assist a beneficiary in meeting recovery goals.
c. Skill Building Recovery groups – structured skill development groups that focus on job skills, budgeting and managing credit, relapse prevention, and conflict resolution skills and support recovery.
d. Building community – assist a beneficiary in enhancing their social networks that promote and help sustain mental health and substance use disorder recovery. Organization of recovery-oriented services that provide a sense of acceptance and belonging to the community, promote learning of social skills and the opportunity to practice newly learned skills.

A comprehensive clinical assessment (CCA) that demonstrates medical necessity must be completed prior to the provision of this service. Relevant clinical information must be obtained and included in a beneficiary's Person-Centered Plan (PCP). A service order must be signed by a physician, physician assistant, nurse practitioner, licensed clinical mental health counselor, licensed clinical addition specialist, licensed marriage and family therapist, licensed clinical social worker, or licensed psychologist prior to or on the first day service is rendered.

Program and Staff requirements:

The Peer Support Services (PSS) program is provided by qualified providers with the capacity and adequate workforce to offer this service to eligible Medicaid beneficiaries. PSS must be available during times that meet the needs of the beneficiary which may include evening, weekends, or both.

The PSS program must be under the direction of a full-time Qualified Professional (QP), as defined in Attachment 3.1-A.1, Page 15a.14 and Attachment 3.1-A.1, Page 15a.15.

Program services and interventions shall be provided by Peer Support Specialist that are certified by the North Carolina's Certified Peer Support Specialist Program or other state-approved certification program.

The PSS program must have designated competent mental health or substance use professionals to provide supervision to CPSS during the times of service provision

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Peer Support Services (PSS) (continued)

Medicaid may require prior approval for Peer Support Services beyond twenty-four (24) unmanaged units once per episode of care . Unmanaged units are defined as units that do not require prior approval.

Medicaid may cover up to 176 units of PSS over a 60-calendar-day authorization period, not to exceed 88 units per 30-calendar-day period. Authorization requests for more than 88 units per 30-calendar-day period must be reviewed by a utilization review vendor and reauthorized every 30 calendar days.

PSS authorized for more than nine months, must meet medical necessity requirements documented within a new CCA or an addendum to the original CCA. A new service order must be completed and submitted with the concurrent request. Concurrent requests beyond nine months must be reviewed and reauthorized every 30 calendar days.

Authorization timeframes and unit thresholds may be exceeded based on medical necessity supported by clinical documentation.

Place of service:
PSS is a direct periodic service provided in a range of community settings. It may be provided in the beneficiary's place of residence, community, in an emergency department, or in an office setting. It may not be provided in the residence of PSS staff.