Subject: Information about the new Peer Mentoring waiver service in DDA

Your P2P Sponsoring Agency Administrator would need to meet with your Regional DDA administrator to discuss Parent to Parent Programs providing Peer Mentoring services, if you want to be able to bill Medicaid for this service under the waiver.

They describe Peer Mentoring differently than we at Parent to Parent do. Therefore, you would need to be clear that Peer Mentoring under the waiver is stated as below and the one to one matching you have been doing we will be calling Helping Parent Matching (not peer mentoring) from now on. You will also have to complete a plan with the parent and show outcomes. But it does not look too difficult.

Community Engagement is also something we can do but it has to be a plan for the “client”-the child. It is to increase their connection to and engagement in formal and informal community supports. See the descriptions below.

**Peer Mentoring and Community Engagement are two different services:**

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<th>Peer Mentoring</th>
<th>Community Engagement</th>
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<td>Peer mentoring is a form of mentorship between people who is living through the experience of having a developmental disability or family member of a person who has a developmental disability and a person who is new to that experience. Mentors should be Parent (Mentor) to Parent (Mentee) or Client (Mentor) to client (Mentee). Peer Mentoring does not necessarily have to be provided in a community setting, and could be provided in the home. <strong>Peer Mentoring is a direct service to the Waiver Participant or a service to a family member to benefit the waiver participant.</strong></td>
<td>Community engagement services are designed to increase a participant’s connection to and engagement in formal and informal community supports with the intent of services provided in the community. This service provides support for the client to develop skills that will facilitate integration into their community. Outcomes of community engagement should be: · skill development, · opportunities for socialization, · valued community roles, and · involvement in community activities, organizations, groups, projects, and other resources. <strong>Community Engagement is a service provided directly to the Waiver Participant-the child. Community Engagement is not available to parents or family members.</strong></td>
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“Peer mentoring” involves the provision of in-person support and guidance to a client and family members of a client by a person with shared experience. Peer mentors may explain community services and programs and suggest strategies to the client and family to achieve the client’s goals.

The Contractor shall work in partnership with the Case Manager to create or strengthen each family’s connections to community organizations and activities. The Contractor, through its Peer Mentors, shall:

(1) Upon receiving a referral from the Case Manager, meet with the Client and the Client’s family to provide assistance in accomplishing goals stated in the service plan/progress reports. Programs will work with the Client’s Case Manager to develop the Reports.

(2) Progress Reports shall include the following information, at a minimum:

(a) Identified service goals and objectives;
(b) Summary of the Client’s progress towards achieving the service goals and objectives in measurable terms;
(c) Description of the types of service provided;
(d) Specific service dates and times during the previous ninety (90) days; and
(e) Total number of service hours provided.

(2) Develop, with the family, strategies to connect the Client and the Client’s family with community resources, based on their interests and needs;

(3) Bring the Client and the Client’s family together with local community members, who are not paid for their involvement with the family, for mutual benefit and activities.

(4) Gather information needed to enhance the participation of client and the Client’s family in their community, providing them with information that is in written format, such as literature or pamphlets, for future reference.

(5) Refer the Client and family back to the Case Manager if community resources cannot be developed.

(6) Upon completion of services, provide a report to the Case Manager describing the process and the outcome of services.