Documentation Best Practices for Medi-Cal Peer Support Specialists

CalMHSA

California Mental Health Services Authority

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This guide was funded by the Department of Health Care Services and developed by the California Mental Health Services Authority, the certifying entity for Medi-Cal Peer Support Specialists.
 It is intended to support the training and practice of peer support specialists in California by providing guidance on documentation standards and best practices. While this guide reflects Medi-Cal requirements and documentation standards, it does not replace federal, state, county, or agency rules and policies. Peer support specialists should always follow their agency's procedures and seek supervision when needed.

Note on terms: The term participants is used to refer to people living with behavioral health conditions and receiving public mental health and/or substance use disorder services.

SECTION 1: PURPOSE, AUDIENCE, AND OVERVIEW

This reference guide aims to support Certified Medi-Cal Peer Support Specialists (CMPSS) in understanding and fulfilling their legal, ethical, and professional responsibilities for documenting services in county behavioral health delivery systems, both mental health and substance use disorder services. It is designed to strengthen documentation practices that promote accuracy, integrity, coordination, and accountability, while demonstrating the value of peers in supporting recovery. Through robust documentation practices, peer support specialists help build a system of care where lived experience, accurate records, and person-centered service delivery enhances access, quality, and equity in behavioral health services.

SECTION 2: OVERVIEW OF COUNTY BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEMS

In California, the Department of Health Care Services (DHCS) administers the state's Medicaid program, known as Medi-Cal. Medi-Cal operates under both federal and state regulations and currently covers about one-third of Californians, including many children, youth, and people with disabilities.

County behavioral health services are delivered through two systems: mental health (MH) and substance use disorder (SUD) services. Each county system is responsible for providing Medi-Cal covered behavioral health services that meet state contractual and regulatory requirements for county residents. County behavioral health delivery systems follow DHCS guidance regarding the types of services offered, eligibility criteria (who can receive services), provider scope of practice (who can deliver services), and the documentation standards that govern reimbursement.

Behavioral health services are coordinated to support the person's needs and help avoid duplication of services, while focusing on the overall needs of the individual in care. Services are provided by county owned and operated programs or through a network of contracted agencies. Services are delivered by providers from different professional fields, such as psychiatrists, social workers, case managers, and Certified Medi-Cal Peer Support Specialists.

Requests for behavioral health services may come from the individual or from a referral source. Clinical assessments are completed by a licensed practitioner and are used to identify the individual's behavioral health care needs. If it's determined through the assessment that the individual may benefit from services, the individual begins to receive targeted services. The types of services the person receives are guided by the identified needs on the assessment, and services aim to support the individual's overall wellness and behavioral health goals.

While, peer support has been a part of the community behavioral health systems for many decades, the information in the guide is intended for services provided by Certified Medi-Cal Peer Support Specialists.

Peer Support

Peer support has been a part of community behavioral health systems for many decades, the information in this guide is intended for services provided by Certified Medi-Cal Peer Support Specialists. Peer support is a recognized Medi-Cal service that complements clinical care, enhances engagement, and addresses disparities in behavioral health access. These services are culturally competent and recovery-oriented, and are designed to promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, and the development of natural supports to strengthen or build connections that foster wellness. By drawing on lived experience and mutuality, peer support fosters hope, reduces stigma, and empowers individuals to take an active role in their recovery, ultimately improving health outcomes and strengthening community inclusion. Peer support sometimes includes involvement of significant support persons to support the participant's recovery goals.

Medi-Cal Peer Support Specialists provide services across a wide range of settings, including hospitals, outpatient programs, residential treatment settings, wellness centers, and community-based organizations. Peer support specialists promote the wellness of children and youth by supporting their caregivers, and they also assist adults in their recovery journeys. In both groups, individuals often have complex needs that may include mental health conditions, substance use disorders, or both. Regardless of the setting, peer support specialists bring the unique value of lived experience, fostering hope, empowerment, and connection in every stage of wellness and recovery.

Peer support services are designed to:

- Prevent relapse and promote ongoing wellness and recovery
- Empower participants through strength-based coaching and mentoring
- Support linkages to community resources

- Provide education for individuals and families about behavioral health conditions and the recovery process

Peer support specialists use a person-centered approach that engages participants to actively participate in their own care. This ensures that services reflect their needs, preferences, and goals. Documentation of peer services demonstrates medically necessary services, while reflecting the unique role of peer support through sharing lived experience, offering encouragement, fostering engagement, supporting skill-building, connecting to resources, and promoting recovery and self-advocacy.

Peers provide services across three main categories — engagement, educational skill-building groups, and therapeutic activities — each offering unique ways to support recovery, build confidence, and help individuals stay connected to their goals and community.

A note on reimbursement: For Medi-Cal reimbursement of peer support through county behavioral health systems, services must be provided by Certified Medi-Cal Peer Support Specialists (CMPSS). Certification is renewed every two years, and CMPSS are responsible for maintaining it.

SECTION 3: CORE PRINCIPLES OF DOCUMENTATION

In behavioral health care, progress notes (sometimes called service notes) are used to document the services provided. These notes become part of the individual's health record and communicate information about their progress toward recovery and wellness goals. Progress notes serve several important purposes: they tell the story of care, keep other providers informed, and serve as the official record for billing and compliance.

Clear documentation helps the treatment team understand the individual's goals, the support provided, how effective it was, and what the next steps will be. This ensures that everyone involved in care has accurate, up-to-date information to guide decisions that best support recovery.

Peer support services are documented in the same way as other behavioral health services. Like all providers, peer support specialists are responsible for delivering and documenting only the services that fall within their professional role and scope of practice.

Why documentation matters:

- Communication: Ensures the care team is informed about the support provided, by whom, and with what result
- Recordkeeping: Creates a lasting record of care that individuals may access
- Accountability and compliance: Shows that services meet county, state, and federal standards

Core Principles Guiding Documentation

Principle	How This Looks in Practice
Scope	Provide services and document only what falls within the peer support role and responsibilities. Avoid clinical judgments or activities reserved for licensed staff.
Connection to Goals	Document the connection to the individual's recovery goals and how the service supported progress or self-identified needs.
Accurate, Clear, Concise	Notes should be factual, objective, and easy to understand. Avoid jargon or unnecessary detail.
Timely	Complete documentation as soon as possible after the service. Timely notes improve accuracy, support continuity of care, and meet compliance standards. Waiting too long increases the risk of forgetting important details or recording them incorrectly.
Legal/Ethical	Documentation must meet professional, ethical, and legal standards by maintaining confidentiality, accuracy, and integrity.

A note on non-billable services: Some services may not be reimbursable, but documenting the activity or service is still necessary for continuity of care. This helps to ensure the participant's health record is accurate and complete. Please refer to your agency's policies for additional guidance.

SECTION 4: PEER SUPPORT SERVICES

The types of behavioral health interventions for individuals are guided by a clinical assessment. Clinical assessments are completed by licensed practitioners, determine the course of care, and consider the individual's goals and desired outcomes. Based on the identified needs, there may be various providers making up the care team and delivering services.

Medi-Cal Peer Support Specialists are integral members of the care team, with defined roles and responsibilities for delivering services. They provide support within their scope of practice and are expected to document their work clearly and accurately. DHCS defines this scope of practice, which includes certification requirements, the types of services that may be delivered, and the rules for reimbursement. This framework ensures that services are consistent with training and certification while promoting safe, effective, and person-centered care in coordination with other behavioral health providers.

Services with parents, caregivers, or collaterals: Peer support services may include contact with parents or legal guardians, caregivers, family members, or other supportive individuals when their involvement helps advance the participant's recovery and treatment goals. Even if the participant is not present, the focus of the service must remain on their needs and goals. Peer support specialists must ensure that all such interactions are consistent with confidentiality rules.

Peer support specialists provide services in three main areas: engagement, educational skill-building groups, and therapeutic activities. Each area offers unique ways to support recovery, build confidence, and help individuals stay connected to their goals and community. The following sections describe each category in more detail and provide real-life examples of what these services look like in practice.

Engagement

Peer support specialist-led activities and coaching that encourage and support participants in participating in behavioral health treatment. Engagement may include supporting participants through transitions and assisting them in developing their own recovery goals and processes.

Examples include:

- **Accompanying to Appointments**
  This may include accompanying the participant to appointments in the behavioral health clinic as well as in the community. Some reasons for doing so may be to ease the participant's anxiety, managing expectations, opportunity to model an approach, and provide encouragement before and after the visit.
- **Recovery Goal-Setting Support**
  During a one-on-one meeting, the peer support specialist may share their own experience with creating recovery goals and offers the participant an opportunity to identify what matters most to them, such as returning to work or school, reconnecting with significant support persons, establishing health connections, or improving wellness by addressing behavioral health conditions.
- **Transition Support**
  When a participant is moving from one program to another or from one level of care to another, including exiting services and accessing them in the community, the peer support specialist can meet a participant and support their discharge plans, help them review their care plan or identify goals, and support them in attending follow-up outpatient services.
- **Group Engagement Activities**
  The peer support specialist leads small peer support groups where participants share challenges and strategies for staying motivated in treatment. A peer support specialist fosters engagement by offering mentoring, coaching, and facilitating open discussions that show how these activities have helped others with similar experiences.
- **System Navigation Coaching**
  The peer support specialist helps a participant understand what internal resources or programs are available to support addressing their behavioral health needs, how to access transportation to appointments, and apply for or get connected to community resources — making it easier for them to stay engaged in treatment.

Educational Skill-Building Groups

Facilitated groups where participants learn coping mechanisms and problem-solving skills to support recovery goals. These groups may build skills in areas such as socialization, self-sufficiency, self-advocacy, recovery, natural supports, and maintaining skills learned in other services.

Examples include:

- **Coping Skills Group**
  Peers practice grounding techniques (like deep breathing, mindfulness, or journaling) together. The peer support specialist shares personal strategies that worked for them and encourages participants to try different approaches to manage stress or triggers.
- **Problem-Solving Workshop**
  A group discussion focuses on common challenges — such as managing appointments, handling conflicts, or setting healthy boundaries. Participants role-play scenarios, brainstorm solutions together, and practice self-advocacy in a supportive setting.
- **Social Skills & Connection Building**
  The peer support specialist leads activities such as icebreakers, guided conversations, or teamwork exercises that help participants build confidence in social situations and practice communication skills.
- **Daily Living Skills Group**
  Participants learn skills related to self-sufficiency, using transportation, meal planning, or organizing daily routines. The peer support specialist may share how they overcame challenges in these areas and guide participants in applying similar strategies.
- **Recovery Maintenance Group**
  A group centered on relapse prevention planning, maintaining wellness routines, and using natural supports. Peer support specialists hold space for participants to share what has helped them stay on track and practice making individualized recovery action plans.
- **Family Support & Education**
  Families join a session to learn about peer support, recovery principles, and ways to encourage independence. Peer support specialists may share stories of recovery — either their own or similar stories — share tools for supportive communication and introduce community resources that help families support the participant's goals.

Structured, non-clinical activities that promote recovery, wellness, self-advocacy, relationship-building, development of natural supports, self-awareness, values, and community living skills. Activities may include advocacy on behalf of the participant, promoting self-advocacy, resource navigation, and collaboration with beneficiaries, families, or other support providers.

Examples include:

- **Wellness Walk & Check-In**
  The peer support specialist organizes a group walk in the community. Aside from modeling wellness through exercise, during the walk participants can share the experience together, make connections, talk about wellness goals, share challenges, and support each other in practicing self-care.
- **Advocacy in Action**
  A participant is nervous about asking their doctor questions during a medication appointment. The peer support specialist may support the participant in preparing a list of questions, practicing self-advocacy phrases with them, and may accompany them to provide encouragement.
- **Resource Navigation**
  The peer support specialist may meet with a participant at a local wellness center and explore local resources such as housing support, food programs, or other community centers. Together, they make phone calls or fill out forms, building the participant's confidence in navigating systems.
- **Community Skill-Building Outing**
  For example, a small group may go to the grocery store with the peer support specialist. This offers participants an opportunity to practice their skills, including scheduling time, planning their day, budgeting, making healthy food choices, and managing stress in public spaces. Peer support specialists act as role models and coach participants as they navigate the experience.
- **Values & Self-Awareness Workshop**
  The peer support specialist facilitates an activity where peers identify personal strengths and values through reflection or creative expression (like drawing or storytelling). This helps participants connect their values to recovery goals.
- **Family Collaboration Session**
  The peer support specialist meets with a participant and their family to explain peer support, encourage open communication, and help the family identify ways they can support recovery without taking over decision-making.

The following chart provides examples of activities that fall within the peer support specialist role, as well as those that are outside the peer scope of practice.

Examples: In and Out of Scope of Practice

IN	OUT
Peer support activities such as sharing lived experience, providing recovery coaching, or supporting self-advocacy	Conducting clinical assessments, mental status exams, or diagnostic impressions
Connecting participants to community resources, supports, or services (e.g., housing, employment, support groups)	Completing a housing application and adding a clinical impression
Using recovery-oriented, person-centered language to reflect participant's strengths and goals	Using clinical or medical terminology to interpret symptoms or prescribe interventions
Supporting participants in practicing skills (e.g., coping strategies, self-management techniques) or mutual problem-solving	Psychotherapy or counseling interventions reserved for licensed providers
Documenting participation in care team coordination, noting communication or support provided to strengthen care	Making recommendations about medication, treatment adjustments, or crisis evaluations

SECTION 5: WRITING CLEAR, ACCURATE, AND CONCISE NOTES

Progress notes should always be clear, objective, respectful, and concise. Peer support specialists are responsible for documenting what happened during an interaction in a way that is accurate, factual, and free from judgment or personal interpretation. Notes should focus on the intervention or activity provided and the participant's response.

When writing, it is important to reflect the participant's own words and experiences rather than making assumptions about their thoughts, feelings, or motivations. Using direct quotes when appropriate can help capture the participant's voice and perspective. Progress notes should be written in plain, everyday language that can be understood by anyone reviewing the record. Avoid jargon, technical terms, or acronyms that may not be familiar to all readers. This ensures that the record is accessible not only to other providers but also to participants if they request to review their health record.

Clear documentation helps tell the story of the participant's recovery journey and ensures that services are transparent, person-centered, and consistent with Medi-Cal requirements.

Principles for Documentation

- **Person-centered**: Progress notes focus on the individual's behavioral health goals, needs, and preferences.
- **Strength-based**: Highlight resilience, progress, and abilities rather than deficits
- **Trauma-informed**: Use respectful language that avoids re-traumatization
- **Culturally responsive**: Acknowledge and respect cultural identity and values
- **Scope**: Describes interventions based on the practitioner's abilities and professional boundaries
- **Legal/Ethical**: Write notes with accuracy and clarity, and timeliness

Progress notes should focus on the interaction and services delivered, not clinical judgments or labels. The examples below highlight the difference between language that aligns with the peer support role and language that should be avoided.

Examples

Do	Don't
Participant shared they are feeling hopeful about applying for a job.	Participant appears manic and delusional.
Supported the participant in identifying coping strategies for stress.	Provided counseling and advise to address stress.
Participant asked about housing resources; CMPSS provided housing program information.	Participant asked about housing resources. Participant does not have good follow-through, so I don't think they will use the resource.
Accompanied participant to a support group and encouraged connection with members.	Participant needed monitoring to prevent isolation.

SECTION 6: CONFIDENTIALITY, PRIVACY, AND ETHICAL CONSIDERATIONS

Confidentiality is a cornerstone of behavioral health services. It is protected by federal, state, and local laws, as well as county and agency policies. It is also an essential part of the Code of Ethics that guides your professional peer support practice.

Ethical considerations are a key part of documentation. When writing progress notes, carefully consider the information you include. Progress notes must reflect services accurately, without exaggeration, judgment, or personal bias. Peer support specialists are responsible for writing notes that respect the dignity and privacy of the participant, include only information that is necessary to describe the service, and avoid speculation or assumptions. Documentation should never contain stigmatizing language, personal opinions, or unnecessary details about others. Always ensure that notes align with confidentiality requirements and reflect the participant's consent when information is shared.

Timely documentation is also part of ethical practice. Progress notes should be written as soon as possible after the service to ensure accuracy and completeness. Oversight through supervision, agency policies, and state standards helps ensure that documentation practices remain consistent with ethical guidelines, protecting both the participant and the service provider.

Do

- Write what is needed to explain the service you provided
- Keep progress note content simple, clear, and based on facts
- Check with the person if you aren't sure the information is accurate
- Follow any applicable confidentiality rules and regulations
- Follow your agency's rules for keeping progress notes safe and private

Don't

- Don't include private details that have nothing to do with the service you provided
- Don't write your opinions, guesses, or judgments about the person
- Don't use the full names of family, friends, or other people the person brings up
- Don't copy information from another provider's documentation or records
- Don't share progress notes or information outside of the care team, unless permitted and in accordance with disclosure policies

SECTION 7: TIMELINESS AND ACCURACY EXPECTATIONS

Timely documentation is an important part of providing quality behavioral health services, including service by peer support specialists. Progress notes should be written as soon as possible after the service is provided, while the details are still fresh and accurate. Delays in documentation can lead to missing or incomplete information, which may affect care coordination, billing, or compliance with county and Medi-Cal requirements. Writing notes promptly also helps ensure that other members of the care team have up-to-date information to support the person's recovery.

Timeliness Standards

Progress notes should be written as soon as possible, ideally on the same day the service is provided. The general standard for most programs is 72 hours following the service; however, depending on the agency and the program, the requirements may be different. For this reason, providers are expected to understand their agency policy on timely documentation standards.

Accuracy Standards

Progress notes are both a record of the service provided and the basis for billing. County behavioral health programs use the information in each note to submit claims for Medi-Cal reimbursement. Because of this, progress notes must include specific details such as the date and location of service, time spent, type of service (for example, the billing code for peer support), description of the intervention, the participant's response or outcome, planned next steps, and the provider's signature. Timely and accurate documentation ensures the county billing team can process claims correctly and supports compliance with Medi-Cal requirements. In addition, your agency or program may have its own documentation standards or additional requirements, and it is important to always follow your agency's policies.

Amendments to Progress Notes

It is understandable that inadvertent errors may occur when writing progress notes. If you discover an inaccuracy in a progress note you previously completed, notify your supervisor and get guidance on how to correct it. In most cases, adding an addendum to ensure the record is accurate; however, peer support specialists should always follow their agency's policy for making corrections. Never delete, alter, or destroy the original entry.

SECTION 8: COLLABORATION AND SUPERVISION

In general, supervision is valuable because it can offer guidance, support, and opportunities for feedback that enable professional growth. This is also true for peer support specialists. Supervisors can offer guidance to clarify the role of peer support as part of the care team, how peer support can be leveraged to support an individual's goals, and support for navigating ethical or difficult situations. Supervision can help ensure that services and documentation stay within scope, meet quality standards, and follow Medi-Cal and agency requirements.

The Department of Health Care Service (DHCS) sets the standards for individuals who supervise CMPSS. The frequency of supervision or the ratio between supervisor and supervisee is not set by DHCS. Instead, this is left for the agency and/or program to set based on program needs. Read more about requirements for the supervision of peer workers here.

Guidance for Supervision

Supervision is an essential part of peer support practice. It provides accountability, reinforces ethical and compliant documentation, and creates space for learning and professional growth.

- Coaching and feedback: Supervisors can review progress notes, provide constructive feedback, and model clear, peer-aligned language.
- Supportive learning: Supervision should be a safe space for growth. Supervisors can encourage CMPSS to reflect on what went well, identify challenges, and develop strategies for improvement.
- Role protection: Supervision reinforces peer role boundaries, helping CMPSS stay within their defined scope of practice and avoid drifting into clinical or case management functions.
- Ethics and compliance: Supervisors ensure that documentation and service delivery follow confidentiality rules, agency policies, and ethical standards. They help CMPSS navigate difficult situations and uphold professional integrity.
- Consistency across teams: Regular oversight creates shared expectations, strengthens accountability, and builds confidence in service delivery and documentation practices across the behavioral health system.

SECTION 9: EXAMPLES OF DOCUMENTATION

Documenting peer support should clearly reflect the unique services provided by the CMPSS. Below are three main categories of peer services, examples of what fits in each, and sample notes that demonstrate peer-aligned documentation. While not possible to include all progress note information in this space, the following examples focus on the interventions, with a brief explanation of how each meets best practices.

Example 1: Engagement & Relationship Building

Category Description: Engagement and relationship building refers to the peer-led activities that foster trust, encourage participation in services, and support a participant's recovery journey. This may include outreach, check-ins, motivational conversations, support during transitions, and creating a safe space where participants feel heard and respected.

Scenario: You work at a behavioral health clinic for outpatient care. You have recently been assigned a new participant to support. As part of your role and responsibilities as a peer support specialist you find ways to support someone entering or continuing to receive service that address their behavioral health conditions.

Intervention (Service): "CMPSS called the participant after a missed appointment. Participant shared their car broke down and transportation is now a barrier. Together, we agreed that learning bus routes to the clinic would help until the car is fixed. We reviewed local bus schedules and routes to the clinic for the next appointment. Participant shared their next appointment is in a few days and plans to try the bus route. Plan to meet the participant following their clinic appointment to check in on transportation."

How it Meets Best Practices

- ✓ Engagement and relationship-building interventions are clearly documented. Peer support interventions included outreach, check-ins, motivation, and follow-through.
- ✓ Person-centered language omitting judgement or clinical jargon (i.e., using their own words)
- ✓ Honored self-determination and self-reliance (i.e., did not try to rescue them by offering a ride)
- ✓ Scope of practice and accuracy meet legal and compliance standards.

Example 2: Skill-Building & Recovery Support

Category Description: Skill-building and recovery support refers to activities where peer support specialists help participants strengthen coping strategies, practice self-advocacy, and build recovery-focused habits. These activities are not clinical treatment but practical, peer-led opportunities to try out new skills and reinforce confidence in managing challenges.

Scenario: A participant recently shared that they are feeling anxious about returning to school. They expressed worries about staying focused and managing stress.

Intervention (Service): "CMPSS met with the participant to talk about their concerns about school. Participant shared stress about balancing homework and family responsibilities. Together, we identified three coping strategies the participant has used before (journaling, walking, and listening to music). CMPSS practiced deep breathing with the participant and encouraged them to try using these tools during moments of stress. A follow-up check-in is planned for after their first week of classes."

How it Meets Best Practices

- ✓ Focused on participant's stated goal (returning to school)
- ✓ Documented skill-building activity that supports recovery
- ✓ Used non-clinical, person-centered language
- ✓ Honored self-determination (participant chose coping tools meaningful to them)
- ✓ Clear description of the peer role: supporting, modeling, practicing, and encouraging

Example 3: Resource Navigation & Care Team Coordination

Category Description: Resource navigation and care team coordination refers to peer support provided to help participants access community resources, link to supports like housing or employment, and communicate with care teams. The peer support specialist's role is to encourage self-advocacy, reduce barriers, and document participation in coordination without making clinical decisions or treatment recommendations.

Scenario: A participant mentioned they are having trouble finding stable housing and are unsure where to start.

Intervention (Service): "CMPSS provided information about county housing resources and supported the participant in completing an application for a housing program. The participant stated they felt overwhelmed by the paperwork, so CMPSS broke down the steps and offered encouragement. With the participant's permission, CMPSS emailed the care coordinator to confirm next steps and agreed to check in with the participant in two days to see if additional support was needed."

How it Meets Best Practices

- ✓ Shows peer support in connecting participants with resources
- ✓ Maintains participant choice (participant agreed to share info with care coordinator)
- ✓ Avoids clinical or case management language
- ✓ Clearly identifies peer role in navigation and encouragement
- ✓ Supports care team communication without stepping outside peer scope

SECTION 10: APPENDICES & RESOURCES

1. **CMPSS Code of Ethics**
   Refer to the California Medi-Cal Peer Support Specialist Code of Ethics for guidance on professional boundaries, confidentiality, and peer values.
2. **CMPSS Supervisor Requirements**
   Refer to Qualifications for Supervision of Peer Workers for guidance on Individuals considering peer support specialist supervision.
3. **DHCS Medi-Cal Peer Support Services – Program Overview**
   Refer to the DHCS Medi-Cal Peer Support Services program page for background on provider type, opt-in, and service delivery guidance.
4. **Medi-Cal Peer Support Specialist Program – FAQ**
   Review DHCS Frequently Asked Questions for additional clarification on certification, services, and billing.
5. **CalMHSA Medi-Cal Peer Support Specialist Program**
   Refer to the CalMHSA Medi-Cal Peer Support Specialist Certification Program for details on training, certification, and renewal requirements.