Maximizing Medicaid Coverage for Peer Support Services

Lessons Learned from the State of Georgia

February 11, 2016
Purpose

1) To provide an overview of Peer Support as covered by Medicaid in different settings, including mental health, addiction recovery, whole-health and parent/youth peer support activity.
Purpose

2) To explore strategies for:
   • working with state Medicaid officials;
   • certification;
   • creating job descriptions;
   • addressing code of ethics issues;
   • exploring varied roles and responsibilities in behavioral health and general health settings; and
   • other details to help facilitate the process of securing Medicaid coverage for diverse peer support services.

System Goals

• Health

• Wellness

• Recovery
Behavioral Health Workforce

Access and Engagement

- Person-Centered Goal of Whole Health
  - An “Informed, Activated Patient” (Mauer, Druss, 2011)
    - Self-management: ability to understand and manage one’s health and medical problems
    - Activation: ability to act effectively in managing one’s own healthcare
Access and Engagement

• YET, for individuals who are striving to achieve and maintain recovery with a mental illness or addiction, there may have been historical barriers to engaging in traditional healthcare systems.

• Therefore self-management and activation are not outcomes which have been achieved (NASMHPD, 2006).

Why Peer Support?

Because of lived experience, including overcoming barriers in accessing health as a person with a behavioral health issue, Certified Peer Specialists (CPSs) have a unique ability to support, model and motivate another individual toward health, wellness, resiliency, and recovery.
Georgia: Brief History

- 1999: First Medicaid State Plan Peer Support Service
- 2001: Adult Mental Health Certification
- 2006: NASMHPD Mortality Report
- 2007: CMS State Medicaid Directors Transmittal
- 2007: CMS Peer Support Definition
- 2009: Peer Support Transmittal
- 2010: Medicaid CHIRPA Grant to Support Parent and Youth Peer Support
- 2012: Medicaid Approval for Parent and Youth Peer Support
- 2013: CMS PRTF Demo Waiver for Parent and Youth Peer Support
- 2016: Planned Medicaid State Plan Submission

Current Georgia CPS Workforce

- Approximately ~1700 Certified Peer Specialists are certified in Georgia.
Medicaid Fundamentals

- Medicaid is the single largest payer for mental health services in the United States.
- States and the federal government share the financial responsibility for Medicaid services, with states having to pay a designated match for these healthcare costs.
- States proposed the benefit plan (services and design).

Medicaid Fundamentals

States are Partnered with the Federal Medicaid agency, the Centers for Medicare and Medicaid Services (CMS) on Medicaid.
Medicaid Fundamentals

Medicaid Models:
- State Plan/1905(a)
- 1915 (i) State Plan
- 1915 (b) Waiver
- 1115 Demonstration Waivers
- 1932 (a) Managed Care Programs
- Money Follows the Person
- Balancing Incentive Payments Program

In 2007, CMS released Guidance to States endorsing the provision of Peer Support.
Medicaid Fundamentals

- “Peer support services are an evidence-based mental health model...which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.
- “CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State’s delivery of effective treatment.”
- “CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services.”

Medicaid Fundamentals Requirements Set Forth…
Medicaid Fundamentals

• General Medicaid Requirements:
  • Identify the Medicaid authority to be used for coverage and payment
  • Describe the Service
  • Define the Provider of the service and their qualifications
  • Describe Utilization Review
  • Describe Reimbursement methodologies.
  • Define the identified unit of service

Medicaid Fundamentals

• General Medicaid Requirements, continued:
  • Assure that the Service is based on an approved “plan of care”
    • Individualized Recovery Plan
    • Individualized Service Plan
  • States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods.
Medicaid Fundamentals

• Peer Support Medicaid Requirements:
  • “Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders.”

• Supervision
  • “Supervision must be provided by a competent mental health professional (as defined by the State).”
    • amount, duration and scope of supervision will vary depending on:
      • State Practice Acts,
      • the demonstrated competency and experience of the peer support provider,
      • the service mix
      • may range from direct oversight to periodic care consultation.
Medicaid Fundamentals

• Peer Support Medicaid Requirements:
  • Care-Coordination
    • Peer support must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.
    • Person-centered planning process to help promote participant ownership of the plan of care.
    • Methods actively engage and empower the participant in leading and directing the design of the service plan
    • Ensure that the plan reflects the needs and preferences of the individual served

Medicaid Fundamentals

• Peer Support Medicaid Requirements:
  • Training and Credentialing:
    • Peer support practitioners must complete training and certification as defined by the State.
    • Training must provide a basic set of competencies necessary to perform the peer support.
    • Peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders.
    • Ongoing continuing educational requirements must be in place.
Further Guidance from CMS:

“Clarifying Guidance on Peer Support Services Policy”

Parent Peer Support:
- the peer-to-peer support relationship is available to parents/ legal guardians of Medicaid-eligible children (17 and younger)
- The Parent Peer is defined as:
  - An adult who is a self-identified consumer who is in recovery from mental illness and/or substance use, or
  - A parent of a child with a similar mental illness and/or substance use disorder, or
  - an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder.

Further Guidance from CMS:
Joint CMCS and SAMHSA Informational Bulletin, continued:
- Provided clarification that Peer practitioners can be a part of other service teams such as Mobile Crisis Teams, Stabilization Teams, etc.
Further Guidance from CMS:


  - Youth Peer Support named as a service
    - “peer-to-peer supports are promising for youth in recovery and stated that there is a need to increase the availability of both individual and group-based peer services”
  - Provided clarification that Peer practitioners can be a part of other service teams such as Residential Support Teams,

Further Guidance from CMS:

  - “peer recovery supports and recovery coaches” are “vital” and “we encourage states to provide”
States must construct a design that meets all of the required elements.

State’s Work

Propose a service model:

- CMS recommends that the State’s Behavioral Health Authority (BHA) and State’s Medicaid Authority (SMA) work together to consider services for those with Behavioral Health conditions.
- Generally, the State Behavioral Health Authority crafts a proposal for Medicaid consideration.
Propose a service model:
- **Authority Relationships vary:**
- *Choose a tailored approach based on your relationship and history:
- **Questions to consider:**
  - Who pays the state match for services? This will greatly influence the conversation.
  - Do our agencies talk often? If so, the BHA may verbally propose a Peer service model, discuss expectations, and then return with very formalized products.
  - Have our agencies had a very formal relationship? If so, the BHA may need to work for several months in developing a very formal proposal with written support.

Propose a service model:
- **Authority Relationships**-
- *At a minimum:*
  - Define the service
  - Define the expected outcomes
  - Define projected volume of service/cost
  - Cite outcomes from other similar peer services
State’s Work

• Example of Authority-to-Authority Proposal of Service Definition:
  • We propose a service where Certified Peer Specialists (CPSs) can provide whole health services to individuals who have a co-occurring mental health condition as well as a major medical condition. These CPSs will be trained in a health-specific curriculum so that they are prepared to assist in health coaching for whole health.

State’s Work

• Example of Authority-to-Authority Proposal of Expected Outcomes:
  • We expect that individuals served will become much more engaged with their own health self-management gradually achieving greater skill in directing her/her own health. We also anticipate that individuals will increase access and engagement with the health care system, including getting an annual physical, gaining confidence in having health dialogues, and setting and achieving health goals.
State’s Work

• **Example of Authority-to-Authority Proposal of Funds:**
  • *We propose that this service is offered statewide, but in the first year we only expect to train 40 Certified Peer Specialists; therefore, we can expect x provider sites to provide x units of service. We propose to use the standard state Peer Support rate.*

State’s Work

• **Example of Authority-to-Authority Outcomes Citation:**
  • *A similar service was provided in Georgia and the results were published ([http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811)).*
  • *This study indicates that:*
    • Participants had a significantly greater improvement in patient activation than those in usual care;
    • Participants had a significantly greater improvement in rates of having one or more primary care visit;
    • Intervention advantages were observed for physical health related quality of life (HRQOL), physical activity, medication adherence*
State’s Work

• Authority-to-Authority Relationship
  • Hear Concerns
  • Address Concerns
  • Provide Proof
  • Modify Design, if necessary
  • Negotiate
  • Negotiate some more!

State’s Work

• Define the Provider:
  • Who is a Peer Specialist for your State?
    • Lived Experience
    • Years of Recovery
    • Comfort in Disclosing Lived Experience
    • Sub-categories
      • Adult
      • Youth
      • Parent
  • Works for Particular Type of Agency?
  • Practitioner is Certified by the State
State’s Work

• Because the State will also do Certification, this can be defined in two places:
  • The Peer Specialist Application Criteria
  • State Provider Enrollment Criteria

• Georgia uses both of these

State’s Work

• Defining Utilization Review:
  • Defining what is “medically necessary”
  • In General Terms:
    • Who is eligible for the service? (Admission Criteria)
    • Why are they eligible for the service? (Admission Criteria)
    • What are the characteristics of the condition that allow the person to stay in the service? (Continued Stay Criteria)
    • What is the evidence that the person no longer needs the service? (Discharge Criteria)
State’s Work

- Define Reimbursement Methodologies:
  - Standard Medicaid Rate Setting Elements
  - Analysis of How Much the Service Costs (Medicaid defined “allowable costs”)
  - Determination of what portion of time is spent with Medicaid individuals
  - Determining Interim rates/cost reconciliation

- Work with BHA and SMA finance leaders using their expertise
State’s Work

• Define Unit of Service:
  • Consider how other BH services are defined
  • Consider consistency with that formula
  • Most BH Recovery-Oriented Services are in 15 minute or 1 hour unit increments (although some use a daily rate)

• Georgia uses:
  • 15 minute rate for one-to-one service
  • Hourly rate for group/program-based service

State’s Work

• Supervision:
  • “Mental Health Professional”
    • Establish if this is a categorization which is defined in your state;
    • If not, consider your local classifications and then select a professional cohort who will meet this expectation.
State’s Work

• Supervision:
  • Georgia:
    • Requires that Supervision is conducted by an “independently licensed practitioner” as defined by law
      • An individual who by Georgia Code can practice independently without supervision.
      • These individuals include Physicians, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists
    • Allow Certified Addiction Counselors-II for substance use services (defined in law)

State’s Work

• Certification:
  • State can define “Certification” but this minimally must address:
    1) Medicaid Requirements;
    2) State Requirements; and should also address;
    3) Content which establishes local credibility.
State’s Work

- **Certification:**
  - *Medicaid Requirements*
    - Plan of Care Work
    - Person-Centered Planning
    - Work within a Coordinated “System of Care”
    - Lived Experience
      - *Converting Your Story into a Helpful Recovery Tool*

State’s Work

- **Certification:**
  - *State Requirements*
    - How does the state define the Service
    - What Tools do you need to provide that Service?
    - How is Utilization Review done locally?
    - What are the forms/tools that are expected within the system?
State’s Work

• Certification:
  • Other Competencies:
    • Ethics
    • Boundaries
    • Local Advocacy/Resource Skills
    • Job Descriptions/Exceptions
    • Roles and Responsibilities

State’s Work

• Certification:
  • Testing
    • Peers must have a “basic set of competencies necessary to perform the peer support function.”
    • “The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders.”
  • Georgia
    • All Certification entails a testing process
    • Written and Oral options
    • Not a “one-and-done” process
    • Coaching tools and resources available
State’s Work

- **Georgia:**
  - *State is certifying body.*
  - For more seasoned Certifications, delegates Certification via contract to Consumer-run Organizations (not Medicaid-enrolled providers)
    - Adult Mental Health and Whole Health: Georgia Mental Health Consumer Network
    - Adult Addictive Disease: Georgia Council on Substance Abuse
  - For new Curricula and Certifications, State is Conducting Certification until curricula is proven and testing analyzed.
  - CEUs required

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