

**Maryland Department of Health**  
**Behavioral Health Administration**

**HB772- MDH- Reimbursement for Services Provided by Peer Recovery Specialists Workgroup**

**Dix Building- Basement Conference Room**

**Tuesday, July 24, 2018**

**9:30a- 11:30a**

**Attendees-** Julia Jerscheid, Peer Support; Jessica Walker, Peer Support; Mike Massuli, Cecil County HD; Amber Gandlach, MD DLS; Stacey Jefferson, BHSB; Shamanda Braithwaite, MHA; Marian Bland, BHA; Nicolas Shearin, Medicaid; Diane Lane, Chesapeake Voyagers; Elaine Hall, Medicaid; Lisa Lowe, FACE Addiction MD; Lauren Grimes, OOOMD; Carlos Hardy; Joan Sperlein, IBR/REACH; Chris Carman, Mosaic; Laura Webb, Walden Sierra; Jackie Pettis, Beacon Health Options; Lisa Kugler, Beacon Health Options; Marla Oros, Mosaic Group; Brendan Welsh, BHA, Adelaide Weber, BHA

**Phone-** Nancy Rosen-Cohen, NCADD, Alexandra Loizias, Medicaid Planning

**Brendan's Opening Comments**

- Approval of June 26 meeting minutes
- One of the topics discussed as a barrier/issue as we move forward for reimbursement of peer services through Medicaid is the idea of a licensure/certification process ( ie: COMAR 1063)
- Develop a recommendation around a process for certification for PRS Service Settings-
  - **In accordance with requirements established under COMAR 10.63, the State of Maryland will need to develop a Certification Process which identifies Peer Recovery Specialist Program Licensure Requirements in order to meet MA Billing Regulations.**
    - Approved by workgroup
- Question for Medicaid Planning- What else does this workgroup have to provide to define a service that is reimbursable?
  - I think everything has been covered (provider regulations, payment deliveries)- Alex
- Update on document
  - Overview and background had been developed
  - Barriers/issues have been developed
  - Revisions
  - Waiting for final approval
  - Document will be released to the workgroup for review/feedback
  - Make edits and changes, check language

- Then will go to the Office of Government Affairs
- Add in the workgroup's recommendations
- Add a cost analysis and benefits

## Beacon Health Options Presentation

- Pennsylvania
  - Peer Support services are reimbursable
  - There are Medicaid reimbursable services and non-Medicaid reimbursable services
  - Non-Medicaid reimbursable services include drop in centers, support groups, and other positions within the mental health system and outside the system in informal peer support activities
- Accessing Peer Support Services
  - History of serious mental illness-Adults/Youth
  - Written recommendation from a Licensed Practitioner of the Healing Arts-Adults/Youth
  - 14-27 years old-Youth
- Who Can Receive Peer Services?
  - Individuals with serious mental illness
  - Individuals who have Autism, Substance Abuse, or Intellectual Disabilities as a primary diagnosis are NOT able to receive peer services, but able to as a secondary diagnosis
- PA locations
  - Stand alone agency
  - Outpatient psychiatric clinic
  - Partial Hospitalization
  - Crisis intervention provider
  - Case management provider
  - Psychiatric rehabilitation provider
- Peer Certification Requirements for Reimbursement
  - Self-identified individuals receiving mental health services, NOT SUD
  - 18 years old
  - HS Diploma or GED
  - Within last 3 years, must maintain employment (not BH specific)
  - Completed Dept. approved peer certification
- Reimbursable Services
  - Services identified in the individual's service plan
  - Activities include: formal mentoring activities, developing individual services plans, supporting individuals in problem solving related to reintegration into the community, crisis support activities, maintaining positive personal and social support
  - Transportation and strictly social activities are NOT reimbursable
- Questions/Comments

- Can an individual be reimbursed for services received simultaneously when combining clinical care and peer support? YES
- How did PA generally feel about reimbursement? Good overall; not used as effectively, more so used for social activities and not really activities for individuals; lack of proper training of peers; peer supervision not exactly great (no support, lack of resources)
- Documentation can be difficult which leads to burnout of the peers.
  
- Georgia
  - Certification (GA Dept. of Beh. Health and Development contracts with GA Mental Health Consumer Network)
  - 4 Types of certification
  - Must be 18, HS diploma or GED
  - Reimbursement
    - Peer Supports are reimbursed through stand alone Medicaid funded services provided to individuals or in groups
    - Services are reimbursed with a range of fees
    - Most services are provided in treatment or rehabilitation programs
  - Child and Adolescent Specialty Services
    - Parent Peer Group, Parent Peer Individual, Youth Group, Youth Individual
  - GA Reimbursement
    - Non-Medicaid
      - Peer support services are funded through state funds and grant awarded for targeted projects
      - Peer Wellness and Respite Center
      - Peer Support Wellness and Respite Center Daily Wellness Activities
      - Hospital Pilot Project
      - Warm line
      - RCO Development Project
      - New Staff Orientation
  - Questions/Comments
    - Do we have the opportunity to look into defining what a Behavioral Health condition is as primary diagnosis?- That would be much more complicated to include that but we could define eligibility criteria to include SUD/MH- Elaine
    - Is there a recommended service to recipient ratio?- Looking at the material, there were some staffing ratios listed-Jackie
    - Do we anticipate the current certification being accepted as it is or is there potential for change?-We will be having a discussion on this-Brendan
  
- Recommendations for Caseloads
  - Possibly looking at billable hours instead of number of individuals seen

- Are there states currently doing this?
  - Can this be done as a bundle rate? A peer can't just stop working with individuals because they have met/exceeded their time
  - Not determined by length of time but medical necessity
  - Recommendation
    - **The Peer Recovery Specialist caseloads need to be established similar to other clinical services overseen with in the BHA regulations or credentialing boards.**
- Service Settings
  - Peers are not billable
    - SBIRT not under Behavioral Health but under somatic care in ERs
  - Do we need to come with hard service settings? Workgroup should recommend
  - Recommendation
    - **Due to restrictions caused by global budgeting within the hospital system, this workgroup recommends community based programs which reduce the strain on resources**
      - MHA will modify for language (Nicole)
- Current certification standards
  - Concerns raised in the current peer support credentialing
    - The current credentialing has excluded many peer organizations: justice, parent peers
      - Clarification provided by Brendan-there is currently an endorsement training : i-FPRS, family peer (currently being developed)
    - Concerns that individual peers that are advertising one on one peer services for a fee; needs to be very clear that a peer is to be associated with a program
- A separate recommendation needs to be made for supervision.
- Provider Definition and Requirements
  - Recommendation
  - **This workgroup recommends that the Provider credentialing requirement for the individual providing the Peer Support Services reimbursed through Maryland Medicaid be overseen by a State approved credentialing entity.**

**Next Meeting- August 1-3:30p**

DRAFT