



Peer Recovery Support Services

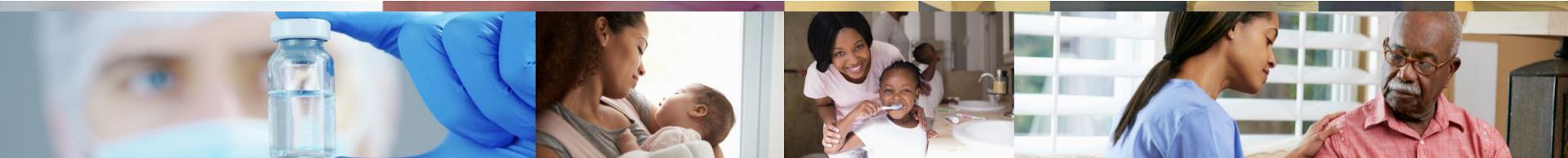
MA Reimbursement Overview

May 02, 2023

Brendan Welsh, Director, Office of Community Based Access and Support, BHA

Alyssa Brown, Director, Innovation, Research, and Development, Medicaid

Rebecca Raggio, LCSW-C, Chief, Medicaid Behavioral Health Division, Medicaid



Agenda *This meeting is being **RECORDED** for sharing.*

Behavioral Health Administration

- Welcome
- History of Peer Services
- Peer Workforce Breakdown

Maryland Medicaid

- Overview of ARPA/FMAP Funding Opportunity
- Reimbursable Services and Settings
- Credentialing Requirements for Providers
- Service Reimbursement Rates

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- Claims Related information

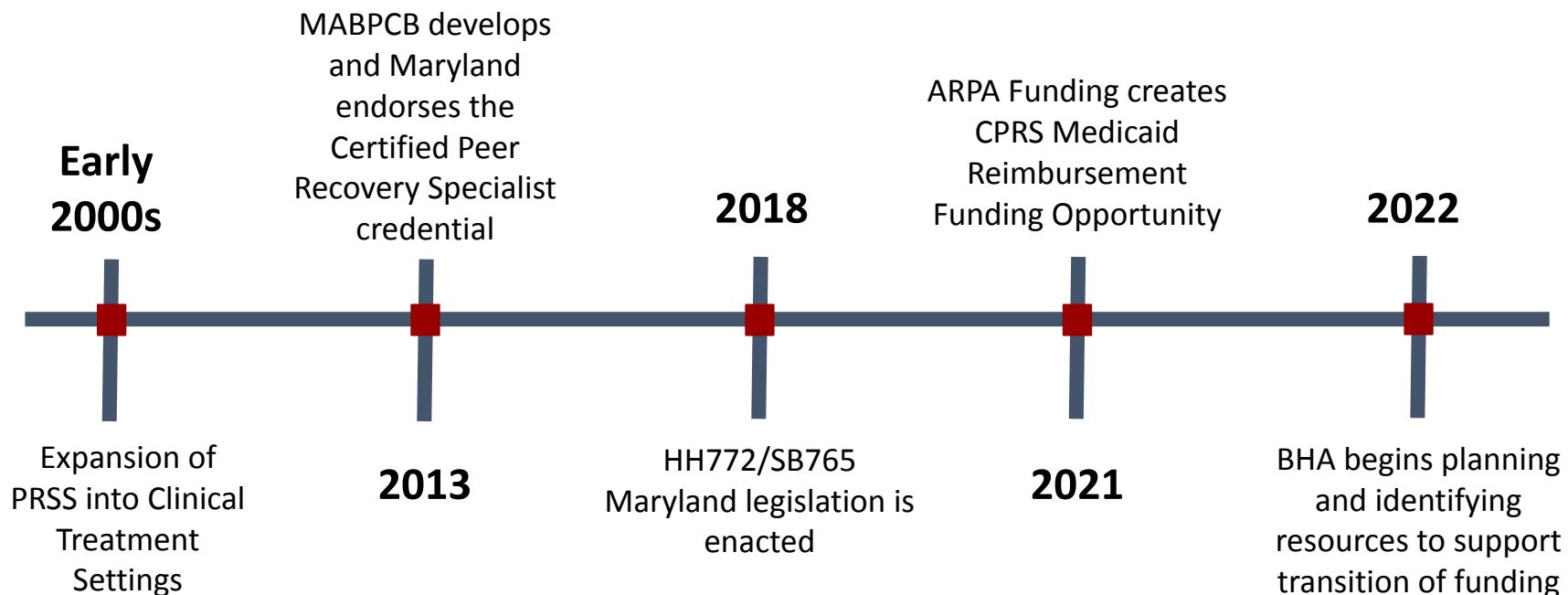
Next steps

- Available Resources & Supports
- Timeline
- FAQs Highlighted

Open Questions & Answer

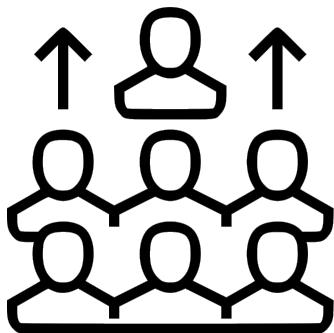


A Brief History of Peer Recovery Support Services (PRSS) in Maryland



A Look at the Numbers

As of August 2022*:

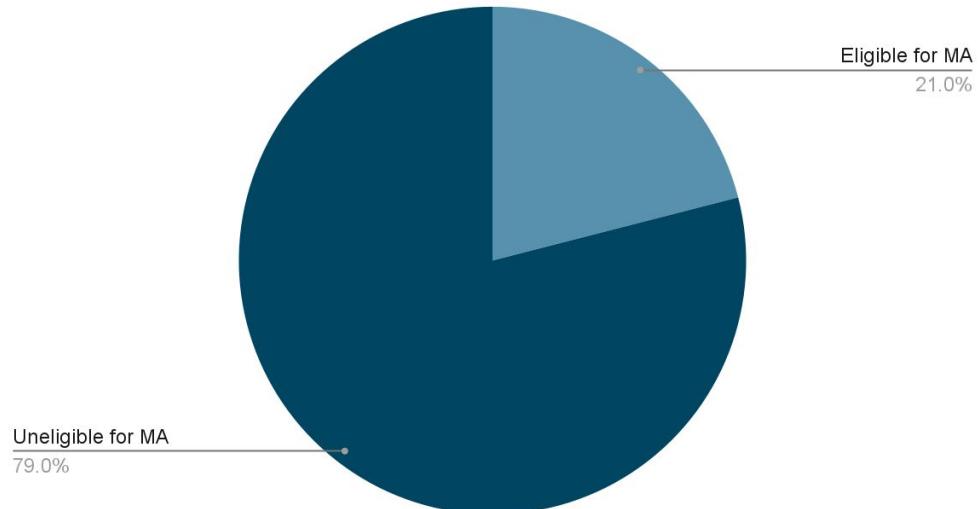


**470 Total Peer
Positions
Funded**



**100 Peer
Positions in
Eligible
Settings**

Peer Workforce

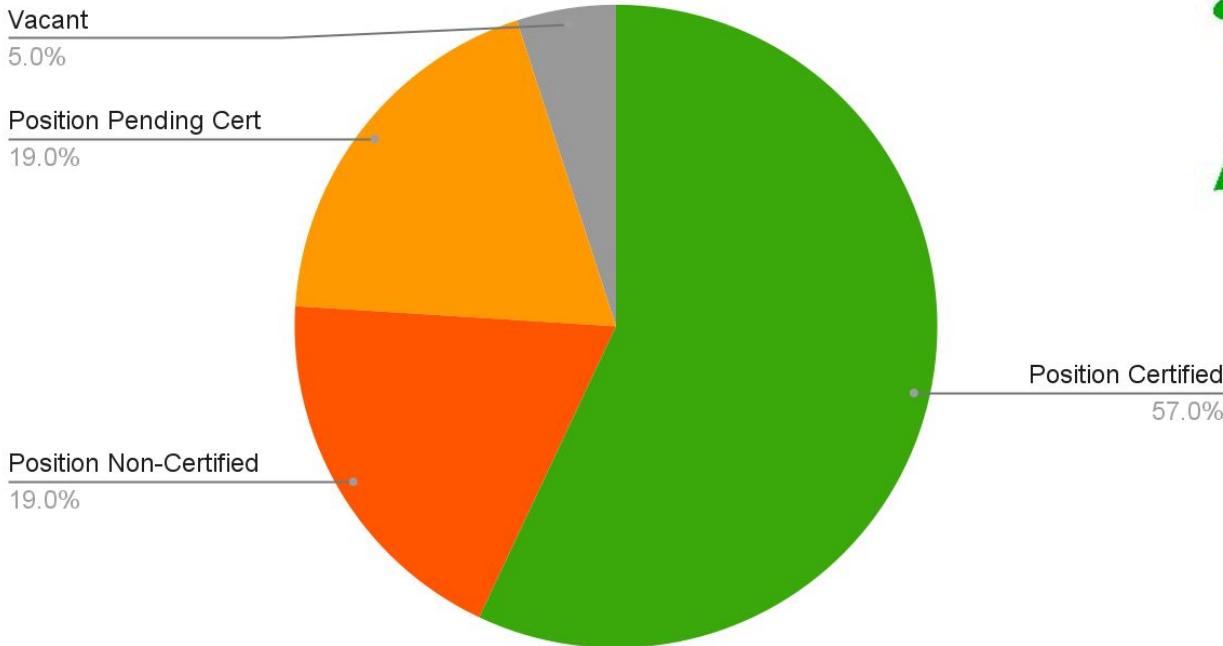


***Preliminary Data - Not Final**

A Look at the Numbers

As of August 2022*:

Peer Workforce



*Preliminary Data - Not Final



57 Certified 19 Non-Cert
Positions Positions



**19 Positions
Pending Cert**

Medicaid Funding Background

- Section 9817 of the American Rescue Plan Act of 2021 (ARPA)
 - Allowed a temporary increase of 10% federal medical assistance percentage (FMAP) increase for home- and community-based services (HCBS)
 - Includes behavioral health HCBS programs/services
- The Department utilized 75% of the additional behavioral ARPA funds for rate increases - effective 11/1/21
- The Department is proposing to use approximately \$24 million in ARPA funds to establish peer recovery support services in SUD settings
 - Key Factors: Stakeholder response & alignment w/ BH priorities
- CMS approved Q4 spending plan
- More information about the quarterly spending plans here:
<https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>

Provider Requirements

- Must maintain an active BHA license and enroll with Medicaid as one of the following providers:
 - Community-based Substance Use Disorder Programs licensed under COMAR 10.63.03 as OP Level 1, IOP Level 2.1, and/or PHP Level 2.5 (**Medicaid Provider Type 50**)
 - Opioid Treatment Programs (**Medicaid Provider Type 32**)
 - Federally Qualified Health Center (**Medicaid Provider Type 34**)

Provider Requirements

- Provide and maintain verification of certified peer recovery specialist on staff
 - Verified through enrollment, revalidation, or supplemental application review via ePREP
- Supervisory requirement for service oversight:
 - A Registered Peer Supervisor (RPS) approved by the peer certification entity designated by BHA
 - A non-RPS supervisor may temporarily serve as the peer supervisor from **June 1, 2023 through September 1, 2023** if they are a board-approved supervisor who is either a licensed mental health practitioner or a certified alcohol and drug counselor

Provider Enrollment

- Existing Medicaid-enrolled Provider Types 32, 50, and 34 should complete a supplemental application via ePREP and provide the following:
 - Provider Type specific addenda with the completed attestation for peer recovery support services;
 - Copy of peer certification;
 - Copy of Registered Peer Supervisor certification; or
 - Until September 1, 2023, copy of approval to supervise from relevant board; and
 - Background check results for each certified peer and supervisor
- Interested providers not yet enrolled with Medicaid will need to complete a new application via ePREP and include the above
- Provider specific addenda are available here:
<https://health.maryland.gov/mmcp/Pages/Provider-Enrollment.aspx>



MARYLAND
Department of Health

Medical Assistance Program Application
FACILITY/ORGANIZATION
PT 50 SUBSTANCE USE DISORDER PROGRAM

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 9am – 5pm.

PEER RECOVERY SUPPORT SERVICES ATTESTATION

To receive reimbursement for peer recovery support services, Provider Type 50s must attest to the following:

- 1) The program employs certified peer recovery specialists.
- 2) The program provides supervision through:
 - (a) A registered peer supervisor who is certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements approved by the Behavioral Health Administration; or
 - (b) Until September 1, 2023, a licensed mental health practitioner or a certified alcohol and drug counselor who is approved to supervise by the relevant licensing board may serve as the peer supervisor.

Providers must upload copies of the peer certification(s) and supervisor certification as well as pre-employment background checks in ePREP.

Providers who do not attest here and do not provide verification that they have appropriate staff for peer recovery support services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for peer recovery support services.

Medicaid Covered Benefit

- Available as an individual and group service
 - Up to 24 units (6 hours) of individual service per day per participant
 - 1 group per day per participant, up to 90 minutes
 - *Additional services may be authorized subject to medical necessity*
- Reimbursed at **15 minute unit** increments
- Services must be included as part of an individualized treatment plan that includes specific individualized goals.

Reimbursement Rates

- MDH compared rates both nationally and regionally as part of the rate setting process. Reimbursed at 15 minute unit increments.
- National Comparison (13 states were reviewed)
 - Average individual rate: \$14.50
 - Average group rate: \$3.63
- Neighboring states (DC, DE, NJ, PA, VA, WV)
 - Average individual rate: \$15.25
 - Average group rate: \$4.55
- **MDH is adopting the following rates, effective June 1, 2023:**
 - **Individual Rate (H0038) = \$16.38 per unit**
 - Rate mirrors Delaware's reimbursement for peer services
 - **Group Rate (H0024)= \$4.55 per unit**
 - Group rate determined by the averaging neighboring states
- **MDH will be implementing a 3% rate increase effective July 1, 2023 based on statutory mandate. This will bring the rates to:**
 - **Individual Rate (H0038) = \$16.87 per unit**
 - **Group Rate (H0024) = \$4.69 per unit**
- **Additional rate increases will be implemented effective January 1, 2024, based on the Governor's budget**

Peer Recovery

Optum

Provider Set Up

- Providers must be actively licensed and enrolled with Medicaid as a provider type 50 (SUD program), provider type 32 (opioid treatment program), or provider type 34 (federally qualified health center).

Participant Eligibility

- Participants must be receiving community-based SUD services for one of the following levels of care: ASAM Level 1, Level 2.1, Level 2.5, or OTP
- This service will be reimbursed for Medicaid, Medicaid State funded, and uninsured consumers.

Authorization Plans for Peer Support

- The following community-based SUD authorization plans will include the two new codes: H0038 and H0024

Auth Plan Name	Provider type	CPT code	Duration	Default	Max
SUD-Outpatient-Initial or Concurrent	20, 23, 24, 27, 35, 50, 80, GA, MC, 01, 06, 07	H0024-Alcohol and/or drug preventi	180	156	156
SUD-Outpatient-Initial or Concurrent	20, 23, 24, 27, 35, 50, 80, GA, MC, 01, 06, 07	H0038-Self-help/peer svc per 15min	180	520	520
FQHC	34	H0024-Alcohol and/or drug preventi	180	156	156
FQHC	34	H0038-Self-help/peer svc per 15min	180	520	520
SUD-IOP Concurrent	01, 06, 07, 50, GA	H0024-Alcohol and/or drug preventi	60	0	54
SUD-IOP Concurrent	01, 06, 07, 50, GA	H0038-Self-help/peer svc per 15min	60	0	108
SUD-Partial Hospitalization-Concurrent Request	01, 06, 07, 50	H0024-Alcohol and/or drug preventi	10	0	4
SUD-Partial Hospitalization-Concurrent Request	01, 06, 07, 50	H0038-Self-help/peer svc per 15min	10	0	6
SUD-Partial Hospitalization-Initial Request	01, 06, 07, 50	H0024-Alcohol and/or drug preventi	10	4	4
SUD-Partial Hospitalization-Initial Request	01, 06, 07, 50	H0038-Self-help/peer svc per 15min	10	6	6
SUD-IOP Initial	01, 06, 07, 50, GA	H0024-Alcohol and/or drug preventi	60	54	54
SUD-IOP Initial	01, 06, 07, 50, GA	H0038-Self-help/peer svc per 15min	60	108	108

Claims Related

- Peer recovery support services cannot supplant the clinical service hours required by PHP and IOP programs or the monthly contact required by OTP program for the weekly bundled rate
- The service is allowed for up to 24 units per participant per day for procedure code H0038 and up to 6 units per participant per day for H0024
- All existing combination of service rules for community-based SUD services apply
- Services are allowable via telehealth. In-person services are allowable onsite and off-site (i.e. in the community)
- Eligible place of service codes are 03, 11, 15, 50, 57, and 71. Place of service codes 31 and 32 are NOT covered.

Claims Related

- FQHCs must have supervisor sign-off because the supervisor must be the rendering provider on the claim
- FQHCs will not be able to bill their individual daily rate for the 2 peer service codes.
- FQHCs will need to bill the H0038 or H0024 codes at the established fee schedule rate. This is like the current reimbursement policy for FQHCs billing group therapy

Proactive Planning to Develop Resources and Supports

- Current grant funding for these programs will remain in place through FY23.
 - Allows programs time to get uncertified peers credentialed as CPRS.
- Identifying potential grant savings that can be repurposed to offer transitional funding and resource support to programs and under-credentialed Peer Recovery Specialists.
 - Pays for training, examination, and services facilitated by under credentialed staff during transition.
- Creation of support tools that help providers with billing and regulatory implications.
- FAQ Email: Peer.Reimbursement@maryland.gov
- FAQ Posting: bit.ly/bha-ca

CPRS Credentialing Support Services

Certified Peer Recovery (CPRS) Credentialing Navigation Support



Available exclusively to non-certified peer recovery specialists working in the following soon-to-be Medicaid reimbursable settings ONLY:

- Outpatient substance use disorder programs
- Opioid treatment programs
- Federally qualified health centers

This program is being offered by the Behavioral Health Administration in partnership with MABPCB to ensure that all peers in effected settings are eligible to provide reimbursable services.

Apply now:
<https://forms.gle/UZNPSChaxymJDknHA>



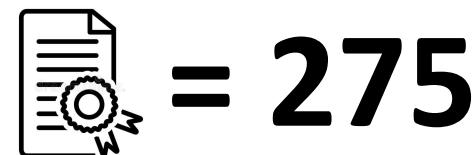
Apply now:
forms.gle/UZNPSChaxymJDknHA

Additional Workforce Investments

PCEF – Peer Certification Expansion Fund



The graphic is a rectangular announcement for the Maryland Peer Certification Expansion Fund. It features a red and white striped background with a white central area. At the top left is the Maryland state seal and the text "Maryland Addiction and Behavioral Health Professionals Certification Board" and "Celebrating 40 Years Certifying Maryland's Behavioral Health Workers". To the right is the Maryland state flag and the text "Maryland DEPARTMENT OF HEALTH". The main title "Maryland Peer Certification Expansion Fund" is in large red font. Below it, "Funding Opportunity for Peers" is in smaller red font. The central text block discusses the partnership between BHA's Office of Consumer Affairs and the MABPCB to fund peer certifications. It lists two bullet points: "Application and Examination costs for those seeking their Certified Peer Recovery Specialist (CPRS) Certification in Maryland" and "NOTE: These funds will cover initial certifications and recertification". A yellow box at the bottom contains the text "For any questions, to learn more, and APPLY please visit: www.mabpcb.com". At the bottom, a note says "*All applications for funding must be submitted to: mabpcbfunding@gmail.com". A small note at the very bottom states "This funding opportunity is available to all Maryland residents who meet the application requirements."



Just a reminder...

FREE RPS Training For SUD OP, OTP, and FQHCs

**REGISTERED PEER
SUPERVISOR TRAINING**

- \$** No Cost to Supervisors
- Person** Limited to SUD OP and OTP* Providers **ONLY**
- Clock** Time Limited Through Sept 2023
- Checkmark** Approved by MABPCB



Maryland
DEPARTMENT OF HEALTH

FOR MORE INFO
bhatraining.health.maryland.gov

www 

*Substance Use Disorder and Opioid Treatment Providers

Timeline and Next Steps

- **January 2022:** LBHAs provide BHA with feedback that Peers are an FMAP priority
- **February - April 2022:** BHA meets with 3 other states to discuss lessons learned (DE, NY, WV)
- **March 2022:** BHA Partners with UMDSEC to facilitate the Maryland Peer Census.
- **May 2022:** Launch collaborative meetings between BHA and MD-MA to develop the regulations to support implementation.
- **August 2022:** BHA hosts a targeted Provider Feedback Session with targeted stakeholders (*includ:* MPAC, MABPCB, MDMHA, MABHA, OOOMD, MATOD, NCADD-MD)

Timeline and Next Steps

- **October 2022:** BHA hosts an open Provider Meetings attended by more than 163 providers across the state
- **January 2023:** Maryland MA begins the promulgation of the 10.09.80 regulations to include reimbursement for CPRS services in specific clinical SUD settings
- **March 2023:** State Plan Amendments are submitted to Centers for Medicare & Medicaid Services' approval.
- **May 2023:** BHA hosts an open Provider Meeting
- **June 2023:** Benefit is live and funding implementation has commenced

People want to know...

FAQ Highlights

What about individuals who have private insurance?

Individuals with private insurance who are not Medicaid beneficiaries are not eligible to receive peer services that are reimbursed through the BHASO.

These individuals can be connected with peer services that are funded in non-reimbursable settings including our extensive network of Wellness Recovery and Recovery Community Centers.

People want to know...

FAQ Highlights

Can a peer run a group on the same day as an IOP service or an OP group service? They know it cannot replace it - this would be in addition to those.

Yes, a peer group that is facilitated in addition to an IOP service or OP Group services is also billable on the same day.

People want to know...

FAQ Highlights

How will the ASO differentiate clinical services versus the peer services being reimbursed within a clinic?

Maryland Medicaid will be utilizing unique CPT codes to reimburse for CPRS services being facilitated in reimbursable settings. Specifically, H0038 will be used for individual peer services and H0024 will be used for group peer services.

People want to know...

FAQ Highlights

When accompanying a patient to an appointment – do I count travel time with the patient on the bus, in the uber?

Travel time utilized by a certified peer specialist to assist a participant to an appointment outside the clinic will be eligible for reimbursement only when the participant is present and the service is relevant to activities identified on the individualized treatment plan.

People want to know...

FAQ Highlights

Case management things I do for the patient after they leave my office, are they counted as a service?

Services will be eligible for reimbursement only when provided directly to the person either in-person or via telehealth and the service is relevant to activities identified on the individualized treatment plan.

Peer work is done “with” the participant not “for” the participant. Therefore peer work is facilitated in concert with the person being supported; not after the individual leaves.

People want to know...

FAQ Highlights

If I take a patient to a support group outside my agency, is this counted as a service?

Peer services can be facilitated outside of the agency setting. It is important to note that only time spent directly with the beneficiary will be eligible for reimbursement. Additionally, it's important to ensure that the location on the peer's encounter note matches the location code on the medicaid claim form.

People want to know...

FAQ Highlights

Are there specific things that must be documented and included in the CPRS' notes?

Providers must maintain adequate documentation of each participant contact rendered by a CPRS and should include the following:

- date of service with start and end times
- location of service
- participant's primary reason for the encounter
- description of the service provided
- official e-Signature
- printed or typed name of the individual providing care, with the appropriate degree or title.

People want to know...

FAQ Highlights

Can FQHCs bill for peer recovery support services? How will that process work?

FQHCs will be eligible for reimbursement for peer services provided to participants receiving substance use disorder services. FQHCs will not be reimbursed the per-visit inclusive rate for peer services that are not provided in conjunction with an E&M or individual therapy.

If ONLY peer services are rendered on a date of service FQHCs should bill for H0038 and/or H0024; Medicaid will reimburse the fee-for service rates for those codes

FQHCs are required to have a rendering provider on the claim. MD Medicaid does not have a specified individual provider type for CPRS. The eligible peer supervisor may be the rendering provider on the claim. See slide 24 for documentation requirements.

Get in touch with us...

Questions

Brendan Welsh, CPRS

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