

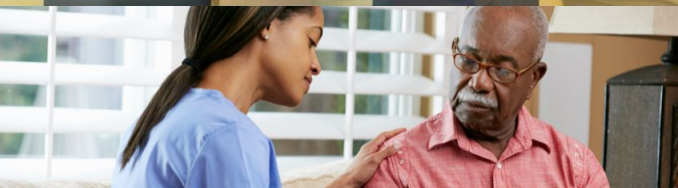


Peer Recovery Support Services

Maryland Medicaid Advisory Committee

September 22, 2022

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

Behavioral Health Administration

- History of Peer Services
- Peer Workforce Breakdown

Maryland Medicaid

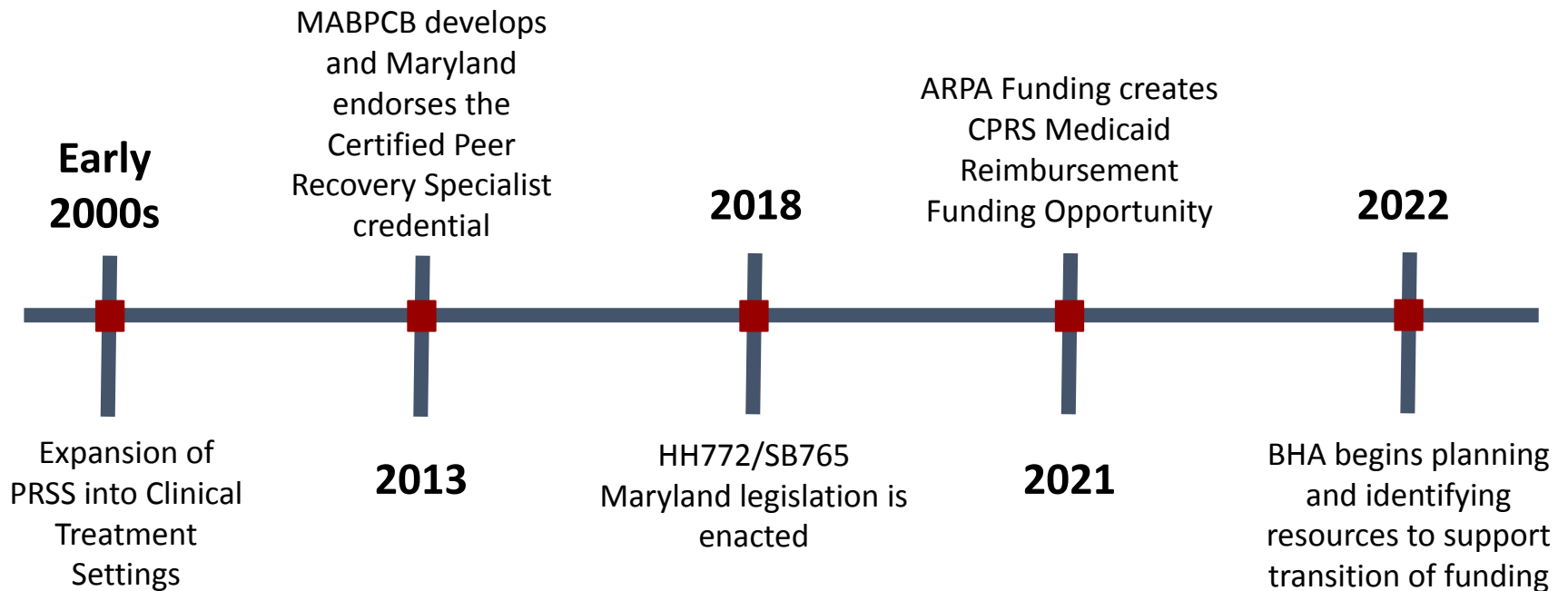
- Overview of ARPA/FMAP Funding Opportunity
- Reimbursable Services
- Reimbursable Settings
- Service Reimbursement Rates
- Credentialing Requirements for Providers
- Individual Eligibility Criteria

Next steps

- System Implications and Responses
- Timeline and Future Meetings

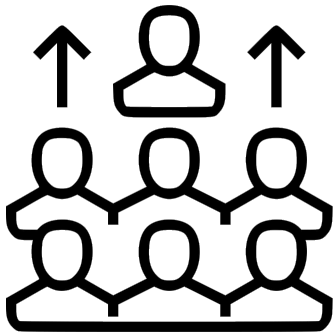
Progress Over Time

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



A Look at the Numbers

As of August 2022*:

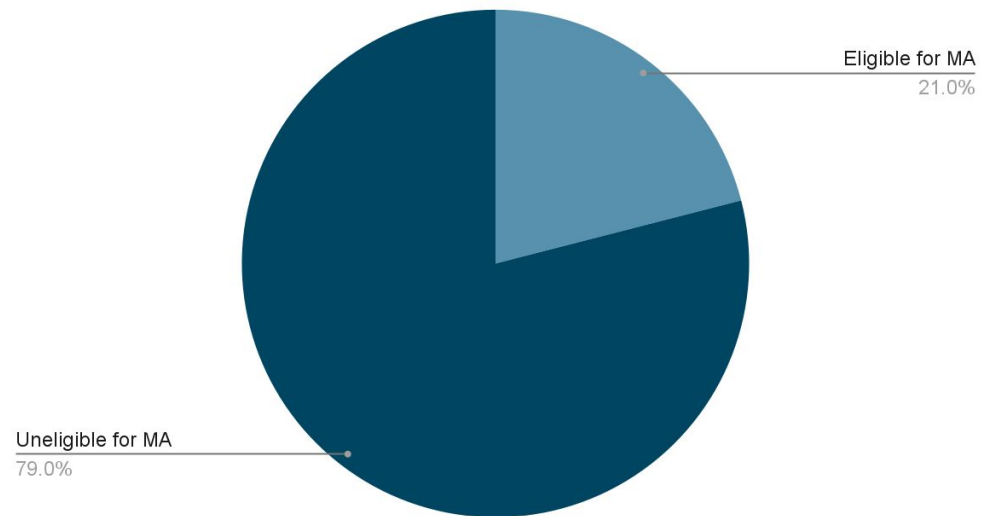


**470 Total Peer
Positions
Funded**



**100 Peer
Positions in
Eligible
Settings**

Peer Workforce

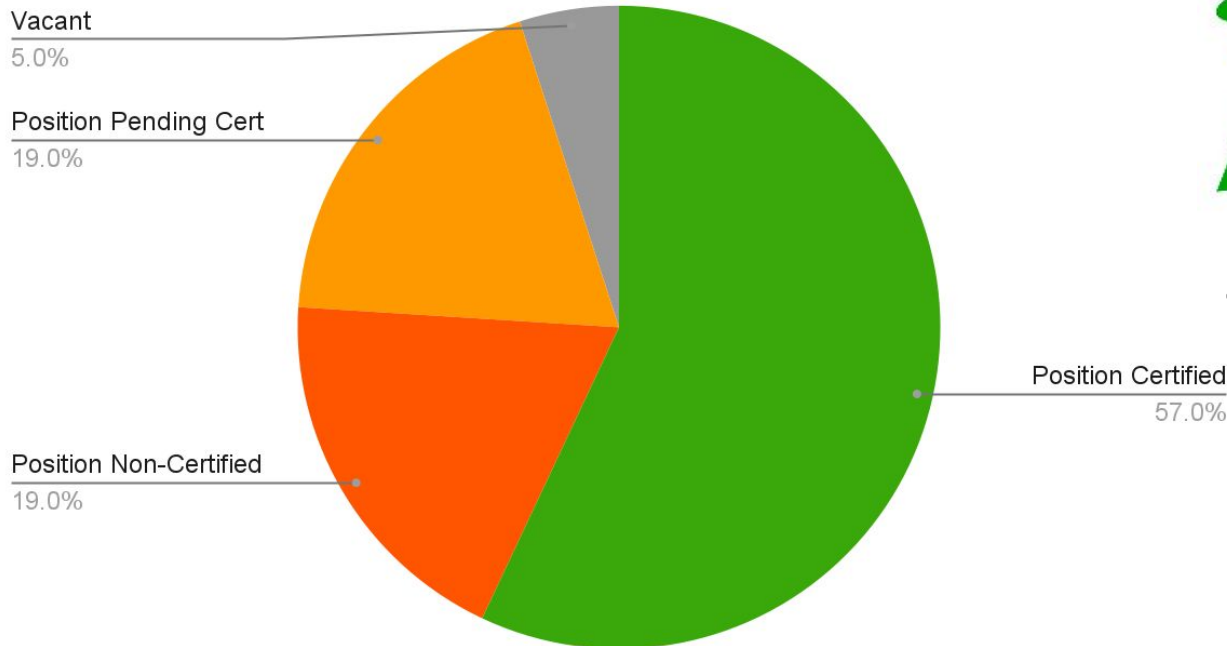


***Preliminary Data - Not Final**

A Look at the Numbers

As of August 2022*:

Peer Workforce



57 Certified Positions



19 Non-Cert Positions



19 Positions Pending Cert

***Preliminary Data - Not Final**

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**)
- 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 approved by the peer certification entity designated by BHA; or
 - A licensed mental health professional or a licensed or certified alcohol and drug counselor who is approved to supervise by the relevant board and who must be an approved Registered Peer Supervisor on or after September 1, 2023

Medicaid Covered Benefit

- Rendered by a **certified** peer recovery specialist (CPRS)
 - Certification required by CMS
- 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
- Reimbursed at **15 minute unit** increments
- Services must be included as part of an individualized treatment plan that includes specific individualized goals.

Proposed Rates

- MDH compared rates both nationally and regionally as part of the rate setting process. Reimbursed at 15 minute unit increments.
- 13 states 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
- Based on this analysis, MDH proposes the following rates:
 - Individual rate mirrors Delaware's reimbursement for peer services, effective January 1, 2023
 - Group rate determined by the averaging neighboring states
- Beginning March 2023, Maryland will cover peer services at the rate of **\$16.38 (individual)** and **\$4.55 (group)**.

Benefit Limitations

- Must be rendered as a direct service to the participant
- **Cannot** supplant monthly contact as required for weekly methadone maintenance (H0020) and weekly buprenorphine maintenance (H0047)
- **Cannot** supplant required minimum required service hours for Intensive Outpatient Program and Partial Hospitalization Program
- Existing combination of service rules apply

Non-reimbursable Settings

- Outpatient & Inpatient MH
 - Current coverage expansion using ARPA funds is focused on SUD only
- Adult Residential SUD (Provider Type 54)
 - Peer support services included in the per diem rate
- Hospital/ED
 - Current coverage expansion is focused on community-based settings

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.
 - RPS Webinar - <https://bhatrainings.health.maryland.gov/>
- FAQ Email: Peer.Reimbursement@maryland.gov
- ¹²FAQ Posting: <https://bit.ly/bha-ca>

Next Steps and Timeline

- Upcoming stakeholder meetings
 - Fall & Winter 2022: provider enrollment details, provider education and enhanced technical assistance
- Department to submit proposed changes to 10.09.80 Community-Based Substance Use Disorder Services – 9/1/2022
- Department to submit State Plan Amendments (SPAs) to CMS – December 2022/January 2023
- Proposed benefit to go live **3/1/2023**