Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs

26th Annual Children’s MH Research & Policy Conference
Tampa, FL
March 4, 2013
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This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.
CHCS Priorities

Our work with state and federal agencies, Medicaid health plans, providers, and consumers focuses on:

1. Enhancing access to coverage and services
2. Improving quality and reducing racial and ethnic disparities
3. Integrating care for people with complex and special needs
4. Building Medicaid leadership and capacity
Maryland, Georgia and Wyoming Collaborative CHIPRA Grant Project

• **Goal**: Improving the health and social outcomes for children with serious behavioral health needs by:
  
  ► Implementing and/or expanding a Care Management Entity (CME) provider model to improve the quality - and better control the cost - of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children’s Health Insurance Program.
What Is A Care Management Entity (CME)?

- An organizational entity – such as a non profit organization – that serves as the “locus of accountability” for defined populations of youth with complex challenges and their families who are involved in multiple systems.

- An entity that is accountable for improving the quality, outcomes and cost of care for populations historically experiencing high-costs and/or poor outcomes.

CME Core Services

Include:
- Intensive Care Coordination (at low ratios)
- High Quality Wraparound Care Planning
- Family and Youth Peer Support

Access to:
- Mobile Crisis Response and Stabilization
- Comprehensive array of HCBS (e.g. intensive in-home services such as in-home therapy)
CHCS Technical Assistance to the Collaborative: Background on the Matrix

CHCS is:

• The coordinating entity for the states in the CHIPRA Collaborative
• Responsible for the Quality Framework and Internal “Independent” Evaluation
• The lead Technical Assistance Provider:
  ➤ Webinars
    ▪ 2010 Series, 2011 Series, 2012 Series
  ➤ Monthly individual technical assistance calls
  ➤ Quarterly all-states meetings
  ➤ Shared online resource space for collaborative states
  ➤ Fact sheets (e.g., Care Management Entities: A Primer)
  ➤ Matrix of standardized assessment tools used to guide clinical decision-making
  ➤ Matrix of options for structuring a CME model
  ➤ Scan of states using Medicaid to finance family and youth peer support
  ➤ Learning communities (state and national)
# Scan of States Using Medicaid to Finance Family and Youth Peer Support

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Funding Source</th>
<th>FY Peer Support Provider (Service) Title</th>
<th>Definition</th>
<th>Components of Service</th>
<th>Billing Codes</th>
<th>Billing Amounts</th>
<th>Qualifications, Training and Supervision</th>
</tr>
</thead>
</table>
| AK    | State Plan Amendment    | Peer Support Specialist (Peer Support Services) | Peer Support services is a type of rehabilitation service that is expected to increase the recipient’s ability to function within their home, school, and community. This category of services may be provided on the premises of a Community Behavioral Health Services Provider (CBHSP), in the recipient’s home, or in any community setting appropriate for providing the services as specified in the recipient’s behavioral health treatment plan. These services are rendered by the CBHSP provider’s staff – in this case, the peer support specialist – who is performing the service as a regular duty within the scope of their knowledge, experience, and education. | A Peer Support Specialist is working within the scope of his or her training and experience, and as directed by a directing clinician in a community behavioral health provider (CBHSP) services organization. A Peer Support Specialist performs responsibilities that may include: provision of psychosocial evaluation and education related to a patient’s behavioral health condition; and counseling, teaching, needed life skills, encouraging, and coaching behavioral health patients. He or she has specialization or experience in providing rehabilitation services to recipients with a severe behavioral health condition (adults experiencing serious mental illness or children experiencing severe emotional disturbance), but may have less than a master’s degree in psychology, social work, counseling, or a related field. | H0038 Peer Support Services--Individual (delivered to the youth) H0038-HR Peer Support Services--Family (with patient present) (delivered to the adult caregiver) H0038-HS Peer Support Services--Family (without patient present) (delivered to the adult caregiver) | $17 per 15 minutes Max. 100 hrs per State Fiscal Year (SFY) $17 per 15 minutes Max. 180 hrs per SFY $17 per 15 minutes Max. 180 hrs per SFY | A peer support specialist is a person who:  
- Meets all the qualifications of a behavioral health clinical associate (see below),  
- Is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and  
- Is supervised by a mental health professional clinician who the behavioral health services provider has determined is competent to supervise peer support services. A behavioral health clinical associate is a person who:  
- Has specialization or experience in providing rehabilitation services to recipients with a severe behavioral health condition (adults experiencing serious mental illness or children experiencing severe emotional disturbance), but may have less than a master’s degree in psychology, social work, counseling, or a related field;  
- Is working within the scope of...
<table>
<thead>
<tr>
<th>State Criteria</th>
<th>Number of States</th>
</tr>
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<tbody>
<tr>
<td>Cover FYPS under State Plan Amendment (SPA)</td>
<td>7</td>
</tr>
<tr>
<td>Cover FYPS under a waiver</td>
<td>6</td>
</tr>
<tr>
<td>• 1915(c) HCBS PRTF</td>
<td>5</td>
</tr>
<tr>
<td>• 1915(c) HCBS SED</td>
<td>1</td>
</tr>
<tr>
<td>Cover FYPS using SPA and waiver (1915(c) Children’s SED HCBS waiver)</td>
<td>1</td>
</tr>
<tr>
<td>Pay for FYPS using fee-for-service arrangement</td>
<td>13</td>
</tr>
<tr>
<td>Pay FYPS by including in capitation rate</td>
<td>2</td>
</tr>
<tr>
<td>Put a limit on the dollar amount or number of hours that can be billed per day/month/year</td>
<td>5</td>
</tr>
<tr>
<td>Require FYPS providers to have:</td>
<td></td>
</tr>
<tr>
<td>• Experience as a parent/caregiver of a child with special needs/SED (additional states give preference to parents/caregivers, but not required for position)</td>
<td>8</td>
</tr>
<tr>
<td>• Specialized training</td>
<td>11</td>
</tr>
<tr>
<td>• Certification</td>
<td>2</td>
</tr>
</tbody>
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Total number of states surveyed in scan = 14
Opportunities Under the ACA

- Section 2703 of the Patient Protection and Affordable Care Act (aka the ACA):
  - Authorizes health home services for Medicaid enrollees with chronic conditions, designed to facilitate access to and coordination of physical and behavioral health care and long term community-based services and supports with the goal of improving the quality and cost of care and enrollee’s experience with care
<table>
<thead>
<tr>
<th>Health Home Provider Standards</th>
<th>Care Management Entity Activities</th>
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<tbody>
<tr>
<td>Provide quality-driven, cost-effective, culturally appropriate, and person-and family centered</td>
<td>Provide family-driven, youth-guided, culturally and linguistically competent care that is community-</td>
</tr>
<tr>
<td>health home services</td>
<td>based, flexible and individualized</td>
</tr>
<tr>
<td>Coordinate and provide access to high-quality health care services</td>
<td>Employ the evidence-based <em>Wraparound</em> model of care planning and care management to coordinate all</td>
</tr>
<tr>
<td>informed by evidence-based practice guidelines</td>
<td>services and supports needed by the youth.</td>
</tr>
<tr>
<td>Coordinate and provide access to preventive and health promotion</td>
<td>Build resiliency in youth and families by promoting connections with behavioral health prevention and</td>
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<tr>
<td>services, including prevention of mental illness and substance use disorders</td>
<td>wellness services</td>
</tr>
<tr>
<td>Coordinate and provide access to mental health and substance abuse services</td>
<td>Coordinate and provide access to mental health and substance abuse services</td>
</tr>
<tr>
<td>Coordinate and provide access to comprehensive care management, care coordination, and</td>
<td>Coordinate and provide access to comprehensive care coordination services using the <em>Wraparound</em></td>
</tr>
<tr>
<td>transitional care across settings.</td>
<td>model of care planning</td>
</tr>
<tr>
<td>Coordinate and provide access to chronic disease management, including self-management</td>
<td>Foster connections to natural supports and services that can help youth and families be successful</td>
</tr>
<tr>
<td>support to individuals and their families</td>
<td>at home, school, and in the community.</td>
</tr>
<tr>
<td>Coordinate and provide access to individual and family supports, including referral to</td>
<td>Provide access to peer and family support services to help youth and families successfully navigate</td>
</tr>
<tr>
<td>community, social support, and recovery services</td>
<td>multiple service systems</td>
</tr>
<tr>
<td>Coordinate and provide access to long-term care supports and services</td>
<td>Coordinate and provide access to needed supports and services across all domains of the youth’s</td>
</tr>
<tr>
<td></td>
<td>life including school, home, and community</td>
</tr>
<tr>
<td>Develop a person-centered plan of care for each individual that coordinates and integrates all</td>
<td>Create a plan of care that serves as a guide to the youth’s clinical and non-clinical health care</td>
</tr>
<tr>
<td>of his or her clinical and non-clinical health-care related needs and services</td>
<td>and social services needs</td>
</tr>
<tr>
<td>Demonstrate a capacity to use HIT to link services, facilitate communication among team</td>
<td>Employ HIT to support data-driven decision making, facilitate communication among team members,</td>
</tr>
<tr>
<td>members and between the health team and individual and family caregivers, and provide feedback</td>
<td>including with youth and family caregivers, and provide feedback to providers</td>
</tr>
<tr>
<td>to practices</td>
<td></td>
</tr>
<tr>
<td>Establish a continuous quality improvement program, and collect and report on data that permits</td>
<td>Participate in quality improvement activities and collect and report on data.</td>
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</table>
Georgia
Building Capacity for Family Involvement

Georgia awarded the Child & Adolescent Infrastructure Grant (CASIG) System of Care (SOC) 5 year project - 2004-2009

- Embraced the SOC values
- Partnered with the Statewide Family Network, Georgia parent Support Network (GPSN)
- Invited parents/youth to the table
- Support and strengthen advocacy
- Cultivated parents/youth through training, conferences and inclusion
Community Alternatives For Youth (CBAY)

Georgia is one of ten states awarded the CMS 5 year PRTF demonstration project 2008- 2012

Created Care Management Entities (CME)
- Implement the High Fidelity Wrap Process
- Team- Care Coordinator, Family Support Partner/Youth Support Partner (option)
- Financed and formalized inclusion of professional Parent & Youth Peer Supports
Georgia CHIPRA Quality Improvement Project

- Research and synthesize national best practices for Parent/Youth Certified Peer Supports
- Coordinate the development of a training curriculum and certification for Parent & Youth Peer Specialist
- Develop training plan for Parent/Youth Peer Specialist Workforce
- Develop a Network of Credentialed Certified Parent/Youth Specialists (CPS)
- Partner with local family groups and organizations
Allies and Certified Peers

**ADULT CERTIFIED PEER SPECIALIST (CPS)**
- Individuals Living with a Mental Health diagnosis

**ADDICTIVE DISEASE**
- Certified Addiction Recovery Empowerment Specialists (CARES)
- Individuals Living with Addiction or Co-occurring

**PARENT CERTIFIED PEER SPECIALIST (CPS-P)**
- Parent or Guardian of a child with Substance use, Co-occurring or Serious Emotional Disorder

**YOUTH CERTIFIED PEER SPECIALIST (CPS-Y)**
- Youth/Young Adult who is living with Mental Health, substance use or Co-occurring

**Values**
Requires the these individuals have “Lived Experience”

**Criteria**
Georgia’s Process: Beauty of the Matrix

CHCS Technical Assistance: *Research*

- A national Scan
- Funding source
- Title
- Definition
- Components of service
- Billing codes/amounts
- Qualifications, training and supervision
Georgia’s Process: Develop the Service Outline

• Duties
  ► What we “must” do

• Knowledge
  ► What we need to know

• Competencies
  ► What skills we need to be able to do it
PURPOSE

• Provide support to families based on similar experiences

ROLE

• To create an environment for empowerment by listening to and sharing life experiences and information; developing one on one relationships; and improving the family’s ability to connect and communicate

RESPONSIBLE FOR ENSURING THAT

• No parent has to do it alone
• Parents have access to the right amount and type of information to make sense of their child’s situation
• Supportive relationship built on encouragement exists between peers
• Parents are empowered and prepared to make the best use of any meetings or activities concerning them, including helping find ways to take care of themselves
• Parents can indentify and connect with their own supports
• Parents are able to navigate through the current services they receive
Lessons Learned

- States are doing it differently
- Each state has their own set of values
- Inclusion of authentic family/youth voice changes the way we serve families
- Work Force
- Change causes turbulence
Peer Support Outcomes: Valuable Data

- Peer to Peer support is one of the most frequently used services and the highest in demand
- Increased Face to Face
- Increased Mental Health Literacy
- Helps to deliver individualized services
- Integrates family/youth involvement across the service delivery system
- Create bridges between family and professional perspectives
- Helps families to build the life they deserve
Beliefs, Values, Experiences... We “Georgia-fied” It!

We used the Matrix to build the foundation of our Georgia house.
Maryland’s Medicaid Experience

• MCF became a Medicaid provider in 2009 as part of a 1915(c) demonstration waiver

• Steep learning curve!
  ► Billing procedures
  ► Training
  ► Required documentation – developing forms

• Administrative costs increased dramatically in order to bill Medicaid
Maryland’s Medicaid Experience

• Adapting practice from “whatever it takes” to “what we can bill for” – challenge to our values
• Financially devastating for the first 2 years and still difficult
• The “good news” – being a Medicaid provider has not changed our mission or ability to advocate and in the end has strengthened our practice and stature – staff view themselves as professionals
Considerations for Family Service and Other Provider Organizations:

• Focus on **Definitions**
  - How is your state defining “family support?”

• **Rates**
  - What is it?
  - How was it determined?
  - What is included?
    - Meetings
    - Phone calls with the family, the Care Coordinators or others working with the family
    - Identifying resources for the family
  - And what is not?
    - Travel Time
    - Documentation
    - Administrative costs

• **Expectations/Limits** to Number of Contacts
  - Number of hours per day/week?
How Will Being A Medicaid Provider Change Your FSO?

How will it change your:

• Mission
• Practice (with limits on what you can and can’t do)
• Partnerships (from being an FSO to being a provider)
• Advocacy role
Questions?
Visit CHCS.org to learn more about the CHIPRA CME Collaborative.

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