

Maryland Department of Health
Behavioral Health Administration

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

Dix Building-Basement Conference Room

Thursday, August 9, 2018

1:00p-3:00p

Attendees- Sydney Rossett, MDH; Joan Sperlein, IBR/REACH; Jackie Pettis, Beacon Health Options; Shamonda Braiwaite, Maryland Hospital Assn; Diane Lane, Chesapeake Voyagers; Amber Gundlach, DLS; Ann Ciekot, NCADD-MD; Nicholas Shearin, MDH, Carols Hardy, NCADD-MD; Sue Doyle, CCHD, MABHA; Brandee Izquierdo, MABPCB; Elaine Hall, Medicaid; Stacy Jefferson, BHSB; Tyrell Moyd, 3C Recovery Support Training; Christopher Carman, Mosaic; Lisa Krugler, Beacon Health Options; Marian Bland, BHA, Rianna Matthews-Brown, Johns Hopkins; Lisa Lowe, FACE; Barbara Bazron, Deputy Secretary; Brendan Welsh, BHA; Adelaide Weber, BHA.

Phone- Mike Finkle, OOOMD

Brendan Opening Remarks

- Minutes were approved from the last workgroup meeting
- Clarification on two recommendations:
 - Due to restrictions caused by global budgeting within the hospital system, this workgroup recommends community based programs which reduce the strain on resources
 - Shamonda stated that the increase of funding should come from outside sources. The recommendation could jeopardize already existing funding streams
 - There was some discussions regarding this statement
 - **Brendan** will follow up with a conversation with HRCRC
- The other clarification was regarding services setting recommendation
 - We will remove currently stated service settings and use GA recommendations

Review of GA Document for Recommendations

- There were many questions regarding the GA document
- There was much clarification of what the group's goal of looking through the document (defining services for MD)
- Some questions regarding some of the service definitions from the document (peers giving information regarding medications)
- Credentialing standpoint: parent is the same as family peer support (endorsement training) in MD- family is defined more broadly in MD than in GA

- Because MD is unique (the certification for peers is integrated), we could pick and choose from both the MH and SUD descriptions and combine them for MD
- Clarification as to why non-profits would not be reimbursable and why they are not included in future certifications
- Revisited the idea of a credential or licensure that must be instituted for programs that would like to reimburse via Medicaid
- Recommendation from Medicaid is to take out the Codes and Rates from the GA Document
- It was decided as a group to start with Adult Services and then continue with Youth, CJ, Family

Peer Support Service-Group

- Clarification regarding the words services and programs
- Have the fee for service follow the individual, not the program
- It was recommended that the service definitions from the SUD and MH areas from the GA document be blended to make up the recommendations for MD
- There were discussions regarding some other wording, semantics, etc.
- **Service Recommendation:** This service provides structured activities (in an agency or a community based setting) which promotes recovery, self- advocacy, relationship enhancement, self- awareness, and value. Individuals served are introduced to the reality that there are many pathways to recovery and each individual determines his or her own way. Supports are recovery-oriented. This occurs when individuals share the goal of sustained recovery. Individuals served are encouraged to initiate and lead group activities and each participant identifies his/her own individual goals for recovery. Activities must promote self- directed recovery by honoring the many pathways to recovery, by tapping into each participant's strengths and by helping each to recognize his/her "recovery capital", the reality that each individual has internal and external resources that they can draw upon to keep them well. Services are approached from a lived experience perspective. Supportive interactions include motivational interviewing, recovery planning, resource utilization, strengths identification and development, support in considering theories of change, building recovery empowerment and self-efficacy. There is also advocacy support with the individual to have recovery dialogues with their identified natural and formal supporters.

Peer Support Service-Individual

- There were some discussions regarding which definitions to use, GA SUD or GA MH
- The group will use the SUD definition and add that Peer Support must be provided by CPRS
- There was discussion as to the definition and the stipulation regarding crisis beds
- **Service Recommendation:** This service provides interventions (in an agency or community based setting) which promote recovery, self-advocacy, relationship enhancement, self- awareness, and values, and self-directed care. Individuals served are introduced to the reality that there are many different pathways to recovery and each individual determines his or her own way. Supports are recovery-oriented and occur when individuals share the goal of sustained recovery. Each participant identifies his/her own individual goals for recovery. Services must promote self-directed recovery by honoring the many pathways to recovery, by tapping into each participant's strengths and by helping each to recognize his/her "recovery capital", the reality that each individual has internal and external resources that they can draw

upon to keep them well. Services are approached from a lived experience perspective. Supportive interactions include motivational interviewing, recovery planning, resource utilization, strengths identification and development, support in considering theories of change, building recovery empowerment and self-efficacy. There is also advocacy support with the individual to have recovery dialogues with tier identified national and formal supporters. Peer Support must be provided by a CPRS.

Supervision

- The state defines what the supervision requirements will be (MH professionals)
- It is allowable to have a multi-tiered (indirect) approach for supervision
- **Recommendation:** The workgroup recommends the state expand its definition of mental health professionals to Addictions Counselors, Nurses, and other roles in the medical field to provide multiple levels of supervision