



## CA PEER/FAMILY SPECIALIST CERTIFICATION 2018 Senate Bill 906 (Beall-D & Anderson-R) FAQs on State Peer Certification & Billing

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### 1. What is State Peer Specialist Certification?

A State Peer Specialist Certification is a formal State protocol that typically designates the State Department of Mental Health or another agency to establish certification components including:

- Lived experience required
- Work experience
- Responsibilities and practice guidelines
- Curriculum and core competencies
- Training, testing and continuing education requirements
- Code of ethics
- Supervision
- Billing as unique peer provider & service

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### 2. Does California have State Certification?

No, not yet. Most counties employ/contract for peer, parent/family support specialist providers, but 58 counties in California have 58 different ways of using peer/family support specialists. Many counties require no training, or don't require *training standardized to the role of peer/family/parent support specialist*. If training exists it is mostly provided by clinicians/trainers not familiar with peer practices. Most have no appropriate supervision requirements. Most counties don't allow peer providers to bill Medi-CAL, even under existing codes.

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### 3. How have California stakeholders advocated for California Certification?

Working Well Together, a former collaboration of the National Alliance for the Mentally Ill (NAMI), United Advocates for Children and Families (UACF), the California Association of Mental Health Peer Run Organizations (CAMHPRO) and the California Institute for Behavioral Health Services (CIBHS), worked on this issue from 2011 to June, 2014 to investigate, research and develop certification standards. This process has included an extensive stakeholder process (over 700 stakeholders) across the State that developed a consensus set of seventeen (17) recommendations on Peer Support Certification.

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### 4. What is SB 906?

California Senate Bill 906 (SB 906 authored by Senators Beall-D & Anderson-R), sponsored by the Steinberg Institute is a new bill introduced on January 17, 2018 titled, "Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification". SB 906 reflects most of the 17 stakeholder recommendations for State Certification. SB 906 is almost identical to the 'old' amended bill (SB 614, Amended August 2015) for peer certification that passed the CA Senate unopposed, and was about to pass the Assembly. However, the government agency charged with implementation of the bill, Department of Health Care Services (DHCS), ultimately caused the bill to be withdrawn due to changes DHCS required that were not aligned with peer support service principles and practices. Stakeholders were part of the decision to withdraw the bill at the time.



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### **5. What are the benefits of passing SB 906/State Certification and who benefits?**

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Everyone benefits. Just as for other practitioners, certification of Peer Support Specialists provides a standardized scope of practice, values and ethics, and competencies that ensure that service recipients will receive the same quality of service regardless of where in California they may live. Counties could draw down more funding with Medi-CAL billing codes specific peer support services. Certified individuals could move to any county in the state for employment with recognized credentials.

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### **6. Do other states have State Certification?**

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Yes, currently more than forty-four (44) states plus the District of Columbia and the U.S. Department of Veteran's Affairs have implemented protocols to certify peer specialists, and more states are in the process of creating certification programs.

- California is only one of a few states in the country without a state certification protocol.
- In 2007, the U.S. Centers for Medicare and Medicaid Services (CMS) sent a guidance letter to all State Medicaid Directors encouraging states to establish a state certification process for training, credentialing, supervision and care coordination.

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### **7. We already have invested a lot of time and money in training Peer Support Specialists, including the development of curricula. What would happen to those efforts?**

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The Stakeholders are very aware of the efforts of individual counties who have Peer Support Specialist training programs. Their recommendation is to approve a number of different training programs and curricula as long as they meet standardized content guidelines.

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### **8. How do other providers fit into this discussion, such as forensic services, Community Health Workers, Promotora/es, or Recovery Coaches in drug and alcohol services?**

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- Anyone could become a Certified Peer Support Specialist, if they are in recovery from mental health/substance use challenges or are a family member and undergo the peer specialist training and exam requirements.
- Community Health Workers and Promotora/es are important culturally-specific peers who educate on health practices and help people navigate through health systems. They too, would be eligible if they themselves have lived experience of a behavioral health challenge or as a family member.
- One of the recommendations is to have a specialization of Peer Support Services regarding co-occurring disorders as well as forensics.



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### 9. Would people already providing Peer Support services be required to get certification?

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Yes. However, the stakeholder recommendation allows for a grandfathering in process.

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### 10. Would there be one statewide training entity?

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No. The recommendation from the stakeholders allows for multiple training entities throughout the State to ensure that regional and cultural needs are met while meeting standardized core competency and content guidelines.

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## Facts & FAQs on California Peer Support Medi-CAL Billing and the State Plan

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### Background

Current State Plan Amendment (SPA) language has attempted to incorporate peer support specialists and parent/family partners into service delivery by adding a category of provider entitled “other qualified provider”. Other qualified provider is defined as someone who is 18 years of age and has a high school diploma or equivalent. This designation allows these providers to bill under a few existing services within the SPA, if allowed by the County Director.

- The designation and qualifications of “other qualified provider” is inadequate to successfully and meaningfully include Peer Support Specialist and Parent/Family Partners. Providing peer support requires specific skills and qualities that should be common across the practice.
- The Current SPA does not include Peer Support as a service or provider type. Peer Support is a distinct service that should be added to existing available services.

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### 11. Counties are already hiring peers, why do we need to add them to the state plan?

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- Hiring someone who is a peer is not the same as hiring someone to offer Peer Support Services.
- We are advocating for the provision of Peer Support Services, as a distinct practice with research-based outcomes.
- Inclusion in the state plan creates a standardized practice and provider competencies.
- Adding PSS to the plan will hopefully increase the availability of Peer Support Services for families and service recipients, regardless of the county in which they reside.

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### 12. Will certification undermine what peers and counties are already doing?

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No. Counties will be able to utilize the other rehabilitation codes as defined and peers may be in positions that perform these job functions in addition to Peer Support.



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13. If the state plan already recognizes peer providers as 'other qualified provider' to bill under some existing codes, and some counties allow peer providers to bill Medi-CAL under existing codes, why do we need to add 'Peer Support' billing codes to the State Plan?

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- Peer Support is a unique and distinct service, different from existing Medi-CAL billable services.
- Being a 'provider type' as recommended within the state plan increases legitimacy of Peer Providers and reduces stigma.
- Medi-CAL is a revenue source for increasing Peer Support Services throughout the State.
- Even though in some counties some Peer Providers can currently bill for rehab, collateral and TCM services as 'Other Qualified Providers', only a very small number of counties are doing this.
- In the few counties that allow Peer Providers to bill under existing service codes, an estimated 25% of services are not billable under existing codes that could be.

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14. How is Peer Support different than rehabilitation, collaterals or other existing services?

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- The first key difference is the peer's ability to use their personal recovery/resiliency story to assist others in overcoming obstacles in achieving personal goals.
- Because they have first-hand experience, Peers can be more empathetic, which leads to some of the research outcomes, like:
  - Greater engagement
  - Reduced stress
  - Reduced symptoms
- The other key difference, besides WHO provides the service, is HOW the service is provided. The provision of Peer Support Services is based on the values of mutuality, equality, respect and hope. The focus on these values in training informs how services are provided.

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15. If we add Peer Support won't the services be reimbursed at a lower rate?

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- Not necessarily. Some states include Peer Support as a type of rehabilitation service, which could be billed at the same rate as other rehabilitation services.
- Even if it was billed at a lower rate, right now most counties are not billing for Peer Provided services at all. Adding Peer Support as a service, reimbursed at a lower rate would still increase revenue.
- Those counties that are currently billing for rehabilitation/collateral services provided by Peers could continue to do that.
- Counties will continue to have control how and when they will utilize Peer Support Specialists.