Contact Information	*Caitlin Safford, Manager, External Relations, Coordinated Care* *253-442-1419* *csafford@coordinatedcarehealth.com* *Which organizations were involved in developing this project suggestion?*
Project Title	Increasing the use of peer support specialists in mental health and chemical dependency treatment, and in primary care settings.

Rationale for the Project

Include:

- *Problem statement*
  Peer support specialists in the behavioral health system are a crucial team member in improving a patient's behavioral health outcomes. However, there is currently a disparity in how peer support is reimbursed. RSNs can currently be reimbursed for using peer support specialists for mental health (MH) services but residential chemical dependency (CD) facilities only get a daily bed rate, which doesn't provide enough to fully reimburse the use of peer support. Additionally, requirements for documentation of approved encounters limits the MCO's ability to pay for peer support in either MH or CD, even though peers are highly effective and cost-effective as part of the care team. This project will begin to address this by giving incentive payments to behavioral health systems to improve the capacity to utilize peer support specialists (for MH and CD providers) and to test new models of payment with managed care organizations, including health plans (MCOs) and behavioral health organizations (BHOs). To test these models of payment, either the CMS requirement for licensure would need to be waived or CMS/HCA would need to require peer support specialists operate under a behavioral health professional's license (e.g., a licensed social worker).
- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]
  There has been consistent promising evidence that peer support "typically enhances long-term recovery rates, elevates global functioning, and reduces post-recovery costs to society among diverse demographic and clinical populations." It has been recognized that many scientific studies conducted on peer support programs and their effects on lifetime recovery outcomes are "limited in scope and methodological rigor." (Source: White, WL) However, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) currently has several grants in the field to increase the evidence-base for the effectiveness of peer support in different settings and populations (Source: SAMHSA Webpage). This project would seek to add to the evidence base.
- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*
  - ✓ **Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations:** By waiving the federal requirements for licensure documentation for peer support specialists, MCOs and BHOs will be able to reimburse both MH and CD facilities for using peer support specialists without being penalized. This will create a stronger and more robust behavioral health provider network for Medicaid beneficiaries.
  - ✓ **Improve health outcomes for Medicaid and low-income populations:** Current evidence has shown using peer support has increased the likelihood of long-term recovery, as well as improved diabetes blood sugar control, increased rate of smoking cessation, and others. Additionally, if a patient can get their substance use disorder under control, they can also focus on any co-occurring physical health issues they may be diagnosed with and mitigate the effects of the drugs or alcohol on their physical health.
  - ✓ **Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks:** Having a more robust peer support system as an option for facilities and Medicaid beneficiaries will increase the quality of care that low-income populations receive through an integrated Medicaid system.

Project Description

Which Medicaid Transformation Goals[iii] are supported by this project/intervention? Check box(es)

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- ✓ Accelerate transition to value-based payment
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- ✓ Health Systems Capacity Building
- ✓ Care Delivery Redesign
- ✓ Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*
  Waiving requirements for licensure would allow MCOs and BHOs to pay for peer support specialists in all their regional networks across the state. Additionally, this project would impact regions interested in helping build the capacity of MH and CD facilities and providers to have peer support specialists in their clinical models.
- *Relationship to Washington's Medicaid Transformation goals.*
  - **Reduce avoidable use of intensive services:** Because there is some evidence that peer support helps with long-term recovery, having more robust networks of peer support specialists could prevent repeat use of intensive recovery services for those with MH and CD disorders.
  - **Improve population health, focused on prevention:** Because of the improved health outcomes, in both behavioral and physical health, peer support specialists do contribute to broader population health. Additionally, as the clinical and financial systems become more integrated, so will the array of services that peer support specialists provide, allowing the focus to be on the health of the whole person, across the lifespan.
  - **Accelerate transition to value-based payment:** By waiving requirements for licensure, MCOs and BHOs will be better positioned to calculate the use of peer support into their VBP- and outcomes-based contracts with providers. This will be particularly important as Medicaid services transition to being fully integrated through MCO health plans.
  - **Ensure Medicaid per-capita growth is below national trends:** There is some evidence of a positive cost-benefit for using peer support, especially in chemical dependency. Additionally, preventing repeat use of intensive recovery services saves the Medicaid system money.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
  Goal 1: The requirement of licensure for peer support specialists are waived and included in MCO/BHO contracts AND/OR HCA allows reimbursement of peer support but requires them to operate under a licensed behavioral health professional.
  Goal 2: MH and CD facilities are incentivized to build their peer support workforce and incorporate them into their clinical teams and models.
  Goal 3: Primary care clinics are incentivized to build their peer support workforce and incorporate them into their clinical teams and models to create community-clinical linkages for the patient.
  Intervention 1: Mental health and chemical dependency treatment use of peer support specialists, both in facilities and by MCOs/BHOs.
  Intervention 2: To recognize that peer support should not be siloed in the behavioral health system, primary care clinic use peer support specialists
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
  As the Medicaid system transitions to full integration through Early-, Mid-, and Regular-Adopters, using cost-effective interventions, like peer support, need to be encouraged and incentivized. Additionally, MCO health plans need to be able to deliver and reimburse for interventions that will best help their members and not be penalized for providing/paying for services that could truly help a member on their road to recovery.

- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*
  Potential partners could include: all MCO health plans, all BHOs, mental health and chemical dependency facilities, community-based organizations that provide peer support services.

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
  For the facilities/providers that want to recruit and retain peer support specialists as part of their care team, here are activities and related costs:
  - Hire peer support specialists; Cost of Salary and Benefits: $40,000-$50,000 depending on the region (this amount could act as an incentive payment for facilities to utilize peer support)
  - Training and certification for peer support specialists; cost: $0 if taken through the Department of Social and Health Services (DSHS) (Source: DSHS FAQ)

  MCOs and BHOs would need incentive payments to cover the costs of having a broader network of peer support specialists billing them for services. Over the course of the Waiver period, however, evaluation could be done to determine whether MCOs/BHOs spent less on higher-level, more costly providers because they relied on peer support specialists.
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
    Medicaid beneficiaries in need of substance use and mental health treatment service.
  - How much you expect the program to cost per person served, on a monthly or annual basis.
    WSIPP looked into the costs and benefit for peer support in substance abuse treatment and estimated (based on 2011 dollars) an annual cost of $2650. The annual cost for the addition of a peer specialist to a mental health recovery team is $1842. (Sources: WSIPP Analysis for Substance Abuse Support and Mental Health Recovery Support)
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  From a payer side, administratively, the adjustment to including peer support in the services our providers provide could be done in less than one year. Facilities could recruit and build their capacity for peer support over the whole course of the waiver period.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  The two WSIPP analyses listed above found the following cost-benefit information:
  - For substance abuse peer support, the benefit to cost ratio was $1.34.
  - For peer support inclusion in mental health recovery, the benefit to cost ratio was $0.17.

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application* http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47*[iv].
  Key process measures would include: licensure requirement being waived, number of contracts MCOs and BHOs that include peer support
  Key outcome measures would include: Alcohol or Drug Treatment Retention, Alcohol/Drug Treatment Penetration, Mental Health Treatment Penetration, Plan All-Cause Readmission Rate, Psychiatric Hospitalization Readmission Rate
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?