DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

GAVIN NEWSOM
GOVERNOR

DATE: December 23, 2022

Behavioral Health Information Notice No.: 22-067

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of
California County Drug & Alcohol Administrators

SUBJECT: Annual Reporting Requirements for Medi-Cal Peer Support Specialist Certification Programs

PURPOSE: To provide the annual reporting requirements for Medi-Cal Peer Support Specialist Certification Programs.

REFERENCE: Behavioral Health Information Notice 21-041;
Welfare and Institutions Code, Division 9, Part 3, Article 1.4, Chapter 7;
Welfare and Institutions Code § 14045.21

BACKGROUND:
With the Department of Health Care Services'(DHCS) approval, counties, or an agency representing a county, may develop a peer support specialist certification program in accordance with statute and any standards established by the Department of Health Care Services (DHCS). (Welfare and Institutions Code (W&I) § 14045.14.) That county, or an agency representing that county, (hereafter referred to as a Medi-Cal Peer Support Specialist Certification Program) shall oversee and enforce the certification requirements developed. A Medi-Cal Peer Support Specialist Certification Program must submit annual peer support specialist program reports to the DHCS.[1]

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[1] CA W&I § 14045.14(a)(3)

Reporting requirements are outlined below.

POLICY:
Beginning in Fiscal Year (FY) 2022 – 2023, W&I Code Section 14045.14 (a)(3) requires Medi-Cal Peer Support Specialist Certification Programs to submit an annual report containing the elements listed below, in addition to the data required in BHIN 21-041 Enclosure 5, to ensure adherence to all federal and state requirements. The report is due annually on December 31, with the first annual report due on December 31, 2023.

Changes to existing requirements outlined in BHIN 21-041
DHCS has added the option to select multiple races and ethnicities under 'Race/Ethnicity' as well as adding the option to select "American Sign Language" or "Other" under Proficient Languages. For a complete list of all data required in annual reporting, please see Enclosure 1 in this BHIN.

Additional Annual Reporting Requirements
The following annual reporting requirements are in addition to those outlined in BHIN 21-041 Enclosure 5. Enclosure 1 of this BHIN supersedes Enclosure 5 of BHIN 21-041.

Program Details
1. Curriculum
   a. Details regarding the curriculum to include, but not limited to:
      i. Training organization name(s) (if different than the Medi-Cal Peer Support Specialist Certification Program);
      ii. Format of training (online vs. in-person); and
      iii. Length of training.
2. Areas of specialization
   a. Summary description of curriculum and core competencies for each area of specialization (including the four DHCS-required areas of specialization and any supplemental, optional, areas) to include, but not limited to:
      i. Training organization name (if different than the Medi-Cal Peer Support Specialist Certification Program);
      ii. Format of training (online vs. in-person); and
      iii. Length of training.
3. Applications
   a. (For FY 2021-2022 and FY 2022-2023) Number of applicants that applied for Medi-Cal Peer Support Specialist Certification through the Grandparenting process.

Status/Health of the Program
1. Demographic data
   a. Data visualization of certification history (number of Medi-Cal Peer Support Specialists certified, including by race/ethnicity, language, etc.) over time for previous FYs. (For example, percent change over time.)
2. Complaints and/or Corrective Actions against Medi-Cal Peer Support Specialists
   a. Number of complaints filed against Medi-Cal Peer Support Specialists;
   b. Number of complaints filed against Medi-Cal Peer Support Specialists that the Certification Entity was able to investigate under its authority.
   c. Number of Corrective Action Plans issued to Medi-Cal Peer Support Specialists;
   d. Number of Medi-Cal Peer Support Specialists certification suspensions;
   e. Number of Medi-Cal Peer Support Specialists certification revocations; and
   f. Analysis and description of the causes/grounds, themes, and trends for Medi-Cal Peer Support Specialist certification suspensions and revocations, including disaggregation by the specialization and demographic characteristics in #4 and #9 in the Annual Reporting Requirements in Enclosure 1, respectively.
   g. Proposed solutions and/or next steps to remediate any compliance issues identified

Anticipated Changes
1. Any anticipated changes to the certification program for the next FY including, but not limited to:
   a. Change in curriculum, areas of specialization, supervisor training, or training format.

COMPLIANCE:
Each year, a Medi-Cal Peer Support Specialist Certification Program shall submit annual Medi-Cal Peer Support Specialist Certification Program Reports to the DHCS via peers@dhcs.ca.gov by December 31. Reports must reflect information on certifications occurring within a State fiscal year (July 1 – June 30). A certification program must make past reports publicly available, either on their website or other public forum. DHCS may add additional reporting requirements in subsequent years.

Questions regarding the Medi-Cal Peer Support Specialist Certification Program and requirements can be submitted to peers@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Acting Chief
Medi-Cal Behavioral Health Division

Enclosure Annual Reporting Requirements *(supersedes Enclosure 5 of BHIN 20-041)*

ENCLOSURE – Annual Reporting Requirements

California Peer Support Specialist Certification Program Annual Reporting Requirements	
Reports must reflect information on certifications occurring within a fiscal year (July 1 – June 30), and are due to DHCS by the December 31st following the end of the fiscal year. DHCS may add additional reporting requirements in subsequent years. Reports must contain the following information:	
1) Number Of Peer Support Specialists Certified:	[field]
2) Number Of Applicants That Did Not Receive Certification:	[field]
3) Number Of Applicants Employed In Peer Services Prior To Certification:	[field]
4) Number Of Applicants Certified In An Area Of Specialization:	
a) Crisis Services	[field]
b) Homeless	[field]
c) Forensic	[field]
d) Parent, Caregiver and Family Member Peer	[field]
5) Number Of Certified Peers That Renewed Certification:	[field]
6) Number Of Peer Supervisor Trainings Provided:	[field]
7) (For FY 2021-2022 and FY 2022-2023) Number of Applicants that received Certification through Grandparenting Process:	[field]
8) Number of Applicants that received Certification through State Reciprocity:	[field]
9) Peer Support Specialist Demographics	
a) Age	
i. 18-25	[field]
ii. 26-64	[field]

	iii. 65+	[field]
	b) Gender Identity	
	i. Male	[field]
	ii. Female	[field]
	iii. Non-binary	[field]
	c) Race/Ethnicity	
	i. American Indian/ Alaskan Native	[field]
	ii. Asian/ Pacific Islander	[field]
	iii. Black	[field]
	iv. Hispanic	[field]
	v. White	[field]
	vi. Multiple races/ ethnicities (select all the apply)	[field]
	vi. Not Reported	[field]
	d) Proficient Languages (multi-lingual peers may be counted under multiple fields)	
	i. American Sign Language	[field]
	ii. Arabic	[field]
	iii. Armenian	[field]
	iv. Cambodian	[field]
	v. Chinese (combined Cantonese or Mandarin)	[field]
	vi. English	[field]
	vii. Farsi	[field]
	viii. Hmong	[field]

	ix. Korean	[field]
	x. Russian	[field]
	xi. Spanish	[field]
	xii. Tagalog	[field]
	xiii. Vietnamese	[field]
	xiv. Other	[field]
10) Program details		
	a) Curriculum	
	i. Details regarding the curriculum to include, but not limited to:	
	(1). Training organization name(s) (if different than the Medi-Cal Peer Support Specialist Certification Program);	*[field]*
	(2). Format of training (online vs. in-person)	*[field]*
	(3). Length of training	*[field]*
	b) Areas of Specialization	
	i. Summary description of curriculum and core competencies for each area of specialization to include, but not limited to:	
	(1) Training organization name(s) (if different than the Medi-Cal Peer Support Specialist Certification Program);	[field]
	(2) Format of training (online vs. in-person)	[field]
	(3) Length of training	[field]

	c) Applications	
	i. Number of applicants that applied for Medi-Cal Peer Support Specialist Certification through Grandparenting process.	[field]
11) Status/Health of the Program		
	a) Demographic Data	
	i. Data visualization of certification history (number of Medi-Cal Peer Support Specialists certified, including by race/ ethnicity, language, etc.) over time for previous FYs. (For example, percent change over time.)	[field]
	b) Complaints and/or corrective actions	
	i. Number of complaints filed against Medi-Cal Peer Support Specialists	[field]
	ii. Number of complaints filed against Medi-Cal Peer Support Specialists that the Certification Entity was able to investigate under its authority	[field]
	iii. Number of Corrective Action Plans issued to Medi-Cal Peer Support Specialists	[field]
	iv. Number of Medi-Cal Peer Support Specialists certification suspensions	[field]

	v. Number of Medi-Cal Peer Support Specialists certification revocations	[field]
	vi. Analysis and description of the causes/grounds, themes, and trends for Medi-Cal Peer Support Specialist certification suspensions and revocations, including disaggregation by the specialization and demographic characteristics in #4 and #9 in the <u>Annual Reporting Requirements</u> above, respectively.	[field]
	vii. Proposed solutions and/or next steps to remediate any compliance issues identified	[field]
12) Anticipated Changes		
	a) Any anticipated changes to the certification program for the next FY including, but not limited to:	
	i. Change in curriculum, areas of specialization, supervisor training, or training format.	[field]