Background:

For many years, the California Behavioral Health Planning Council has advocated for Medi-Cal reimbursement for Peer Support Specialists in order to deliver and be paid for services to individuals served in the public behavioral health system. The Council wrote a white paper, "Peer Certification: What Are We Waiting For?" (2015) urging the state to certify peers to deliver recovery services in California. The Planning Council's Workforce and Employment Committee (WEC) has been involved in the stakeholder engagement process for Senate Bill 803 and wrote recommendation letters to the Department of Health Care Services (DHCS) and responded to the draft Behavioral Health Information Notice 21-041 to help the state make sound policy decisions that would help inform the Medi-Cal Benefit and certification process with the goal of protecting the peer role that has existed and been effective for many decades.

Cal Voices, a well-known and active peer advocacy organization, asked the WEC to present their organization's research and considerations on the development and implementation of Peer Support Specialist Certification in California. During the Planning Council's June 2022 Quarterly Meeting, Cal Voices presented their research and concerns on peer certification policies and implementation efforts to the committee. The WEC wanted to be inclusive of multiple organizational perspectives involved in the certification planning process so the committee invited CalMHSA to present their role and progress towards the implementation of Peer Support Specialist Certification. The committee also invited the California Association of Mental Health Peer-Run Organizations (CAMHPRO) to share their thoughts in response to CalMHSA and Cal Voices as CAMPHRO is working with CalMHSA on peer certification implementation.

After hearing from CalMHSA, Cal Voices, and CAMHPRO, the WEC identified a number of concerns and questions shared between the Planning Council, Cal Voices, and CAMHPRO. The committee Officers have asked staff to meet with DHCS to share these concerns and identify next steps to ensure that Medi-Cal Peer Support Specialist Certification in California protects the integrity of the work that peers currently do in the behavioral health recovery space and ensure that the certification process is fair and equitable to all peers across counties.

Below you will find a list of concerns and questions that the Planning Council has heard from committee members, Cal Voices, CAMHPRO, and members of the public. We would like DHCS to be aware of the feedback we received and hope to meet with DHCS to discuss some of these concerns and collaboratively explore sound solutions for an effective and equitable Medi-Cal benefit and certification process.

Questions/Concerns:

- 1) CalMHSA is the sole certifying entity, however, CalMHSA is run by the counties so this can end up being a conflict of interest. There is a need to have a disinterested body as the certifying entity.
 - No other behavioral health profession in CA is subject to the direct control
 of the agencies that employ them and fund their positions.

DHCS Response:

CalMHSA's administration of their Medi-Cal Peer Support Specialist Certification Program is consistent with the requirements set forth in state law at the Welfare & Institutions Code (WIC) § 14045.14 as amended by Senate Bill 803.

CalMHSA is a Joint Powers Authority (JPA) and public entity that has been designated by a group of counties as an agency representing these counties tasked with developing a Medi-Cal Peer Support Specialist Certification Program. CalMHSA and these counties have accordingly entered into an agreement that formalizes this relationship. As the agency representing these counties, CalMHSA is also required by law to oversee and enforce the certification requirements it develops. WIC § 14045.14 states that "[s]ubject to departmental approval, a county, or an agency representing the county, may develop a peer support specialist certification program in accordance with this article and any standards established by the department." WIC § 14045.14 also requires the county, or an agency representing the county, "to oversee and enforce the certification requirements developed." If a county elects to use a certifying entity besides CalMHSA, BHIN 21-041 outlines a process for them to do that. Counties may select different entities for each FY.

DHCS is responsible for continuous monitoring and oversight of the Peers program, as stated above and outlined in BHIN 21-041.

2) BHIN 21-041 is vague which gives much discretion and variability for counties to define their own standards, qualifications, and protocols for peer certification (reduces standardization)

DHCS Response:

Since the publishing of BHIN 21-041, DHCS has released four subsequent BHINs providing additional guidance to Medi-Cal Peer Support Specialist Certification Programs and/or Counties (BHINs 22-006, 22-018, 22-026, and 22-055). There are five additional Peers BHINs forthcoming between 2022 and 2023, and DHCS anticipates issuing additional policy guidance as necessary.

The statewide requirements for developing a Medi-Cal Peer Support Specialist Certification Program provide standardization across selected certification entities.

WIC § 14045.13(a) states that 'By July 1, 2022, subject to Section 14045.19, the department shall do all of the following: (a) Establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for the certification of peer support specialists.'

Enclosure 2 of <u>BHIN 21-041</u> states the required items to be included in a program plan when a county or an entity representing a county submits a submission package for Medi-Cal Peer Support Specialist Certification Program, including:

- Initial certification policies and procedures;
- Certification exam;
- Biennial certification renewal policies and procedures;

- Training curriculum for:
 - Peer support specialist;
 - o Parent, caregiver and family member peers, and;
 - Peer supervisors;
 - Certification fee schedule;
 - Grandparenting/reciprocity process;
 - Complaints/corrective actions process; and
 - Reporting process.

The submission package requirements outline the statewide requirements for developing a certification program. By allowing counties or an entity representing a county to develop these materials, DHCS ensures that counties can develop Medi-Cal Peer Support Specialist Certification Programs that best fit county-specific, local community needs. However, DHCS review of these materials will ensure programs are consistent across the state.

3) Why is there a third-party entity being hired to develop the certification exam when there are many exams that currently exist from peer organizations that have done trainings for decades and multiple states with existing certifications?

DHCS Response:

The Medi-Cal Peer Support Specialist Certification Examination developed by CalMHSA will be utilized by all Medi-Cal Peer Support Specialist Certification Programs (Certification Programs) and is intended to ensure continuity and standardization across multiple Certification Programs in the State of California (should there be more than one Certification Program in the future).

CalMHSA's Medi-Cal Peer Support Specialist Certification Program accepts credentials from multiple Peer Support Specialist training programs that have met the requirements outlined in BHIN 21-041. However, DHCS determined that for standardization and equity, the examination should not be specific to any individual training program, but rather assess the skills and abilities of applicants within the Medi-Cal Peer Support Specialist scope of practice. Training may be provided through one of the approved agencies listed on the CalMHSA website, but there is only one DHCS approved exam for Medi-Cal Peer Support Specialists.

• There are also issues of bias and discrimination with the test being English-only before introducing other languages

DHCS Response:

The Medi-Cal Peer Support Specialist Certification Examination will be released in English in December 2022. To ensure equal access for applicants who speak English as a second language, the exam will be translated in 16 other languages as soon as possible.

- 4) Scholarships are being administered by the counties on a first-apply basis rather than a needs-basis, not targeting specific groups that would benefit from scholarships, and peers in non-certifying counties would qualify the scholarship money but would not have it available to them
 - Peers may not have the funding needed for the certification application and exam fee

DHCS Response:

Grandparenting scholarships for peers certifying through the grandparenting process are administered by the Medi-Cal Peer Support Specialist Certification Program (CalMHSA). Applicants are identified by DMC/DMC-ODS Counties and/or MHP's, as the Certification is required for Medi-Cal Peer Support Specialists to deliver Medi-Cal Peer Support Services. As Medi-Cal behavioral health services are administered by DMC/DMC-ODS Counties and/or MHP's, it allows the grandparenting scholarships (scholarships for existing peers) to be allotted for peers who will enter the Medi-Cal Peer Support Specialist workforce.

5) The Medi-Cal Benefit may be unintentionally negatively impacting existing organizations that have done peer work for many years as some peer agencies are being dissolved in light of the new certification process.

DHCS Response:

Medi-Cal Peer Support Specialist certification is only required for providers who seek Medi-Cal reimbursement for providing Medi-Cal Peer Support Services in counties that have opted in to cover these services. Per BHIN 22-055, a variety of funding exists to support training and the provision of peer services for all population types within countyrun peer programs, regardless of a peer's certification status. No changes have been made to requirements for other funding sources (as highlighted in BHIN 22-055 and further described in BHIN 20-056) or to other Medi-Cal services or provider types. Peers who are employed in counties that have not opted in, or who don't seek to participate as Medi-Cal Peer Support Specialist, or organizations that do not provide the Medi-Cal Peer Support Services benefit, do not need Medi-Cal Peer Support Specialist Certification.

Existing organizations may continue providing peer services, training, and certification as they have done in the past. If an organization wishes to provide Medi-Cal Peer Support Specialist Training for Certification, they may apply to a Medi-Cal Peer Support Specialist Certification Program to have their training approved for certification. Please refer to the Medi-Cal Peer Support Specialist FAQ page for further clarification.

- 6) Need for ADA and unions to support workers' rights and fight stigma and injustice in the workplace
 - Surveys showing that non-peer supervisors have a lack of understanding of the evidence-base for peer support and assume

- peers need more intensive and frequent supervision (implicit negative assumptions)
- Peers experience significant barriers to employment success in traditional behavioral health settings
- Peers are confused about certification requirements and how their workplaces will implement certification
- Peers are worried about being left behind in the new certification landscape and have a desire to advance their professional interests

DHCS Response:

- Surveys showing that non-peer supervisors have a lack of understanding of the evidence-base for peer support and assume peers need more intensive and frequent supervision (implicit negative assumptions)
 As stated in BHIN 22-018, DHCS recognizes the efficacy of using certified Medi-Cal Peer Support Specialists as supervisors of other peers. DHCS highly encourages the employment of peers as peer supervisors. However, due to the variability of counties and availability of the peer workforce, DHCS authorizes other behavioral health professionals to serve as Peer Support Specialist Supervisors, if they have completed a DHCS-approved peer support supervisory training curriculum and meet at least one of the below qualifications:
 - Have a Medi-Cal Peer Support Specialist Certification Program certification and two years of experience working in the behavioral health system; OR
 - Have worked as a non-peer behavioral health professional (including registered and certified SUD counselors) in the behavioral health system for a minimum of two years; OR
 - Have a high school diploma or GED and four years of behavioral health direct service experience that may include peer support services.
- Peers experience significant barriers to employment success in traditional behavioral health settings

DHCS acknowledges the challenges peers may experience in behavioral health settings. In an effort to support counties and providers in addressing these challenges, DHCS hosted an informational webinar on April 26, 2022 titled "Building Your Behavioral Health Workforce." This webinar acknowledged the barriers that peers may face in traditional behavioral health settings and provided best practices for overcoming those barriers, hiring, and building a peer workforce. Information was presented by subject matter experts, Shannon McCleerey-Hooper, Peer Support Oversight Administrator, Riverside University Health System, and Jason Robison, Chief Program Officer, Self-Help And Recovery Exchange (SHARE!).

Peers are confused about certification requirements and how their workplaces will implement certification

Peers should consult the CalMHSA <u>website</u> or the DHCS peers <u>website</u> for details about certification requirements. Peers should consult their

workplaces/county for information about how the workplace will implement certification. Any additional questions may be sent to CalMHSA at PeerCertification@calmhsa.org

 Peers are worried about being left behind in the new certification landscape and have a desire to advance their professional interests

The Medi-Cal Peer Support Specialist Certification is intended to serve as an additional pathway for DMC/DMC-ODS Counties, and/or MHP's to finance peer services and does not supersede other available funding sources (identified in BHIN 20-056) that support the employment of peers.

DHCS presented a series of webinars that provide information on the Medi-Cal Peer Support Specialist Certification process, including:

- How to Become a Medi-Cal Peer Support Specialist May 10, 2022
- o Peer Support Specialists: Roles and Responsibilities June 7, 2022
- Peer Support Specialists: Areas of Specialization June 14, 2022

The slides used for each presentation are available on the DHCS peers <u>website</u>. <u>Frequently Asked Questions (FAQ)</u> are also available on the DHCS peers website.

7) Consumers and family members should not be interchangeable as peers

DHCS Response:

According to WIC § 14045.12(h) a "peer support specialist" is "an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer, and who has been granted certification under a county peer support specialist certification program." A Medi-Cal Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Per BHIN 21-041, all Medi-Cal Peer Support Specialist Certification Programs must provide a curriculum of specialization for Parent, Caregiver, and Family Member Peers. This specialization will allow behavioral health organizations to hire peers with the appropriate experience and training for the best role. In addition, as described in BHIN 22-026, Peer Support Specialists providing services to the parents/legal guardians of a beneficiary 17 years of age and younger must have a "Parent, Caregiver, and Family Member" Peer Support Specialist Certification specialization and, per federal guidance, "should be self-identified consumers who are in recovery from mental illness and/or substance use; or a parent of a child with a similar mental illness and/or substance use disorder, or an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder."

¹ California Medicaid State Plan Amendment 22-0024, Supplement 2 to Attachment 3.1B, pp. 14.b

- 8) Billing and documentation confusion billing reflects the medical model
 - Will peers face discipline for billing errors? Does billing limit the type of services that peers can and already provide? i.e. driving a client to a support group or grocery store

DHCS Response:

Discipline for billing errors among Medi-Cal Peer Support Specialists will be determined by the employing entity (e.g., DMC/DMC-ODS Counties, and/or MHP's or its subcontractors).

Billing for Medi-Cal services is subject to federal and state Medicaid/Medi-Cal regulations, as stated in BHIN 22-026. Medi-Cal Peer Support Specialists are the only provider type that can provide Medi-Cal Peer Support Services. Medi-Cal Peer Support Services must be billed as either Procedure Coded H0025, Behavioral Health Prevention Education, or H0038, Self-Help/Peer Services. No changes have been made to billing requirements for other provider types.

9) Data access –Will peers have access to the full client chart to accurately document treatment goals?

DHCS Response:

Access to client charts by Medi-Cal Peer Support Specialists will be determined by the employing entity (e.g., DMC/DMC-ODS Counties, and/or MHP's or its subcontractors). Additionally, per BHIN 21-041, documentation skills and standards are part of the Peers training curriculum.