

Table of Contents

State Plan Amendment

SPA 18-0018 Peer Specialist Services - Effective 01/01/2019

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 14, 2018

Our Reference: TX SPA 18-0011

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
P.O. Box 13247
Austin, Texas 78711

Dear Ms. Muth:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 18-0011, dated October 8, 2018. This amendment implements Texas Human Resources Code Section 32.024(kk), which requires the Health and Human Services Commission (HHSC) to include peer services by certified peer specialists in the state plan.

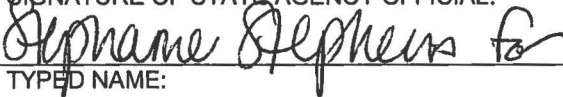
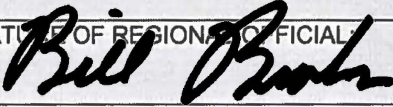
Based on the information submitted, we have approved the amendment for incorporation into the official Texas State plan with an effective date of January 1, 2019, as requested. A copy of the CMS-179 form as well as the approved plan pages are included with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator

Cc: Dana Williamson, Manager, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 18-0011	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2019 \$907,052 b. FFY 2020 \$1,892,914 c. FFY 2021 \$2,236,146	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment implements Texas Human Resources Code §32.024(kk), which requires HHSC to include peer services provided by certified peer specialists in the state plan.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Stephanie Muth			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: October 8, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 8, 2018		18. DATE APPROVED: December 14, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 18-0011

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 31p
Page 31q
Page 31r
Page 31s
Page 31t

Appendix 1 to Attachment 3.1-A
N/A - New Page
N/A - New Page
N/A - New Page
N/A - New Page
N/A - New Page

Attachment 4.19-B
Page 1a.3
Page 22

Attachment 4.19-B
Page 1a.3 (TN 18-0016)
Page 22 (TN 11-22)

State: Texas
Date Received: 10-08-18
Date Approved: 12-14-18
Date Effective: 01-01-19
Transmittal Number: 18-0011

13.d Rehabilitative Services, continued

Peer Specialist Services

(a) Definition:

Peer specialist services are provided under 42 CFR 440.130(d) as a rehabilitative services benefit. Peer specialist services are recovery-oriented, person-centered, relationship-focused, and trauma-informed.

These non-clinical services are based on a relationship between the peer specialist and the Medicaid-eligible individual. A peer specialist uses his or her lived experience to assist an individual in developing skills, problem solving strategies, and coping mechanisms for stressors and barriers encountered when recovering from a mental health condition or a substance use disorder as well as achieving goals and objectives in the individual's person-centered recovery plan, which serves as the plan of care.

Peer specialist services are designed to improve quality of life for the individual, help the individual avoid more restrictive levels of care such as psychiatric inpatient hospitalization, and help the individual achieve long-term recovery from symptoms related to the individual's mental health condition and/or substance use disorder.

(b) Services:

Peer specialist services (provided individually or in a group setting) may include:

- (1) Recovery and wellness support, which includes providing information on, support with, and assistance planning for recovery;
- (2) Mentoring, which includes serving as a role model and providing assistance in finding needed community resources and services; and
- (3) Advocacy, which includes providing support in stressful or urgent situations, and helping to ensure that the recipient's rights are respected. Advocacy may also include encouraging the recipient to advocate for him- or herself to obtain services.

Peer specialists who are employed by Medicaid-enrolled providers delivering behavioral health services may deliver peer specialist services. A peer specialist may not practice psychotherapy, create plans of care, or engage in any service that requires a license.

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13.d Rehabilitative Services, continued

Peer Specialist Services, Continued

(c) Eligibility to Receive Services:

Peer specialist services are available to individuals 21 years of age or older who have a mental health condition and/or substance use disorder and who have peer specialist services included as a component of their person-centered recovery plan, which serves as the plan of care.

(d) Care Coordination:

Peer specialists who are employed by Medicaid-enrolled providers delivering behavioral health services must deliver peer specialist services as part of a coordinated, comprehensive, and individualized approach to treating an individual's mental health and/or substance use condition. Providers of peer specialist services shall coordinate with all behavioral health service providers involved in the individual's care, and utilize a person-centered approach to treatment planning and service delivery, in collaboration with the individual.

(e) Exclusions:

The following services are not billable as peer specialist services:

- 1) Record keeping or documentation activities;
- 2) Peer specialist services delivered in the course of delivery of other behavioral health services; and
- 3) Services provided without the individual present.

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13.d Rehabilitative Services, continued

Peer Specialist Services, Continued

(f) Peer Specialist Qualifications:

A peer specialist must:

- 1) be at least 18 years of age;
- 2) have lived experience with a mental health condition, substance use disorder, or both;
- 3) have a high school diploma or General Equivalency Diploma (GED);
- 4) be willing to appropriately share his or her own recovery story with clients;
- 5) be able to demonstrate current self-directed recovery;
- 6) pass criminal history and registry checks as described in state regulations governing certification for peer specialists; and
- 7) Demonstrate the ability to support the recovery of others from mental illness and/or substance use disorder.

A peer specialist must complete all required training and be certified before providing services, and fulfill ongoing education requirements.

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13.d Rehabilitative Services, continued

Peer Specialist Services, Continued

(g) Peer Specialist Certification:

In order to deliver peer specialist services, an individual must first complete required orientation and self-assessment activities as outlined in state regulations governing certification for peer specialists and then complete a core training delivered by a certified training entity.

Upon completion of the core training, supplemental training as either a mental health peer specialist or a recovery support peer specialist must be completed. Upon completion of the core and supplemental training, a person may apply for initial certification to an approved certification body.

- A knowledge assessment is required to complete both the core and supplemental trainings.

A peer specialist who has received initial certification may begin delivering Medicaid-billable services while participating in a supervised internship at the peer specialist's place of employment.

- The internship consists of 250 hours of supervised work experience that should be completed within a six-month period.

After completing the required internship hours, peer specialists may apply for renewed certification through the certification body.

- Certification must then be renewed every two years, including any required continuing education hours.
- Peer specialists may only deliver services within their specialty area.
- Certification must be maintained in good standing with the certification body.

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13.d Rehabilitative Services, continued

Peer Specialist Services, Continued

(h) Peer Specialist Supervision:

An organization in which peer specialists deliver services must provide supervision for peer specialists.

Peer specialist supervision must be provided by a:

1. Qualified Credentialed Counselor (QCC);
2. Licensed Practitioner of the Healing Arts (LPHA);
3. Qualified Mental Health Practitioner-Community Services (QMHP-CS), with a QCC or LPHA supervising the QMHP-CS; or
4. Qualified Peer Supervisor (QPS), with a QCC or LPHA supervising the QPS.

Peer specialist supervision must focus on a peer specialist's provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to the organization, such as following organizational policy or other administrative matters.

Peer specialist supervision must occur at least once weekly for a peer specialist with an initial certification, at least once monthly for a peer specialist with a two-year certification, or more frequently at the request of the peer specialist. Peer specialist supervisors must document all supervisory sessions and maintain records in the peer specialist's employee personnel file.

A QCC or LPHA supervising a QMHP-CS or QPS must provide individual or group supervision at least once monthly, and conduct an observation of the QMHP-CS or QPS conducting peer specialist supervision at a frequency determined by the LPHA or QCC based on the QMHP-CS's or QPS's skill level.

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1. Physicians and Other Practitioners (continued)

- (f) When a procedure code is nationally discontinued, a replacement procedure code is nationally assigned for the discontinued procedure code, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.
- (g) To ensure access to care and prompt provider reimbursement, when a new national procedure code is assigned to a physician-administered drug or biological product, a preliminary reimbursement rate will be established by the Texas Health and Human Services Commission (HHSC) based on the published Medicare reimbursement rate; or the average wholesale price (AWP) in the absence of a Medicare reimbursement rate for the procedure code or the comparable code. In accordance with 42 CFR §447.205(b)(1), a public notice and state plan amendment will not be submitted for this preliminary reimbursement rate. This will allow the new procedure code to be payable as the reimbursement process is completed with a public notice published and a state plan amendment submitted.
- (h) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (i) The agency's fee schedule was revised with new fees for services provided by physicians and other practitioners affiliated with tuberculosis clinics or employed by tuberculosis clinics, effective July 1, 2018, and this fee schedule was posted on the agency's website on July 6, 2018.
- (j) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.
- (k) The agency's fee schedule was revised with new fees for physicians and other practitioners including peer specialists effective January 1, 2019, and this fee schedule was posted on the agency's website on January 7, 2019.

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29. Peer Specialist Services (13.d. Rehabilitative Services)

The agency's fee schedule was revised with new fees for peer specialists. Effective January 1, 2019, peer specialists will be reimbursed in an individual and group setting. The reimbursement can be found in the physician's fee schedule.

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