

November 14, 2023

Recommendations for Updated CMS Guidance for States Interested in Peer Support Services Under the Medicaid program

Dear Centers for Medicare and Medicaid Services,

The undersigned organizations thank you for your commitment to ensuring access to peer support services through the Medicaid program.

The 2007 letter from the Center for Medicare & Medicaid Services provided States guidance on offering peer support services as a component of a comprehensive mental health and substance use service delivery system for Medicaid beneficiaries. This guidance paved the way for a significant expansion of peer support services throughout the country, which continues today and cannot be understated in its impact and importance. However, with this expansion has come room for growth and clarity, particularly regarding the most appropriate supervisory structures when peer support services are provided.

With the recent language regarding peer support specialists outlined in the 2024 Medicare Physician Fee Schedule, it is a critical time to revisit the original CMS guidance. We respectfully request that updated guidance be provided to States that provide peer support services under Medicaid to include the following changes.

1. Clarify the role of peer support specialists. Role clarity has been consistently referenced in research as a major barrier to the successful employment of peer support specialists. We recommend clarification to include the following:
 - a. Define the functions of peer support and clarify that peer support services are not care management or clinical services.
 - b. Do not refer to services peer support specialists provide as counseling services as this causes confusion. Refer to them as peer support services.
 - c. Add to the definition of recovery “having recovered.”
2. Encourage State Medicaid authorities to meaningfully include peer specialist leaders in designing the State’s peer support benefit. The inclusion of peer specialist leaders ensures that any future changes are aligned with best practices in peer support.
 - a. We recommend emphasizing the role of State Mental Health/Substance Use Authorities in partnering with State Medicaid Authorities on designing the peer support benefit and the value of participation from peer support subject matter experts such as experienced peer specialists.
3. Clarify that experienced peer support specialists can be supervisors. Some State Medicaid authorities have already developed regulatory guidance to allow for

experienced peer support specialists who are not licensed professionals to supervise peer support specialists. This change is critical for long-term sustainability of the workforce through opportunities for career ladders for peer support specialists and will also assist in ensuring role clarity by having supervisors with direct expertise in peer support.

- a. Clarify that an experienced certified peer support specialist who does not have clinical licensure can be considered a competent mental health professional for the purposes of supervising peer support specialists.
 - b. Clarify the value of peer support specialists being supervised by peer support specialists.¹
4. Allow peer support services to be provided outside of a treatment plan for prevention, outreach, and engagement, and for peer support to be more readily available in peer-run organizations such as recovery community organizations. Requiring peer support services to be provided in the context of a treatment plan limits access to and availability of peer support services.
 - a. Change the care coordination from “must be coordinated within the context of a comprehensive, individualized plan” to “may be.”
 - b. Allow for outreach and engagement activities by peer support specialists and easier pathways for peer-run organizations to bill for peer support services by removing the requirement for an approved plan of care.
 5. Add language under training and credentialing referencing training in alignment with SAMHSA’s Core Competencies for Peer Support Workers in Behavioral Health Services and SAMHSA’s National Model Standards for Peer Support. SAMHSA’s guidance serves as a safeguard of fidelity to the profession. SAMHSA’s Office of Recovery follows best practice by ensuring that peer support specialists lead and inform policy and guidance related to peer support services.
 6. Remove the sentence referencing overbilling of services as this may lead to an unnecessary expectation of fraud, waste, or abuse.
 7. Include guidance from the 2013 clarifying letter that outlines substance use and family peer support services. Many do not know about the 2013 guidance which has caused confusion and negatively impacted the expansion of Medicaid billable family peer support services and peer support services for substance use.

The undersigned organizations believe these updates to guidance on Medicaid billable peer support services are necessary to help meet the growing demand for mental health and substance use services while expanding peer support services in alignment with the values and practices of peer support. We appreciate your consideration.

¹Forbes, J., Pratt, C. & Cronise, R. (2022). Experiences of peer support specialists supervised by nonpeer supervisors. *Psychiatric Rehabilitation Journal*, 45(1), Mar 2022, 54-60; Foglesong, D., Spagnolo, A.B., Cronise, R. et al. Perceptions of Supervisors of Peer Support Workers (PSW) in Behavioral Health: Results from a National Survey. *Community Ment Health J* 58, 437–443 (2022).

Please do not hesitate to contact KC Carpenter with questions or clarifications at kc.carpenter@peersupportworks.org.