## VIRGINIA MEDICAID PER RECOVERY SUPPORT SYMPOSIUM

October 17, 2022

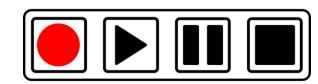








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 Today's session will be recorded and uploaded to the DMAS YouTube Channel here:

https://www.youtube.com/channel/UCbE\_bPvIPQTJfCS2MfCmVHA

#### Agenda

Welcome and Introductions	Dr. Alyssa Ward		0.00 0.10
Purpose of Today's Meeting	Ashley Harrell		9:00 – 9:10
Peer Recovery Support Services (PRSS) Panel	Jennifer Spangler	Dave Cash Cristy Corbin	9:10 - 10:25
"How does PRSS Enhance my Practice?"	Jessica DeLaRosa		
Break 5 minutes			
PRSS Provider Panel "Provider Tips and Lessons Learned to Access the Medicaid PRSS Benefit"	Nicki Fadley Danyell Collins- Facteau	Chantal Thompson Renae Jones	10:30 – 11:20
Medicaid and Peer Recovery Support Services 101 Project BRAVO and ARTS	Ashley Harrell Laura Reed		11:20 – 11:30
Managed Care and PRSS  "Meet your MCO Representatives and Learn How they	Anthem Aetna Molina	Optima United Healthcare Virginia Premier	11:30 - 11:40
Utilize PRSS"	Magellan BHSA/Gainwell		
How can Medicaid Support the Growth of PRSS?  Discussion	Ashley Harrell		11:45-11:55
Conclusion and Next Steps	Ashley Harrell		11:55 – 12:00 pm

### FURTHERING THE MISSION

- Our mission is to improve the health and well being of Virginians through access to high quality healthcare.
- The Addiction & Recovery Treatment Services benefit implementation in 2017 significantly enhanced our rates and access to evidence-based care for substance use disorders, including Peer Recovery Support Services benefit.
- BRAVO was conceived in 2018 as a means to enhance our mental health services and seeks to implement effective, innovative services with reimbursement rates that match the cost of delivery.



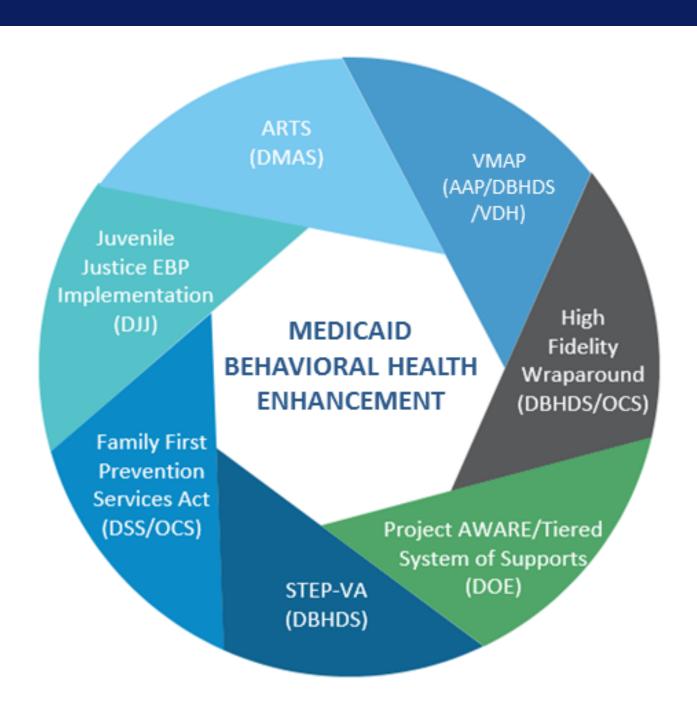






## THE ROLE OF SERVICES REDESIGN IN SYSTEM TRANSFORMATION

- BRAVO enhances the services within the Medicaid benefit, including definitions/requirements and rates
- Medicaid is the largest payor of behavioral health services in the Commonwealth
- Enhancing and aligning Medicaid services to include innovative services paid for with general funds allows the Commonwealth to maximize the federal contribution to cover payment of these services
- Assuring we have quality services in place is a critical part of the larger transformation of how the system functions as a whole



#### Current Medicaid-funded Behavioral Health Services

Outpatient Community Mental Health Prevention Recovery Inpatient / Residential Rehabilitation Services Early intervention Part C • Screening • EPSDT services Peer and family support partners Outpatient psychotherapy • Psychiatric medical services Therapeutic day treatment Mental health skill building services Intensive in-home services Crisis intervention & stabilization Behavioral therapy Psychosocial rehabilitation Partial hospitalization / Day treatment Mental health case management Treatment foster care case management Intensive community treatment Inpatient hospitalization Psychiatric residential treatment Therapeutic group home



#### Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention Recovery Services

Outpatient & Integrated Care

Intensive Community Based Support

Intensive Clinic-Facility Based Support

Comprehensive Group Home Crisis Services & Residential Services

Inpatient Hospitalization

**Behavioral Therapy Supports** 

>>>> <<<<

Case Management\*

>>>> <<<<

Recovery & Rehabiliation Support Services\*

Home visitation • Comprehensive family programs • Early childhood education Screening & assessment\* • Early intervention Part C

> Permanent supportive housing • Supported employment • Psychosocial rehabilitation\* Peer and family support services\* • Independent living and recovery/resiliency services

> > Outpatient psychotherapy\* • Tiered school-based behavioral health services Integrated physical & behavioral health\* • Psychiatric medical services\*

> > > Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy High fidelity wraparound • Intensive community treatment • Assertive community treatment

#### INTEGRATED PRINCIPLES/MODALITIES

Trauma informed care



Universal prevention / early intervention



Seamless care transitions



Telemental health

\*Key STEP-VA service alignment

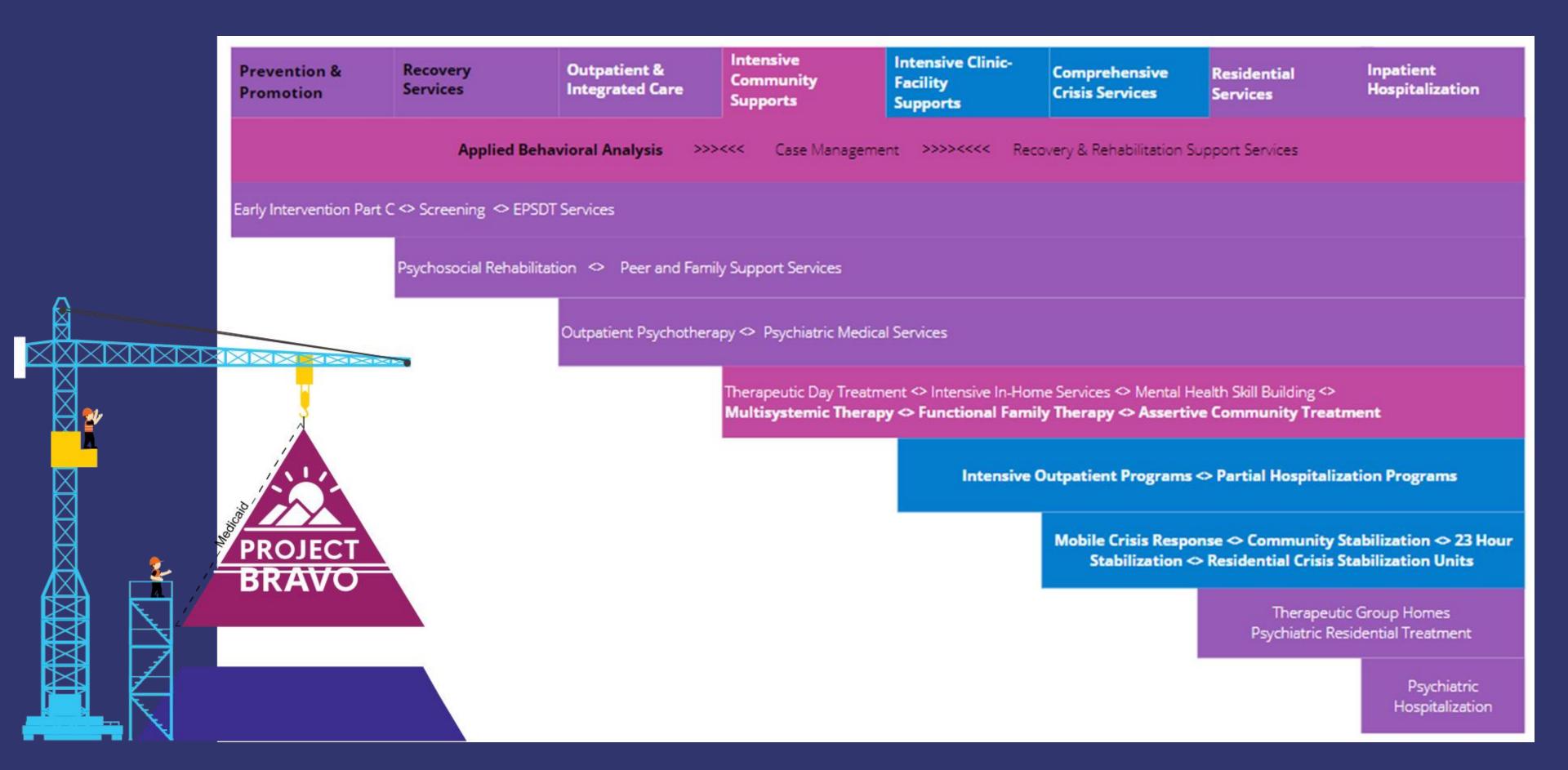
Intensive outpatient programs • Partial hospitalization programs

Mobile crisis\* • Crisis intervention\* Crisis stabilization\* • Peer crisis support\*

> Therapeutic group homes Psychiatric residential treatment

> > Psychiatric inpatient hospitalization

#### PROJECT BRAVO: UNDER CONSTRUCTION



## MENTAL HEALTH AND ARTS PEER RECOVERY SUPPORT SERVICES (PRSS)

#### **KEY TAKEAWAY:**

Embedded PRSS can complement interdisciplinary clinical services and function both in conjunction with or independently of the behavioral health care continuum as a core service.

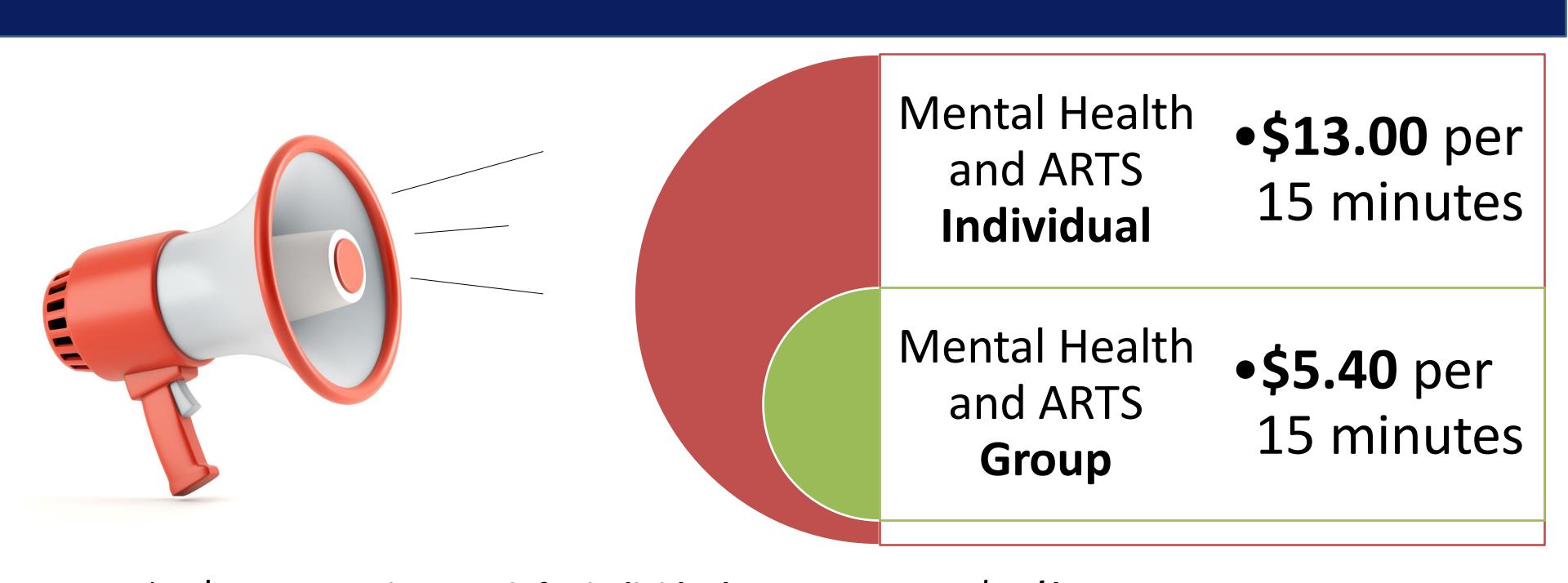
## BRAVO ALIGNED ENHANCEMENTS

- General Assembly Workgroup to make recommendations for changes to the Medicaid PRSS benefit to increase access.
- Support from the General Assembly allowed us to double the rates for PRSS starting in July 2022.
- Within our ARTS benefit, we have expanded our Office-Based Opioid Treatment services to be Office-Based Addiction Treatment services to expand the scope of substance use disorders for which this evidence-based approach are available.
- Incorporating PRSS as a core component of many of the new BRAVO services.





## MEDICAID PEER RECOVERY SUPPORT SERVICES RATES EFFECTIVE JULY 1, 2022



Example: \$13 per 15 minute unit for individual PRSS equates to \$52/ hour; \$5.40 per 15 minute unit per group member for PRSS (4 Medicaid members = potentially \$86.40/hour)

### GENERAL ASSEMBLY 2023

Department of Planning and Budget Agency Decision Packages

Virginia DPB - Virginia's Budget

REDUCE BARRIERS TO IMPROVE ACCESS TO MEDICAID COVERED PRSS This request includes the following changes to the state plan and/or VAC to increase access to services.

- 1) Change provider qualifications to allow for an individual who is working on their 500 required hours of supervision to be approved as Medicaid provider type for PRSS (Peer Supporter-Trained). DMAS will impose a limited timeframe for this allowance as 18 months.
- 2) Remove anytime case limits for full-time and part-time Registered Peer Recovery Specialists (12VAC30-130-5190 F).
- 3) Update the medical necessity criteria to support the PRSS model and aligned with the State Medical Director's Letter (SMDL) 07-011.
- 4) Update who can determine medical necessity and oversight of services and alignment with SMDL 07-011.
- 5) Update due dates of Recovery Resiliency Wellness Plan to distinguish between services provided during crisis/emergency vs long term services.
- 6) Use trauma-informed and recovery-oriented language (instead of medical model) that will support providers integrating PRSS in-service delivery (state plan and VAC).
- 7) Further define and clarify family support partners (state plan and VAC).

# PEER RECOVERY SUPPORT SERVICES (PRSS) PANEL

## "HOW DOES **PRSS** ENHANCE MY PRACTICE?"

#### What Do Peer Support Specialists Offer You

- Enhance organizational culture
- Compliment clinical care
- Provide hope



Present reminder recovery is real!

#### What Do Peer Support Specialists Offer Me



- Reduce self-stigma
- Enhance life skills
- Increase access to care

Rock Steady by Ellen Forney

#### Dignity and Respect

Patients who are treated with dignity are more likely to pursue recommended interventions

In the case of adherence, being treated with dignity might be more important to racial/ethnic minorities than it is to white people.





Family Peer Support Partner

Forensic Peer Support Specialist

Veteran Peer Support Specialist

Our future is bright with Peer Recovery Professionals!

## BHC 3 Major needs in Virginia

- 1. Strengthen Workforce
- 2. Expanding continuum of care
- 3. Modernizing systems and processes

"Research has shown that patients' health is most vulnerable in the gaps between formal treatment."

(arborwellnessmh.com)

## Department of Health & Human Services

Center for Medicare and Medicaid Services
August 15, 2007

## Mental Health of America

Evidence for Peer Support May 2018

## "The Benefits of Peer Support Providers in Addiction Treatment"

Dr. Thomas G. Kimball, PhD

### Today's Topics:

- Values of Northwestern
   Community Services Board
- Why we embrace peer support
- Descriptions of peer support services offered
- How we integrate peer support into our SUD program
- Training and supervision



#### Presenter:

David Cash, CPRS, Peer Support Coordinator NWCSB



- ·Mutual Respect
- · Communication
- ·Creative Freedom
- · Collaboration



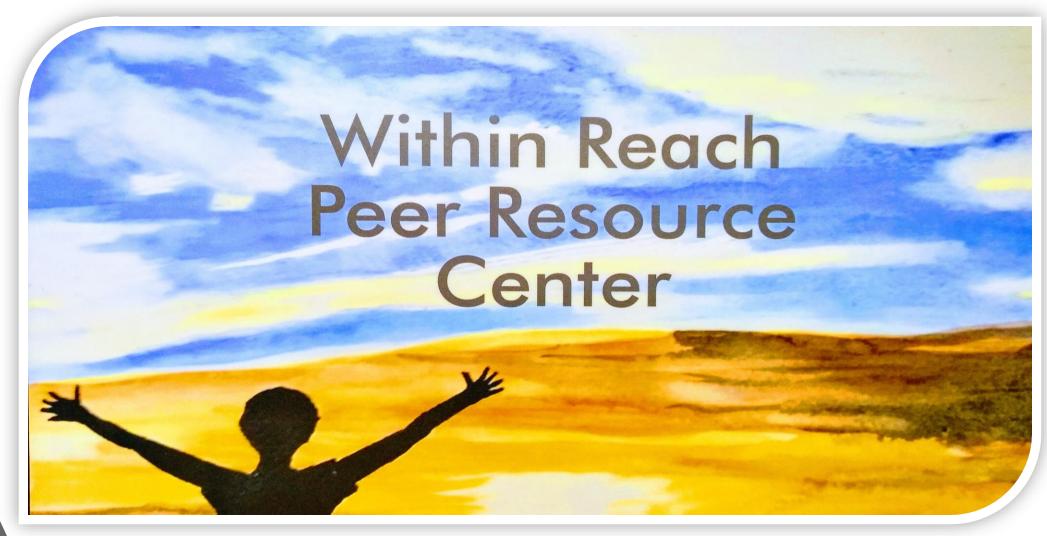
- Hope
- Non-judgmental
- Respect & Trust
- Person Driven &
   Strength Based

## Why Peer Support?

- Multiple Pathways
- Role Modeling
- Relationship Building
- Trauma Informed
- Holistic
- End Stigma

## A Safe Haven

Free & Open To The Community





#### Why Peer Support?

- Talk with someone who understands
- Boosts confidence
- Strength in numbers
- Helps with networking and gaining resources
- Non-judgemental





...a safe place to connect with like-minded people

### Make Yourself At Home



#### Supportive Community

#### · Fellowship and Connection





#### Meditation Room

Cognitive & Spiritual Health

- Search for knowledge and meaning
  - Self-actualization, personal growth and self-fulfillment



# Variety of Peer-led Support Groups





https://www.facebook.com
/WithinReachPeerResource
Center/?ref=page internal

# You Can Find Us On Social Media



nw peer program



**NW Peer Recovery Program** 

## Peer2Peer Regional WarmLine

Peer Recovery Specialists on call 24 hours a day 7 days a week

1-833-626-1490

Call to have a confidential conversation with one of our peers



# Community Outpatient Groups

- IOP
- Women's SU Program
- Women's Motivational Enhancement
- Recovery Skills
- Seeking Safety (trauma informed care)





### Adult Drug Court Peer Support

- Drug Court Orientation
- · Drug Court Specific IOP
- · Balance & Maintenance
- Sober Relationships
- Anger Management
- Criminal Thinking
- MRT
- · WRAP-Peer led



## Collaborate Innovate Transform

#### Crisis Intervention Team

• The Peer Perspective

This was the best presentation of the whole day Amazing story.

Extremely important part to this training, what a great heart filled story.

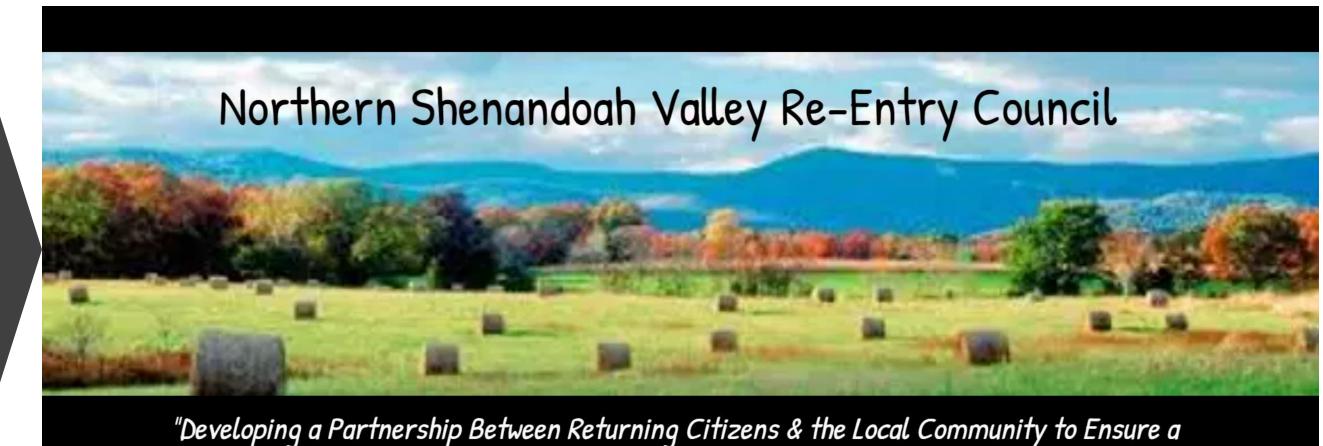
Amazing woman who can inspire a nation. Please continue to bring her to your CIT courses. Amazing!

Amazing testimony and example of the positive impact of successful crisis intervention.

The example of CIT impact on the presenter's son was a fantastic demonstration of why CIT is a good idea. Excellent Job!



## Connecting People With Resources



Collaborative Success Through Community Reintegration"







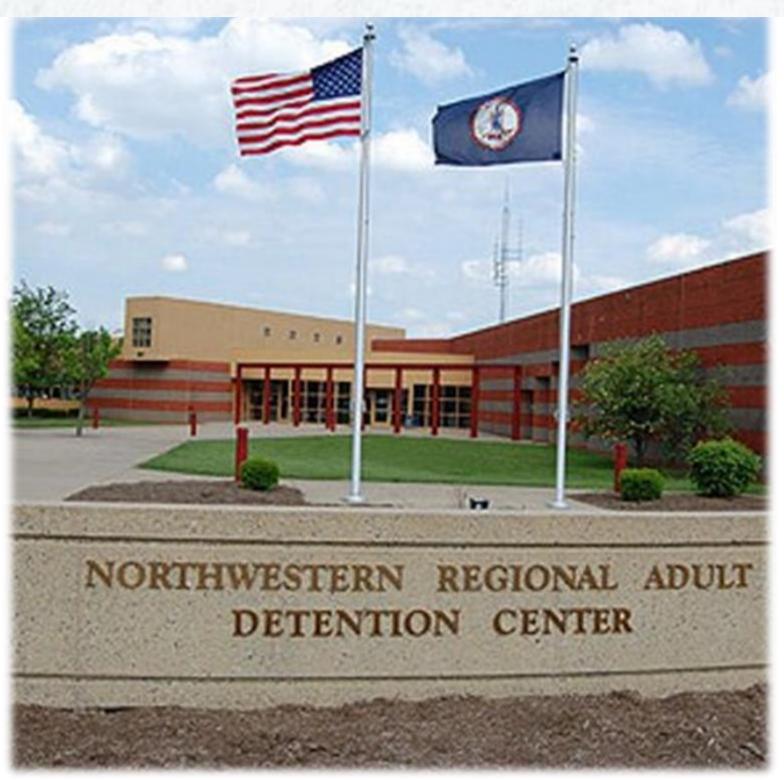
# Support In The Community



- Separate visits to both the men's & women's shelter
- Casual per-led open discussion groups
- Private individual support offered for those interested
- NO assessment/evaluations needed
- · No Medicaid requirement
- FREE !!!!!

#### 72-HOUR DBHDS APPROVED

# PRSTRAINING











Peer Recovery Specialist Training

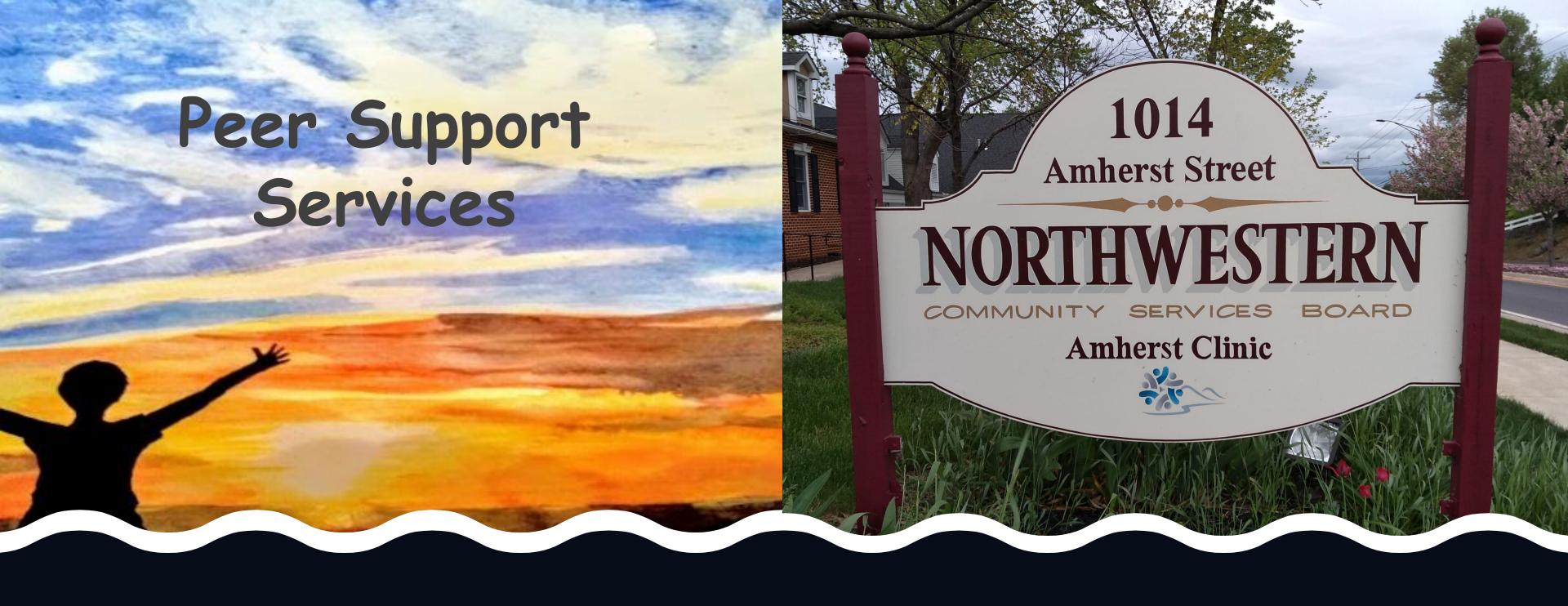
#### Peer to Peer Shadowing



# Training & Supervision Supervisors Are CPRS and

- Have Completed DBHDS Supervision Training
- Are DBHDS Certified PRS Trainers
- Are DBHDS Certified Ethics Trainers

Monthly Team Development
Meetings



One Team With One Vision







#### WHO AM I

Cristy Corbin, CPRS, HFW-FSP Co-Founder & President

- Family Support Partner Supervisor
- High Fidelity Wraparound Family Support Partner Coach
- High Fidelity Wraparound Support Partner Trainer
- PRS Trainer
- Virginia Family Network Trainer
- Parent Representative on the State and Local Advisory Team (SLAT)

#### FAMILY SUPPORT PARTNER (FSP)

CRISTY CORBIN, CPRS, HFW-FSP

An FSP is the parent or caregiver of a youth with developmental challenges, emotional-behavioral-mental-health challenges, and/or substance use challenges, and has direct experience of successfully navigating Virginia's child behavioral health system (to include courts, schools, social services, etc.). FSPs partner with other families attempting to navigate the system with their youth by connecting with them on an emotional level through sharing lived experiences in a nonclinical, nonjudgmental, and empathetic way to establish a trusting relationship. FSPs model perspective taking, effective and appropriate communication techniques; can bridge the gap between families and system partners; connect families to information, resources and services; and ensure the family's voice and choice is heard by all those involved with the family.



#### FAMILY SUPPORT PARTNERS

MEDICAID PEER RECOVERY SUPPORT SERVICES SUPPLEMENT LAST UPDATED 07/18/2022 PAGES 10 - 11

Family Support Partners is a strength-based individualized team-based Peer Recovery Support Service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth, especially those youth Peer Recovery Support Services Supplement with complex needs who are involved with multiple systems, and increase the youth and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived-experience, and education.

### THE HISTORY OF FSPS IN VA

1993 - Present



#### VIRGINIA'S SYSTEMS OF CARE

A broad, flexible and effective array of services and supports that is coordinated across multiple stakeholder agencies, culturally and linguistically competent and builds partnerships with families at both the service delivery and policy levels.



http://www.vasystemofcare.org/



# President's New Freedom Commission on Mental Health

# Family Driven Care

https://govinfo.library.unt.edu/mental healthcommission/reports/FinalReport /FullReport-1.htm

#### **Family Driven**

Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children.

#### **Family Engagement**

The community has an active effort underway at some level to engage families in parts of the system of care. Overall impact that families have on the system, plans, and implementation is not yet significant.

#### **Family Involvement**

Families are included or participate in some parts of the system; although only in positions considered to be traditional or "safe". Family involvement at this level is not in significant places, positions, or numbers.

Family Involvement Community of Practice, TA Partnership 2011



# PARENT LEADERS IN VIRGINIA



- In 2011, National Alliance on Mental Illness - Virginia (NAMI VA) was awarded a grant through DBHDS to develop a statewide family network
- Designed to support, educate, and empower other families with children and youth with mental health needs while also promoting family-driven and youth-systems guided policy throughout the childserving systems

https://namivirginia.org/virginia-family-network/



#### Children's Services Act 1993

- Creation of Children's Services Act (Code of Virginia
- §2.2-5200)
  •Partnership
  between state/local
  government to
  create a
  collaborative system
  of child-centered,
  family- focused and
  community-based
  services and funding
  addressing strengths
  and needs of
  troubled youth in
  Virginia.

#### SOC Planning Grant 2011

- 1-year grant funded by SAMHSA\*.
- Grounded in SOC philosophy targeting children and youth with serious emotional disturbances and their families.
- Strategic plan for improving and expanding services developed by crossagency team.

SOC Expansion/ Implementation Grant 2012



- 4-year grant funded by SAMHSA
- •14 localities funded to expand SOC through Intensive Care Coordination to provide High Fidelity Wraparound (HFW)
- HFW is a family driven, strengthsbased care coordination process that embodies the SOC values and principles at the service level for children and families facing mental health challenges.

SOC Expansion and Sustainability Grant 2016

- 4-year grant funded by SAMHSA.
- 42 localities funded to provide HFW
- •14 localities funded (localities from 2012 grant) to provide Family Support Partner Services as either a stand-alone service or in addition to other community-based services for youth and families.

^Grant funding received by the Virginia Department of Behavioral Health and Developmental Services from the Substance Abuse and Mental Health Services Administration (SAMHSA)\*.



http://www.vasystemofcare.org/sochistory-in-virginia/

## QUESTIONS?



# 5 MINUTE BREAK

# PEER RECOVERY SUPPORT SERVICES (PRSS) PROVIDER PANEL

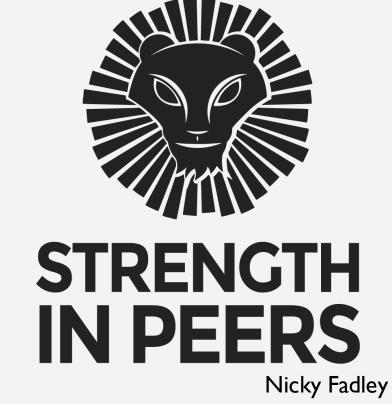
"PROVIDER TIPS AND LESSONS LEARNED TO **ACCESS THE** MEDICAID PRSS **BENEFIT"** 

# MEDICAID PEER SYMPOSIUM

October 17, 2022

Nicky Fadley, Founder & Executive Director

Strength In Peers



## ABOUT US

- Nonprofit serving Harrisonburg, Rockingham, Shenandoah and Page.
- Peer-Run Recovery Community
   Organization: All staff and most of our
   Board are peers in active recovery from
   substance use, mental heath and trauma related challenges.
- Mission: We offer hope, support and advocacy for those seeking recovery so that they can build resilience and thrive in their lives and communities.



## WHY PARTNER WITH RCO'S?

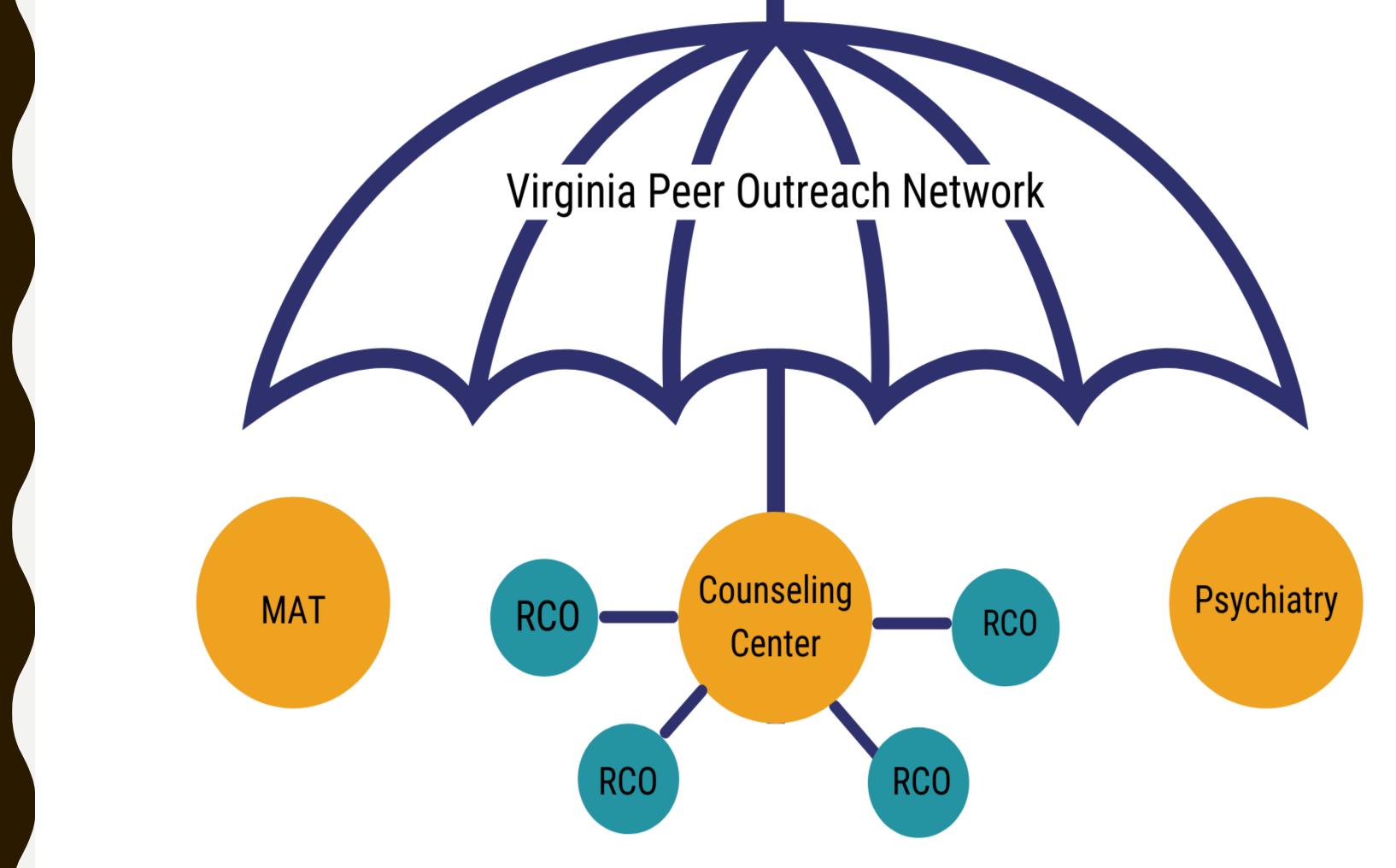
- Peer support is evidenced-based; but most of the evidence comes from peerrun organizations and programs
- Employment policies need to consider the unique needs of a peer workforce
  - Such as helping peers meet the first ethical principle of "my recovery comes first"
- Often, clinical staff lack an understanding of the value and practice of peer support to properly supervise and support peer staff
- Peers working in clinical facilities often experience peer drift or cooptation: when peers take on roles that are more similar to medical technicians, case managers or other positions
- Recovery Community Organizations can often engage people who distrust traditional treatment facilities or the public behavioral health system

## DOES MEDICAID ALLOW IT?

- Peers must be Certified (Virginia Board of Certification) and Registered (Virginia Board of Counseling) subject to barrier crime laws
- Peers must be employed by or have a contractual relationship with a provider who is enrolled with DMAS and that provides them supervision
- Supervision must be from the referring provider or another provider within the same agency who meets the supervisor qualifications (30 min 1/month or 2/month)
- Need a documented assessment from a clinical provider who recommends peer support and establishes medical necessity up to 4 hours/day and 900 hours total
- Peers' must develop Recovery, Resilience and Wellness Plans under the clinical oversight of the referring provider that is reviewed and updated every 90 days
- Peers must document sessions and how they align with participants' RRW plans https://vamedicaid.dmas.virginia.gov/manual-chapters/peer-recovery-support-services-supplement

## OUR NETWORK MODEL

- Recovery Community Organizations use Peers to conduct outreach and recruit participants from priority populations, such as from jails, homeless shelters and hospitals
- Coordinators screen individuals for eligibility, complete enrollment paperwork and schedule intake appointments with a counseling center
- The counseling center uses Residents in Counseling under clinical supervision to conduct assessments and refer to peer support and other treatment, as appropriate
- Residents in Counseling provide Peers individual supervision and review RRW Plans
- Residents in Counseling and Peers coordinate care and enter data into a shared EMR
- Peers assist participants to access therapy, psychiatry and other Network services via telemedicine, as well as to link to other community resources



## SAVINGS AND BENEFITS

- Engage peer-run organizations to bring their voices and experience to the table
- Peer-run organizations provide people more choices for recovery support
- Less perceived stigma associated with peer-run organizations
- Clinical providers can reach rural and underserved communities with telehealth and partnerships with on-the-ground peer-run organizations
- Peers can engage people before they experience crises and extend the duration of crisis stabilization services for a longer period of time
  - DBHDS Region I Equity at Intercept Zero planning project
- Reduce the burden on other systems, such as criminal justice, social services, homeless services, hospitals, first responders, etc.



# PROVIDER TIPS Danyell CollinsFacteau, LPC, CSAC Chesapeake Integrated Behavioral Healthcare (CIBH)

- Include your Peer workforce in all planning and implementation efforts
- Become familiar with DMAS Peer Recovery Support Services Supplement
  - –Include reimbursement & quality assurance in planning & implementation
- Educate agency staff regarding Peer Recovery Services – culture shift
  - -Develop and disseminate an FAQ's
  - -Emphasize scope of practice parameters
  - -Multiple pathways of recovery



#### FRIENDLY REMINDERS

- Embrace Continuous Quality Improvement
- Outcome trends: reduced inpatient service use, improved relationships with providers, better engagement with care, increased empowerment, higher levels of active participation and hopefulness for recovery
- Advocate, Advocate!
  - –Peer visibility
  - –Peer scope of practice
  - -DBHDS CCS data reporting implications
  - De-stigmatize at all levels prevention, treatment and recovery

# CHANTAL THOMPSON Billing and Credentialing Manager Master Center for Addiction Medicine

# "A PRIVATE PROVIDER'S PROVIDER'S PERSPECTIVE"

RENAE JONES

Reimbursement

Manager

Mount Rogers

Community Services

Board (CSB)

# "A CSB'S PERSPECTIVE"

## QUESTIONS?

# MEDICAID AND PRSS 101





# THE GOAL IS FOR PRSS TO BE AVAILABLE TO ANY MEMBER WHO HAS A MENTAL HEALTH OR SUBSTANCE USE DISORDER DIAGNOSIS TO HELP IMPROVE THEIR HEALTH, RECOVERY, RESILIENCY AND WELLNESS.

Adults over 21 are eligible for Peer Support services

Individuals 18-20
years old can choose
to receive Peer
Support Services
directly instead of
through their family

Youth under 21 are eligible for Family Support Partner Services

#### MENTAL HEALTH PRSS

# THE PEER RECOVERY SPECIALIST (PRS) SHALL BE EMPLOYED BY OR HAVE A CONTRACTUAL RELATIONSHIP WITH THE ENROLLED PROVIDER LICENSED FOR ONE OF THE FOLLOWING:

- 1. General Acute Care Hospitals and Hospital Emergency Departments;
- 2. Freestanding Psychiatric Hospitals and Inpatient Psychiatric Units;
- 3. Psychiatric Residential Treatment Facilities (PRTFs);
- 4. Therapeutic Group Homes (TGHs);
- 5. Outpatient mental health clinics;
- 6. Outpatient psychiatric services providers;
- 7. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC); or

- 8. Mental Health providers licensed by DBHDS as a provider of one of the following Mental Health services:
  - a. Therapeutic Day Treatment (TDT);
  - b. Intensive In-Home (IIH);
  - c. Multisystemic Therapy (MST);
  - d. Functional Family Therapy (FFT);
  - e. Mental Health Intensive Outpatient (MH-IOP);
  - f. Mental Health Partial Hospitalization Program (MH-PHP);
  - g. Psychosocial Rehabilitation (PSR);
  - h. Mental Health Skill-Building Services (MHSS);
  - i. Assertive Community Treatment(ACT);
  - j. Mobile Crisis Response;
  - k. Community Stabilization;
  - I. 23-Hour Crisis Stabilization;
  - m. Residential Crisis Stabilization Unit (RCSU); or
  - n. Mental Health Case Management

#### ARTS PRSS

THE PRS SHALL BE EMPLOYED BY OR HAVE A CONTRACTUAL RELATIONSHIP WITH THE ENROLLED PROVIDER LICENSED FOR ONE OF THE FOLLOWING:

- 1. Acute Care General Hospital level 4.0
- 2. Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit (Levels 4.0, 3.7 and 3.5)
- 3. Residential Placements (Levels 3.7, 3.5, 3.3, and 3.1)
- 4. Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs (PHPs) (Levels 2.5, 2.1)
- 5. Outpatient Services (Level 1)
- 6. Opioid Treatment Program (OTP)
- 7. Preferred Office-Based Addiction Treatment (OBAT)
- 8. Pharmacy Services

## PEER RECOVERY SUPPORT SERVICES

MOBILE CRISIS
RESPONSE

**COMMUNITY STABILIZATION** 

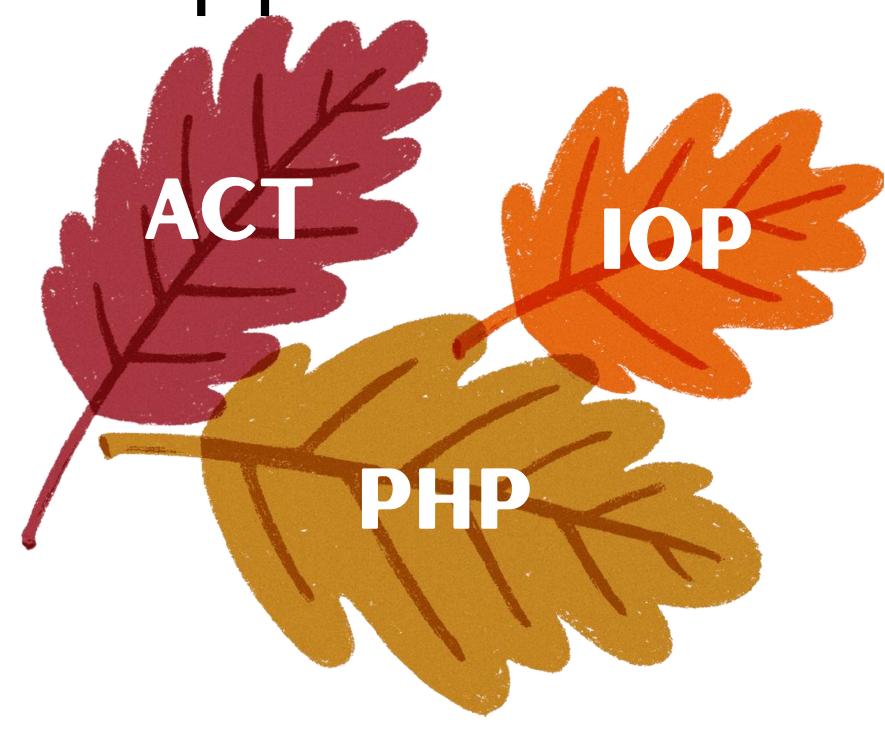
23-HOUR CRISIS STABILIZATION

RESIDENTIAL CRISIS STABILIZATION UNIT

**TEAMING** 

TREATMENT TEAMS

Peer Recovery
Support Services





#### PATHWAYS FOR PROVIDERS TO ADD PRSS FOR MH AND ARTS

 Review the requirements in the Mental Health Services Medicaid Provider manuals and the Peer Recovery Support Services Supplement

https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

- In order to be reimbursed by Medicaid, the PRS must be actively registered with the Department of Health Professions Board of Counseling
- The PRSS must be employed by or have a contractual relationship with a provider enrolled/credentialed with Medicaid Managed Care Organizations (MCOs) and DMAS Fee-for-Service vendor, Gainwell.
- Have supervision provided by qualified staff depending on the service being billed

#### PATHWAYS FOR PROVIDERS TO ADD PRSS

- 2. Submit the following to the MCOs and Magellan the DMAS Fee-for-Service Behavioral Health Services Administrator (BHSA):
  - "ARTS and Mental Health Services Registration Form" (MCO) and
     "Virginia DMAS Registration Form" (BHSA)"
  - "Mental Health and ARTS Peer Recovery Services Organizational Staff Roster"

https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/authorization-and-registration/

3. Check out the resources on the Medicaid website!

#### "Doing Business with the Medicaid Managed Care Organizations"

https://www.dmas.virginia.gov/media/4905/mhs-and-arts-doing-business-spreadsheet-effective-09012022.xls



# TOOLS AT YOUR FINGERTIPS

#### Peer Support Services

#### Program requirements for Peer Recovery Support Services

- Peer Recovery Support Service Supplement Manual <a>I</a>
- One Pager ARTS Peer Support Services
- One Pager MH Peer Support Services
- Recovery Resiliency Wellness Plan Guidance Document
- Peer Support Supervisor Training Instructions for Online Registration
- Peer Support Supervisor Training DBHDS External Entities Domain Guide
- Peer Support Supervisor Training Accessing Courses

https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/policy-and-provider-manual/

# RECOVERY RESILIENCY WELLNESS PLAN (RRWP) GUIDANCE DOCUMENT

"Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual." ~SAMHSA

https://www.dmas.virginia.gov/media/3797/recovery-resiliency-wellness-plan-guidance-document.pdf



#### Recovery Resiliency Wellness Plan (RRWP) Guidance Document

"Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual." SAMHSA

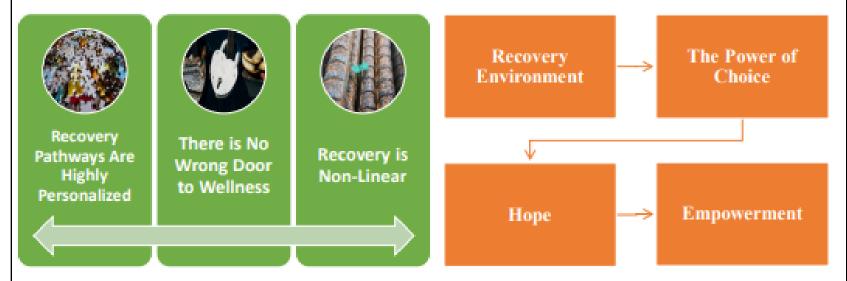


#### The RRWP Guidance Document

The Recovery Resiliency Wellness Plan (RRWP) is a conversational framework for the Peer Recovery Specialist (PRS) or Family Support Partner (FSP) working with a member seeking recovery. The RRWP establishes a peer relationship and integrates person-centered approaches to support the implementation of goals, strategies and actions based upon the individual's readiness for recovery services. The RRWP guidance document is a supplemental **non-mandatory** frame of reference to support utilization/implementation of the RRWP, a requirement for Medicaid claims submission. More information about Medicaid billing policies can be found here: Peer Recovery Support Service Supplement Manual

Peer Relationships Are Established Through Respect & Mutuality		
Peer recovery specialist use their	Self-Disclosure Objectives:	I am not what I have done, I am
lived experience as a skill to	<ul> <li>Helpful and Relevant</li> </ul>	what I have overcome.
connect and relate to others. It is a	<ul> <li>Not bragging</li> </ul>	
fundamental cornerstone of peer	<ul> <li>Choose your audience</li> </ul>	
support services.	carefully	Certain ah-ha moments have
	-	shaped my recovery.
Hope is contagious through	Hope is conceivable by sharing	It is my job as a PRS to convey that
authentic belief that recovery is	space with someone else who has	you are not alone in this struggle if
possible.	gone through challenges,	you do not want to be.
	demonstrating resiliency and	
	perspective.	
Respect is a two-way reciprocity	Focusing on the person not the	Mutuality-we are all connected and
practice.	illness.	in this struggle together.

#### Recovery is Not a One-Size Fits All Approach to Wellness & Healing

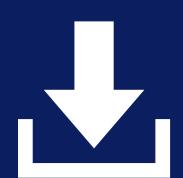


#### Peer Relationship Icebreakers

Engaging in early conversation to better understand pathways for recovery can be a starting point before launching into the Recovery Resiliency Wellness Plan.

- How do you advocate for yourself?
- What do you want your life to look like?
- What do you enjoy spending your time doing?
- What's a recovery pathway that has worked for you before?





# TOOLS AT YOUR FINGERTIPS

#### VIRGINIA PEER RECOVERY SPECIALIST PORTAL (This portal

provides information for those who are interested in learning about Peer Recovery Specialists in Virginia, including the process and training necessary to become a PRS. For more information, please reach out to Mary McQuown: Mary.McQuown@DBHDS.Virginia.Gov

https://www.vaprs.org/

### VIRGINIA'S CERTIFIED PEER RECOVERY SPECIALIST CREDENTIAL – HOW TO GET STARTED

https://virginiapeerspecialistnetwork.org/getting-started/

#### VIRGINIA PEER RECOVERY SPECIALIST NETWORK

https://virginiapeerspecialistnetwork.org/

PHILADELPHIA PRSS TOOLKIT (Downloadable toolkit provides a lot of information including practical tools for supervision and integrating peer support professionals with existing staff.)

https://dbhids.org/peer-support-toolkit/

# MEDICAID MANAGED CARE AND PRSS



Aetna Better Health® of Virginia





Molina Complete Care







#### Aetna Better Health of Virginia Peer Support Specialist Team

- The goal of the Aetna Better Health of Virginia Peer Support Specialist team is to provide person-centered support to members to help them achieve their individualized goals and move along their personalized recovery pathway. The team also actively seeks to connect individuals to community-based services and supports to ensure they meet their overall health goals.
- The team is divided regionally in Virginia and are subsequently able to provide services both virtually and in-person to members who need peer-based services.
- The Virginia team typically serves on average approximately 25 members in a given time period.

Manager, Clinical Health Services	Margaret E. Mitchell (mitchellm1@aetna.com)	WAH – Georgia
Virginia	Crystal Thompson (thompsonc1@aetna.com)	Tidewater
	Rick Vos (vosr@aetna.com)	Charlottesville
	Hallie Hartman (hartmanh1@aetna.com)	Central
	Carla Sloan (sloanc@aetna.com)	Southwest Virginia
	Hillary DeGregorio (degregorioh@aetna.com)	Northern Virginia
	CaSaundra Swain (swainc2@aetna.com)	Roanoke



# Medicaid Peer Recovery Support Services Symposium

#### **Anthem HealthKeepers Plus Contact:**

Adam Steele (804) 840-1056

Sydney.Steele@anthem.com

#### ARTS and MH Services Registration Form:

https://providers.anthem.com/docs/gpp/VA\_CCC BH\_CS\_ARTS\_MHSRegistration.pdf?v=2022082 61424



### Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc.

Medicaid

**CCC Plus** 

#### Commitment to Peer Services at Anthem

- Peers are available and assigned to members across the state including our Justice Involved populations
- Peers perform outreach attempts to members who have overdose related encounters
- Peers perform outreach attempts to members who have had SUD related ER visits
- Peers can stay involved with members shortterm or long-term
- Anthem Foundation recently awarded a grant to the Chris Atwood Foundation, a peer-driven community organization

### Molina Healthcare's Peer Recovery Services

PEER SUPPORT: A VALUABLE ADJUNCT TO CLINICAL TREATMENT

BENEFITTING INDIVIDUALS WITH INTEGRATED BEHAVIORAL, PHYSICAL, AND SUBSTANCE ABUSE DISORDERS

"Who then can so softly bind up the wound of another as he who has felt the same wound himself"
- Thomas Jefferson



To increase linkages to community resources and increase community engagement



To decrease avoidable inpatient and emergency department utilization



To increase Members' ability to self-manage chronic and complex conditions, optimizing choice and recovery



To increase the efficacy of Molina care coordination- and community treatment



To promote improved health outcomes related to social determinants of health (SDOH)

Theo Appiah-Acheampong, DHA, LCSW, CCTP | Director, Behavioral Health

Healthcare Services - Molina Healthcare <u>Theodora.Appiah-Acheampong@MolinaHealthcare.com</u>

Cell: (804)-217-4843

#### Kevin Bagby, CPRS|Supervisor

Peer Recovery Services - Molina Healthcare Robert.Bagby@molinahealthcare.com

Cell: (434) 414-4465

#### **Optima Health Peer Support Specialists**





Optima Health values the lived experiences of our peer recovery specialists. These members of our team play a key role in supporting recovery and well-being among members with mental health and substance use disorders. Our recovery specialists promote improvements in confidence, empowerment, and functioning. This person-centered approach supports the engagement of members through self-directed planning aimed to increase members' social support systems, hopefulness for recovery, personal accountability, awareness of early warning signs of problems, and participation in self-care while promoting personal wellness.

Optima Health peer support specialists engage members in care coordination through our specialized programs.

#### **Contact Us**

Email: optima-bh-tc@sentara.com

Telephone

OHCC: 888-946-1169

OFC: 844-372-8948

- Justice-involved (juvenile and adult)
- Behavioral Health Coaching
- Anxiety and Depression
- Adolescent Suicidal Ideation
- Substance Use & Mental Health
- Pregnant and Parenting



Sharika Lampkin-Briscoe, BA,MS,PRS-R, PRS-S, Recovery & Resiliency Manager

Sharika.Lampkin-Briscoe@optum.com

763-330-8636

#### Recovery & Resiliency in VA

- Provides consultants to colleagues surrounding recovery, resiliency & peer support
- Resource provider for community engagement
- Training facilitator for: Mental Health First Aid Youth & Adult, Seeking Safety, QPR, Trauma Informed Care offered for free within the community
- Assist with bridging the gaps between the MCO and the recovery community
- Advocating for peer support in rural areas
- Bringing recovery awareness through UHC throughout Virginia
- Assist with providing resources & support to recovery communities within the state
- Helping with bringing innovative programs to the market surround recovery
- Promoting peer services within the community by leveraging stakeholder relationships



## PEER RECOVERY SUPPORT PROGRAM

Go Live Date: October 17, 2022

### PEER RECOVERY SUPPORT PROGRAM OVERVIEW:



#### Goal is to build personal resilience through:

Connection

Growth through learning

Development of positive coping strategies/skills

Moving forward with hope



#### **Outcomes**

Improve mental and physical wellbeing

Increase knowledge of available services and supports

Increase community engagement and develop positive relationships

Reduce BH/ARTS inpatient and ED readmissions.

#### Meet Virginia Premier PEER Support Specialists:

- Stephanie Readman
- Miracle Griffin
- Steven Ivey



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#### Magellan and Peer Recovery Support Services

- Magellan Healthcare understands the value of peer recovery support services (PRSS) and believes that PRSS can play an intricate role in recovery and resilience.
- Over the years, Magellan Healthcare of Virginia has utilized trained peers to provide support through the Recovery Navigation Services in the Governors Access Plan (GAP) and Family Support Coordinator services in the local Independent Assessment, Certification and Coordination Team (IACCT).
- As a component of care coordination, Magellan Care Manages encourage
  Behavioral Health (BH) and Addiction and Recovery Treatment Services (ARTS)
  providers to utilize peer support services to help members gain hope and to assist
  members with maintaining in the community while building on their recovery
  skills.
- For information on Mental Health Peer Support and Substance Use Peer Support registrations please contact us at 1-800-424-4046



### GAINWELL PROVIDER ENROLLMENT MEDICAID FEE-FOR-SERVICE

Contact a Provider Enrollment Specialist for any questions regarding Virginia Medicaid Provider Enrollment and Management Services.

#### **Customer Service**

In-State : 1-804-270-5105

Out-Of-State Toll Free : 1-888-829-5373

Fax Toll Free : 1-888-335-8476

Email : VAMedicaidProviderEnrollment@gainwelltechnologies.com

#### **Mailing Address**

Virginia Medicaid Provider Enrollment Services

PO Box 26803

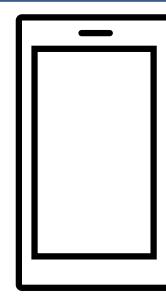
Richmond, VA 23261-6803

# HOW CAN MEDICAID SUPPORT THE GROWTH OF PRSS?



Click on this survey link in the chat: <a href="https://www.survey.dmas.virginia.gov/surveys/">https://www.survey.dmas.virginia.gov/surveys/?s=PXMKHA7PWR</a>

Use your cell phone to scan the QR code to access the survey



### THANK YOU!

Questions: SUD@dmas.virginia.gov

EnhancedBH@dmas.virginia.gov

DMAS Home Page:

https://www.dmas.virginia.gov/#/index