



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

December 12, 2017

TO: Interested Party
RE: Consultation Summary
Project #1713-MHSA

Thank you for your comment(s) to the Medical Services Administration relative to Project #1713-MHSA. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: Many commenters expressed concern that the recommended length of continuous recovery be changed from one to two years. One comment requested the time be five years.

Response: A change was made to the final policy increasing the requirement to two years.

Comment: One region in the state requested changes in the section on who the person would be employed and requesting language be expanded to a larger provider network under contract with the Pre-Paid Inpatient Health Plans/Community Mental Health Services Programs (PIHP/ CMHSP).

Response: Suggested language was adopted.

Comment: An individual asked if the mental health Certified Peer Support Specialist provider description was being combined into the recovery coach policy.

Response: The Certified Peer Support Specialist description remains the same. The policies are not combined.

Comment: Many individuals commented and requested clarification regarding the grandparenting in of certifications received from the Connecticut Community for Addiction Recovery (CCAR), Michigan Certification Board of Addiction Professionals (MCBAP) and the Genesee Health System approved curriculum.

Response: The three certifications will be recognized prior to January 1, 2018, if the requirements listed in the policy are met. After January 1, 2018, individuals will need to attend the state training to receive certification as a Peer Recovery Coach.

Comment: One comment was received regarding distinct levels of Peer Recovery Coaches from Treatment Technical Advisory #07 revised September 1, 2012. This advisory included a two-tiered system with a Peer Recovery Associate serving in a position as “aide” to the Peer Recovery Coach. The comment requested the flexibility of maintaining this position who could have one continuous year in recovery with experience in navigating treatment services and/or prevention.

Response: The policy was changed reflecting the comments on requiring two years of continuous recovery. Individuals who meet the definition of Peer Recovery Associate can work in non-clinical services. Technical Advisory #07 will be replaced with the final policy.

Comment: Several comments were provided regarding the requirements of receiving services for addictions, including non-service pathways to recovery such as 12-step programs, religion or other community based programs.

Response: This policy impacts publicly-funded peers working within the publicly-funded Substance Use Disorder system. It is beneficial that they have experience with the publicly-funded treatment and recovery system to assist the population they will be serving.

Comment: One individual requested clarification on if a person must be actively engaged in outpatient treatment to benefit from receiving services from a Peer Recovery Coach or have an outpatient treatment plan in place.

Response: Individuals do not have to be engaged in outpatient treatment, however, the Peer Recovery Coach must document a plan of service activities they are being provided that meet the goals and objectives of the plan.

Comment: Several comments requested language addressing the requirements of supervision.

Response: The Certified Peer Recovery Coach shall receive regular supervision by a case manager, treatment practitioner, prevention staff or an experienced Certified Peer Recovery Coach who has over two continuous years in recovery, and over two years in the direct provision of recovery coach services and supports.

Comment: Concern was expressed over the language that requires the Peer Recovery Coach to be working prior to the training and at a minimum of 10 hours per week. The comment included that it would not be possible to get reimbursed for any of the services the Peer Recovery Coach delivers until they successfully complete a recovery coach training.

Response: Individuals who are not working do not need to be certified as a Medicaid provider. Reimbursement codes exist for non-clinical services under the supervision of the Substance Abuse Treatment Specialist.

Comment: Several individuals requested clarification on the selection of trainers, frequency of trainings offered, continuing education requirements and other specific procedural questions.

Response: Information will be provided to the field by January 1, 2018 that will clarify implementation activities.

Comment: One comment requested clarification on the employment requirements meeting the definition of a Peer Recovery Coach who serves as an independent contractor.

Response: An independent contractor would meet this requirement if the Peer Recovery Coach has a contract with a licensed Substance Use Disorder Treatment Organization, PIHP/CMHSP, or another organization with a direct relationship that provides substance abuse treatment and/or recovery support services.

Comment: One organization requested the language be changed to a registration, not a certification.

Response: This policy requires one standardized form of certification awarded by the state. The certification is consistent with all peer-delivered services included in the Medicaid Provider Manual.

Comment: One organization requested that Michigan Certification Board for Addiction Professionals receive deemed status.

Response: The State has developed specific quality requirements in all areas of peer services consistent with the policy for Peer Recovery Coaches.

Comment: One individual requested the education requirement be changed from requiring a General Equivalency Diploma (GED) to language that allows a person to be working towards a GED or High School Diploma.

Response: Individuals must meet minimal standards of education.

Comment: Several commenters requested clarification on services provided through the Substance Abuse Prevention and Treatment Block Grant, in addition to Medicaid and Healthy Michigan Plan.

Response: Once the policy is incorporated in the Medicaid manual, it will be added into the PIHP contract for block grant funded services.

I trust your concerns have been addressed. If you wish to comment further, send your comments to Pamela Werner at:

Program Policy Division
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Sincerely,



Kathy Stiffler, Acting Director
Medical Services Administration