

National Coalition of Mental Health Consumer/Survivor Organizations

1300 L Street NW, Suite 1000, Washington, DC 20005

www.ncmhcsso.org

August 23, 2007 Teleconference

Present: Laurel Mildred (CA), Patrick Hendry (FL), Carole Glover (LA), Mike Finkle (MD), Amy Colsante (NY), Dave Wooledge (PA), Mike Halligan (TX), Ann Benner (VA), Linda Corey (VT), Laurie Benton (WA), Molly Cisco (WI), Steering Committee Members– Kathy Muscari, Dan Fisher, Mike Finkle, Effie Smith, Sally Zinman, Carole Glover; Staff – Lauren Spiro, Judene Shelley.

The next meeting of the National Coalition will be Thursday, September 27 at 3 p.m. EST.

Agenda

1. MEMBERSHIP: Two new applications have been submitted, HOPE, Inc. of Arizona and GROW of Illinois. HOPE, Inc. has been informed that we are waiting until there is a Board to decide about whether there will be more than one organization per state.

The application from GROW of Illinois will be reviewed by the Membership Committee and then the Steering Committee.

2. FUNDRAISING:

A. The National Coalition has received another year of funding from the Public Welfare Foundation. We have sent an application to Paul Newman Foundation and the letter of intent to the Consumer Health Foundation. Lauren reported that after sending the Letter of Interest, the National Coalition has been invited to apply for a grant. The plan is to conduct a teach-in and speakout for MH transformation in the DC area and then to broaden mental health advocacy. Seven planning partners will be involved in this grant, four consumer-run organizations: VOCAL, OOOMD, CAN, and the Consumer Leadership Forum; and three supporting partners: Bazelon, McClendon, and DC Office of Consumer and Family Affairs.

B. Exhibit Project: Lauren submitted a grant last week to create a history of the consumer movement for SAMHSA. It appears that they want a lot of technology without a lot of money to create it.

C. There is another grant possibility for Older Adults that Sally and Dan spoke of.

D. Another fundraising project is the CD's of Hope and Recovery. There should be some CD's available within the next few weeks and certainly by Alternatives.

3. INCORPORATION: BY-LAWS REVISED. Thanks to Doug DeVote for his work on the current draft of by-laws which were circulated to all members today. Dan asked if anyone had any questions on incorporation. Laurie Benton said the by-laws looked very inclusive and sound to her based on the recent incorporation of their organization in Washington State. Members were asked to look over the by-laws and send any questions to Lauren.

Dan said that the by-laws specify a Board of at least 10 members with 6 selected by the members and 4 selected by the Board.

4. POLICY PRIORITIES: Two important releases this week.

1) Proposed changes in Medicaid regulations that are open to public comment and could be changed before taking effect. See:
<http://www.bazelon.org/takeaction/2007/RehabRule08-16-07.htm>

2) A letter around peer support to Medicaid directors in all states (See Addendum, 3-page letter, at the end of these notes). The importance is that it says that states can fund peer support, they just each have to draw up the details. It took two years to get this letter out. Dave Woledge spoke of the peer specialists in his state. Dan said that PA was instrumental in the national letter and policy coming out.

Patrick Hendry reported that Florida has a self-determination program where each individual is able to determine how they can spend \$4,000 a person per year. This includes any outpatient services, medication visits, therapy, supported employment. You don't need case management because you are your own case manager. People spend approximately 50% of their money on traditional healthcare and the other 50% they can use pretty much however they want as long as it fits into their life plan. There are some "life coaches" to help people to see their options and broaden their life possibilities. People do their own assessment: (life analysis), create their own treatment plan (life plan), create their own budget, schedule their own services, the bills are paid by the system. A recent success is that a managed care company is now trying this with several hundred clients as a trial project. A lot of information about this program is available at the website: www.flfdc.org (Florida Self-Directed Care)

It has come up that it would be helpful to have a National Coalition's White Paper: set of policies. Molly Cisco said that this would be a good idea and that the current mission statement and values could form a basis for its development.

At the September 17-18, 2007 National Wellness Summit in DC a national action plan will be developed to reduce mental health consumer early mortality and co-morbidity. Lauren will speak on promoting wellness on the individual level. She welcomes ideas about promoting wellness. Kathy Muscari said that people who have choices and self-determination are healthier. Lauren asked if anyone would be interested in assisting her by being a sounding board for her with preparation for the summit. Linda Corey agreed to assist with this.

Three new initiatives:

A. Self-determination: Molly Cisco, Mike Halligan, and Laurie Benton agreed to join Patrick Hendry on a committee to look at self-determination. Dan said it would be important to change medical necessity to include what Michigan has in its law.

B. Peer-Run crisis respite is also an important alternative to hospitalization. It is an alternative to going to a hospital run by peers. Dave Woledge , Effie Smith, Mike Halligan, Linda Corey, and Carole Glover agreed to join this committee.

C. Personal Care Assistants (PCA'S) for Mental Health: people who assist with basic needs such as grocery shopping can be paid. Dan will send out some beginning information that NEC has collected on PCA's.

5. MEETING IN ST. LOUIS: Mike Halligan has found a hotel a block away which will have 200 chairs around some tables. Texas MHC has said they will pay for it, about \$650. Judene agreed to help Mike choose food. Friday, October 12, 2007. We will have the room from 6-9 p.m.

6. Presidential Forum: On November 1 and 2, 2007 the wider disability community, organized by AAPD, has put together a forum in Concord, NH to ask the presidential hopefuls about what they would do for people with disabilities. The National Coalition has joined as a sponsor. If any individual state organizations would like to contribute, that could be good also.

Molly suggested that each call include more from the states and what they are doing, such as Patrick presented on self-determination today.

Mike Halligan spoke of how it could be possible to get up to 16 groups communicating by video teleconferencing.

Kathy Muscari suggested the mission would include videoteleconferences as well as phone conferences. We could get funding sources for video teleconferences. Kathy said it is important to get the infrastructure of the organization set up first before a lot of programming.

The next meeting of the National Coalition is scheduled for Thursday, September 27 at 3 PM, East Coast Time.

Addendum – 3 page letter from Medicaid to State Medicaid Directors.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850
Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

The purpose of this letter is to provide guidance to States interested in peer support services under the Medicaid program. The Centers for Medicare & Medicaid Services (CMS) recognizes that the mental health field has seen a big shift in the paradigm of care over the last few years. Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Background on Policy Issue

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services. The following policy guidance includes requirements for supervision, care-coordination, and minimum training criteria for peer support providers.

As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. We encourage States to consider comprehensive programs but note that regardless of how a State models its mental health and substance use disorder service delivery system, the State Medicaid agency continues to have the authority to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of the service.

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States may choose to deliver peer support services through several Medicaid funding authorities in the Social Security Act. The following current authorities have been used by States to date:

- Section 1905(a)(13)
- 1915(b) Waiver Authority
- 1915(c) Waiver Authority

Delivery of Peer Support Services

Consistent with all services billed under the Medicaid program, States utilizing peer support services must comply with all Federal Medicaid regulations and policy. In order to be considered for Federal reimbursement, States must identify the Medicaid authority to be used for coverage and payment, describe the service, the provider of the service, and their qualifications in full detail. States must describe utilization review and reimbursement methodologies. Medicaid reimburses for peer support services delivered directly to Medicaid beneficiaries with mental health and/or substance use disorders. Additionally, reimbursement must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods. Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

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3) Training and Credentialing

Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.

Please feel free to contact Gale Arden, Director, Disabled and Elderly Health Programs Group, at 410-786-6810, if you have any questions.

Sincerely,

/s/

Dennis G. Smith

Director

cc:

CMS Regional Administrators
CMS Associate Regional Administrators
Division of Medicaid and Children's Health
Martha Roherty
Director, Health Policy Unit
American Public Human Services Association
Joy Wilson
Director, Health Committee
National Conference of State Legislatures
Matt Salo
Director of Health Legislation
National Governors Association
Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials
Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council
Debra Miller
Director for Health Policy
Council of State Governments