



Recovery Stakeholder Committee Meeting

Thursday, July 12, 2018; 1:00 pm – 3:00 pm

Via Hope

Webinar

AGENDA

Webinar Log In information: <https://viahope.adobeconnect.com/stakeholders/>

Meeting Room number: 6324846

Phone number for Audie: 1-800-832-0736

| | |
|------|----------------------------|
| 1:00 | Welcome, Introductions |
| 1:15 | HB 1486 Presentation |
| 2:15 | Debrief – General Comments |
| 2:30 | Adjourn |

Minutes follow on next page

Our Mission: We provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.



Minutes

The webinar meeting was called to order at 1:00 pm. Neither the committee chair nor vice-chair were able to be present, so the director of Via Hope convened the meeting.

In attendance were Casandra Ramirez, Verlyn Johnson, Chris Laguna, Jondell Lafont-Garcia, Reginah Quackenbush, and Reese Carroll. Via Hope staff included Dennis Bach, Liz Castaneda, and Sandra Smith.

The only agenda item was an update on the planning process for the implementation of House Bill 1486, which creates a new peer support benefit in the state Medicaid Plan. A copy of the slide presentation is attached. Following are the comments that committee members made during the presentation.

One member said she had submitted comments during the informal comment period expressing concern that the benefit will be available only to individuals over age 21, rather than age 18.

One member expressed a concern that none of the community conversations being held by HHSC over the next six months will be held at LMHAs, which will probably be the largest employers of CPSs that use this Medicaid benefit.

One member said she felt the 250 hour supervised field experience requirement was probably too short, and that a 500 hour requirement like the PRSs currently have would be more appropriate.


Two members said they supported the six month initial certification so that new CPSs could bill Medicaid sooner. One commented that people will not be hired for these positions if they are not able to earn money to pay their salaries.

A copy of the slides follows.


There were no additional comments for the meeting debrief.

The webinar/meeting was adjourned at 2:40 pm.

Our Mission: We provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.





CPS Advisory Council Meeting
 Friday, July 13, 2018
 Update on HB1486 Implementation



Today's Topics


- What does HB1486 do?
- Implementation schedule.
- Who is affected by this?
- A few significant issues:
 - New training and certification model.
 - Grandfathering.
 - Training Entities.
 - Supervision of Certified Peer Specialists.
 - Renewal Training for Re-Certification.
 - Criminal history and regulatory checks.

What does HB1486 Do?

The Basics

- Requires HHSC to amend Texas Medicaid Plan to create service called peer support.
- Requires HHSC to write TAC rules to implement amendment.
 - Parallel processes; goal is to finish both at same time.
- Creates new service, not a new provider type.
 - CPS can provide billable service only if work for approved Medicaid provider.
 - Can't "hang out a shingle" and go into practice.




The Basics

- Requires Stakeholder Workgroup to advise on issues.
- Medicaid pays for medical services.
 - Peer support must be part of treatment plan.
 - Must be "medical necessity".
- Feels somewhat contrary to concept of "Recovery Model" vs. "Medical Model".
 - Trade off for getting funding for positions.


Schedule





Goal


- Goal: Have Amendment approved and TAC rules implemented January 1, 2019.
- Plan amendment:
 - Must be approved by federal CMS.
 - Amending one item allows them to question others.
- TAC Rules:
 - Informal comment period (recently ended).
 - Publish draft rules Texas Register for formal comment.
 - Publish final rules in Texas Register.



Goal


- TAC Rules:
 - HHSC doesn't have to publish informal comments.
 - Try to resolve issues before draft rules published.
 - For final rules, publish response to all comments on draft rules.
- Workgroup continues to meet monthly to discuss issues.

Who is affected by this?




Two Groups Becoming One (sort of)


- Technically, covers two existing, distinct groups:
 - Certified Peer Specialists.
 - Trained and certified by Via Hope.
 - Currently 612 active out of 1,161 trained.
 - Certified Peer Recovery Support Specialists
 - Trained by multiple Recovery Community Organizations and certified by TCBAAP.
 - A few hundred certified out of a few thousand trained.
 - Doesn't include Peer Recovery Coaches.



Notable Differences

- CPSs work for LMHAs, hospitals, VA, peer run organizations, others.
 - LMHAs are Medicaid providers.
- PRSs mostly work for peer-run Recovery Community Organizations (RCOs).
 - Don't qualify as Medicaid providers; don't really want to
 - HHSC can create new provider type, with enough \$\$\$.
 - Won't happen by January 2019.

A Few Significant Issues





First Issue:


New training and certification model.

- Online orientation materials prior to application process.
 - Content described in rules; approved by HHSC.
- Initial “core” training, basics of peer support.
 - Same for everyone. Curriculum approved by HHSC.
- Knowledge assessment (i.e.: exam).
- Specialized training on either mental health or substance use peer support.
- Knowledge assessment (i.e.: exam).
- Supervised field experience.
- Certification.




Core Training:

- Current concept: short, high level “orientation”.
- Nine topical areas being considered:
 - History of Recovery Movement(s)
 - Co-Occurring Challenges
 - Person First Language
 - Cultural Humility
 - Trauma and Trauma Responsive Care
 - Self Care
 - How the State Behavioral Health System Works
 - Shared Values, Ethics, and Guiding Principles.



Specialized Training:

- Current idea (we think):
 - Use Via Hope’s certification training for mental health peers.
 - Use curriculum taught by multiple RCOs for substance use peers.
 - Assume will use existing exams for these two trainings.
- Originally planned to have third specialized training on co-occurring disorders.
 - Decided that information should be in core or two specialized trainings, or both.
- Impractical to develop two new trainings and exams before January 1st.




Supervised Field Experience:

- Requires 250 hours; rules vague on what can be considered.
- PRSs currently need 500 hours for TCBAP certification.
- Rules don’t specify who is responsible for overseeing field experience.
 - Assume it will mostly be employers.
- Initial certification and renewal certification.
 - Initial period is six months; doesn’t require field work.
 - Renewal certification(s) are for two years.
 - Must complete the 250 hours to renew.
 - Enables people to provide billable services quicker.



Certification Process:

- Must be managed by entity that does not do training.
 - Probably won’t be Via Hope.
 - Could be Texas Certification Board of Addiction Professionals (TCBAP).
 - Rules technically allow for more than one entity.
- Significant role for certification entity.
 - Maintain application process.
 - Maintain database of certifications.
 - Maintain renewal certification process.
 - Authorize all of the training entities.
 - Establish fee schedule.



Second Issue:

Grandfathering


- PRS in good standing can be grandfathered.
- CPS in good standing with 250 hours of work experience as CPS can be grandfathered.
- CPS with less than 250 hours of work experience gets initial certification (six months) and must complete remaining hours.
- Recovery Coaches. Have the same 500 hours supervised work experience as PRS, but haven’t passed test. Can’t be grandfathered.



Third Issue:

Training Entities

- HHSC envisions multiple entities with frequent training all over the state.
- Training entities must offer:
 - Online orientation materials and application process.
 - Application materials in languages other than English.
 - In person core training
 - At least one of two specialized trainings, in person.
 - Training for supervisors of peer specialists.
 - Reasonable accommodation for people who's primary language is not English.



Fourth Issue:

Supervisors of Peer Specialists must be trained


- Focus on peer specialist's provision of services.
- Can be an LPHA, QCC, QMHP, or QPS.
 - QPS = Qualified Peer Supervisor.
 - QPS must be a Certified Peer Specialist.
 - Four years of experience as CPS
 - Two years CPS experience + two year supervisory exp.
 - Two years CPS experience + associates degree
 - QPS and QMHP must be supervised by LPHA or QCC.
- Supervisor must pass knowledge assessment.



Fifth Issue:

Renewal Training for Re-Certification.

- What Via Hope calls Endorsement Training (at least for CPSs).
- CPSs need minimum of 20 hours; at least 3 on CPS ethics.
- Supervisors need minimum of 6 hours.




Sixth Issue:

Criminal history and registry checks.

- Applies to both CPSs and supervisors.
- Based on existing standards for Licensed Chemical Dependency Counselors.
- Concern that may disqualify too many people.
- Certification entity may develop exception policy.
 - "...due to extraordinary or extenuating circumstances..."

Questions and Comments



Thank you!

