



## Fiscal Estimate Narratives

DHS 1/7/2020

LRB Number	19-2886/1	Introduction Number	AB-0650	Estimate Type	Original
<b>Description</b> reimbursement for peer recovery coach services under the Medical Assistance program and coordination and continuation of care following an overdose					

### Assumptions Used in Arriving at Fiscal Estimate

Provisions related to Peer Recovery Coaches:

This bill directs the Department to begin reimbursing for services provided by peer recovery coaches, a provider type which renders support and assistance to individuals in recovery from mental illness or substance use disorder. This bill directs the Department to certify, for purposes of Medicaid reimbursement, peer recovery coaches and enumerates the requirements peer recovery coaches and peer recovery supervisors must fulfill in order to receive reimbursement. Reimbursement for these services would be contingent upon approval of a request to the federal government to amend the Wisconsin Medicaid State Plan.

The requirements for peer recovery coaches include working under the supervision of a peer supervisor; having received 46 hours of training in advocacy, mentoring, recovery and wellness support, and ethical responsibility; 500 hours of volunteer or paid work involving advocacy, mentoring, recovery and wellness support, and ethical responsibility; and 25 hours of supervised volunteer or paid work involving advocacy, mentoring, recovery and wellness support, and ethical responsibility. The requirements for peer supervisors, who would supervise peer recovery coaches, include having received training in understanding the peer role in recovery, principles of recovery, health system navigation, applicable laws and policies, and peer-delivered service advocacy.

Presently, the Department allows services provided by certified peer specialists, who also provide peer services to individuals in recovery, as a component of the Comprehensive Community Service (CCS) and Community Recovery Service (CRS) benefit. Certified peer specialists differ from the peer recovery coaches proposed under this bill in that peer specialists require supervision by a licensed health care professional, fewer hours of training for certification, and peer specialists are required to have a self-identified mental health disorder or substance use disorder. This bill would not alter provisions in DHS Administrative Code related to certified peer specialists.

Medicaid costs for CCS and CRS are likely to increase if services provided by peer recovery coaches and supervisors became reimbursed within those benefit areas. However, because the Department does not have the ability to identify those specific CCS and CRS services provided by peer specialists, the Department does not have a base from which to project additional costs for services provided by peer recovery coaches and supervisors, or to make assumptions about the potential for services provided by peer recovery coaches and supervisors to replace a portion of the costs for services provided by peer specialists. Medicaid costs would also likely increase if services provided by peer recovery coaches and supervisors became reimbursed as components of other mental health and substance abuse treatment benefit areas.

DHS contracts out the responsibility of certifying peer specialists for Medicaid reimbursement purposes. The current contract cost is \$485,000 per year of which approximately \$128,000 is for contracted staff and the remaining cost is for various supplies and services, including rents, supplies, trainings, and administering peer specialist certifying exams. If enacted, the Department would likely seek to contract out the responsibility of certifying peer recovery coaches and peer recovery supervisors. If the workload for this responsibility was equivalent to the workload for certifying peer specialists, the annual cost to the Department would be \$485,000 per year. The cost of this contract may likely be shared evenly by the Department (\$242,500 GPR) and federal government (\$242,500 FED), based on the bill's provisions requiring these services be available to members in the Medicaid program.

Provisions related to Coordination of Care in Substance Use Overdose:

This bill also directs the Department to maintain a program that would facilitate overdose treatment providers to do a number of things, including using peer recovery coaches, provide medication to reverse overdoses, coordinate the continued care of individuals after an overdose, and to collect and evaluate data on outcomes of individuals receiving peer recovery coach services and coordination and continuation of care services. The bill also authorizes the Department to implement policies and procedures related to the provision of medications that reverse an overdose or that are used to treat substance use disorder and policies and procedures related to evidence-based treatment services for preventing future overdoses.

This bill directs the Department to seek federal funding made available through the SUPPORT for Patients and Communities Act of 2018 to implement the provisions related to this section.

In the absence of federal funding, the bill allows the Department to meet the requirements of this section of the bill by encouraging or facilitating or providing funding to programs operated by nongovernmental overdose treatment providers. It is assumed that the Department could take steps to encourage or facilitate such efforts with current resources. If so, the fiscal effect for the Coordination of Care in Substance Use Overdose provisions of this bill would not include state funds.

### **Long-Range Fiscal Implications**