

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date September 30, 2024
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) DHS 72, 105, and 107 Overdose Treatment Provider Certification and Covered Services	
4. Subject Creation of peer recovery coach certification and overdose treatment covered services	
5. Fund Sources Affected <input checked="" type="checkbox"/> GPR <input checked="" type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected Not applicable
7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input checked="" type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input checked="" type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$Less than \$50,000	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule The department intends to promulgate administrative rules necessary to effectuate the purpose of 2019 Wis. Act 122, namely, to establish criteria for applicable providers and reimbursement for peer recovery coach services under the Medical Assistance program. Specifically, the department intends establish and maintain a program to do all of the following: (1) facilitate overdose treatment providers to use peer recovery coaches to provide access to medications to reverse overdose, coordinate and continue care and treatment after an overdose; (2) provide education on preventing and reversing an overdose; (3) provide follow-up services; and (4) collect and evaluate outcome data and the establishment of the criteria of peer recovery services and the training, supervision, and certification that supports reimbursement for peer recovery coach services under the Medical Assistance program.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The economic impact public comment period was open to the public including the following: <ul style="list-style-type: none">- Members receiving Medical Assistance substance use disorder services- Medical and behavioral health providers providing substance use disorder treatment services- Counties and tribes in Wisconsin- Certified peer specialists and certified parent peer specialists- Recovery coaches- Agencies that employ certified peer specialists, certified parent peer specialists, and/or recovery coaches- People with lived experience who are interested in providing peer services- Advocacy agencies for overdose treatment, substance use treatment services, and peer recovery services	
In total, the Department received six comments which were supportive of the rule. None of the comments received addressed the issue of economic impact of the proposed rule. Two commenters requested a "living wage" for Medicaid reimbursement.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA.	

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County human service departments were included in solicitation for public comment.

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

The proposed rule has the potential to impact Medical Assistance behavioral health providers and members. An expanded number of Providers would have the opportunity to provide peer support services within a variety of behavioral health agencies. Providers will be able to provide these expanded services due to Medical Assistance reimbursement of the peer support services. This has the potential to expand provided services beyond what is currently available in traditional services. The impact to providers is the recurring cost of program certification which would likely be offset by the provision of the new service to an expanded number of members they serve.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

Benefits of implementing the Rule include the ability for providers to provide the evidence-based practice of peer support which has shown to be effective when provided to people who are experiencing substance use issues and previous opioid overdoses. Peer support is provided by an individual who has similar lived experience and can provide peer support to augment traditional behavioral health treatment. There is no alternative to implementing the Rule. Because substance use disorders remain a significant challenge for individuals, the Wisconsin Legislature has explicitly directed the department to promulgate this rule to create Medical Assistance certification of peer recovery coach and overdose treatment and reimbursement of peer recovery coach services.

16. Long Range Implications of Implementing the Rule

The proposed rule changes will provide additional services to Medical Assistance members and providers that are not widely available now. The increase of peer recovery coaches into the behavioral health field will increase the number of individuals that are working specifically with those with substance use issues and overdoses and help offset some of the staff shortages in the field.

17. Compare With Approaches Being Used by Federal Government

Section 1905(a)(13) of the Social Security Act provides for Medical Assistance program coverage of "other diagnostic, screening, preventive, and rehabilitative services," such as overdose treatment services. Additionally, CMS has identified mental health and substance use peer support providers, such as peer recovery coach providers, as allowable providers in State Medicaid Director Letter (SMDL) #07-011

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois certifies peer recovery support specialists through the Illinois Certification Board, Inc., a professional organization that includes the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. While they have training and certification requirements, these are not based on statute or administrative rule. Instead, the certified peer recovery specialist competencies include the knowledge and skill base which is defined in the "Peer Recovery Credential, Role Delineation Study, and Final Report," for IC&RC, dated January 2013 and completed by the Schroeder Measurement Technologies, Inc. The International Certification and Reciprocity Consortium ("IC&RC") is an international non-profit organization that promotes public protection by developing internationally recognized credentials and examinations for prevention, substance use disorder treatment, and recovery professionals, including peer recovery specialists.

Iowa: Iowa certifies peer recovery specialists through the Iowa Board of Certification, which is very similar to the Illinois system. The Iowa Board of Certification (IBC) credentials prevention and treatment professionals in addictions and other behavioral health fields by promoting adherence to competency and ethical standards. These standards are based on professional standards based on IC&RC and not by any statute or administrative rule.

Michigan: Michigan certifies recovery coaches through their Department of Health and Human Services, based on the IC&RC Peer Recovery Credentials and the MDHHS Peer Recovery Coach training requirements. Requirements are not based on statute or administrative rule.

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Minnesota: Like the above states, Minnesota certifies its peer recovery specialists through its MN state board responsible for alcohol and other drug certifications. Its policies and tests are based on IC&RC standards mentioned above, and they even have a state reciprocity certification. Requirements are not based in statute or administrative rule.

19. Contact Name Kenya Bright	20. Contact Phone Number 608-267-9392
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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- ☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No
