

Attachment
Peer Support Specialists – County Interim DMC-ODS Rates Development

County: _____ Fiscal Year: _____

If counties plan to provide certified peer support specialist services (pending approval by the Centers for Medicare & Medicaid Services (CMS)) through the Drug Medi-Cal Organized Delivery System (DMC-ODS) program, counties must submit a Peer Support Specialists County Fiscal Plan for the development of peer support specialist interim rates. DHCS will review and approve the Fiscal Plan as a part of the overall approval to participate in peer support specialist certification.

When completing the projections and proposed interim rates chart, please note the following:

- The projected expenditure must be calculated as full funds expenditures, including both federal and matching local funds. The total projected expenditures should be calculated consistent with federal Medicaid requirements related to administration, indirect and direct service costs, and federal certified public expenditure rules about interim payment and cost settlement requirements. Details of projected budget line items should be provided for DHCS review.
- The county will be responsible for the non-federal share of funds and there will be no state general funds available.
- Projected units of service should include the total covered service utilization estimate for the fiscal year indicated.
- Projected Medi-Cal beneficiaries include all beneficiaries who will be served by peer support specialists. This count will not be a unique client count. If one beneficiary is projected to receive peer support specialist services through both behavioral health prevention education and self-help/peer services, the beneficiary will be included in both modalities on the chart.
- Proposed rates must be developed for each service modality. The proposed rates must be developed consistent with the terms and conditions of the Waiver (pending approval by CMS), written guidance provided by DHCS and federal certified public expenditure requirements related to interim payments, and are subject to annual reconciliation and settlement. Space is provided to outline the proposed interim rate-setting methodology used for each modality, including the sources of information utilized, such as previous years' filed cost reports, approved medical inflation factors and any other sources used consistent with guidance related to federal health care programs.
- Pending approval from CMS, peer support services will be billed in 15-minute increments under two Healthcare Common Procedure Coding System (HCPCS) codes: H0025 (behavioral health prevention education

service) and H0038 (self-help/peer services). Both codes will be billed at the same rate.

There will be a 24-hour cap on billable peer support services (no more than 96 15-minute units billed for one beneficiary on one day).

- Peer support services may be provided on the same day as all other covered modes of service.
- Peer support specialist services are considered a distinct mode of service. These services are not a component of any other covered modes of service.
- Proposed interim rates for peer support specialist services should be calculated to reflect the level of staffing required to meet the service requirements outlined below, in the most recent [CalAIM proposal](#), and in the [Section 1115 waiver demonstration and Section 1915\(b\) waiver overview](#) submitted to CMS on June 30, 2021. All peer support specialist services service requirements are subject to change based on CMS direction and pending approval.
 - Peer support specialists may provide the following services as recommended as part of the treatment plan in both individual and group settings:
 - Therapeutic activity
 - Engagement
 - Educational Groups
 - Peer support services may also include:
 - Relapse prevention services
 - Coaching
 - Supporting linkages to community resources
 - Education documented in an individualized treatment or recovery plan
 - Peer support specialists working as providers in the DMC-ODS must be currently certified by a county or an entity representing a county. Peer support specialist services can be provided by a peer support specialist in any appropriate setting in the community.
 - Peer support specialist services can be provided in person, by synchronous telehealth, or by telephone (audio-only).
- In the column titled, 'Certified Cost Report', identify the most recent cost report data which the county has certified and is using for the purposes of interim rate estimation if the county has previously provided peer support specialist services. Costs for the FY identified do not need to be settled; costs must only be certified by the county as public expenditure. If the county has not previously provided peer support specialist services, provide other sources of data, as available.
- The proposed county interim rates should be based on the most recently calculated or estimated total county cost. For the inflation factor, counties should use the Medicare Home Health Agency Market Basket Index. The proposed interim rate should be calculated for each service including both county directly delivered (if appropriate), and subcontracted fee-for-service

provider costs. Please do not include rate ranges in the modalities. County payments to contracted fee-for-service are actual expenditures according to the terms and conditions of the waiver. If the county elects to reimburse providers at different rates due to geography or other reasons, this rate would be specified in each contract between the county and the individual provider.

- If counties choose to incorporate peer support specialist services into withdrawal management and/or residential treatment services, counties must fill out the relevant sections of the chart below and develop new interim rates for these modalities that reflect the additional costs of peer support specialist services. These interim rates should only include treatment costs and not room and board expenses. Further guidance on what constitutes room and board expenditures is outlined on the DMC-ODS webpage.

Interim Rates Methodology Narrative: Please describe the rate development below for each modality and level of service.

Please email the completed Fiscal Plan to:
BHFSEops@dhcs.ca.gov

Estimated Utilization and Proposed Interim Rates

Service or Modality (funded by DMC)	Billing/ Unit of Service (minutes, day, hour)	Most Recent Certified Cost Report (if available)	Proposed Interim Rate per Unit of Service	Projected Total Units of Service to be Delivered	Projected FY_ ODS Waiver Clients	FY_ Projected Total Funds Expenditures
Encounter Rates (both HCPCS to be billed at the same rate)						
Peer Support Specialists – Behavioral Health Prevention Education Service (H0025)	15-minute increments					
Peer Support Specialists – Self- help/Peer Services (H0038)	15-minute increments					
Daily Rates						
Level 1 – WM	Per Day					
Level 2 – WM	Per Day					
Level 3.2 – WM	Per Day					
Level 3.7 – WM	Per Day					
Level 4.0 – WM	Per Day					
Level 3.1 – Residential	Per Day					
Level 3.3 – Residential	Per Day					
Level 3.5 – Residential	Per Day					
Level 3.7 – Residential	Per Day					
Level 4.0 – Residential	Per Day					