

Health Homes and Peer Support Specialists in Texas

A health home is a person-centered model of care integrating long-term, acute, primary, and behavioral health care. The concept of the health home refers to the coordination of care that takes place on behalf of the person receiving services. Health home services may be coordinated by a person's primary care physician, or they may be arranged by a team of medical professionals. Research suggests that health homes (also known as medical homes) improve patient health outcomes as well as reduce both health care costs and hospital readmission rates.¹ Health homes are commonly provided through Medicaid Managed Care Organizations (MCOs).² Currently, 20 U.S. states have created a total of 29 Medicaid-approved health home models focusing on populations with chronic disease, serious emotional disturbance (SED), serious mental illness (SMI), and substance use disorders (SUD).³ In Texas, results from two pilot studies of health homes suggested that, within 12 to 15 months, health homes had a beneficial impact on patient care, as demonstrated by fewer emergency room visits and higher patient quality of life.⁴

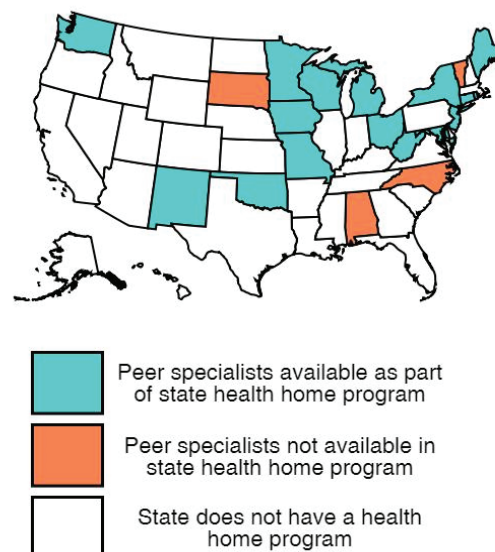
Given that Peer Support Specialists (also known as Peer Providers) are an emerging part of the Texas mental health workforce, assisting people with SMI toward recovery, they can be utilized effectively in the type of health care setting defined by health homes. Peer Providers are equipped to support others in recovery based on their own lived experiences with serious mental illness, and have been utilized as providers of Medicaid-reimbursable health care services in Texas since 2004. Reimbursable services delivered by Peer Providers include psycho-social rehabilitation, assistance with accessing resources, and skills training, illustrating the crucial role they can play in a person's recovery.⁵

Other states are currently expanding their health home programs to include peer support. For example, Peer Providers are eligible to be part of the coordination of behavioral health care for adults in health homes in New Jersey as well as in Oklahoma. The integration of Peer Providers into health homes in these states provides a model for Texas to follow.⁶

Research suggests that Peer Provider services are comparable to those of other providers of mental health care.⁷ Furthermore, the adaptability of the Peer Provider roles in providing services means that they can improve patient care in a variety of settings, such as Local Mental Health Authorities (LMHAs), state hospitals, Consumer Operated Service Providers, and more. However, Peer Providers are currently only reimbursed for services provided while working in Local Mental Health Authorities, usually a Community Mental Health Center. Reimbursing Peer Providers for work performed in a broader array of healthcare settings would increase accessibility of Peer Provider-delivered services.⁸ The creation of health homes for adults experiencing SMI in the State of Texas is an opportunity to both improve the care of Texans and expand the promising, evidence-based work of Peer Providers.

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Peer Specialist Involvement in Medicaid-approved Health Homes By State



Recommendations

- Allow for the creation of Medicaid-approved health homes in Texas.
- Include Peer Support as a reimbursable service within health homes.
- Expand Peer Provider roles within MCOs.

¹n.d. Interim report to congress on the Medicaid health home state plan option. Retrieved from: <https://www.medicaid.gov/medicaid/tss/downloads/health-homes/medicaid-health-home-state-plan-option.pdf>

²(February, 2012). Health home considerations for a managed care delivery system: avoiding duplication of services and payments. Centers for Medicare and Medicaid Services. Retrieved from: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-managed-care-options-matrix_020312.pdf

³(November, 2016). Medicaid health homes: SPA overview. Retrieved from: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-spa-overview.pdf>

⁴Stull, Christina. (February, 2015). Medical homes for children and adults with complex medical conditions: lessons learned from two clinics. UT-Interprofessional Education: The University of Texas at Austin. Retrieved from: <http://www.healthype.org/news/entry/medical-homes-for-children-and-adults-with-complex-medical-conditions-lessons-learned-from-two-clinics>

⁵Kaufman, L., Brooks, W., & Stevens-Manser, S. (2011). Peer-provided services and Medicaid billing at the local mental health authorities in Texas. Texas Institute for Excellence in Mental Health. Center for Social Work Research, University of Texas at Austin.

⁶(August, 2016). Exploring Medicaid Health Homes. Retrieved from: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-irc-webinar-aug-2015.pdf>

⁷Pitt, V., Lowe, D., Hill, S., Pricor, M., Hetrick, S., Ryan, R., & Berends, L. (2013). Consumer-providers of care for adult clients of statutory mental health services. Cochrane Database of Systematic Reviews, (3), CD004807. doi:10.1002/14651858.CD004807.pub2

⁸Kaufman, L., Brooks, W., & Stevens-Manser, S. (2011). Peer-provided services and Medicaid billing at the local mental health authorities in Texas. Texas Institute for Excellence in Mental Health. Center for Social Work Research, University of Texas at Austin.