REPORT / PEER OUTCOME PROJECT

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Texas Peer Support Medicaid Benefit:

An Explorative Study of Utilization

Submitted to Texas Health and Human Services

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Background

Introduction

According to the National Survey on Drug Use and Health (SAMHSA, 2019), approximately 51.5 million Americans are living with any mental health issue, with 23 million adults receiving mental health services. Approximately, 13.3 million people perceived an unmet need for mental health services in 2019, which was higher than the percentage reported in each year from 2008 through 2018. Additionally, among 21.6 million people aged 12 or older who needed substance use treatment, only 2.6 million received treatment in 2019. SAMHSA's Behavioral Health Barometer for Texas (2019) shows that, among adults aged 18 or older, the annual average percentage with any mental health issue who received mental health services was 39.5% (1.4 million), which is lower than both the regional average (41.2%) and the national average (43.6%). Texas had lower prevalence of substance use disorder (5.9% or 1.4 million) than the greater Southwest region or nation, yet still had gaps in access to treatment services. There is clearly a gap between those who need and those who are receiving mental health or substance use services.

At the same time, there are workforce shortages. The Behavioral Health Workforce Report (SAMHSA, 2021), shows the number of providers that are currently available for different models of care versus the number of providers that are needed to address the mental health and substance use treatment need. There are an estimated 23,507 peer support specialists across the U.S. but over one million peer support specialists are needed to fully address the need for mental health and substance use services (2021). Many gaps in treatment services are preventable and peer specialists (along with the other titles used by peers; Lodge et al., 2021) can help narrow the gap between those needing and receiving treatment and at the same time help address the workforce shortage.

Peer Support Specialists

Peer support is provided by people in recovery who use their lived experience to promote the recovery of others (Kuhn et al., 2015). Peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful" (Mead, 2003). Peer services have been shown to improve outcomes such as reducing hospitalizations, improving self-determination and symptom management, increasing social support, and bettering one's quality of life (MHA, 2018).

The impact of peer support also includes positive economic impacts. Bouchery and colleagues (2018) reported that individuals enrolled in peer support crisis intervention cost Medicaid, on average, $2,138 less than Medicaid-enrolled individuals who did not receive peer support. The Georgia Department of Behavioral Health and Development Disabilities found those using peer services as a part of their treatment generated a cost savings of $5,494 per individual per year for the state (Fricks, 2007).

There has been a strong recent push to provide recovery-oriented services and peer support to people receiving mental health and/or substance use services. Many public officials and some peer leaders have advocated that in order to achieve stable funding for peer support services, the services should be eligible as

a Medicaid benefit. Accomplishing this objective requires melding two different cultures: peers, with their nonclinical vision and energy; and Medicaid, with its more complex bureaucratic requirements (Sabin & Daniels, 2003).

Peer Support Services in Medicaid and the Texas Medicaid Benefit

In 2007, the Center for Medicare and Medicaid Services (CMS) provided a letter to State Medicaid Directors acknowledging changing paradigms in treatment systems, recognizing that "Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs." Further, the letter recognized and approved peer support services in Medicaid, stating, "CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services" (DHHS, 2007).

In Texas, passage of House Bill 1486 during the 85th Legislature in 2017 directed the development of a new peer support Medicaid benefit and defined the training requirements for peer specialists who provide services under the new benefit. To conduct this work, Texas HHS created a Peer Support Stakeholder Workgroup that included peer specialists, peer organizations, providers, and other stakeholders (defined by House Bill 1486, 85th Legislature, Regular Session, 2017, & HHSC Rider 211). The purpose of the workgroup was to provide input on the development and adoption of rules relating to peer specialist training and certification, peer support services, and the provision of those services under Medicaid in accordance with H.B. 1486 (Texas HHS, n.d.).

To become certified to provide peer support as a Medicaid service, peer specialists need to: complete an online self-assessment and orientation, submit an application, complete the core peer services training, complete the substance use or mental health peer training, and complete 250 hours of supervised work experience. Peers who had been certified prior to implementing Medicaid peer support were given a period of time to grandfather into certification.

A Certified Peer Specialist employed by Medicaid-enrolled providers may deliver the following peer support services individually or in a group as a covered Medicaid benefit:

- Recovery and wellness support, which includes providing information on and support with planning for recovery;
- Mentoring, which includes serving as a role model and aiding in finding needed community resources and services; and,
    - Advocacy, which includes providing support in stressful or urgent situations and helping to ensure that the recipient's rights are respected and may also include encouraging people to services to advocate for him or herself to obtain services (TMHP, 2019).

Purpose of the Report

The Texas Health and Human Services Commission (HHSC) contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to assess the effect of the new Medicaid Peer Support benefit on the delivery of peer support services by local mental health providers in Texas. The current study sought to examine trends in the provision of peer services over time before and after the Medicaid peer support benefit, as well as examine features of peer service provision since the implementation of the Medicaid benefit.

Research questions included the following:

1. How have trends in the frequency of peer service provision changed over time, especially related to the implementation of the Medicaid benefit in 2019?
2. Since the implementation of the Medicaid benefit, how many individuals receive peer services and how many peer services do they receive?
3. Since the implementation of the Medicaid benefit, how have trends in the types of providers that offer peer services changed?
4. Since the implementation of the Medicaid benefit, in which areas of the state are peer services most frequently offered?
5. Since the implementation of the Medicaid benefit, is client level of care related to the receipt of peer services?

Methods

Data for the current study were obtained through a data use agreement between HHS and UT-TIEMH and was reviewed by the HHS IRB2 and the UT IRB. Data were shared securely through the Box online platform. Data for the current study included records of client encounters at all Texas Local Mental Health Authorities/Local Behavioral Health Authorities (LMHAs/LBHAs) from Fiscal Years 2016 through 2020.

Encounter data utilized included client identification number, client level of care, and information about the type of encounter, type of provider, date of encounter, and duration of encounter, as well as basic demographic information (client birth date, sex, race, and ethnicity). All non-adult mental health encounters were excluded (i.e., no children's mental health services or children's level of care were included). Provider types used in analyses were those who had peer support procedure codes included in encounter data. Participants included in analysis were all of those individuals who received LMHA services from 2016 through 2020, including those who did and did not receive the Medicaid Peer Support Service (procedure code H0038 plus modifiers), including: individual peer support services (H0038), group peer support services (H0038HQ), and re-entry peer support services (H0038HH) a procedure code specific to the Harris Center.

All statistical analyses were conducted using SPSS v26. Mapping analyses were conducted using ArcGis. Descriptive analyses were conducted to answer the research questions and included: trends in peer support provision over time, amount of peer support services provided, peer support by provider type, peer support by geographic location, and differences in peer support service receipt by level of care.

Results

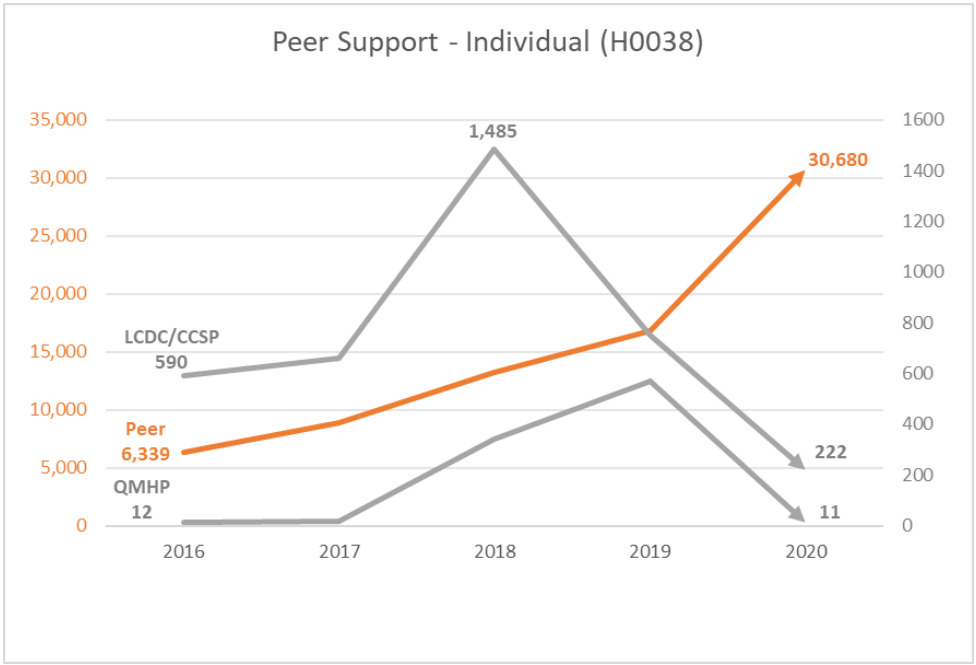
1. Trends in the frequency of peer support service provision over time

To analyze trends in peer support service provision over time, encounter data for fiscal years 2016 through 2020 were examined. Researchers filtered out all non-adult mental health encounters. Encounters by three provider types (variable name is server_type) were included in this specific analysis, as these three provider types most often utilized the peer support procedure codes: Qualified Mental Health Professionals (QMHPs), paraprofessionals (including Licensed Chemical Dependency Counselors [LCDCs] and Certified Clinical Services Providers [CCSPs]), and non-traditional providers (or peers). The number of individual peer support (H0038 procedure code) and group peer support (H0038HQ procedure code) service encounters by each of these provider types was recorded for each fiscal year.

Annual trends in the provision of individual peer support services (H0038) from 2016 to 2020 are shown in Figure 1 and Table 1. From 2016 to 2018, prior to implementation of the Medicaid peer support benefit, provision of individual peer support services increased each year for all three provider types. This increase continued into 2019 for two provider types, QMHPs and Peer Specialist providers, while LCDCs/CCSPs decreased provision of individual peer support services (H0038).

Finally, from 2019 to 2020, after the Medicaid benefit was implemented, QMHP and LCDC/CCSP delivery of individual consumer peer support decreased 98% and 70%, respectively. Over this same time period, peer provider delivery of individual consumer peer support increased 83%; this represents a 383% increase, overall, from 2016 to 2020, for Peer providers.

Figure 1. Annual trends in the provision of H0038 individual peer support services from 2016 to 2020



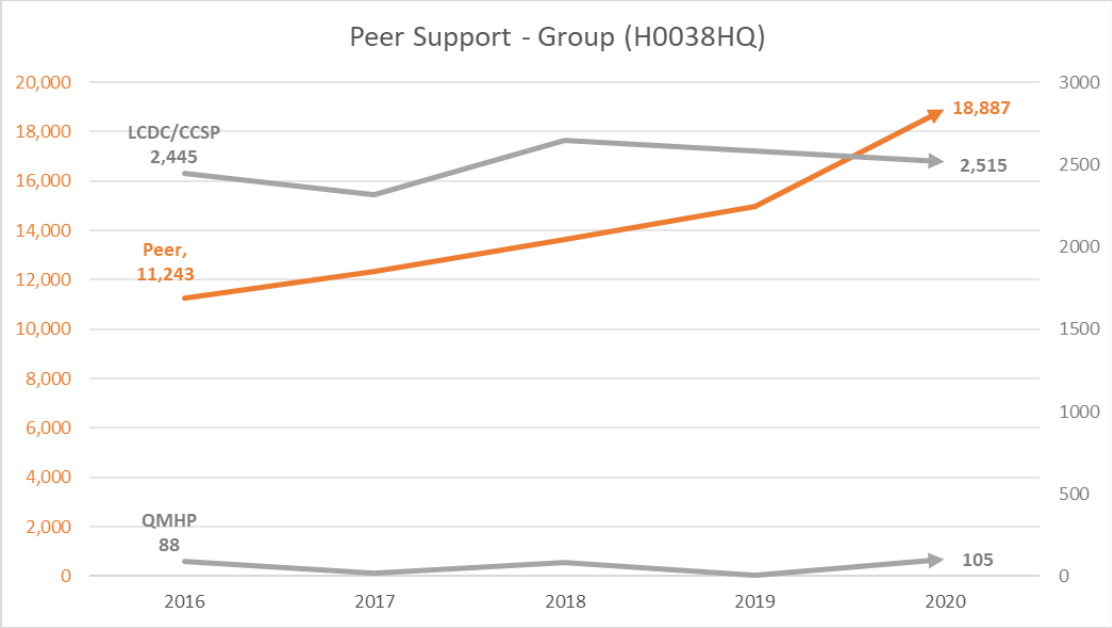
Note: A dual axis chart is utilized with LCDCs and QMHPs plotted on different y-axes from peer providers for scaling purposes.

Table 1. Provision of H0038 individual peer support services from 2016 to 2020

Provider Type	2016	2017	2018	2019	2020
QMHP	*12*	*16*	*339*	*568*	*11*
LCDC/CCSP	*590*	*660*	*1,485*	*750*	*222*
Peer	*6,339*	*8,897*	*13,241*	*16,784*	*30,680*

Annual trends in the provision of group peer support services from 2016 to 2020 are shown in Figure 2 and Table 2. Comparing 2016 to 2020, provision of group peer support services increased for all three provider types. From 2019 to 2020, peer provider delivery of group peer support increased 26% to 18,887 encounters in FY2020. LCDC/CCSP delivery of group peer support decreased 3% to 2,515 in FY2020. QMHP delivery of group peer support increased, but the number of encounters remained low (total 105).

Figure 2. Annual trends in the provision of group peer support services (H0038HQ) from 2016 to 2020.



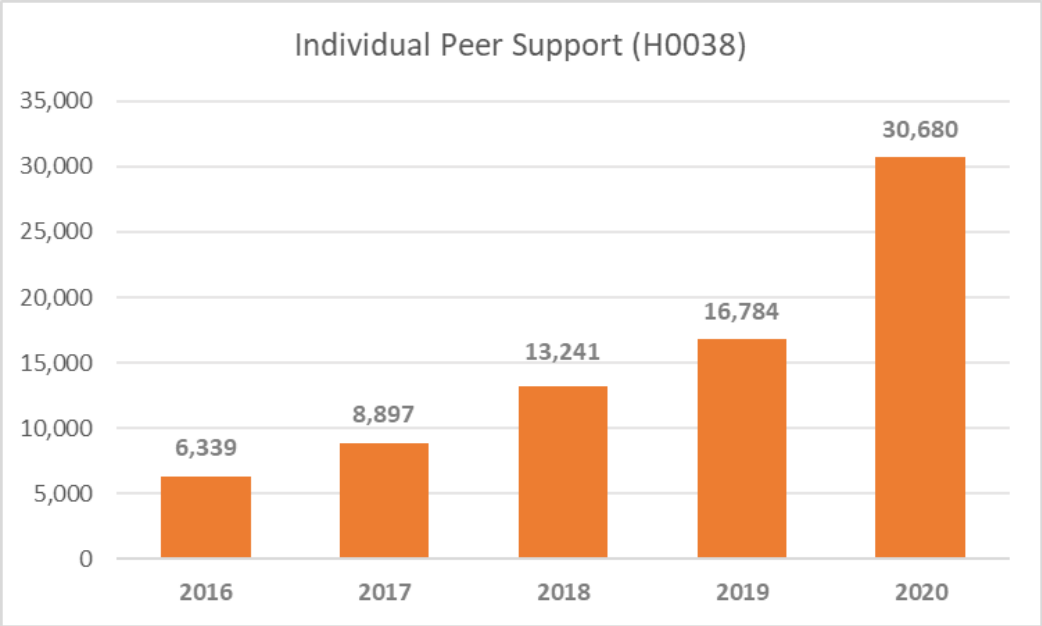
Note: A dual axis chart is utilized with LCDCs and QMHPs plotted on different y-axes from Peer providers for scaling purposes.

Table 2. Provision of H0038HQ group peer support services from 2016 to 2020

Provider Type	2016	2017	2018	2019	2020
QMHP	88	17	82	4	105
LCDC/CCSP	2,445	2,319	2,648	2,585	2,515
Peer	11,243	12,319	13,627	14,971	18,887

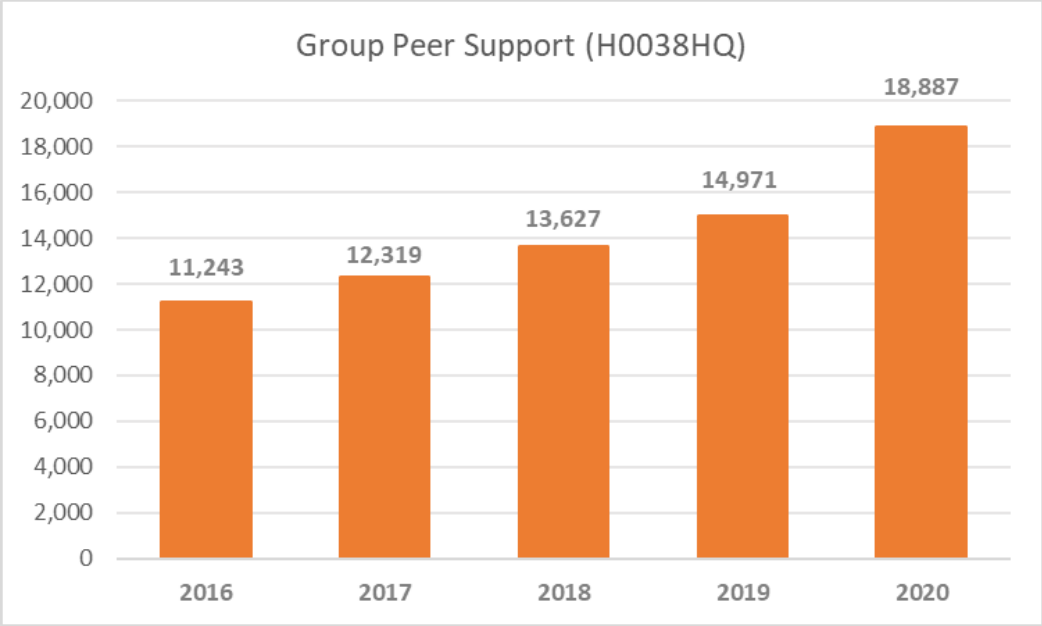
From 2016 to 2020, use of the individual peer support procedure code (H0038) increased 384% (Figure 3). From the most recent year alone (FY2019 to 2020), use of the individual peer support procedure code almost doubled, with an 83% increase in use.

Figure 3. Trends in the provision of individual peer support (H0038) by peer providers: 2016 to 2020



From 2016 to 2020, use of the group peer support code increased 68% (Figure 4). From the most recent year alone (2019 to 2020) use of the group peer support code increased 26%.

Figure 4. Trends in the provision of group peer support (H0038H) services by peer providers: 2016 to 2020



2. Exploration of peer support Medicaid benefit since implementation (FY2020)

To analyze how many unique individuals received peer services and how many peer services they received since the implementation of the Medicaid benefit, the number of H0038 individual peer support encounters (procedure code H0038), group peer support encounters (procedure code H0038HQ), and peer re-entry encounters (procedure code H0038HH) used by all provider types in fiscal year 2020 was examined.

Individuals served and the peer support services received

As presented in Table 3, in FY2020, the highest number of individuals (n=4,011) received individual peer support followed by 2,311 individuals who received group peer support. The range of services received by an individual was highest for one-on-one peer support (1-283) and lowest for Re-entry Peer Support (1-139). Re-entry peer support had the highest average number of peer support services received per individual served, which is not unexpected as this is a specific peer support re-entry program and peer support procedure code is used by only one LMHA (see Figure 6 and Table 6).

Table 3. Individuals receiving peer services FY2020

Peer Support Service Code	Individuals served	Average # of services received	Range of services received
H0038 (Individual)	4,011	7.71 (SD 13.73)	1 – 283
H0038HQ (Group)	2,311	9.44 (SD 13.52)	1 – 205
H0038HH (Re-Entry)	264	11.82 (SD 20.52)	1 – 139

3. Use of the Peer Support Procedure Codes by Provider Type

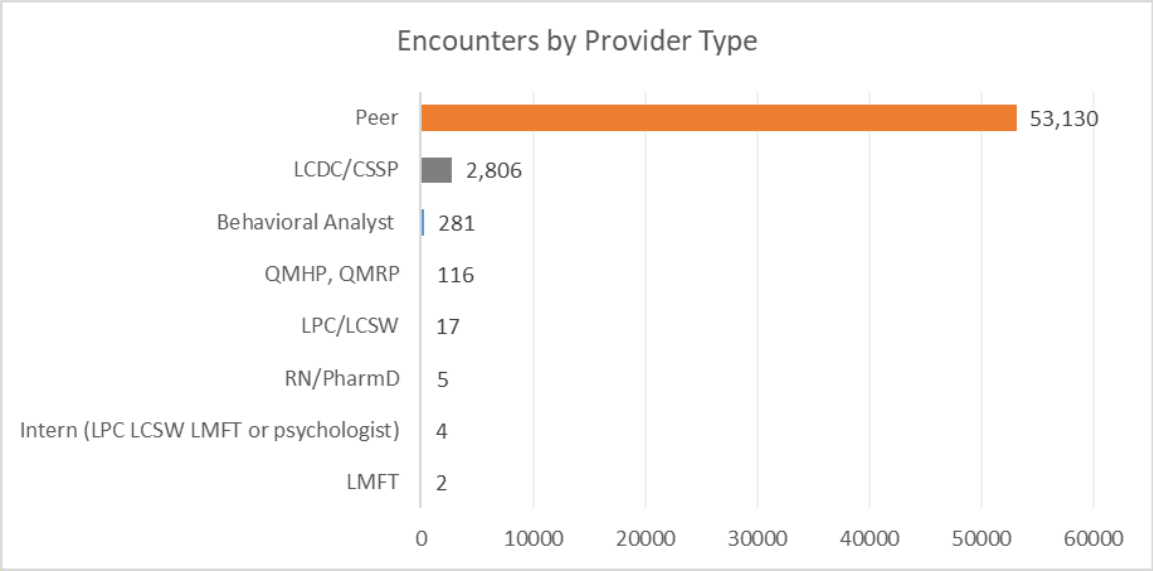
Table 4 provides a list of provider types who used the peer support procedure code in fiscal year 2020 (i.e., H0038, H0038HQ, H0038HH). Across the three peer support procedure codes, the peer provider type had the most encounters (Table 4) accounting for 94.3% of 56,361 encounters across all three procedure codes (Figure 5).

Table 4. Providers of H0038 services FY2020

Peer Support Service Type (Procedure_cd)	Provider Type (Server_type_cd)	Frequency	Percent
H0038 (Individual)	Non-traditional provider peer, mentor, etc.	30,680	99.2
	Paraprofessional CSSP LCDC	222	0.7
	QMHP, QMRP	11	0.0
	LMFT	2	0.0
H0038HQ (Group)	Non-traditional provider peer, mentor, etc.	18,887	86.6
	Paraprofessional CSSP LCDC	2,515	11.5
	Behavioral Analyst	281	1.3

	QMHP, QMRP	105	0.5
	LPC/LCSW	17	0.1
	RN/Pharm D	5	0.0
	Intern for LPC LCSW LMFT or licensed psychologist	4	0.0
H0038HH (Re-entry)	Non-traditional provider peer, mentor, etc.	3,120	100.0

Figure 5. Encounters by Providers across all Peer Support Procedure Codes FY2020



4. Areas served since the implementation of Medicaid benefit (FY2020)

To examine regional use of the peer support procedure codes (H0038, H0038HQ, and H0038HH) in FY2020, peer support encounters by LMHAs/LBHAs were examined. Of 40 LMHAs/LBHAs, 20 (50%) used one or more of the peer support procedure codes (i.e., H0038, H0038HQ, or H0038HH) and 20 did not utilize the peer support procedure codes at all. Utilization of the codes by the LMHAs/LBHAs are presented in Table 5.

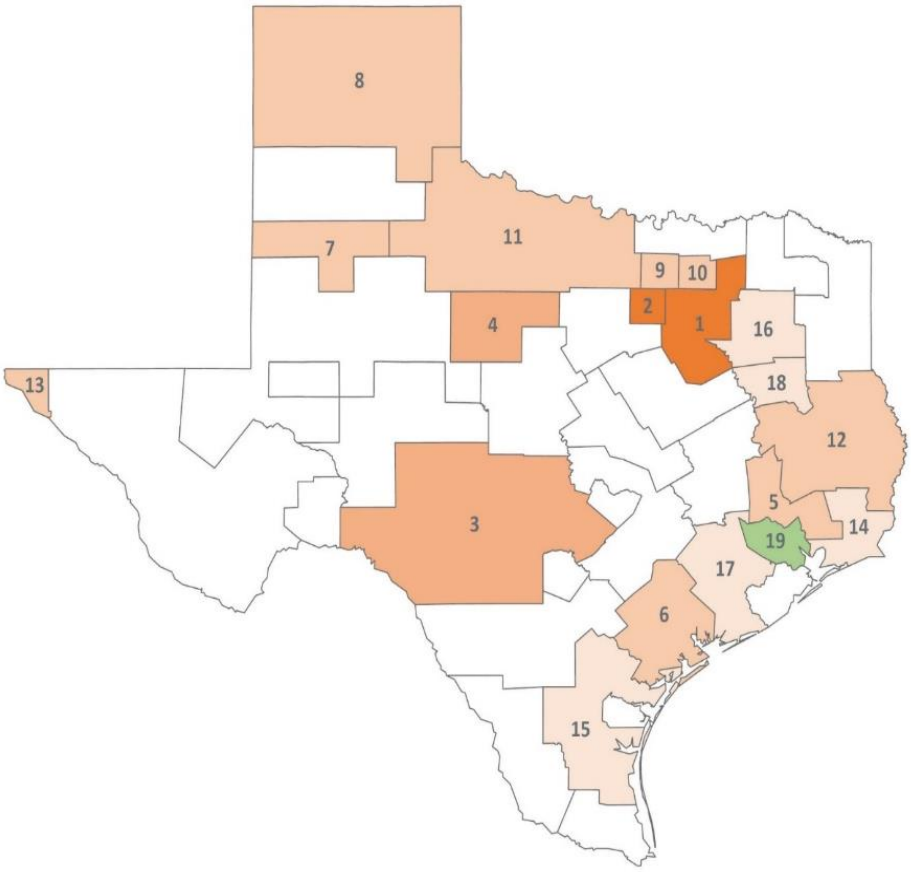
Table 5. Utilization of Peer Support Procedure Codes by LMHAs/LBHAs in FY2020

Used **both** individual (H0038) and group (H0038HQ) peer support procedure codes	Used **only** the individual (H0038) peer support procedure code
• Burke Center • Coastal Plains Community Center • Denton County MMHR Center • Helen Farabee Centers • Hill Country Community MHDD Center • LifePath Systems • MMHR Of Tarrant County • North Texas Behavioral Health Authority • StarCare Specialty Health System • Texas Panhandle Centers	• Anderson/Cherokee • Andrews Center • Betty Hardwick Center • Emergence Health Network • Gulf Bend MHMR Center • Spindletop Center • Texana Community MMHMR Center • Tri-County Behavioral Healthcare
Used **only** the group (H0038HQ) peer support procedure code	Used **only** the re-entry (H0038HH) peer support procedure code
• Bluebonnet Trails Community Services	• The Harris Center
Did not use peer support procedure codes	
• Integral Care • Border Region Behavioral Health Center • MHMR Authority of Brazos Valley • Camino Real Community Services • The Center for Health Care Services • Center for Life Resources • Central Counties Services • Central Plains Center • MHMR for the Concho Valley • Metrocare Services	• Gulf Coast Center • Heart of Texas Region MHMR Center • Lakes Regional Community Center • Nueces Center • Pecan Valley Centers • PermiaCare • Community Healthcore • Texoma Community Centers • Tropical Texas Behavioral Health • West Texas Centers

Areas Served: Individual Peer Support (H0038, H0038HH)

Figure 6 below presents the LMHAs/LBHAs that have been billing Medicaid for individual peer support encounters (H0038 and H0038HH). The color shades and numbers on the map (1-19) indicate the LMHAs/LBHAs in order of highest to lowest utilization of these codes, with dark orange indicating over 10,000 encounters, medium orange indicating between 1,000-5,000 encounters, light orange indicating between 100-999 encounters, and pale orange indicating 99 or fewer encounters. LMHA/LBHA regions in white indicate that no peer support procedure codes were used in FY2020. In FY2020, 19 of 40 (47.5%) of LMHAs/LBHAs used individual peer support encounter codes (H0038 and H0038HH).

Figure 6. Areas served utilizing the individual peer support procedure codes (H0038 and H0038HH)



The mapped data in Figure 6 are also presented in Table 6 which includes the LMHAs/LBHAs, the number of individual peer support encounters they had, and the percentage of all individual peer support encounters in FY2020 that they accounted for. The top utilizers of the individual peer support procedure code (H0038) were North Texas Behavioral Health Authority and Tarrant County MHMR. Harris County (#19 and in green in Figure 6 and Table 5) is the only LMHA/LBHA to use the H0038HH peer support re-entry code and did not utilize any other peer support procedure codes.

Table 6. LMHA/LBHA Utilization of the Medicaid Individual Peer Support Procedure Code

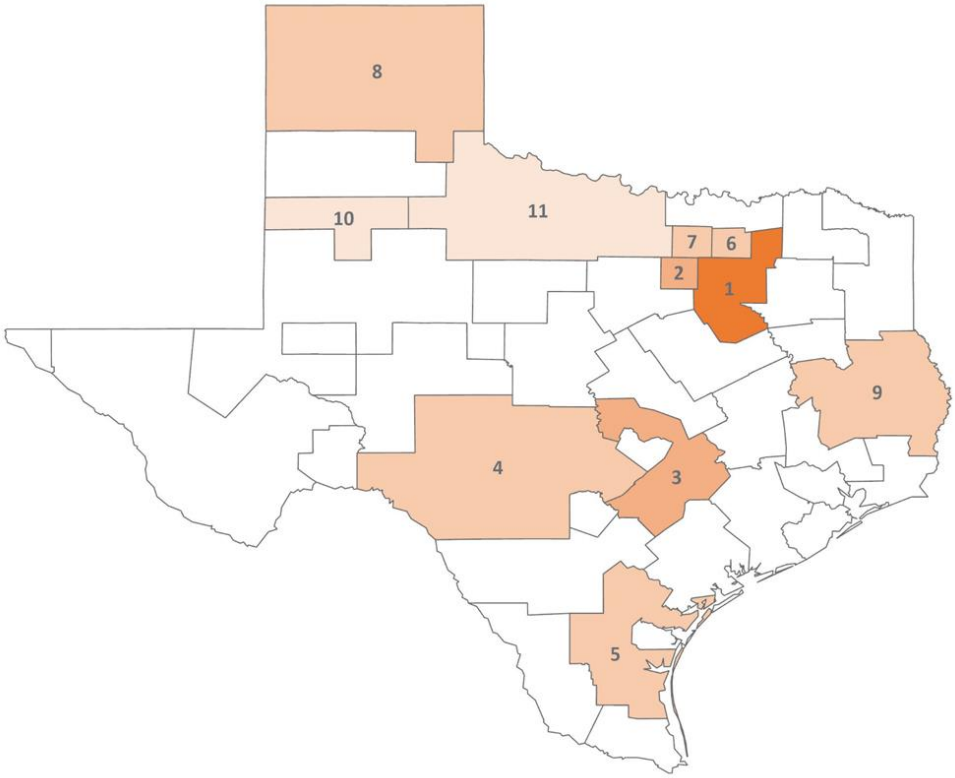
Map #	LMHA	H0038 N	H0038 %
1	**NTBHA**	**11,537**	**37.3**
2	**MHMR Of Tarrant County**	**10,490**	**33.9**
3	Hill Country Community MHDD Center	4,050	13.1
4	Betty Hardwick Center	1,746	5.6
5	Tri-County Behavioral Healthcare	614	2.0
6	Gulf Bend MHMR Center	457	1.5
7	Starcare Specialty Health System	399	1.3
8	Texas Panhandle Centers	360	1.2
9	Denton County MMHR Center	339	1.1
10	LifePath Systems	285	0.9
11	Helen Farabee Centers	182	0.6
12	Burke Center	158	0.5
13	Emergence Health Network	150	0.5
14	Spindletop Center	57	0.2
15	Coastal Plains Community Center	47	0.2
16	Andrews Center	35	0.1
17	Texana Community MHMR Center	8	0.0
18	Anderson/Cherokee	1	0.0
Map #	LMHA	H0038 HH N	H0038 HH %
19	The Harris Center For Mental Health And IDD	3,120	100.0

Note: The colors in this table correspond to the colors in Figure 6 map above

Areas Served: Group Peer Support (H0038HQ)

Figure 7 presents the LMHAs/LBHAs that have been billing Medicaid for group peer support encounters (H0038HQ). Once again, the color shades and numbers on the map (1-11) indicate the LMHAs/LBHAs in order of highest to lowest utilization of these codes (with darker shades of orange indicating higher utilization). LMHA/LBHA regions in white indicate that no group peer support procedure codes were used in FY2020. In FY2020, 11 of 39 (28.2%) of LMHAs/LBHAs used group peer support encounter codes.

Figure 7. Areas served utilizing the group peer support procedure code (H0038HQ)



The mapped data in Figure 7 are also presented in Table 7 that includes the LMHAs/LBHAs, the number of group peer support encounters they had, and the percentage of all group peer support encounters in FY2020 that they accounted for. The top utilizer of the group peer support procedure code (H0038HQ) was the North Texas Behavioral Health Authority, accounting for 55.7% of all group peer support encounters in FY2020.

Table 7. LMHAs/LBHAs utilizing the Medicaid benefit for Group Peer Support (H0038HQ)

Map #	LMHA	H0038 HQ n	H0038 HQ %
1	**NTBHA**	**12,150**	**55.7**
2	MHMR OF TARRANT COUNTY	3,133	14.4
3	BLUEBONNET TRAILS COMMUNITY SERVICES	2,630	12.1
4	HILL COUNTRY COMMUNITY MHDD CENTER	2,402	11.0
5	COASTAL PLAINS COMMUNITY CENTER	516	2.4
6	LIFEPATH SYSTEMS	360	1.7
7	DENTON COUNTY MHMR CENTER	349	1.6
8	TEXAS PANHANDLE CENTERS	158	0.7
9	BURKE CENTER	112	0.5
10	STARCARE SPECIALTY HEALTH SYSTEM	2	0.0
11	HELEN FARABEE CENTERS	2	0.0

Note: The colors in the table correspond to the colors in the Figure 7 map above

5. Level of care assignment and receipt of peer support services

To analyze the level of care placement for people who received individual peer support (H0038) in FY2020, only those with adult mental health encounters and an adult level of care (LOC) were included. As presented in Table 8, people who received individual peer support (H0038) were less likely to be assigned LOC1 Skills Training/Medication Management (52.9%) than those who did not receive individual peer support services (65.5%). People who received individual peer support were also more likely to be assigned LOC4 Assertive Community Treatment (5.0%) than those who did not receive H0038 services (1.9%). The Level of Care analysis also revealed opportunities for the peer role to expand, with 230,609 individuals in a LOC not receiving a peer support service in FY2020.

Table 8. Level of care assignment for individual peer support (H0038) recipients and non-recipients

Level of Care Assignment	Received H0038 (n=5,426)	Did not Receive H0038 (n=230,609)
0. Crisis Services	17.8%	16.7%
1. Skills Training/Medication Management	52.9%	65.5%
2. Counseling	10.3%	5.9%
3. Intensive Services	13.3%	8.5%
4. Assertive Community Treatment	5.0%	1.9%
5. Transitional Services	0.7%	1.5%
	100%	100%

The amount of individual peer support that was provided in each level of care was also examined by calculating the average for each LOC using the time variable (client_time). As might be expected, people assigned to LOC1 Skills Training/Medication Management received fewer hours of individual peer support services (M=5.86 hours) than those who were assigned LOC4 Assertive Community Treatment (M=10.26 hours) or LOC3 Intensive Services (M = 8.56 hours), which are levels of care where people receive more intensive, more frequent services. There were statistically significant differences between LOC groups $\chi 2(5) = 142.28$, $p < 0.001$.

Table 9. Amount of time spent (H0038) by level of care

Level of Care	Mean Hours	SD	N
0. Crisis Services	4.97	5.71	967
1. Skills Training/Medication Management	5.86	12.71	2,872
2. Counseling	6.35	14.90	559
3. Intensive Services	8.56	13.30	720
4. Assertive Community Treatment	10.26	19.49	270
5. Transitional Services	5.22	5.21	38
Overall	6.32	12.61	5,426

Summary Discussion and Next Steps

This summary section is organized by each research question. Each question includes a brief discussion of the primary findings along with a final section including recommendations or next steps for consideration.

Research Question 1: How have trends in the frequency of peer service provision changed over time, especially related to the implementation of the Medicaid benefit in 2019?

- Since implementation of the peer support Medicaid benefit, utilization has increased significantly, with Peers (provider type K) demonstrating a 384% increase in use of the individual peer support code (H0038) from 2016 to 2020 (6,339 encounters in FY2016 and 30,680 encounters in FY2020) and a 26% increase in use of the group peer support code (H0038HQ). The peer support codes were utilized prior to implementing the Medicaid benefit, likely to either simply document that the service occurred or to document for payment from another funding source.
- Use of the individual peer support code almost doubled from FY2019 (encounters = 16,784) to FY2020 (encounters = 30,680), an 83% increase in use. Prior to implementation of the Medicaid peer support benefit, the peer support codes were utilized by other provider types (primarily QMHPs and LCDCs/CCSPs). From 2019 to 2020, there was a significant decrease in use of the peer support procedure codes by other provider types. For example, QMHPs decreased use of the individual peer support code from 568 encounters in FY2019 to 11 encounters in FY2020 and LCDCs decreased their use of the code from 750 in 2019 to 222 in 2020.

  Recommendations/Suggested Next Steps

  - Support LMHAs/LBHAs to use the appropriate provider for peer support services. They should use the Peer provider code (i.e., in the HHS data this is server type “K”) for peer support services. Other providers, such as QMHPs and LCDCs/CCSPs have designated provider codes that should be used to document their non-peer support service encounters. This guidance could be directed at Utilization Management or Quality Management staff at LMHAs/LBHAs who often oversee the appropriate documentation of services for billing and before batching data submissions to HHS.
  - Gain a better understanding if staff are employed in dual roles at LMHAs/LBHAs, which may help explain QMHP and LCDC/CCSP use of the peer support procedure codes.
  - Survey or interview LMHAs/LBHAs to better understand why they are not utilizing the peer support Medicaid benefit to a greater extent or why they are not using the peer support Medicaid benefit at all, particularly since it is likely that they employ peer specialists.

Research Question 2: Since the implementation of the Medicaid benefit, how many individuals receive peer services and how many peer services do they receive?

- In FY2020, 4,011 unique people received individual peer support (H0038), averaging 7.71 encounters for each person. In FY2020, 2,311 unique people received group peer support (H0038HQ), averaging 9.44 encounters for each person.

  Recommendations/Suggested Next Steps

  - There are opportunities for more people receiving services to benefit from peer support services. Understanding if the number of unique people served is limited by the number of peers in the workforce, how the LMHAs/LBHAs are billing for peer provided services, or other factors should be explored.

Research Question 3: Since the implementation of the Medicaid benefit, how have trends in the types of providers that offer peer services changed?

- Peer providers accounted for 85% of all peer support encounters (across H0038, H0038HQ, H0038HH) in FY2020. The number of other provider types using the peer support encounter codes has decreased over the years, but are still in use by some provider types, most frequently by QMHPs and LCDCs/CCSPs.

Research Question 4: Since the implementation of the Medicaid benefit, in which areas of the state are peer services most frequently offered?

- Twenty LMHAs/LBHAs utilized the peer support procedure codes in FY2020. Ten LMHAs/LBHAs used the individual (H0038) and group (H0038HQ) peer support codes; eight LMHAs/LBHAs only used the individual (H0038) peer support code; one LMHA only used the group (H0038HQ) peer support code in FY2020; and, one LMHA only used the re-entry (H0038HH) peer support code in FY2020.
- Twenty LMHAs/LBHAs did not use the peer support procedure codes at all in FY2020.
- Overall, the Dallas/Fort Worth area reported the most frequent utilization of peer support procedure codes, with North Texas Behavioral Health Authority and MHMR of Tarrant County accounting for 71.3% of individual peer support encounters and 70.1% of all group peer support encounters.

  Recommendations/Suggested Next Steps

  - There are opportunities for more LMHAs/LBHAs to use the peer support benefit, with over half not using the benefit at all, and two LMHAs/LBHAs accounting for a majority of both the individual and group peer support service encounters.

- Comparing maps of the peer workforce to maps of use of the peer support Medicaid benefit also demonstrates opportunities to expand use of the peer support benefit and gain a better understanding of why it is not being used more widely or extensively as it could be.

Research Question 5: Since the implementation of the Medicaid benefit, is client level of care related to the receipt of peer services?

- Although individual peer support (H0038) was represented across all levels of care, peer support was provided to a greater percentage of people in higher levels of care or more intensive services (LOC 0-Crisis, LOC 3-Intensive, LOC 4-ACT). The average number of hours of peer support also reflected the levels of care, with more hours in higher intensity services.

Recommendations/Suggested Next Steps

- The Level of Care analysis also revealed opportunities for the peer role to expand, showing that when examining service encounters by level of care assignment, 5,426 individuals received a peer support service and 230,609 individuals did not receive a peer support service in FY2020.

Future Research Questions

Based on initial examination of utilization of the Texas Peer Support Medicaid Benefit, new questions and study directions emerged. Some of these include:

- Surveying or interviewing LMHAs/LBHAs to better understand the underutilization or lack of utilization of the Peer Support Medicaid benefit. Using these findings to support increased utilization of the benefit.

- Further analysis to determine if receiving peer support is related to better outcomes (e.g., data from the Texas Law Enforcement Telecommunication System [TLETS], hospitalizations, Adult Needs and Strengths Assessment [ANSA], intake assessments) by comparing to a matched group of similar people in services who did not receive peer support.

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