

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Kim Batsche-McKenzie

**Phone Number:** 517-241-5765

Initial

Public Comment

Final

## Brief description of policy:

The purpose of this policy is to expand and clarify the Medicaid definition of Youth Peer Support Services for youth and young adults. Specifically, this bulletin outlines descriptive detail about this service to provide standards for additional population served and population-specific enhanced youth and young adult peer training.

## Reason for policy (problem being addressed):

Youth Peer Support is a service for children and youth with serious emotional disturbance, which is being expanded to include transition-age youth and young adults.

## Budget implication:

budget neutral

will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation

will save MDHHS \$ \_\_\_\_\_

## Is this policy change mandated per federal requirements?

No

## Does policy have operational implications on other parts of MDHHS?

No

## Does policy have operational implications on other departments?

No

## Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date:                      Approval                      Date:	

<b>DRAFT FOR PUBLIC COMMENT</b>		
	<b>Michigan Department of Health and Human Services</b>	<b>Project Number:</b> 2015-BHDDA <b>Date:</b> April 21, 2020

**Comments Due:** May 26, 2020  
**Proposed Effective Date:** July 1, 2020  
**Direct Comments To:** Kim Batsche-McKenzie  
**Address:**  
**E-Mail Address:** [batsche-mckenziek@michigan.gov](mailto:batsche-mckenziek@michigan.gov)  
**Phone:** 517-241-5765      **Fax:**

<p><b>Policy Subject:</b> Youth Peer Support Services</p> <p><b>Affected Programs:</b> Medicaid</p> <p><b>Distribution:</b> Community Mental Health Services Programs (CMHSPs), Prepaid Inpatient Health Plans (PIHPs)</p> <p><b>Summary:</b> The purpose of this policy is to expand and clarify the Medicaid definition of Youth Peer Support Services for youth and young adults. Specifically, this bulletin outlines descriptive detail about this service to provide standards for additional population served and population-specific enhanced youth and young adult peer training.</p> <p><b>Purpose:</b> Youth Peer Support is a service for children and youth with serious emotional disturbance, which is being expanded to include transition-age youth and young adults.</p> <p><b>Cost Implications:</b> Budget neutral</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> None</p>
--

<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Submitted date:</b>
---	--

<b>Tribal Notification:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - <b>Date:</b>
--

<b>THIS SECTION COMPLETED BY RECEIVER</b>
---

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
-------------------	---------------------

<b>Signature Printed:</b>
---------------------------

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
--	-------------

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Medical Services Administration

**Distribution:** Community Mental Health Services Programs (CMHSPs), Prepaid Inpatient Health Plans (PIHPs)

**Issued:** June 1, 2020 (Proposed)

**Subject:** Youth Peer Support Services

**Effective:** July 1, 2020 (Proposed)

**Programs Affected:** Medicaid

Youth Peer Support is a peer delivered service for youth and young adults. It is designed to support youth and young adults with serious emotional disturbance/serious mental illness (SED/SMI) through shared activities and interventions in the form of direct support, information sharing, and skill building. The goals of Youth Peer Support include supporting youth and young adults by building a strong relationship based on mutual respect and strategic self-disclosure to increase hope, confidence, self-advocacy skills, and decision-making abilities.

The purpose of this policy is to expand and clarify the Medicaid definition for Youth Peer Support Services for youth and young adults by adding descriptive detail about this service that provides standards for the additional population served and population-specific enhanced youth and young adult peer training. Effective July 1, 2020, the definition of Youth Peer Support Services will be updated to include the following information.

## **Population**

Youth Peer Support Services can be provided to youth(s) under 21, or transition-aged youth and young adults up to 26 years of age, dependent on the individual's developmental and life stage needs.

## **Services**

Youth Peer Support Services are provided by trained Youth Peer Support Specialists, one-on-one or in a group setting. Youth Peer Support Services are primarily provided in a home or a community setting.

## **Individual Plan of Service**

In accordance with the goals in the youth or young adult's plan of service, Youth Peer Support Specialists promote hope and acceptance by sharing their story of lived experience to reduce

stigma and increase youth voice and ownership in services. Youth Peer Support Services assist and prepare youth and young adults to successfully navigate challenges, support opportunities for youth/young adults to have a voice in planning and decision-making, empower youth/young adults to communicate wants and needs to those involved in their lives, and encourage participation in services and daily activities.

### **Qualified Staff**

Youth Peer Support Specialists must have lived experience navigating behavioral health systems and must actively participate in and complete the approved MDHHS core training and ongoing certification requirements and expectations. When working with transition-aged youth and young adults, population specific training will be required. In addition, Youth Peer Support Specialists must be:

- Young adults, ages 18 through 28, with lived experience who received mental health services as a youth or young adult (if providing services to transition aged youth and young adults up to 26 years of age).
- Willing and able to self-identify as a person who has or is receiving behavioral health services and is prepared to use that experience to help other.
- Experienced in receiving services in complex systems as a youth or young adult is preferred.
- Employed by PIHP/CMHSP or its contract providers.
- Trained in the MDHHS approved curriculum and ongoing training model, specific to needs of the population served.