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**November 13, 2018**

**NFFCMH Executive Directors,**

**Today the Department of Health and Human Services Centers for Medicare and Medicaid Services announced in a letter to State Medicaid Directors a new opportunity for states to receive payment for residential services. The new opportunity for state funding, outlines that states that participate in the** demonstration opportunity will be expected to commit to taking a number of actions to improve community-based mental health care. The importance of the inclusion of person-centered care to assist in the delivery of services and supports to address cultural needs and values and to help those at high risk access services across a continuum of care is emphasized.

The benefit of the inclusion of peer support is specifically mentioned on *page 9* of the announcement and specifically mentioned Peer Support services to the parents/legal guardians of Medicaid eligible children.

“There is a strong role for peers as natural allies in the facilitation of person-centered planning processes, and self-direction for mental health is an emerging practice that is being developed in several states and shows promising outcomes.

Innovative models of community recovery support, such as “clubhouse” programs and wrap-around recovery support services provided by community health workers, emphasize the use of peer support specialists and others to provide skills training, and assistance with educational and vocational needs. CMS has previously issued a State Medicaid Director letter on covering peer support services in Medicaid, as well as additional clarification **that peer supports in some circumstances can include peer supports for the parents/legal guardians of Medicaid eligible children.”**

From Page 10 –

“Peer support providers can help make connections between inpatient facilities and emergency departments and outpatient treatment providers. In addition, peer navigators, one-to-one support in group homes, and providing staff to accompany an adult with SMI when they attend medical and social services can also help prevent hospitalization of adults with SMI.”

Page 11 discusses the need for school support –

“Improving access to these supportive services, including supported education, which is a variation on supported employment, is a critical strategy for improving outcomes for Medicaid beneficiaries with SMI or SED. States can use existing Medicaid authorities, including 1915(c) Home and Community Based Waivers and 1915(i) State Plan Amendments, to provide many of these supports.”

Attached you will find the letter that went out today to your State Medicaid Directors. Information that you might find helpful in discussing the partnership between your Family-Run Organization and your state should the decide to pursue this funding opportunity through CMS are highlighted. Given the announcement’s specific mention of peer support, this could be a great time to engage with your State Medicaid Director around the Parent Peer Support Services you provide.

You can find the contact information for your State Medicaid Director here <http://medicaiddirectors.org/about/medicaid-directors/>

Additionally, I want to make you aware of an unrelate TA webinar this month on the 28 from 2:30 to 4pm EST on Developments and Opportunities in Financing Systems of Care. This webinar will provide information on the changes and opportunities in financing landscape for children’s behavioral health to advance system of care reforms, particularly within Medicaid and child welfare delivery systems. Sheila Pires is presenting and participants will be able to ask questions and discuss their ideas for leveraging these financing changes and opportunities. [Register here](https://events-na11.adobeconnect.com/content/connect/c1/1120832267/en/events/event/shared/1159765005/event_landing.html?sco-id=1981013430&_charset_=utf-8)

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