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IPSAC
LD 619

LD 619 An Act to Ensure Coordination of Care for MaineCare Members
Members of the Health and Human Services Committee, thank you for you time in reading testimony from the Intentional Peer Support Advisory Committee (IPSAC) in OPPOSITION to Section 5 of LD 619

This testimony is only responding in opposition to Section 5. We are not commenting on the other sections of LD 619.

The Intentional Peer Support Advisory Committee (IPSAC) is a group of Certified Intentional Peer Support Specialists who advise and support the Department of Health and Human Services in the continued development and fidelity of the Intentional Peer Support (IPS) program in Maine. IPSAC has been instrumental in the creation and continued development of the CIPS (Certified Intentional Peer Support) Program and fidelity standards for IPS in Maine.
We are the group who oversee, who run, who organize, who manage, who direct the CIPS program. We are the content experts of how "peer support services" function. We know what is at stake when someone talks about making CIPSS (Certified Intentional Peer Support Specialists) MaineCare billable positions.

(To clarify: When we say "the CIPS program" we are talking about the program which facilitates the training one takes to become a certified peer support specialist, a CIPSS, which stands for Certified Peer Support Specialists)

Most of the time, when you talk with a CIPSS who works for a mental health agency in a peer support position about making their job a MaineCare billable service, they will give you a look of confusion. Those who do the work understand how it cannot work. That is why you hear "if you make peer support billable, it won't be peer support anymore." People do not say that for the sake of dramatics. It's because those who have taken the training, and are up to date with their certification, understand how the CIPSS relationship will not work when subjected to MaineCare billing regulations.

Even when it comes to those who have had a connection with a CIPSS; they speak about feeling a difference in meeting with peer support versus meeting with clinical staff. They talk about how having that difference in approach from the two services is really beneficial to the mental health treatment they receive.

This mutuality, shared power, authenticity, and vulnerability that is the foundation of IPS would not exist in a MaineCare billable position.
It's hard to have mutuality and shared power in a relationship when you know personal information about the other person (as would occur if the peer support role had to bill MaineCare for their "time" with a "client").
Because CIPSS are able to approach the person as a person and not as a client or a patient, we understand this is why the CIPSS connection has been so successful in the Behavioral Health Home models; and why CIPSS have not been assaulted at the state hospitals.

There are more nuanced situations and problems to be considered when talking about making "peer services" MaineCare billable. It is not as simple as just turning on a Mainecare billing code . The CIPS program in Maine would be impacted.

IPSAC suggests that this be turned into a Resolve that directs the Department of Health and Human Services to convene a stakeholder group to investigate, look into, and to consider the impacts that making peer support a billable service will have to the CIPS program. Along with possible alternatives and strategies that work with values of principles of the CIPS program. We suggest and invite people to talk to us, the experts when it comes to peer support. We are very willing to discuss this further in depth for clarification, and want to be present at these conversations. We look forward to future collaborations and conversations about this.
We can be reached at carma21@gmail.com
Thank you for your time,

-Members of IPSAC, Carlene Mahaffey Chair, Joe Bennet, Bobby-Jo Bechard, Annette King, Thomas Hibbert, Brahim Bethi, Katharine Storer, Kelly Richardson, Jenny McCarthy