

# Medicaid Coverage for Adult Behavioral Health Peer Support Services

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## Issue

Provide an overview of Medicaid coverage for behavioral health peer support services in Connecticut and other states.

## Summary

A 2022 survey of Medicaid officials across the country found that most states cover behavioral health peer support services in their Medicaid programs. The survey reported that Connecticut does not cover such services. However, the Department of Social Services (DSS) subsequently clarified that peer support services are reimbursed through Medicaid in specific circumstances.

## KFF 50-State Survey

According to a [KFF 2022 survey](#) of Medicaid officials in all 50 states and the District of Columbia, 40 states or jurisdictions cover behavioral health peer support services for adults in their state Medicaid plans and five do not (six states did not respond to the survey). Though not covered in the state Medicaid plan, Medicaid officials in three states (i.e., Illinois, Maine, and Vermont) indicated that their state does provide coverage for peer support services either through a Medicaid waiver program or integrated into other covered behavioral health services. Among the 44 states that responded to KFF's survey, only Connecticut and South Dakota reported no Medicaid coverage for these services. Below, Table 1 summarizes [KFF's findings](#) about Medicaid coverage and limits for behavioral health peer support services for adults in each state ("NR" indicates the state did not respond or report the requested information).

[Behavioral health services](#) is not a specifically defined category of Medicaid benefits, so state Medicaid plans may vary in what they consider and cover as such. For this reason, “behavioral health peer support services” coverage as reported by state Medicaid officials in KFF’s survey may or may not include services for substance use disorder in addition to other mental health conditions.

**Table 1: Medicaid Coverage for Adult Behavioral Health Peer Support Services**

| Jurisdiction         | Services Covered? | Limits on Services  |
|----------------------|-------------------|---|
| Alabama              | Yes               | None  |
| Alaska               | Yes               | 100-hour limit for any combination of individual services; 180-hour limit for group services            |
| Arizona              | Yes               | None  |
| Arkansas             | NR                | NR  |
| California           | Yes <sup>1</sup>  | None  |
| Colorado             | Yes               | None  |
| Connecticut          | No                |   |
| Delaware             | NR                | NR  |
| District of Columbia | Yes               | Yes – not specified   |
| Florida              | Yes               | Limit of 1 unit per day for 365/366 days per state fiscal year  |
| Georgia              | NR                | NR  |
| Hawaii               | Yes               | None  |
| Idaho                | Yes               | None  |
| Illinois             | No <sup>2</sup>   |   |
| Indiana              | Yes               | NR  |
| Iowa                 | Yes               | None  |
| Kansas               | Yes               | None  |
| Kentucky             | Yes               | NR  |
| Louisiana            | Yes               | NR <sup>3</sup>   |
| Maine                | No <sup>4</sup>   |   |
| Maryland             | Yes               | Yes – not specified   |
| Massachusetts        | Yes               | None  |
| Michigan             | Yes               | None  |
| Minnesota            | NR                | NR  |
| Mississippi          | Yes               | For community mental health centers only, limit of 6 per day; 15-minute unit; 200 per state fiscal year |
| Missouri             | Yes               | None  |
| Montana              | Yes               | Yes – not specified   |
| Nebraska             | Yes               | None  |

**Table 1 (continued)**

| Jurisdiction   | Services Covered? | Limits on Services   |
|----------------|-------------------|--|
| Nevada         | Yes               | Prior authorization is required; limits vary by level of care  |
| New Hampshire  | NR                | NR   |
| New Jersey     | Yes               | None   |
| New Mexico     | Yes               | None   |
| New York       | Yes               | None   |
| North Carolina | Yes               | Limit of 24 unmanaged visits once per episode of care per state fiscal year; prior authorization is required for up to 270 units of service per 90 days – additional units may be authorized if clinically appropriate |
| North Dakota   | Yes               | Only covered for individuals eligible for 1915(i)  |
| Ohio           | Yes               | Covered for individuals enrolled in 1915(i) Specialized Recovery Services Program, and for Substance Use Disorder  |
| Oklahoma       | Yes               | None   |
| Oregon         | Yes               | Limit of 96 units, with a 15-minute unit max <sup>5</sup>  |
| Pennsylvania   | Yes               | None   |
| Rhode Island   | Yes               | None   |
| South Carolina | Yes               | Limit of 16 15-minute units per day; only provided by SC Department of Mental Health and Department of Alcohol and Other Drug Abuse Services   |
| South Dakota   | No                |  |
| Tennessee      | Yes               | None   |
| Texas          | Yes               | Limit of 104 units in a rolling 6-month period; the limit may be exceeded with documented medical necessity for the additional services  |
| Utah           | NR                | NR   |
| Vermont        | No <sup>6</sup>   |  |
| Virginia       | Yes               | Registration is required   |
| Washington     | Yes               | None   |
| West Virginia  | Yes               | Based on medical necessity   |
| Wisconsin      | Yes               | Limited to programs that include peer supports in the State Plan (psychosocial rehab, residential SUD treatment, SUD health home)  |
| Wyoming        | Yes               | None   |

Source: KFF Medicaid Behavioral Health Services: Peer Support Services (2022)

<sup>1</sup> Peer support services are covered on an optional opt-in basis for carved-out Prepaid Inpatient Health Plans.

<sup>2</sup> At time of survey, the state was implementing a peer support services for substance use disorder pilot program, and legislation required that these services be added to the state Medicaid plan effective January 1, 2023.

<sup>3</sup> Managed care organizations cover this service and may set their own parameters.

<sup>4</sup> Peer support is not reimbursed as a specific service, but peers are included as part of the treatment team for some covered behavioral health benefits.

<sup>5</sup> Managed care organizations may set their own upper limits.

<sup>6</sup> Peer support services are covered for adults with serious and persistent mental illness through a 1115 waiver program.

## **Connecticut's Peer Support Services Medicaid Coverage**

According to DSS, although the KFF survey reported that Connecticut Medicaid does not cover peer support services for adult behavioral health, these services are covered in certain circumstances. DSS reports that Carelon Behavioral Health, the state's contracted behavioral health Administrative Services Organization, provides Medicaid-covered peer support services for families, adults, people with autism spectrum disorder, and people experiencing first episode psychosis. Additionally, Connecticut's [substance use disorder](#) and [mental health](#) Medicaid waivers include peer support services as part of the per diem reimbursement rate for residential treatment providers.

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