

**Supplement to *Evaluation Highlight No. 7: How are CHIPRA quality demonstration States designing and implementing caregiver peer support programs?***

**February 2014**

*Evaluation Highlight No. 7* is the seventh in a series of reports that present descriptive and analytic findings from the national evaluation of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant Program. The *Highlight* focuses on the lessons learned from four States—Maryland, Georgia, Utah, and Idaho—that are using grant funds to expand access to peer support for caregivers of children with special health care needs. The full text of the [Highlight](#) is available on the National Evaluation of the CHIPRA Quality Demonstration Grant Program Web page.

The table below, a supplement to the *Highlight*, summarizes the features of caregiver peer support programs in the CHIPRA quality demonstration States as of October 2013.

**Features of Caregiver Peer Support Programs in CHIPRA Quality Demonstration States**

| <b>Program Feature</b>                   | <b>Georgia</b>   | <b>Maryland</b>  | <b>Utah and Idaho</b>   |
|--|--|--|---|
| Approach and sponsorship                 | Cohort of trained caregivers contract with provider organizations  | Cohort of trained caregivers contract with provider organizations  | Caregivers volunteer to work with a specific pediatric practice to provide peer support for other caregivers and advice to the practice on quality improvement activities   |
| Peer support recipients                  | Caregivers with a child who has complex emotional or behavioral health needs   | Caregivers with a child who has complex emotional or behavioral health needs   | Caregivers with a child who has special health care needs, including physical, emotional, or behavioral needs   |
| Requirements for peer support caregivers | Must be a caregiver of a child with complex emotional or behavioral health needs<br>Certified to provide peer support (new certification process under development)  | Must be a caregiver of a child with complex emotional or behavioral health needs<br>Completed State-approved training program  | Must be a caregiver of a child with special health care needs<br>Completed Health Insurance and Portability and Accountability Act (HIPAA) training and participates in ongoing content training<br>Prefers that caregivers have 6 years of relevant experience (Utah only) |
| Recruitment methods                      | Open recruitment through family advocacy and provider organizations  | Contracts with two family support organizations to do recruitment  | Practices reach out to caregivers whose children are served by the practice<br>Open recruitment through flyers posted in the practice site  |
| Training                                 | Multi-day State-run training and certification program developed with caregiver input  | Training and certification program provided by the Institute for Innovation and Implementation at the University of Maryland   | Initial training on HIPAA plus monthly 1-hour sessions provided by CHIPRA quality demonstration staff   |
| Support for peer support caregivers      | Peer support caregivers can receive support from other certified peer support caregivers<br>State provides funding to Federation of Families chapters that offer a support network for peer support caregivers | State provides funding to family advocacy organizations that offer education and support to peer support caregivers  | Peer support caregivers attend monthly meetings with a CHIPRA quality demonstration staff member<br>States connect peer support caregivers to family advocacy organizations   |
| Payment                                  | Medicaid reimbursement: \$20.78 per 15-minute session  | Medicaid reimbursement: \$50 per face-to-face session of at least 1 hour<br>State grant funding: Supports caregiver support services provided by nonprofits outside of the fee-for-service structure | Stipend funded by the CHIPRA quality demonstration: \$500 per quarter per peer support caregiver to compensate for time spent supporting other caregivers and advising the practice on quality improvement activities   |