

Peer Recovery Support Services Guidance Document

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I. Purpose

The purpose of this document is to provide guidelines to the CMHSP Provider Network for the delivery and reimbursement of peer recovery support services, including recovery coaching.

The document intends to clarify the types of support services provided by trained peer recovery support personnel, as well as the level and nature of training needed to attain the skills and capacity to function effectively when providing PRSS.

As noted by MDCH, it should be expected that, as integration moves forward within the behavioral health system, required training and education, the delivery of services, and even the titles of those providing services may change to be consistent with the needs of integration.

II. Background Information

Peer recovery and recovery support services are designed to assist persons in attaining and maintaining recovery and prevention relapse. Within PRSS it is recognized that individuals in recovery, their families, and their community allies are critical resources that can effectively extend, enhance, and improve formal treatment services.

PRSS are designed to:

- Assist individuals in achieving personally identified goals for their recovery by selecting and focusing on specific services, resources, and supports.
- Provide the client with support to maintain recovery during the transition from formal treatment services to self-sustained recovery.
- Assist in providing additional support while the client is receiving services in the initial period of treatment.

This program category is intended to recognize and thereby permit the implementation of peer recovery support programs for persons with substance use disorders. This licensing category was developed to allow programs to provide services to assist individuals in the process of recovery through program that use peers and other professionals in a community setting and providing a location and other supports for activities of the recovery community.

III. Terms and Definitions

The following terms and definitions are provided for understanding their application within the content of this document:

- A. **Peer** - A person in a journey of recovery who identifies with an individual based on a shared background and life experience.
- B. **Peer Recovery Associate** - The name given to individuals who assist the peer recovery coach by engaging in designated peer support activities. These persons have been provided an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as the peer recovery coach.
- C. **Peer Recovery Coach** - The name given to peers who have been specifically trained to provide advanced peer recovery support services in Michigan. A peer recovery coach works with individuals during their recovery journey by linking them to the community and its resources. They

serve as a personal guide or mentor, helping the individual overcome personal and environmental obstacles.

- D. **Recovery Community** - Persons having a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies (SAMHSA, 2009b).
- E. **Recovery Support Services** - Non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to, and coordination among, allied service providers, and a full-range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSS may be provided in conjunction with treatment, or as separate and distinct services, to individuals and families who desire and need them. Professionals, faith-based and community-based groups, and other RSS providers are key components of ROSC (SAMHSA, 2009b).

IV. **Eligibility Criteria** –Clients billed under PRSS will be based on his or her stage of readiness for addiction treatment that coincides with ASAM PPC-2R, and addressing issues such as mental illness or chronic medical condition.

In addition, the five eligibility criteria listed below, the first and at least one other must be present in addition to the client’s agreement to participate in services.

1. Client is not meeting recovery support needs through services from another eligible service or program (mental health, child welfare, justice system etc.) and needs are or could be met through another service for which the client is eligible, AND
2. Client has a documented need in at least one domain involving community living skills, health care, housing, employment/financial, education or another functional area in that person’s life, OR
3. Client has a demonstrated history of recovery failure with or without recovery support services, OR
4. Client has a substance use disorder involving a primary drug of choice that will require longer term involvement in treatment services to support recovery (such as methamphetamine, heroin/opiates, inhalants), OR
5. The chronicity and severity of the client’s disorder is such that ongoing support is need to increase the probability of recovery (such as years of use and first involvement with treatment, or co-occurring mental health disorder is present with substance use disorder).

V. **Service Requirements:**

PRSS may be provided to a client as a supplement to other services at any level of care or they may be provided as a stand-alone service by providers possessing licensure for provision of peer support services. Clients can receive PRSS services when they are involved in any level of care if it is determined to be a necessary adjunct to the current services. PRSS services can also be provided as a step-down from a more intensive level of treatment and can be provided as a stand-alone service if eligibility requirements are met.

Recovery Coaches can modify the type of contacts they have with clients and the frequency and intensity of these contacts. These modifications can include:

- RCs can use telephonic contacts for clients who have declined other types of contacts and services (or don't feel the need for these services) or for clients who have recently disengaged from treatment and are not ready to return.
- RCs can focus temporarily on non-addiction issues with clients who are resistant to address their SUD (or mental illness), such as helping them with medical issues or housing.
- RCs can use letters and phone calls to family members (with permission and written consent from clients) to stay in contact or updated on each client.
- RCs can also mail clients letters or reading materials if they are incarcerated in prison or visit them in person if they are incarcerated in the county jail.
- RCs can also visit clients if they become hospitalized or need detoxification.
- RCs can offer to help clients when they meet with probation officers, DCFS workers, or during court dates.

All these activities and types of services can be used to maintain contact with clients while they work through their ambiguity regarding their SUD and the need for treatment. The primary goal is to keep a line of communication open with individuals who are not ready to enter treatment, but are willing to at least discuss their problems and consider options.

VI. **Types of Recovery Support Services:**

The goal of recovery support services is for the individual to establish self-sustaining recovery. In order to assist the client in achieving this goal, there are a number of primary services that may be provided by a recovery coach. The below list is not meant to be all inclusive or that all listed services must be provided.

- **Recovery Planning**--An opportunity for the recovery coach and the client to jointly assess what services are needed and to develop a plan that will be the basis for services provided. Recovery planning could involve, but is not limited to, identifying triggers for use, developing a relapse prevention plan, and building or rebuilding a support network.
- **Relationship Building**--Recovery coaches assist clients with developing social skills needed to establish or maintain relationships. Often, this requires assisting clients with repairing, rebuilding, or establishing new support networks in order to achieve and maintain lasting recovery.
- **Leisure Activity Planning**--Clients benefit from recovery support services when they learn new ways to have fun and enjoy life without the inclusion of drugs or alcohol. Recovery coaches can assist the client with skill building efforts related to such things as time management, connecting with positive social activities and supporting/coaching the client in social situations.
- **Substance Use Behavior Education**--Addiction is a chronic, relapsing illness. The recovery coach can assist with educating a client in relapse prevention and in identifying relapse indicators as part of developing a relapse prevention plan.

RECOVERY SUPPORT SERVICES DO NOT INCLUDE:

- Therapy or other clinical services
- Ongoing transportation to regular appointments
- Participation in activities that might jeopardize the coach's own recovery

In addition to the primary services identified above, the recovery coach should have some direct awareness

of how a client can access a variety of services within their community, but does not have to provide such services directly. Rather, the recovery coach can assist with linking the client to such services, e.g. helping the client connect with the service or obtaining a referral.

The different kinds of activities have been divided into four service categories(SAMHSA, 2009a):

- A. **Emotional** Demonstrate empathy, caring, or concern to bolster a person’s self-esteem and confidence.
- B. **Informational:** Share knowledge and information and/or provide life or vocational skills training.
- C. **Instrumental:** Provide concrete assistance to help others accomplish tasks.
- D. **Affiliational Support:** Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.

VII. Distinguishing Appropriate Roles Between the Recovery Coach and Clinical Therapist:

The chart below is excerpted from the work of William White (2006/2009 -- see end of document reference) and provides guidance on the importance of clearly differentiating between appropriate roles within agencies/ organizations.

	Clinical Therapist	Recovery Coach
Foundational Knowledge	Emphasis on formal education (theory and science); vetted by the profession	Emphasis on experiential knowledge and training; vetted by the community
Organizational Context	Works within organizational hierarchy of treatment organization and with direct supervision	Organizational settings span treatment organizations, allied service organizations and recovery community organizations; varied degree of supervision
Service/Support Framework	Works within a particular organizational treatment philosophy	Works across multiple frameworks of recovery via choices of those with whom they work
Service/Support Relationship	Significant power differential; extreme separation of helper/helped roles; explicit ethical guidelines; high external accountability	Minimal power differential; ethical guidelines being developed; moderate external accountability
Style of Helping	Formal, personally guarded and strategic	Variable by organizational setting but generally personal and informal
Use of Self	Self-disclosure discouraged or prohibited	Strategic use of one’s own story; role model expectation
Temporal Orientation	Considerable focus on past	Focus on present: what can you do today

	experience	to strengthen your recovery?
Duration of Service/ Support Relationship	Brief and ever briefer	Measured in months or years (via sustained recovery checkups)
Role of Community in Recovery	Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy	Focus on linking to community resources and building community recovery capital; significant advocacy work
Documentation	Extensive and burdensome	Moderate and growing
Income	Works as paid helper; client or third party pays for service	Works in paid or volunteer role; service may be paid for by person being coached or a third party

For further detail regarding the types of support services refer to the BSAAS Technical Advisory #07, Peer Recovery Support Services available at: http://www.michigan.gov/documents/mdch/TA-T-07_Peer_Recovery-Recovery_Support_230852_7.pdf

VIII. Two Types of Peer Specialists

Michigan has decided to utilize two types of peer roles in the provision of PRSS. They are:

- A. **Peer Recovery Coach:** Receives a specialized level of training around a specific variety of skill sets designed to support an enhanced level of interaction with the individuals with whom they work. Peer Recovery Coaches operate and work effectively within any of the four types of support activities: emotional, informational, instrumental, and affiliational.
- B. **Peer Recovery Associate:** Receives a more generalized training typically provided by the entity in which they will ultimately work. Peer recovery associates provide the type of interactions designed to meet more immediate needs and facilitate access to generalized community services. Associates typically operate within affiliational and instrumental types of activities, may include limited emotional support.

There are significant differences within many facets of the training, preparation, and work provided by a peer recovery coach versus a peer recovery associate. The table below highlights some of the variants:

	Recovery Coach	Recovery Associate
Training Requirements Detailed in section VI	Coaches are expected to complete 40 hours of CCAR training, or another like course as previously defined in this TA	Associates are to receive a shorter training provided by the organization that will utilize their assistance on more basic elements of service and interaction
Length of Time in Recovery	Two to four years of stable recovery	Minimum of six months in recovery and actively working their own recovery process with an established support system outside of this role
Level of Autonomy	May engage in solo outreach	Oversight by a recovery coach or

	efforts and client interaction.	supervisor.
Breadth of Experience/Skill Level	A coach is expected to have a much wider variety of skills and knowledge base	The associate may be very specific to a particular task within the agency – example: follow-up calls.
Supervision	Weekly (or more) supervision.	Dependent upon breadth of the role/responsibility of the associate. Should be dependent on scope of role/responsibility.

IX. Supervision of Peer Recovery Staff

The employment of peers as recovery coaches and recovery associates places additional responsibilities on agencies and their staff. Supervision is as important for peers as it is for clinicians. Peers need the support and expertise a supervisor gives to be effective as a coach or an associate. One way of overseeing the supervision needs of the peer recovery coach is to utilize debriefing methods if he or she has been utilized in the group sessions. Giving direct feedback based on verbal and non-verbal communication during the group sessions can aid in redirecting or enhancing skill levels when providing PRSS.

We are also looking at developing an intern program for the person providing the PRSS which would entail working under someone in that position for supervision and training purposes.

X. Training Requirements

Individuals do not require MCBAP certification to provide peer recovery support services but are required to be supervised by MCBAP certified staff. All other staff training requirements and vetting procedures as detailed within the Provider Manual apply.

Peers can be employed full- or part-time with an agency or volunteer to provide support services. All peer recovery associates, whether they are paid employees or volunteers, should have some basic training in order to assure the provision of quality services, and to assure that their activities “do no harm” to either themselves or the individuals being served. All peer recovery coaches will be required to participate in a designated peer recovery coach training.

In order to provide services reimbursable by the CMHSP, a peer recovery coach and peer recovery associate must meet the following training requirements:

A. Peer Recovery Coaches

In order to be a peer recovery coach, individuals will need to complete the MDCH/BSAAS designated training, the Connecticut Community for Addiction Recovery (CCAR) Peer Recovery Coach Training or an equivalent training meeting all training components as defined in the MDCH/BSAAS [Peer Recovery Support Services](#) Technical Assistance Advisory #07.

B. Peer Recovery Associates

In Michigan, peer recovery associates must receive training appropriate to the tasks in which they will engage. Associates will be selected by the agencies in which they will provide support services. The nature of the services to be provided will directly influence the selection of the peers and the content of training that the peers will receive. The actual training and its content

will be at the discretion of the hiring agency. However, there are minimum criteria that should be included in the training, such as:

- Gaining knowledge of community resources.
- Listening skills.
- Taking a non-judgmental stance (the ability to respond positively and provide assistance an individual regardless of personal opinions, experiences, and choices).
- Understanding of confidentiality.
- Establishing boundaries.
- Possessing an attitude that there are many paths to recovery – none any better than another.

XI. **Authorization of Peer Recovery Support Services**

Providers may determine the need for peer recovery support services during the assessment process or at any time during the treatment planning process.

- A. All requirements as established in the MDCH/BSAAS [Peer Recovery Support Services](#) Technical Assistance Advisory #07 must be followed.
- B. Activity notes indicating the following information must be in the file for each billed PRSS services:
 1. Date of service;
 2. Beginning and end time for PRSS service encounter;
 3. Nature and extent of PRSS service provided and place of service if located outside of the provider office setting.
 4. Signature of recovery coach/associate
- C. When the client is receiving PRSS as a supplement to standard treatment services the PRSS service plan must be coordinated with the client's individualized treatment plan. When a client receives stand-alone PRSS services a stand-alone assessment and service plan for PRSSS may be completed.
- D. Services shall be provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.
- E. Recovery Coaches/Associates may follow clients as they progress through the continuum of care.
 - Once a client no longer requires acute treatment services, PRSS services may continue for up to six (6) months as clinically appropriate. The PRSS encounters can be requested as a stand-alone service but must meet a minimum requirement of one (1) face-to-face encounter per month.
 - Designated Entry Providers may admit a client for stand-alone PRSS services when referring a client to residential services at another provider. The PRSS must assist the client in accessing the residential services and work to ensure that the client engages in services following discharge from the residential provider.

- E. Must be guided by the clients' individualized, coordinated, comprehensive treatment plan of service. The Recovery Coach/Associate must be able to work with the treatment team when appropriate.
- F. The provider must make active efforts to engage clients who are "lost" or drop out of the program and to re-engage the client in services. It is expected that the recovery coach/associate will actively look for clients when they have unexpectedly moved, and will utilize emergency contacts provided by the client to re-engage them in services.
- G. Services should continue despite relapse or setbacks, with consideration to increasing services during this time.
- H. Services should be provided in a community-based setting when office-based services pose a barrier to client engagement and participation. At a minimum, the provider must have the ability to see clients in their community with capability for face-to-face client interaction outside of the office setting.
- I. The provider must monitor and continually assess the changing functional and social needs of clients as they progress through recovery and document this information as required.

Request for authorization of Peer Recovery Support Services (PRSS) shall be submitted via the CareNet system either at the time of the initial authorization or at any time during the treatment episode if the need for such services arises. If the need for peer recovery support services is identified after the initial authorization request has been submitted a separate authorization request for the peer recovery support services may be submitted but must begin and end on the same date as the existing authorization. Future authorization requests for the client must include all services.

The request should indicate the reasons why recovery support is being requested in the comment section of the authorization request. The CMHSP will review the comments in the comment section of the Request for Initial Authorization to authorize recovery support services.

Units of recovery support shall be counted toward the hours of service allowable within an authorization request. For clients who need a higher intensity of recovery support services, the CMHSP will consider authorizations that exceed the allowable amount when adequate justification is provided within the authorization request. Additional authorizations of recovery support services shall be authorized as clinically appropriate and funding allows. Re-authorization requests should indicate progress regarding the recovery support goals and the need for continued recovery support services.

XII. Billing and Reimbursement

All recovery support services must be preauthorized and submitted for reimbursement via ProviderConnect system unless otherwise authorized by the CMHSP. Billable services must fall within at least one of the four Types of Supports outlined in Section III.

Services billable to Block Grant and/or PA2 must be provided by a Peer Recovery Coach/Associate and would include:

- Peer face-to-face contact with the client,
- Peer telephone contact with the client for a minimum of 15 minutes duration,

- Peer collateral family contact of a minimum of 15 minute duration (collateral family contact is defined as any contact that are not direct treatment services), and
- Peer collateral professional contact of a minimum of 15 minute duration.

Services billable to Medicaid or Healthy Michigan Program include any of those listed above when the client is present. Block Grant or PA2 may be billed for non-face-to-face services for Medicaid and/or HMP clients when appropriate and funding is available.

Billing Codes:

- **When the Client is Present:**

- T1012 – Individual-based Recovery Support Services, 15 minutes: This code should be used for all one-on-one peer recovery support services and activities with the client. This does not include therapy or other clinical services.
- T1012.TT- Enhanced Group Recovery Support Services, 15 minutes: This code should be used for group peer recovery support services and activities when the therapist is present in the group. This does not include therapy or other clinical services.
- T1012:HQ– Group-based Recovery Support Services, 15 minutes: This code should be used in group-based formats facilitated by peer recovery support personnel in which services and activities consist of qualifying recovery supports topics to meet the general needs of the clients present.
- T1012.TG.HG – Group-based Recovery Support Services for Medication-Assisted Treatment, 15 minutes: This code should be used in group-based formats facilitated by a peer recovery Coach in which services and activities consist of qualifying recovery supports topics to address specific needs of the Medication-Assisted Treatment population. Activities intended to develop client community integration and recovery support.
- T1012.HG – Group-based Recovery Support Services for Medication-Assisted Treatment, 15 minutes: This code should be used in group-based formats facilitated by a peer recovery Associate in which services and activities consist of qualifying recovery supports topics to address specific needs of the Medication-Assisted Treatment population. Activities intended to develop client community integration and recovery support.

- **When the Client is not Present: H0038**

- H0038 – Peer/Recovery Coaching Services, 15 min: This code should be used for all **non-face-to-face services** provided by a Peer Recovery Coach or Peer Recovery Associate on behalf of the client. This does not include therapy or other clinical services. May only be billed to block grant and PA2.

XIII. IMPLEMENTATION GUIDANCE:

The Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services Office of Recovery Oriented Systems of Care (OROSC), has issued a treatment advisory to assist with the implementation of these services. Additional resources follow.

Treatment Technical Advisory #07 – Peer Recovery/Recovery support services (available from http://www.michigan.gov/documents/mdch/TA-T-07_Peer_Recovery-Recovery_Support_230852_7.pdf)

“What are Peer Recovery Support Services”, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (available from <http://download.ncadi.samhsa.gov/prevline/pdfs/sma09-4454.pdf>)

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