An Environmental Scan:

Certified Peer Specialists/Recovery Coaches in the Substance Use Disorders Field

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CERTIFIED PEER SPECIALISTS/ RECOVERY COACHES IN THE SUBSTANCE USE DISORDERS FIELD

Background and Rationale

Since the formation of Alcoholics Anonymous (AA) in 1935, and the modern addictions recovery movement, the support of peers has been recognized as an essential part of recovery. As the recovery movement evolved, the role and the competencies of peer providers have been further defined. To some, however, the involvement of peers has not been fully integrated into the substance use disorders (SUD) continuum of care, with their roles viewed only as volunteers. This Environmental Scan will reveal that the involvement of peers within the SUD field continues to change as roles are further expanded, integrated, defined, and funded. Specifically, there are growing numbers of certified and non-certified peer specialists and recovery coaches being trained and funded throughout the SUD field.

This report is a compilation of information gathered from 47 of the 50 States and the U.S. territory of Guam. Its primary objectives were to determine which States currently have a certification and training process for peer support service provision, the States' expectations concerning competencies, use of a defined curriculum, and the funding streams for these services. The scan was also intended to determine if Medicaid billing currently supports peer service delivery, and if not, what barriers impede Medicaid reimbursement. The exceptionally high response rate (94 percent of States) to this inquiry may reflect a focus on peer services, recovery coaching, and recovery-oriented systems of care (ROSC). This shift in care delivery will be especially important in the months to come as States actualize their planning for the Affordable Care Act (ACA).

The most definitive guidance concerning peer support services has come from the Centers for Medicare and Medicaid Services (CMS). CMS requires supervision, care-coordination, training and credentialing in order to receive Medicaid reimbursement for peer support services. Further, States must seek a waiver to receive these funds.

In August 2007, the Centers for Medicare and Medicaid Services (CMS) issued a directive describing a waiver process for States to follow to receive Medicaid reimbursement for certified peer support services (see attachment A). Despite this opportunity, a number of States' personnel have chosen not to pursue waiver application. The most common reasons given for this choice were lack of support by the State Medicaid entity (often organizationally apart from the SUD personnel), the lack of Medicaid matching funds for this purpose, or current shifts in State policy to create a managed care system.

The implementation of the ACA will result in increased health care coverage for millions of persons across the Nation through Medicaid and private insurance. This surge in coverage will also result in an increased demand for SUD-related service provision. Peer specialists/recovery coaches can help meet the demand for increased services and promote recovery management through the continuum of care. To date, however, knowledge of their competencies, their integration into individual States' programming, how they are funded, and training requirements are factors that have been gathered through anecdotes and self-report and have been defined by individual State initiatives.

Depending on the locale, there are multiple names or titles for persons providing SUD recovery support services. They may be called peer specialists, mentors, recovery coaches, or recovery empowerment specialists. Despite the different titles, their role and the SUD-related services they provide have little variation. The Substance Abuse and Mental Health Services Administration (SAMHSA), as well as many of the States, have identified commonalities of peer/recovery coaching. They are described as follows:

Peer recovery support coaching relies upon non-clinical activities that engage and support an individual, as they navigate systems and address barriers to recovery. Peer recovery support coaches act as recovery and empowerment catalysts; guiding the recovery process and supporting an individual's goals and decisions.

Approach

In order to create a more complete picture of the number of and process for developing peer recovery coaches and certified peer specialists, and to facilitate States' readiness for ACA implementation, the SAMHSA requested that the Partners for Recovery (PFR) perform an Environmental Scan of States. The Environmental Scan was conducted using a SAMHSA-approved questionnaire developed for use during telephone interviews with each Single State Authority (SSA), their designee, or other resource personnel. Initial contact was made with the SSA by email (see attachment B). Multiple contact attempts by email and telephone were made to all States, as well as U.S. territories and other entities within SAMHSA's purview. Interviews were successfully completed with representatives from 47 States and Guam. In addition, interviews were conducted with select provider personnel and with representatives from the Association of Addiction Professionals (NAADAC), IC&RC, and individual State certifying boards or organizations. (See the questionnaire in attachment C.)

Primary topics addressed during the interviews included the following:

- Determination of an existing peer certification process in the State/territory or contemplation of a certification process
- Determination of who is (or will be) providing oversight of the certification process
- The number of SUD-related certified peer specialists/recovery coaches
- The requirements for certification, including self-identification as being in recovery, length of time in recovery, and other related factors
- Determination of training and credentialing, including the use of a defined curriculum, demonstration of competencies, and continuing education requirements
- Determination of supervision, including frequency, provision of types of supervision, and qualification of supervisory personnel
- Determination of funding support for certified peer specialist services, including waiver-allowed Medicaid billing, and other funding streams
- Determination of care coordination
- Determination of location and types of services provided by certified peer specialists/ recovery coaches, as well as unique target populations served

Information from the interviews was augmented by review of multiple websites (see attachment D), which detailed individual State policies and requirements related to both certified and noncertified peer support specialists and recovery coaches. In some instances, States have blended facets of the description and peer/recovery specialist policies to encompass both the mental health field and the SUD field. This may be due, in part, to the States that organizationally provide services through a behavioral health structure or that have sought a Medicaid waiver for both mental health and SUD peer services. Every attempt was made to distinguish the differences and include information pertaining only to SUD when preparing this report.

Common Elements

Through the interview process and website research, elements emerged that are common to nearly all certified peer/recovery specialists. Many of the same elements were also common to the "noncertified" peer/recovery specialists in other States. The one variation was for those States who use the Connecticut Community for Addiction Recovery (CCAR) training curriculum. That model does not require recovery coaches to be in recovery. However, individual States that follow CCAR training may determine that personal recovery is a requirement. (More information concerning the CCAR model can be found later in this document.)

One factor that may be considered a common element is that the majority of States have not sought Medicaid reimbursement for peer SUD services. However, with adjustments in their

requirements and function, most States could be eligible for reimbursement if they choose to apply for a waiver. The function, knowledge, and skills cited most frequently among States were:

- Lived experience, with a minimum of 1 year in recovery
- A minimum of a high school diploma or GED
- Successful completion of a prescribed training program to ensure competencies in specific domains, including advocacy and ethics
- Successful completion of training determined, in part, by a written examination
- Provision of navigation or mentorship services
- Role defined as providing nonclinical support, not " a sponsor" or " a mini-clinician"

These elements meet some of the Medicaid waiver criteria; however, to be eligible for a waiver peer support providers must complete certification as defined by the State and be supervised by a competent professional. Peer support providers coordinate their services within a more expansive person centered plan. Comprehensive, individualized plans of care must be developed for each person. As will be discussed in more detail, these elements are not in place in many States that support training for peer services.

Another common link among States (12) is that an Access to Recovery (ATR) grant supported development of their peer/recovery support services. Other States have bolstered fiscal support through use of general funds and dollars from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. States also reported that establishment of the ROSC approach has further solidified the movement to initiate or expand the use of peer recovery support specialists.

Significant Findings

Use of certified peer specialists/recovery coaches has given States the opportunity to add another facet to their service provision and to enhance their workforce. Grant funding supporting this activity has also bolstered the recovery effort. At least 25 States received SAMHSA RSCP grants and/or at least 18 States received ROSC grants.

The following key findings are the result of a review of responses from 47 States and pertain to certification, training and its requirements, as well as funding supports for peer specialist/recovery coaching services.

- Certified peer/recovery support specialists working in the SUD field can be found in 18 (38 percent) of the States that responded.
- Noncertified peer support specialists/recovery coaches are working in 12 (26 percent) of the respondent States.

- A peer specialist/recovery coach training process exists in 29 (62 percent) of the respondent States.
- Twelve (26 percent) of respondent States currently use the CCAR curriculum within established programming. There are a number of others that have used CCAR training, and are currently developing peer initiatives.
- Twelve (26 percent) of the respondent States require a 30-hour training program.
- Nine (19 percent) of the respondent States require a 40-hour training program.
- An examination is required by 20 (43 percent) of the respondent States.
- Post-training continuing education is required by 15 (32 percent) of the respondent States.
- There are approximately 1916 persons providing SUD peer services in 18 (38 percent) of the respondent States.
- The Environmental Scan identified an additional 2837 persons in 7 States (15 percent) who provide peer services in the SUD field, provide mental health peer services, or provide peer services for persons with co-occurring disorders. The States were unable to make a distinction in service type.
- A peer/recovery specialist program is currently under development in 7 (15 percent) of the respondent States.
- The ATR initiative was cited by 12 (26 percent) of the respondents as either furthering existing peer support efforts or serving as the initial funding framework.
- Medicaid funds support peer services in the SUD field in 9 (19 percent) of the respondent States.
- SAPT Block Grant dollars support peer services in 17 (36 percent) of respondent States.
- Fifteen (32 percent) of the respondent States reported the use of State general fund dollars to support SUD peer services.

Exhibit 1 provides State-by-State details of the data gathered from the Environmental Scan.

During the interviews, several States mentioned that peer standards are under development by IC&RC. It was further determined that credentialing bodies in Florida, Illinois, and Pennsylvania played a significant role in this process, and that much of the IC&RC standards will be a "hybrid" of their State standards. Since the time of the interview, the standards have been adopted.

A number of States attributed their training curriculum to the "Georgia model" or to the CCAR model. Training elements common to each model include cultural competency, ethics, values, and relationship skill building. Both models are described in greater detail later in this paper.

The State interviews provided insight into initiatives that may be viable for replication by others. State findings may be characterized in the following manner:

- States that have institutionalized their certified peer support services through statutory language or a legislative initiative
- States that have grouped certified peer and recovery coaching services under a behavioral health umbrella
- States that have certified peer specialists/recovery coaches but do not bill Medicaid for services
- States that have robust peer/recovery support services within recovery community organizations.

The following sections provide examples of State efforts in each of those categories.

Exhibit 1: State-by-State Details of Data Gathered From the Environmental Scan

	Peer/Recovery Specialists			Training				Reimbursement			
State	Number of Peer/Recovery Specialists	Certified (Y/N)	Peer/Recovery Non-Certified	Training Process (Y/N)	Number of Hours	Exam (Y/N)	Contuing Education (Y/N)	Medicaid	Block Grant	General Funds	Other
Alabama*	18	Y	N	Y**	12.25	Y	Y	N	N	N	Grant $
Alaska	Under development for Medcaid billable peer services										
Arizona	200+	Y	N	Y	n/a	Y	Y	Y	Y	N	Y
Arkansas	No system of peer specialist services										
California	No state-wide system of peer services. No state-wide data available.										
Colorado	In early stages of development and requested technical assistance										
Connecticut	300+	Y	N	Y	30-60	Y	Y	Y	Y	Y	N
Delaware	No system of peer specialist services										
District of Columbia	No Response										
Florida*	405	Y	N	Y**	40	Y	Y	N	Y	Y	Y
Georgia*	60	Y	N	Y	40	Y	Y	N	Y	N	N
Hawaii	No Response										
Idaho	No system of peer specialist services. Had previously considered development of program through ATR grant funding, but efforts have not moved forward.										
Illinois	112	Y	N	Y**	40	Y	Y	N	N	N	ATR
Indiana*	112	Y	N	Y	30	Y	Y	Y	N	N	N
Iowa*	60	N	Y	Y	30	Y	N	N	N	N	ATR
Kansas*	46	Y	N	Y	6--21	n/a	Y	Y	Y	Y	Y
Kentucky	125	N	Y	Standardized training will be developed to certify peer supportors under behavioral health umbrella.				n/a	n/a	n/a	n/a
Louisiana	No Response										
Maine*	3	N	Y	Y	30	Y	N	N	N	Y	N
Maryland	Under final stages of development for Medicaid billable peers services . State will have a training program based off CCAR and additional modules with recertification requirements.										
Massachusetts*	50	N	Y	Y	30	Y	N	N	N	Y	N
Michigan	in progress	Y	N	Y	30	Y	N	N	N	Y	ATR
Minnesota*	99	N	Y	Use peers in various settings and for targeted populations. Some peers have been trained. There is no state-wide system due to funding contraints.				N	N	N	Grant $
Mississippi	No system of peer specialist services										
Missouri*	28	Y	N	Y**	36	N	N	N	N	N	ATR
Montana	No system of peer support services										
Nebraska*	17	Y	N	Y	40	Y	Y	N	n/a	n/a	n/a
Nevada	Use peers in various settings and for targeted populations. Some peers have been trained; however, there is no system of peer support services.										
New Hampshire	n/a	Certify organizations		Y	30	Y	N	N	N	Y	ATR
New Jersey	100+	Y	N	Y	72	Y	N	program is discontinued due to end of funds from the ATR grant			
New Mexico*	130	Y	N	Y	n/a	N	Y	Y	Y	Y	ATR
New York*	200	N	Y	Y	30	N	N	N	Y	Y	ATR
North Carolina	<900	Y	N	Y	40	Y	Y	Y	Y	Y	N
North Dakota	No Response										
Ohio	Under development for Medcaid billable peer services										
Oklahoma*	350	Y	N	Y	40	Y	Y	Y	Y	Y	N
Oregon*	140	Y	N	Y**	Variable	N	Y	N	Y	Y	ATR
Pennsylvania*	155	Y	N	Y	54	Y	Y	N	Y	N	N
Rhode Island	n/a	N	Y	Y	30	N	N	N	Y	N	ATR
South Carolina*	30	Y	N	Y	40	Y	Y	Y	Y	N	N
South Dakota	No system of peer support services; Requested technical assistance for use with womens/children's programs.										
Tennessee	Use of peers on hold; waiting for IC&RC information										
Texas	n/a	N	Y	Y	30	N	N	N	Y	N	ATR
Utah	200	N	Y	Y	30	N	N	N	Y	Y	ATR
Vermont	n/a	N	Y	Y	30	N	N	N	Y	N	External
Virginia	Program is currently under development.										
Washington	1,000	N	Y	Y	40	Y	N	N	Y	Y	N
West Virginia	Program is currently under development										
Wisconsin	Training for first group of SUD peers is currently underway										
Wyoming*	13	N	Y	Y	40	Y	Y	Y	N	Y	N
Total SUD Specific	2,216										
Total	4,753***	18	12	29	-	20	15	9	17	15	12
Guam	There are 4 certified peer specialst that work with individuals with mental illness and co-occuring disorders.										

* States with SUD specific peer/recovery specialist services

** Competancy-based certificationand co-occuring

*** Estimated number of total peer specialists includes mental health and co-occuring; excludes New Jersey- program discontinued

Note: cells containing "n/a" indicate that the information was not available to the interviewers

Certified Peer Specialists Through Statutory or Legislative Initiative

Arizona: Peer services have been recognized in Arizona for more than 10 years, and have followed a certification regimen for much of that time. Peers are trained at the individual provider level. There is no specific curriculum, but there are minimum guidelines required for the training materials and related competencies. Certification occurs post-training, with passage of a written exam and a score greater than 80 percent.

Effective July 2011, the State launched a "curriculum approval" process to ensure service standards and specialist qualifications. Providers submit their proposed curriculum to the Arizona Department of Health Services for review and approval. This effort coincided with a legislative initiative that defined peer services and related qualifications within State statutes. The Arizona peer services are delivered within the context of an individualized and person-centered plan, and services are delivered in conjunction with a licensed community-based provider. Arizona currently bills Medicaid for services delivered by certified peer specialists. Hundreds of persons have achieved peer certification, but the exact number of those currently delivering services is unknown.

Kansas: Certified peer support services for persons with "addiction, co-occurring, and trauma" were created as a part of the Kansas ROSC and, in the most recent legislative session, became institutionalized through State statute. The training to achieve certification requires 6 hours of topics including ethics, confidentiality, and mentorship. From that point, individuals progress as a "Kansas Peer Mentor in Training" for up to 1 year. During this time, they may provide up to 20 hours of service per week while supervised. After completion of an additional 15 hours of continuing education during their first year of service, they may become a Kansas Certified Peer Specialist (KCPS). Services performed by a KCPS may be billed to Medicaid, funded by Block Grant dollars, or funded by State General Revenue funds received from DUI fines. There are currently 46 KCPSs in Kansas.

Oregon: The Addictions and Mental Health Division of this State is organizationally placed within the Oregon Health Authority. This structure has enhanced the profile of SUD services as the State plans for implementation of the ACA. Oregon's health care transformation legislation cites health workers as a unique classification of personnel essential to the success of the State's health care reform efforts. This classification includes certified peer recovery specialists as well as categories of treatment clinicians. Currently, peer recovery support efforts are funded by SAPT Block Grant dollars, State

general fund dollars, and beer and wine tax revenue. No Medicaid funds are used for peer SUD services.

Certification oversight for peer recovery support specialists is handled by the Addiction Counselor Certification Board of Oregon. There is no formal examination process; certification can be achieved by completion of an application and participation in training that uses an approved curriculum. There are a number of approved curricula that focus on working with special populations, including persons within the criminal justice system or women known to the child welfare system.

SUD Certified Peer Specialists/Recovery Coaches Within a Behavioral Health Organization

Connecticut: Persons delivering recovery support services have been in place for a number of years in Connecticut. The State is moving forward to institutionalize and blend the use of peer specialists/recovery coaches for both mental health and substance use disorders under one behavioral health umbrella. Persons who have been certified through CCAR's 30-hour training (to be discussed later in this report) or Advocacy Unlimited are eligible to fill these positions. Advocacy Unlimited provides a 60-hour advanced training and certification through their Recovery University. Individuals who complete the course and pass the exam are State certified as Recovery Support Specialists. Although CCAR training is recognized, persons who are CCAR trained must pass the Recovery University examination to receive State certification. Recertification is required every three years and can be attained by meeting continuing education requirements. Advocacy Unlimited is the only State authorized program to certify individuals as meeting the requirements of Certification as a Recovery Support Specialist. Services are funded by Medicaid, Block Grant, and State General Revenue funds.

Indiana: Persons in Indiana with 1 year in recovery are given the opportunity to engage in a 5-day peer specialist training program with components related to substance use, gambling, and mental health. Upon completion of the core curriculum, participants may access webinars and conference workshops related to their area of recovery experience (substance use disorders). Once they successfully pass a written exam, they are eligible to work as certified peer specialists in a variety of settings. Their services are integrated into clients' individual recovery plans and are billed to Medicaid. There are 120 self-identified persons serving as certified peer specialists in Indiana under the "behavioral health umbrella," and no distinction is made to separate those dealing with SUD only.

New Mexico: New Mexico is an example of an integrated behavioral health system of certified peer specialists. Receipt of an ATR grant helped establish the State's use of

certified peer specialists, and since that time their impact on a number of special populations has strengthened the New Mexico system. The State has established initiatives directing certified peer specialists to support persons recovering from heroin addiction, recovering pregnant women and women with children, recovering veterans, and recovering persons in tribal communities.

State officials remarked that there is a need to advocate within the provider community for use of certified peer specialists. There is some resistance in the provider community that relates to their concern about the level of actual training, the certification process, and the expectations for continuing education.

North Carolina: The University Of North Carolina School Of Social Work handles the certification process for peer support specialists in this State. The university is also developing a certification process for persons who provide supervision for the peer support specialists. Nearly 900 persons have achieved peer support certification, but most work in the mental health field. The number specifically working in the SUD field is not known. Those working with persons in recovery from SUD perform many of the same functions, such as providing service navigation and wellness coaching at multiple locations including hospitals, homes, and worksites.

The expense associated with pursuing certification has been a barrier to some seeking to work as a peer specialist in the SUD field. The initial cost is approximately $150, with additional continuing education costs. There has also been resistance to the peer support specialist concept by longstanding mutual aid groups who have viewed the certification process as too "professionalized."

Oklahoma: Oklahoma has a blended organizational structure that provides both mental health and SUD services. This combination carries through to their certification of peer specialists. Based on the Georgia model, the formal training and certification process is the same for peers in the mental health field, those in the SUD field, and those working with persons having co-occurring disorders.

On July 1, 2011, the peer credentialing process was dropped and replaced by a certification process. This switch was to accommodate a legislative opinion that certification has more legal standing and formalizes its placement within the administrative code. Oversight of the certification training and continuing education is provided by the Oklahoma Department of Mental Health and Substance Abuse Services, Coordinator of Recovery Support Services.

Oklahoma has focused efforts on using peer/recovery support within the criminal justice system. Peer/recovery specialists currently work with drug court groups and persons

engaged in reentry activities, and are training offenders in prison to work with others in the prison population.

Certified Peer Specialists/Recovery Coaches That Are Not Medicaid Funded

Florida: The Florida Certification Board administers the competency-based certificate program that has been in place for 5 years. During that time, more than 400 persons have been certified as SUD recovery support specialists. Individuals are required to complete the initial 40-hour training and successfully pass a written test consisting of 100 competency-related questions. There are additional continuing education requirements to maintain certification. Once certified, recovery support specialists perform system navigation functions while acting as mentors or client advocates. Their services have been funded by an ATR grant as well as Block Grant and State general fund dollars. Florida's certification program was used to inform the work of IC&RC during the development of proposed standards for certification of peer/recovery support specialists for both SUD and mental health.

New Hampshire: Using the CCAR model for training, New Hampshire certifies organizations, rather than individuals, to deliver peer/recovery support services. The decision to do this was due, in part, to the view that individual certification makes a peer specialist "too professional." In addition to those with a lived experience in recovery, a parallel career ladder was established for those who are not peers but provide mentoring and recovery coaching at the paraprofessional level. This approach reflects one of the previously cited tenets of the CCAR training: participants do not have to be in personal recovery or necessarily have a lived experience. The organization Friends of Recovery–New Hampshire has played an active role in training recovery support specialists in this State.

A Governor's commission is planning for further development of ROSC through the regionalization of health care services. Peer/recovery support services will be a part of the structure. The New England Addiction Technology Transfer Center (ATTC) is also a part of an effort and has provided a framework for New Hampshire and others in the region to focus on ROSC and peer/recovery support services.

There is currently no funding for clinical SUD services within the New Hampshire State Medicaid plan. However, receipt of an ATR grant has allowed the State to deliver recovery support services to veterans and persons in reentry status from the criminal justice system.

Established Peer/Recovery Coach Services Within Recovery Community Organizations

Minnesota: Service delivery by peer/recovery specialists in Minnesota is funded by Federal grant dollars and is administered primarily by the Minnesota Recovery Connection. Two types of peer/recovery support are provided by this organization. The first is a call-in center where contacts are recorded and notes are logged into a database accessible to all specialist personnel who speak with callers. The second support is the more traditional "one-on-one" assignment of a peer or recovery coach to a person seeking recovery support. The one-on-one specialists are trained using a CCAR-type curriculum.

In one large organization, three levels of peer service provision have been adopted. The Recovery Resource Center of Minneapolis has established level 1 to provide "the buddy system," level 2 to provide life skills support, and level 3 to facilitate self-support groups. The differentiation of levels is based on experience, length of sobriety, stability, and skills necessary to successfully mentor others. Stipends are provided to persons performing level 2 and 3 services.

Target populations have also been identified in order to focus resources. Women with SUD are referred for peer/recovery support services by the Minnesota drug courts. Another target population is the tribal community, and the support for this group is led by tribal elders who also provide connection to their culture. Each of these initiatives has been limited in scope, however, due to fiscal constraints.

New York: The Friends of Recovery–New York leads the Recovery Coach Academy, which has trained more than 200 persons. The rigorous training that individuals receive follows much of the material within the CCAR model, but the State has not moved forward to institute a formal certification process. Consequently, recovery support services are not billed to Medicaid, but instead are funded by Block Grant dollars, general funds, and ATR and RCSP grants. A Medicaid redesign is under way in New York, which may positively impact future billing for recovery support services. New York, like a number of other States, is also waiting to review the standards for certification to be put forth by IC&RC.

Vermont: There is no certification process for peer/recovery coach specialists in Vermont and, consequently, no Medicaid billing. However, there is considerable peer support/recovery coaching activity in the State for both mental health services and services in the SUD field. The Friends of Recovery–Vermont is the source of training for those who wish to act as peer specialists/recovery coaches. This organization provides

a 1-week immersion training that is based on the CCAR model. They provide nonclinical services such as escort, transportation, system navigation, and other supports.

Once the training is completed, the recovery coach/peer is eligible to provide services through the State's 11 Recovery Centers. Depending on the Center, the individual may either work as a volunteer or receive payment. Funding for this type of service has been made possible by State grants using general funds and by some private donations.

Vermont, as well as other States in the Northeast, has had its peer/recovery coaching efforts supported by a regional initiative led by the New England ATTC that is designed to promote development of recovery communities.

Commonly Used Model Training Programs

During the interviews, it was noted that a number of States have patterned their peer/recovery support training curriculum after either the Georgia Certified Addiction Recovery Empowerment Specialist (CARES) training model or the Connecticut Community for Addiction Recovery (CCAR) model. The Georgia program is administered by the Georgia Council on Substance Abuse, and the CCAR model is promoted by the CCAR Recovery Coach Academy.

- *Georgia CARES:* The Georgia CARES model defines peer support as the "process of giving and receiving non-professional, non-clinical assistance that is fundamentally strengths-based, delivers or assertively links to individually tailored and culture-specific services, and, most importantly, demonstrates hope." The goal of this training model is to provide participants with the fundamental skills and core concepts of recovery support within a recovery-oriented system of care. Upon completion of 40-hour training, participants must pass a written examination to attain certification.

  A noteworthy aspect of this program is the rigorous screening, application, and selection process used for persons wishing to become a Certified Addiction Recovery Empowerment Specialist. For those persons in Georgia there a screening process that includes application review by a selection committee; selection is based on the applicant's employment status and ability to meet the training guidelines. Persons in recovery who are employed by a provider of Medicaid billable services are given first priority to fill a limited number of training slots. Second priority is given to persons in recovery who are being sponsored by a Medicaid provider, and may be hired by the provider in the future. A third priority in filling training slots is for persons in recovery who work within a peer-based recovery service or treatment program that does not bill Medicaid. The Georgia model also includes ongoing education and support for persons who complete the training.

- *CCAR Recovery Coach Academy:* The CCAR Recovery Coach Academy was originally developed so volunteers at recovery community centers would be more skilled and able to provide better quality assistance to persons seeking services. The CCAR definition of a recovery coach is "anyone interested in removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or already in recovery." This approach is the fundamental difference between the CCAR model and Georgia CARES. There is no mention of the recovery coach having a lived experience in recovery. Beyond that, much of the same subject matter is addressed during the training—that is, ethics, roles and functions of the peer/recovery specialist, core values, relationship enhancement, and cultural competence. The CCAR training is 30 hours long.

  There is another component of the CCAR model that promotes a "train the trainer" opportunity. With an additional 16 hours of training that focuses on optimal methods of delivering training material to a group, curriculum familiarization, and facilitation skills, a person certified in the CCAR model may then train others. Persons from 27 States have completed the train the trainer course work. That number, however, does not reflect the number of States with established peer support/recovery coach programming; some are currently under development.

Challenges to Implementation of Certified Peer Specialist Functions

Information gathered during the interviews provided insight into some of the challenges faced by States that have developed a certification process for peer specialists or that have introduced peer service delivery into their continuum of care. The issue is twofold: why so few States seek Medicaid billing authority, and why States have chosen to recognize peer services but not proceed with certification.

Often, the answer to the first question was fiscal constraints. However, the issue is more complicated. Some interviewees voiced a desire to bring certified peer specialist services into a Medicaid billing structure, but the decision was not theirs. The "case" had been made, but the State Medicaid director, who could make the final decision, chose not to proceed. State Medicaid directors, in some instances, have been reluctant to take on another waiver application and would rather focus their limited resources on ACA implementation.

In States where the Medicaid directors were supportive of Medicaid billing, there are other factors in play. Those factors include implementation of a managed care system, limitations on Medicaid matching funds for this purpose, reorganization of the State's health care delivery structure, and limited or no support for SUD services within the State Medicaid plan.

The August 2007 correspondence to State Medicaid directors from CMS listed very specific requirements and processes that must be in place in order to bill Medicaid for delivery of peer support services. Some interviewees stated that meeting those rigorous requirements presents a challenge to waiver application. Specifically, their State peer support systems do not have the infrastructure and commitment from leadership to meet all requirements.

In response to the question of why States have chosen to recognize peer/recovery services but not proceed with certification, the most common answer relates to the standards under development by IC&RC. While interviewees have peer support service mechanisms in place, some States have chosen to wait and review the proposed IC&RC certification standards.

Another point made by some interviewees regarding the lack of certification is that this level of professionalization is not appropriate for the function. Certification has not been embraced by some in the recovery community; however, this view appears to be diminishing.

General Observations

The interview process provided impressions and observations that may be worthy of further exploration as States refine or continue to develop ROSC in tandem with implementation of the ACA.

- The New England ATTC's regional effort around peer support services may be a model for other regions to explore. Each of the State personnel interviewed from that region mentioned the cohesive effort on the part of the New England ATTC.
- A number of States are waiting for release of the IC&RC certification standards and guidelines. A follow-up with those States after release will determine how the standards were received and how many States will adopt them.
- In a number of instances, the catalyst for establishment of certified peer support services was receipt of an ATR grant. Some respondents were hopeful that the implementation of the ACA will further solidify this service as an essential benefit.
- In some States, such as Texas and Arizona, managed care companies have contracted with organizations that provide peer/recovery coach services.
- While the Georgia CARES model and the CCAR model are used in a number of locations, there are States that have integrated a training curriculum relevant to specific target populations.
- There was very little mention of program evaluation or evidence-based practices related to SUD certified peer-delivered services. This is an area for further study.

Recommendations

Twenty-nine (62 percent) of the respondent States have some semblance of a training process for peer/recovery services. However, there is a considerable range between the States with sophisticated certification and training mechanisms and those with more informal means for preparing workers. Some of the "lessons learned" from the establishment of a training process, as well as from a variety of other State experiences, are as follows:

- If there is not a specific curriculum required for peer training, ensure that essential elements are included by providing oversight or curriculum approval.
- Institutionalize certified peer support services through legislative action or inclusion in the State's planning for ACA implementation.
- Establish outcome expectations for certified peer support services.
- Differentiate between clinical/treatment services and peer support services.
- Differentiate between mutual aid services and certified peer support services.
- Establish ongoing funding streams.
- Develop a relationship with the State Medicaid director and State Insurance director.
- Assess the need for and provide technical assistance to support use of peer services.

Conclusion

Information gathered during the course of the Environmental Scan indicates that the majority of SSAs and many in the recovery community are engaged in the development or refinement of peer recovery support services in the SUD field. The scan clearly reflects a growing interest in certification to ensure an appropriate knowledge base and services that enhance recovery. However, there are still barriers to Medicaid billing, and if not addressed, they will be compounded upon full implementation of the ACA. As the number of persons who are Medicaid eligible increases, there will be a parallel increase in the demand for SUD services. It is imperative that States plan their health care reforms to include the increased need for SUD services. As this Environmental Scan has shown, one viable way to help meet this demand will be the provision of peer supports.

Attachment A
CMS Guidance on Peer Support Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

The purpose of this letter is to provide guidance to States interested in peer support services under the Medicaid program. The Centers for Medicare & Medicaid Services (CMS) recognizes that the mental health field has seen a big shift in the paradigm of care over the last few years. Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Background on Policy Issue

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services. The following policy guidance includes requirements for supervision, care-coordination, and minimum training criteria for peer support providers.

As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. We encourage States to consider comprehensive programs but note that regardless of how a State models its mental health and substance use disorder service delivery system, the State Medicaid agency continues to have the authority to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of the service.

States may choose to deliver peer support services through several Medicaid funding authorities in the Social Security Act. The following current authorities have been used by States to date:

- Section 1905(a)(13)
- 1915(b) Waiver Authority
- 1915(c) Waiver Authority

Delivery of Peer Support Services

Consistent with all services billed under the Medicaid program, States utilizing peer support services must comply with all Federal Medicaid regulations and policy. In order to be considered for Federal reimbursement, States must identify the Medicaid authority to be used for coverage and payment, describe the service, the provider of the service, and their qualifications in full detail. States must describe utilization review and reimbursement methodologies. Medicaid reimburses for peer support services delivered directly to Medicaid beneficiaries with mental health and/or substance use disorders. Additionally, reimbursement must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods.

Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

3) Training and Credentialing

Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.

Please feel free to contact Gale Arden, Director, Disabled and Elderly Health Programs Group, at 410-786-6810, if you have any questions.

Sincerely,

/s/

Dennis G. Smith
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director for Health Policy
Council of State Governments

Attachment B
Email Introduction: Certified Peer Specialists for Substance Use Disorders

We represent Partners for Recovery, a Substance Abuse and Mental Health Services Administration (SAMHSA) initiative (http://www.pfr.samhsa.gov), and are gathering information concerning the use of peer specialists in the delivery of treatment counseling, and support services for substance use disorders. As States create or refine their Recovery Oriented Systems of Care (ROSC), peer specialists can play a vital role. We are interested in learning if your State currently certifies peer specialists for addictions and about your certification process. We are also interested in collecting information from States that are in the process of developing certification procedures for peer specialists. There is an avenue that States may use to bill Medicaid for peer specialist services, if certain criteria are met, and there are additional funding streams used by some States to support peer specialist activities. We are interested in learning about those as well.

One of the elements of health care reform will expand coverage for persons with substance use disorders, and this will, in turn, increase the demand for services. Peer specialists can play a unique role in meeting this demand. Information on the certification process or the development of one, will further inform us as health reform is integrated into State policies.

We would like to schedule a telephone interview with you or your designee to discuss your State's status related to certified peer specialists. The telephone inquiry should take about 20 minutes of your time. If you have questions, please do not hesitate to contact us at _____. We appreciate your cooperation and hope to speak with you soon.

Attachment C
Questionnaire

CERTIFIED PEER SPECIALIST IN SUBSTANCE USE DISORDERS FIELD INQUIRY

State:

Name of Person Completing Inquiry:

Title of Person Completing Inquiry:

Contact Information:

Date:

Does your State have a process to certify peer specialists in the field of substance use disorders?
Yes No___

If no, is your State working on developing a certified peer specialist program for substance use disorders?
Yes___ No____

If yes, who oversees the certification process?
State___ County___ Other organization (name)_____

How many certified peer specialists for substance use disorders does your State have?
Number___ Date_____

Requirements for Certification

Is the certified peer specialist required to be a self-identified consumer who is in recovery from a substance use disorder?
Yes___ No___

Is the peer specialist required to be in recovery for a specific period of time before being certified?
Yes___ No___

If yes, how long? _____

What are the qualifications to become a certified peer specialist for substance use disorders and to provide services? (e.g. number of education hours, minimum education level, training, competencies, standards, supervision, exam, continuing education, re-certification?
_____

_____

Training and Credentialing

Does your State have a training program that must be completed to become a certified peer specialist for substance use disorders?
Yes___ No___

Are basic competencies required to perform the peer specialist function?
Yes___ No___

If yes, what are they?

_____

_____

Does your State have a defined training curriculum?
Yes___ No____

If yes, can you please send us a copy of your curriculum (e-mail or link)_____

Is the certified peer specialist required to demonstrate their ability to support the recovery of others from substance use disorders through a written exam or other formal testing mechanisms?
Yes___ No____

If yes, please describe.

_____

_____

Does your State currently have ongoing continuing education requirements for certified peer specialists in substance use disorders?
Yes___ No___

Please list any organizations or reference documents in your State that would provide additional information on certified peer specialists in substance use disorders.

_____

_____

Supervision

Is supervision provided?
Yes___ No___

If yes, how many hours of supervision are given per week/month? _____

How is supervision provided? (e.g. direct oversight, periodic consultation, etc.)_____
_____

Who is supervising? _____

Medicaid

Does your State bill Medicaid for peer services? (Substance Use)
Yes___ No___

If yes, do you know the type of waiver your State obtained in order to be able to bill for this service?

(Circle one)
Section 1905(a)(13) 1915(b) Waiver Authority 1915(c) Waiver Authority

Other Funding Streams

Are there funding streams besides Medicaid that support peer services?
Yes___ No____

If yes, what are those funding sources?

Care-Coordination (OPTIONAL, IF TIME ALLOWS)

Are services coordinated within the context of a comprehensive, individualized plan that includes specific individualized goals?
Yes___ No___

Is the planning process person-centered?
Yes___ No___

Are results measurable?
Yes___ No___

What services do certified peer specialists in substance use disorders provide?
Please list.

_____

_____

_____

Where do certified peer specialists in substance use disorders work? List the services provided.

Place of Service (Setting)	**List of Services**

Additional comments:

Attachment D
State Websites and References

State	Website/Document
Alabama	Alabama Alcohol and Drug Abuse Association: http://www.aadaa.us
Alaska	Alaska Department of Health and Social Services: http://www.hss.state.ak.us/ Treatment and Recovery Substance Abuse: http://www.hss.state.ak.us/dbh/substanceabuse
Arizona	Arizona Department of Health Services, Division of Behavioral Health Services Covered Behavioral Health Services Guide: http://www.azdhs.gov/bhs/bhs_gde.pdf Arizona Administrative Code Title 9, Chapter 20, Section 205 Clinical Supervision: http://www.azsos.gov/public_services/Title_09/9-20.htm
Arkansas	No peer support specialist services
California	No statewide data available
Colorado	Colorado Department of Human Services: http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251575083520 Office of Behavioral Health: http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251578892077
Connecticut	Connecticut Community for Addiction Recovery (CCAR): http://www.ccar.us Connecticut Department of Mental Health and Addiction Services: http://www.ct.gov/dmhas
Delaware	No peer support specialist services
District of Columbia	No response to inquiry
Florida	Florida Department of Children and Families: http://www.dcf.state.fl.us/index.shtml Substance Abuse Program Office: http://www.dcf.state.fl.us/programs/samh/SubstanceAbuse/index.shtml Florida Certification Board: http://www.flcertificationboard.org Certified Recovery Peer Specialist application: http://www.flcertificationboard.org/Certifications
Georgia	Georgia Council on Substance Abuse: www.gasubstanceabuse.org Georgia Certified Addiction Recovery Empowerment Specialist (CARES): http://www.gasubstanceabuse.org/CARES/index.htm

State	Website/Document
Hawaii	No response to inquiry
Idaho	No peer support specialist services
Illinois	Illinois Alcohol and Other Drug Abuse Professional Certification Association: http://iaodapca.org/index.cfm Certified Recovery Support Specialist: http://iaodapca.org/certifications/crss
Indiana	Indiana Certified Recovery Specialist Program: http://www.certifiedrecoveryspecialist.org Training Module: http://www.certifiedrecoveryspecialist.org/index.php/training_module_preview
Iowa	Iowa Department of Public Health: http://www.idph.state.ia.us/default.aspx Bureau of Substance Abuse: http://www.idph.state.ia.us/bh/substance_abuse.asp
Kansas	Kansas Department of Social and Rehabilitation Services: http://www.srs.ks.gov/Pages/Default.aspx Peer Support Policies: http://www.srs.ks.gov/agency/as/Pages/PIHP210-PeerSupport.aspx
Kentucky	Kentucky Division of Behavioral Health: http://dbhdid.ky.gov/dbh/default.asp
Louisiana	No response to inquiry
Maine	Office of Substance Abuse: http://www.maine.gov/dhhs/osa
Maryland	Maryland Department of Health and Mental Hygiene: http://www.dhmh.state.md.us
Massachusetts	Massachusetts Office of Health and Human Services: http://www.mass.gov/?pageID=eohhs2homepage&L=1&L0=Home&sid=Eeohhs2 Substance Abuse Services: http://www.mass.gov/dph/bsas
Michigan	Michigan Department of Community Health: http://www.michigan.gov/mdch Bureau of Substance Abuse and Addiction Services: http://www.michigan.gov/mdch/0,4612,7-132-2941_4871---,00.html
Minnesota	Minnesota Department of Health: www.health.state.mn.us Alcohol and Drug Abuse Division: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000082#
Mississippi	No peer support specialist services

State	Website/Document
Missouri	Missouri Substance Abuse Professional Credentialing Board: www.msapcb.com
Montana	No peer support specialist services
Nebraska	Focus on Recovery–United: http://www.focusonrecovery.org/site Nebraska Department of Health and Human Services, Network of Care for Behavioral Health: http://www.dhhs.ne.gov/networkofcare
Nevada	No peer support specialist services
New Hampshire	Friends of Recovery– New Hampshire: http://www.recoverynh.com New Hampshire Department of Health and Human Services: http://www.dhhs.nh.gov
New Jersey	The Certification Board, Inc.: http://www.certbd.com
New Mexico	New Mexico Credentialing Board for Behavioral Health Professionals: http://www.nmcbbhp.org
New York	Friends of Recovery–New York: http://www.for-ny.org New York State Office of Alcoholism and Substance Abuse Services: www.oasas.ny.gov
North Carolina	North Carolina Department of Health and Human Services: http://www.ncdhhs.gov/ North Carolina Substance Abuse Professional Practice Board: http://www.ncsappb.org
North Dakota	No response to inquiry
Ohio	Ohio Chemical Dependency Professionals Board: http://www.ocdp.ohio.gov
Oklahoma	Oklahoma Department of Mental Health and Substance Abuse Services: http://www.ok.gov/odmhsas
Oregon	Oregon's health care transformation legislation: http://www.leg.state.or.us/11reg/measpdf/hb3600.dir/hb3650.en.pdf Oregon Addictions and Mental Health Division (AMH) Peer-Delivered Services: http://www.oregon.gov/OHA/addiction/peer.shtml Addiction Counselor Certification Board of Oregon: http://www.accbo.com/index.php AMH Integrated Services and Supports Rule: http://www.oregon.gov/OHA/addiction/rule/main.shtml

State	Website/Document
Pennsylvania	Pennsylvania Certification Board: http://www.pacertboard.org
Rhode Island	Rhode Island Communities for Addiction Recovery Efforts (RICARES): http://www.ricares.org
South Carolina	South Carolina Department of Alcohol and Other Drug Abuse Services: http://www.daodas.state.sc.us South Carolina Association of Alcoholism and Drug Abuse Counselors: http://www.scaadac.org
South Dakota	No peer support specialist services
Tennessee	Tennessee Department of Mental Health, Division of Alcohol and Drug Abuse Services: http://www.tn.gov/mental/A&D
Texas	Texas Department of State Health Services, Texas Recovery Initiative: http://www.dshs.state.tx.us/sa/texasrecoveryinitiative
Utah	Utah Department of Human Services, Substance Abuse and Mental Health: http://www.dsamh.utah.gov
Vermont	Friends of Recovery–Vermont: http://www.friendsofrecoveryvt.org Vermont Alcohol and Drug Abuse Counselor Certification Board: http://www.vtcertificationboard.org
Virginia	Virginia Department of Behavioral Health and Developmental Services: http://www.dbhds.virginia.gov/
Washington	Washington State Department of Social and Health Services, Behavioral Health and Recovery: http://www.dshs.wa.gov/dasa
West Virginia	West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities: http://www.wvdhhr.org/bhhf
Wisconsin	Wisconsin Association of Peer Specialists: http://waps.health.officelive.com/default.aspx Recovery Solutions of Wisconsin: http://www.recoverysolutionsofwisconsin.com/Home.html University of Wisconsin–Milwaukee, Wisconsin Mental Health Peer Specialist Certification http://www4.uwm.edu/sce/program_area.cfm?id=3921 Wisconsin Peer Specialist Employment Initiative: http://www.wicps.org
Wyoming	Wyoming Department of Health: http://www.health.wyo.gov/mhsa/index.html