Peer Recovery Coach (RC)
Performance Specifications

Providers contracted for this level of care or service are expected to comply with all the requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

Peer Recovery Coaches (RCs) are individuals currently in sustained recovery of two or more years, who have lived experience with addiction and/or co-occurring mental health diagnosis, and who have been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Peer RCs are actively engaged in their own personal recovery and share real- world knowledge and experience with others who are on their own recovery path. Peer RCs share their recovery story and personal experiences in an effort to establish an equitable relationship and support Members in obtaining and maintaining recovery.

The primary responsibility of Peer Recovery Coaches is to support the voices and choices of the Members they support, minimizing the power differentials as much as possible. The focus of the Peer Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery, linking Members to recovery community, and serving as a personal guide and mentor. When appropriate, a Peer Recovery Coach may develop a recovery wellness plan with the Member support the Member in their pathway of recovery. The wellness plan may be shared for documentation purposes, with the Member's consent.

Members can access Recovery Coaching services based on medical necessity and a referral by a medical or behavioral health provider, Care Partner, or other care manager, who has contact with the Member and is able to identify the need for Peer Recovery Coaching services.

Peer Recovery Coaches are employed by a provider organization that is able to provider supervision, provides an organizational culture that supports fidelity to the model, meets credentialing requirements and provides an environment that is conducive to the needs of Peer Recovery Coaches and the Members they serve.

COMPONENTS OF SERVICE:

- The Peer Recovery Coach is a non-clinical and non-medical service. The expectations and functions of a Peer RC are different, but equally valuable to, those of clinical and medical staff.
- The Peer Recovery Coach forms a connection with the Member, acts as a mentor, coach, and supporter during recovery. This may include:
    - Providing emotional and social support
    - Helping the Member try new strategies for developing recovery- supportive friendships, reconnecting or improving family relationships, and identifying and using recovery-community networks
    - Acting in an open and transparent way as a role model and living example of a person in recovery
    - Providing linguistically appropriate and culturally sensitive peer recovery supports that embrace the diversity of the Member's identity, including racial,

ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and the Member's chosen pathway to recovery
    - Assisting the Member's recovery process and supporting the Member's goals and decisions
    - Providing services in a person-centered and strength-based manner based on a wellness or recovery plan developed by the Member or developed in collaboration between the Member and the Peer Recovery Coach
- The Peer Recovery Coach must help the Member form self-advocacy skills by supporting the Member's awareness and understanding that they possess or are working on their own recovery capacity. This may include:
    - Sharing recovery experience and using coaching and mentoring techniques to support a Member's awareness and understanding that the Member possesses their own recovery capital to help sustain their recovery
    - Supporting the Member in making positive life changes and developing skills to facilitate their recovery
    - Serving as an advocate for the Member and assisting the Member in learning self-advocacy skills
- The Peer Recovery Coach must assist the Member in creating meaningful links to medical and mental health treatment system, social services, and other systems, including state systems, with which the Member interacts. This includes:
    - Assisting the Member in creating personally meaningful links to treatment, peer recovery support services, and mutual aid and supporting the Member in their efforts to build their capacity to move between and among these services and supports as needed
    - Acting as a recovery liaison and supporting the Member in preparing for or accompanying the Member to meetings with, for example, probation officers, social workers, and child protection/child welfare worker
    - Providing temporary assistance with transportation (available through CCA as a plan benefit to medical and other appointments) to essential self-help, peer support, and medical and behavioral health appointments
    - Using transportation as an opportunity to advance the peer relationship, provide support and mentorship and/or supporting the Member's independence in obtaining transportation resources
- The Peer Recovery Coach is expected to:
    - Act in an open and transparent way as a role model and living example of a person in recovery
    - Use motivational interviewing and leverages evidenced-based practices from trainings, to support the Member's growth
    - Support Members in resourcing local recovery support
    - Deliver services on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of include, but are not limited to, a Member's home, an inpatient or diversionary unit, day program, self-help meeting, or Recovery Support Center.
- When working with pregnant and/or parenting Members, in addition to the requirements listed above, Peer RCs must:
    - Use peer mentionring framework, work collaboratively with the pregnant and/or parenting Member to create and coordinate Plan of Safe Care (also called Family

Suppot Plan) specifically designed to help the Member identify needed services for recovery and parenting.
    - Support the Member around the possible needs including but not limited to: perinatal health and support, housing, healthcare, income, mental health, lactation support, parenting support, and substance use disorder (SUD) treatment (incluidng MAT, MOUD) as identified in the Plan of Safe Care.
    - Become familiar with local resources, such as home visiting services, lactation support services, parenting support groups, childcare programs, and other services designed to support parents and/or parents in recovery and cdevelop parternhsips with local service providers, including local DCF and Early Intervention staff to facilitate engageme and self-advocacy on the part of the Member.
    - Help the Member understand DCF custody assessement process, support the Member in advocating for custody as appropriate, and assist the Member in following through on their Plan of Safe Care, or a DCF Family Action Plan if they have an open case.
- When appropriate, a Peer Recovery Coach may develop a Wellness Plan with the Member to support the Member in their path to recovery. The Wellness Plan may be shared, with the Member's consent, but is not a source of service documentation or reporting.
- In order to receive the case rate for Peer Recovery Coach services, the provider must document and be able to demonstrate that the Peer RC has completed the following minimum activities with all Members:
    - At least one in-person meeting at the onset of service delivery to develop initial goals with the Member (this might include a wellness plan, as appropriate); and
    - At least one connection with the Member over a 21-day period. Connections can be made in person, over the phone, text, audio, audio-visual communication provided the Member is engaged and responsive. These ongoing connections must support the peer relationship and support the Member in working towards the goals set with the Peer RC. The provider must be able to demonstrate that they are fulfilling the requirements of this performance specification, including the minimum Member interaction required for daily case rate. Sufficient time must be spent on case-related work without the Member present to assist the Member in accomplishing goals (i.e., phone calls to providers, identify materials). These activities are intended to support the work with the Member but not replace actual connections between the Member and the Peer RC.

STAFFING REQUIREMENTS

- Peer RCs must be able to safely and effectively provider recovery support to others. They must be willing and able to share their path to recovery and their lived experience of recovery with Members.
- Peer RCs must have at least a high school diploma or GED, except in cases where a reasonable exception can be made
- Peer RCs must have successfully participated in trainings and/or coursework that is designed to prepare individuals to serve as Peer RCs. The training program must be approved by EOHHS.
- Peer RCs must receive direct supervision from a supervisor who has completed training and/or coursework that is designed to prepare supervisors to supervise Peer RCs. The supervisor training program must be approved by EOHHS.
- Peer RCs must have obtained or must be able to demonstrate that they are actively working to obtain, credentialing as a Certified Addiction Recovery Coach (CARC) through Massachusetts Board of Substance Abuse Counselor Certification, or through another certification or credentialing process as specified by

EOHHS. To be considered as working toward credentialing as a CARC, a Peer Recovery Coach must:
    - Have completed Peer Recovery Coach Academy trainings and the Ethical Considerations for Recovery Coaches training; and
    - Must be in the process of completing supervised requirements and additional required trainings
- Peer RCs are employed by a larger organization that provides behavioral health services and is licensed within the Commonwealth of Massachusetts.

Expectations of Transgender inclusive and affirming policies for non-overnight levels of care

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

PROCESS SPECIFICATIONS:

ASSESSMENT, TREATMENT, RECOVERY PLANNING AND DOCUMENTATION:

- The Member defines and directs the structure and content of their own wellness and recovery. A wellness plan may be a structure that is used to support the Peer RC in their wellness and recovery. Goals and plans for the Member's journey in recovery are made in a collaborative and supportive manner with the Peer RC. With the Member's consent, a copy of the wellness plan is part of the Member's record. Wellness plans do not need to follow a standard template but must meet the individual needs of the Member.
- The Peer RC must document required activities for the case rate, including the initial in-person visit and the ongoing weekly contacts.
- The initial goals and plan, along with progress notes recorded through the stages of change framework, will be used for documentation for clinical review and medical necessity.

COMMUNITY AND COLLATERAL LINKAGES:

- Providers employing Peer Recovery Coach services maintain written affiliation agreements with a wide variety of organizations, including behavioral health, medical, and non- medical service settings. These agreements can include Qualified Service Organization Agreements (QSOAs), Memorandums of Understanding (MOUs), Business Associates Agreements (BAAs) or other linkage agreements. Such agreements include the referral process, coordination of care planning and activities, as well as transition, aftercare, and discharge processes. Some examples of affiliation agreements include:

Addiction services

Non-24 Hour Addiction Treatment

- Structured Outpatient Addiction Programs (SOAPs)

- Substance Use Disorder outpatient clinics
- Opioid Treatment Programs

24-Hour Addiction Treatment

- Inpatient for Substance Use (ASAM Level 4)
- Acute Treatment Services (ASAM Level 3.7)
- Clinical Stabilization Services (ASAM Level 3.5)
- Transitional Support Services (ASAM Level 3.1)
- Residential Rehabilitation Services (ASAM Level 3.1)

Other Behavioral Health

- Adult Mobile Crisis Intervention (AMCI)
- Community Behavioral Health Centers
- Licensed Mental Health Centers
- Partial Hospitalization Programs

Medical Settings

- Emergency Departments
- Primary Care Practices
- Licensed Mental Health Centers
- Hospital Settings
- OB/GYN Practices
- Community Health Centers

Other Settings

- Criminal Justice Programs
- Specialty Drug Courts
- Faith Based Organizations
- Recovery Support Centers
- Supportive/Sober Housing

QUALITY MANAGEMENT:

- The facility and/or program will develop and maintain a quality management plan that is consistent and that utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records and inform clinical programming.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA' s performance standards for this level of care for quality management and Network Management purposes.
- The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- All reportable adverse incidents will be reported to within one business day of their occurrence per policy and DMH licensing requirements. A reportable adverse incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services, or has recently been discharged from services.
- The provider must report any adverse events that occur to the relevant authorities and CCA.
- The facility and/or program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Reportable Events (SRE) and all related matters.