Center for Financing
Reform and Innovation

Executive Summary

Peer recovery support services (PRSS) are social support services delivered by people who have lived experience with substance use disorders (SUDs) and mental health conditions. There is a growing understanding of and evidence base supporting WKH EHQH¿WV RI 3566 ,QGLYLGXDOV ZKR UHFHLYH WKHVH services are more likely to stay engaged in the recovery process and are less likely to experience UHFXUUHQFH +LVWRULFDOO\ 3566 ZHUH ¿QDQFHG WKURXJK federal grant programs, but in recent years Medicaid KDV EHFRPH D VLJQL¿FDQW SD\HU

The purpose of this report is to explore and VXPPDUL]H WKH ¿QDQFLQJ XWLOL]DWLRQ DQG UHJXODWRU\ structures of provi0tT0 1 Tf 06he V X P P D À X J X O D W R U W Í• À €À @ 0 PTh8uctures of 0510046004800115400350036000 3>C002B004C00504 V X P P D À ìêí 0 1ÅV8U \ç êð X®¬ê¨ HÍ@]ê #ÑS(Šî®Þ¡ ShÐn(là Ï£ Š³¼ 6• à V X P U D 0 p ° P € À ð ¤p À ` `c 0† G ¿ \ H 6 6 Z

Research Questions

- What are the roles and requirements of PRSS in federal grant programs?
- Is there variation in state Medicaid plans' nancing and utilization of PRSS?
- What are the key challenges and opportunities to strengthen the PRSS workforce?

CHAPTER 1

Introduction

In 2011, SAMHSA funded the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) to support the LPSOHPHQWDWLRQ RI H HFWLYH UHFRYHU\ VXSSRUWV DQG services for individuals with mental health needs or SUDs. BRSS TACS created numerous publications and tools to assist health care practitioners LQFRUSRUDWH 3566 LQWR WKHLU ZRUNÀRZ

Select Milestones of Federal Support for Formalized Peer Recovery Support Services

1998

SAMHSA initiates the Recovery Community Support Program (RCSP) to support the recovery community to organize and participate in public policy discussions and address stigma

2003

The Role of and Need for Peer Workers

6$0+6$¶V ³&RUH &RPSHWHQFLHV IRU 3HHU 5HFRYHU\ DQG Behavioral Health Services" describes peer support DV ³R HULQJ DQG UHFHLYLQJ KHOS EDVHG RQ VKDUHG understanding, respect, and mutual empowerment between people in similar situations." Regardless of the setting, function, or role of PRSS, the literature is clear that it is critical to maintain the LQKHUHQW ³SHHUQHVV´ RI WKH VXSSRUW SHHU VXSSRUWHUV provide.[30] Peer specialists also need support from trained supervisors experienced in delivering peer VXSSRUW WR PRVW H HFWLYHO\ KDUQHVV WKHLU OLYHG experience to provide person-centered services.[31]

Recently, the Foundation for Opioid Response (RUWV)25(IXQGHG D VXUYH\ RI SHHU 7KH VHOI GDPLQLVWHUHG ZHE VXUYH\ ZDV October 2022 to January 2023 in 11 states. Findings highlight that peer workers serve populations DFURVV PDQ\ GL HUHQW VHUYLFH VHWWLQJV. DQG SHUIRUP a variety of tasks. The majority worked at RCOs or other community-based organizations, with the next largest groups working in courts and correctional systems or emergency department settings. The survey indicates that peer workers PRXQG FXUUHQW WUDLQLQJ DQG FHU somewhat easy, and the majority of respondents reported great satisfaction with their role. However, low compensation and a lack of career advancement opportunities were noted challenges.[27]

The Biden administration released a strategy for to transform behavioral health services in the country. Expanding the behavioral health workforce, including increasing access to and LPSURYLQJ WKH TXDOLW\ RI WKH SHH part of that strategy.[33] 7KHUH LV D ODUJH JDS in the current PRSS workforce. However, with over 20 million individuals in the country living in recovery from SUD,[3] there is great potential to expand the workforce to meet the need for peer recovery specialists.

hose to limit Medicaid
RU SHHU VXSSRUW WR EHQ
nditions, and it was less common
WHV WR SD\ IRU WKHVH VHUY
[37] In 2013, CMS issued clarifying
LFHV DV
DQFH WR UHD UP WKDW 3566 LV
DGGUHVVLQJ 68, 7KH JXLGDQFH
LQ VWDWH 0HGLFDLG
at peer-to-peer support services are available
to parents/legal guardians of Medicaid-eligible
QH¿WV SODQ %XW WKH
FKLOGUHQ DJHG DQG \RXQJHU ,Q
SAMHSA issued a Joint Informational Bulletin
about addressing mental health and substance use
issues in schools and noted that peer supporters
can play a critical role to help students.[38] States
have increasingly included PRSS as part of their
state Medicaid plans for addressing SUD. This is
due to a number of factors, including the following:

- State response to the opioid epidemic,
  ZKLFK KDV GLVSURSRUWLRQDWHO\
  0HGLFDLG EHQH¿FLDULHV[39]
- 7KH 3DWLHQW 3URWHFWLRQ DQG $
  Act (ACA) established that SUD and mental
  health treatment must be covered at parity

e provided by a
al health professional
QHG E\ WKH VWDWH

oordination

support services must be
ordinated within the context of

CHAPTER 2

Brief Summary of the Role of Peer Recovery Support Services in Grant Programs

To look at how the roles and delivery of peer recovery support services (PRSS) within federal grant programs FRQWUDVW ZLWK 3566 SDLG IRU E\ 0HGLFDLG QVWLWXWLRQDO LQ PHQWDO GLVHDVH 5HYLHZV ZHUH FRQGXFWHG €p00€PðÀ`ðÀ0@•DLODEOH GRFXPHQWLQJ programs, notices of funding opportunities, technical assistance and training materials, and other online content.

Programs from the following federal agencies were examined: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Justice (DOJ), and the Health Resources and Services Administration (HRSA). It is important to note that grant programs where PRSS has historically been provided often are funded in conjunction with a range of other prevention, harm reduction, and treatment services.

Review of Notices of Funding and Technical Assistance Materials for Select Grant Programs

Information was gathered on the following topics, when available:

- Type of grantee recipient (e.g., state, community organization, mental health provider, etc.)
- De nition of the peer role
- Description of peer services provided
-

SAMHSA Grant Programs Reviewed

	Name of program (years reviewed for the notice of grant funding announcements)
1	Access to Recovery (ATR) (2004, 2010, 2014)
2	Building Communities of Recovery (BCOR) (2017, 2019, 2021, 2022)
3	Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts (SAMHSA Treatment Drug Courts) (2012, 2015, 2020, 2022, 2023)
4	Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need – Targeted Capacity Expansion-Local Recovery-Oriented Systems of Care (TCE-Local-ROSC) (2009, 2010)
5	

The Value of PRSS as Described in Federal Technical Assistance Materials to Grantees

"When individuals exit addiction-treatment programs, or other institutions such as the military or correctional facilities, they often nd themselves in families and communities that are ill-equipped and under-resourced to support their recovery. RCOs bridge critical gaps by providing peer support and services to help stabilize early recovery and sustain long-term recovery. They ensure that supports and services have an authentic recovery orientation grounded in community wisdom and experience. RCOs are uniquely equipped to promote recovery and dismantle barriers to achieving it."[43]

– Peer Recovery Center of Excellence

Summary of Grant Program Findings

$FURVV JUDQW SURJUDPV WKHUH DUH VLPLODULWLHV LQ WHUPLQRORJ\ DQG PRSS by the federal agency involved and the year of publication of the notice of funding documentation. 7KHVH JUDQWV SURYLGH ÀH[LELOLW\ V propose activities and services based on their need. They are awarded based on an approved budget and reimbursed based on expending the budget. Although JUDQWV GH¿QH HOLJLELOLW\ DQG UHT grantees propose the types of services and the service PL[IRU LQGLYLGXDOV 7KLV ÀH[LELOL by grantee on the services delivered and how they are delivered.

Federal grant requirements share the following characteristics:

- PRSS are provided by individuals with lived experience who are in recovery from SUDs, a mental disorder, or co-occurring disorders. In some cases, family members are providers of PRSS.
- Grant funds provided directly to community provider organizations are allocated based on a proposed budget. Funds are used to support VWD VDODULHV DQG RWKHU H[SHQ awarded to the Single State Authorities (e.g., ATR, state targeted response [STR], or SOR) can be contracted to local service providers using a variety of funding methods, including fee-for-service, cost reimbursement, and bundled program contracts. The subcontract agreement and funding method determine how the funds are tracked and billed.

Federal grant requirements showed minimal agreement on the following:

- The scope of work that peer recovery specialists should provide.
- Who supervises peer recovery specialists.
- Payment rate for PRSS or salaries for peer recovery specialists.

CHAPTER 3

Medicaid Financing and Utilization of Peer Recovery Support Services

Medicaid is a joint federal-state program that provides health coverage for low-income and disabled

A state-by-state analysis of several publicly accessible sources (such as state plan amendments and websites) was conducted from January to March 2023. For each VWDWH ZH LGHQWL¿HG LQGLYLGXDO QRQ JURXS UHLPEX UHTXLUHPHQWV DQG VXSHUYLVLRQ UHTXLUHPHQWV IRU GRFXPHQWDWLRQ VXFK DV VWDWH SODQV 6% 6% DQG ZDLYHUV 6RXUFHV LQFOXGHG WKH IROORZLQJ

1 Fee-for-Service (FSS) Medicaid Fee Schedules

)HH VFKHGXOHV VSHFL¿F WR PHQWDO KHDOWK 0+ RU VX services, or both, were reviewed. The most common peer services billing code within the Centers for Medicare & Medicaid (CMS) Healthcare Common Procedure Coding System (HCPCS)[44] is H0038: Self-help and peer services, per 15 minutes. This search of Medicaid fee schedules yielded information about the following:

- B :KHWKHU WKH VWDWH ¿QDQFHV SHHU VHUYLFHV IRU HLV both, or neither.
- B 5HLPEXUVHPHQW UDWHV IRU SHHU VHUYLFHV VSHFL¿F W
- B :KHWKHU WKH UHLPEXUVHPHQW UDWHV IRU 0+ DQG 68' S where both are covered.

2 Authorization within State Plans

State authorization was determined by reviewing the state plan, the state's existing or pending Medicaid waivers as of March 2023, and enacted or pending bills related to MH or SUD (or both) peer services. For some states, these resources also yielded LQIRUPDWLRQ UHJDUGLQJ WKH ¿QDQFLQJ RI WKHLU SHHU RU VXSHUYLVLRQ UHTXLUHPHQWV RU ERWK

3 State Peer Certi□cation Board or Training Program Websites

:KHQ DYDLODEOH LQIRUPDWLRQ UHJDUGLQJ WKH VWDWH VWDWH DSSURYHG WUDLQLQJ SURJUDPV ZDV XVHG WR LG UHTXLUHPHQWV IRU SHHUV RU ERWK

Medicaid Rates, Certi cation, and Supervisor Credential Requirements by State

7DEOH SURYLGHV LQIRUPDWLRQ E\ VWDWH RQ UDWHV FHUWL¿FDWLR
68' 6RPH VWDWHV KDYH PXOWLSOH GH¿QHG UROHV IRU 3566 LQ ZKLFK
The table includes the following information:

- B0HGLFDLG &RGH + RU QHDUHVW HTXLYDOHQW FRGH UHLPEXUVHP self-help or peer services, or both.
- B&HUWL¿FDWLRQ UHTXLUHPHQWV LQFOXGLQJ OLYHG H[SHULHQFH RU experience hours, supervised work experience hours, and for completing an examination.
- BWhether clinical professionals or senior peer providers are eligible to provide supervision.

3OHDVH QRWH WKDW VRPH VWDWHV PD\ OLPLW VHUYLFHV WR VSHFL¿F %ODQN ¿HOGV LQGLFDWH WKDW WKH UDWH RU UHTXLUHPHQW ZDV QRW outlined above.

	15-Minute FFS Rates		Certi cation Requirements					Supervisor	
State	MH	SUD	Lived Experience/ Recovery	Work Experience Hours	Training Work Hours	Supervised Work Hours	Pass Exam	Clinical	Peer
Oregon	$24.78	$24.78	Yes	2,000	40			X	X
Pennsylvania	$10.00	$10.00	Yes		78		Yes		X
Rhode Island	$13.50	$13.50	Yes	500	46	25	Yes	X	X
South Carolina	$5.98	$5.98	Yes	100	40			X	
South Dakota									
Tennessee	$10.00	$10.00	Yes	75	40	75		X	X
Texas	$11.25	$11.25	Yes	250	46	250	Yes	X	X
Utah	$14.89	$14.89	Yes		40			X	
Vermont			Yes	500	46	25	Yes		X
Virginia	$19.50	$13.00	Yes	500	72	25	Yes	X	
Washington	$12.30	$12.30	Yes		36		Yes	X	
West Virginia		$15.07	Yes	500	46	25	Yes	X	
Wisconsin	$9.78	$9.78	Yes		48		Yes	X	
Wyoming	$9.00	$9.00	Yes	500	46	25	Yes		

Note: The information in SAMHSA's Peer Recovery database is regularly updated. However, because each state handles its own certi cation processes, and they are ever-changing, it may occasionally have old information. If your state's certi cation information is out of date please email _____

Medicaid Reimbursement Varies by State

7KH UDQJH RI 0HGLFDLG UHLPEXUVHPHQW UDWHV IRU PLQXWHV RI S
DV ORZ DV LQ 6RXWK &DUROLQD WR LQ 1HZ <RUN 7KH DYHUD

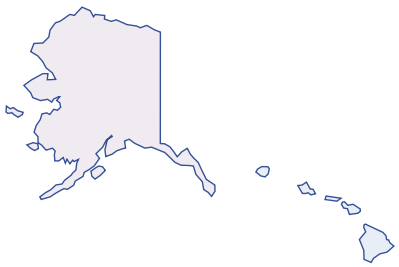
Few States Used Medicaid to Pay for Peer Support for More Than 5,000 Medicaid-Eligible Bene ciaries with a SUD

In the 2020 Transformed Medicaid Statistical Information System (T-MSIS) data, 84,532 Medicaid EHQH¿FLDULHV ZLWK D 68' UHFHLYHG SHHU VXSSRUW ZKLFK UHSUHVH $V VHHQ LQ ([KLELW WKH XVH RI SHHU VXSSRUW IRU 0HGLFDLG 68' F GDWD IURP VWDWHV VKRZHG IHZHU WKDQ 0HGLFDLG 68' FDVHV IR VXSSRUW ZDV ELOOHG IRU PRUH WKDQ 0HGLFDLG EHQH¿FLDULHV Z

- Kentucky: 17,542 cases, 11.3%
- Arizona: 17,114 cases, 11.2%
- 0LFKLJDQ FDVHV
- Ohio: 7,805 cases, 2.2%

Three states also had very high use of peer support in terms of percentage of Medicaid SUD cases treated: 'HODZDUH FDVHV :HVW 9LUJLQLD FDVHV DQG 0RQ states do not appear in the highest category in Exhibit 3 due to their smaller total number of Medicaid SUD cases.

Exhibit 3. Medicaid SUD cases treated by PRSS



Medicaid Bene ciaries Receiving PRSS for SUD Versus Other SUD Services

While PRSS is growing as a SUD support service, its use is still very low relative to other types of SUD services

CHAPTER 4

Short- and Long-Term Opportunities for Financing and Strengthening the Peer Recovery Support Services Workforce

As of this report's writing in 2023, 48 of 50 states are providing Medicaid coverage for peer recovery VXSSRUW VHUYLFHV 3566 EXW XVH RI WKLV EHQH¿W LV limited.[46] The limitation on use of PRSS may be due to a number of challenges in terms of variable UHLPEXUVHPHQW UDWHV FHUWL¿FDWLRQ UHTXLUHPHQWV and lack of knowledgeable supervisors.[31]

)RUWXQDWHO\ WKHUH DUH FXUUHQW H RUWV DW WKH IHGHUDO state, and local community levels to address some of these challenges. For example, the Substance Abuse and Mental Health Services Administration 6$0+6$ 2 FH RI 5HFRYHU\ KDV GHYHORSHG VHW RI 1DWLRQDO 0RGHO 6WDQGDUGV IRU 3HHU 6XSSRUW &HUWL¿FDWLRQ LQFOXVLYH RI PHQWDO KHDOWK VXEVWDQFH use, and family peer support.[27]

The publication of these model standards aims WR HQKDQFH WKH TXDOLW\ DQG FRQVLVWHQF\ RI 35566 practices across all states and supplement the existing workforce or contribute to its growth. However, the SAMHSA standards that address supervision[27] UHPDLQ LQ FRQÀLFW ZLWK VWDWH Medicaid plan scope-of-practice regulations WKDW VWLOO UHTXLUH D ³PHQWDO KHDOWK SURIHVVLRQDO´ to supervise PRSS.

This Chapter Summarizes the Input of a Technical Expert Panel

On May 25, 2023, SAMHSA convened a technical expert panel to:

- 5HYLHZ WKH ¿QGLQJV IURP &KDSWHU of this report for accuracy.
- Identify challenges that limit the growth of the PRSS workforce despite Medicaid reimbursement for services.
- Identify short- and long-term opportunities to strengthen PRSS as part of the continuum of SUD services.

The panel included diverse perspectives and national expertise in mental health and SUD PRSS (see Appendix A for list of panel members).

7KH YLHZV RI WKH SDQHO GR QRW QH views of SAMHSA or the federal government.

Factors That Prohibit the Broad Availability of PRSS[46]

- Lack of employment and career path advancement opportunities for peer support specialists that provide a competitive and equitable living wage.
- Lack of training opportunities for PRSS in communities of color, rural, and other underserved communities.
- Lack of eld experiences for newly trained peers to build skills and complete required certi cation hours.
- State Medicaid Plans, including exclusionary background checks (e.g., criminal background checks for those who may have a history of SUD) not taking into consideration the nature and quali cations for the role.
- Confusion about terminology and the different types of roles of peer workers such as community health workers, SUD peer recovery coaches, and mental health peer supporters.

Challenges with Growing the Peer Recovery Support Role

7KH SDQHO LGHQWL¿HG WKH IROORZLQJ FKDOOHQJHV WR

Undervaluing the Unique Contribution of Peers within a Clinical Treatment Model

7KH SDQHO GLVFXVVHG WKH LPSRUWDQFH RI ³SHHUQHVV´ 3566 WR PDLQWDLQ LWV XQLTXH FRQWULEXWLRQV LQ UHV 7KLV QHHG FDQ FRQÀLFW ZLWK WUDGLWLRQDO FOLQLFDO PRSS practice is organized toward the recovery of an individual within a community. Further, the setting within which a peer is employed is vital to the overall satisfaction DQG TXDOLW\ RI WKH 3566 VHUYLFHV

Lack of Diverse Representation in the Peer Workforce

The experts raised the need for the development of a more diverse peer workforce that LV FXOWXUDOO\ FRQJUXHQW FRPSHWHQW DQG PRUH LQF communities. PRSS must be able to serve diverse communities with intentionality.

Short-Term Opportunities to Strengthen PRSS as Part of the Continuum of SUD Services

Panelists provided input on immediate steps that can occur in the next 1 to 2 years WKDW FRXOG VXSSRUW WKH JURZWK RI 3566 DQG ¿QDQFL VXPPDUL]HG EHORZ 'HYHORSLQJ FDUHHU SLSHOLQHV DQ KLJKOLJKWHG DV IRXQGDWLRQDO WR QHDUO\ DOO WKH V

Uni□ed Federal Agency Guidance

7KH 'HSDUWPHQW RI /DERU 6$0+6$ +HDOWK 5HVRXUFHV (HRSA), and CMS could collaborate to create a national database on peer recovery specialists' wages, health insurance reimbursement rates, and utilization rates (including types of funding used) on a biannual basis. This could provide the basis IRU IXUWKHU ORQJHU WHUP FRVW EHQH¿W DQDO\VLV RI 3

SAMHSA and HRSA could provide increased technical assistance to peer employers across all settings and encourage the use of grant funds and opioid abatement funds (opioid settlement funds allocated to states and localities to address the opioid crisis). These funds could provide care transformation support to recovery community organizations (RCOs) and community-based providers to improve their capabilities to use Medicaid as a sustainable funding source. Clear guidance is also needed to help identify or develop funding opportunities for training RCOs and growing the PRSS workforce.

CMS Guidance

CMS could amend policies so that prior authorization by a licensed practitioner is not
UHTXLUHG IRU GHOLYHULQJ SHHU VXSSRUW HVSHFLDOO\ IR

Further, CMS could clarify through a guidance letter to all states and Managed Care Organizations (MCO) several policies that align with learnings from the SAMHSA grant
LQYHVWPHQWV DQG 1DWLRQDO 0RGHO 6WDQGDUGV 7KH OH

- 3566 PD\ EH DXWKRUL]HG E\ D VWDWH WR EH DQ ,Q /LHX RI WKH VWDWH GHWHUPLQHV WKDW LW LV D PHGLFDOO\ DSSU D FRYHUHG VWDWH SODQ VHUYLFH 0DQDJHG FDUH SODQV E\ WKH VWDWH DQG SURYLGH HQUROOHHV WKH RSWLRQ WR KHDOWK UHODWHG VRFLDO QHHGV ZDV GHVFULEHG LQ WKH 60'/ LVVXHG -DQXDU\ WKH 60'/ KLJKOLJKWV ZD\V FRPPXQLW\ providers can work with states and managed care plans to improve population health,
UHGXFH KHDOWK LQHTXLWLHV DQG ORZHU KHDOWK FDUH VWDWHV PD\ GHWHUPLQH 3566 DQ ,/26 FRXOG HQFRXUDJH
- Additional opportunities and examples on how peer-run RCOs could participate in the Medicaid program at the facility level.
- Peers with advanced experience in program oversight can provide direct supervision to
SHHU UHFRYHU\ VSHFLDOLVWV DQG VXSHUYLVLRQ E\ D FO
- 3566 FDQ EH GHSOR\HG ÀH[LEO\ DQG LV FRQVLGHUHG D NH intervention tool for individuals who might not meet the clinical criteria for more acute treatment.
- A recovery plan, rather than a clinical treatment plan, is allowable for Medicaid
EHQH¿FLDULHV WR HQJDJH LQ 3566
- 7HFKQRORJ\ HQDEOHG 3566 LV DFFHSWDEOH VXFK WKDW V or email are acceptable and billable interactions.

State Scope of Practice Laws

6WDWHV FDQ XSGDWH WKHLU VFRSH RI SUDFWLFH ODZV L 6WDQGDUGV 7KH 2 FH RI 1DWLRQDO 'UXJ &RQWURO 3ROL scope of practice regulation to help expedite this process.

Support Diverse Representation in the Peer Workforce

6$0+6$ RU RWKHU DJHQFLHV FDQ R HU VSHFL¿F JUDQWV V SURPRWH LQFOXVLYLW\ DQG UHFUXLW SHRSOH RI FRORU peer recovery support workforce.

References

$KPDG)% &LVHZVNL -$ 5RVVHQ /G GLXW WR+R PDQ / 9LOVDLQW & $E P. Provisional Drug Overdose Death Counts . 1DWLRQDO &HQWHU IRU +HDOWK 6WDWLVWLFV April 10, 2023. https://www.cdc.gov/ nchs/nvss/vsrr/drug-overdose-data.htm

2. Centers for Disease Control and Prevention. Deaths from Excessive Alcohol Use in the United States. Accessed April 10, 2023. https://www. cdc.gov/alcohol/features/excessive-alcohol- deaths.html

3. Substance Abuse and Mental Health Services Administration. 2022 NSDUH Annual National Report. SAMHSA. Published 2023. Accessed January 8, 2024. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

4. U.S. Department of Health and Human Services. Report to Congress on Implementation of the Health Workforce Strategic Plan . Published 2022. Accessed April 10, 2023. https://bhw.KUVD JRY VLWHV GHIDXOW ¿OHV EXUHDX KHDOWK workforce/about-us/reports-to-congress/hhs-health-workforce-report-to-congress-2022.pdf

5. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. What Are Peer Recovery Support Services? SAMHSA and HHS. 3XEOLVKHG $FFHVVHG $SULO KWWSV VWRUH VDPKVD JRY VLWHV GHIDXOW ¿OHV VPD SGI

6XEVWDQFH $EXVH DQG 0HQWDO +HDOWK 6HUYLFHV Administration. Peer Support Workers for Those in Recovery. SAMHSA. Updated September 27, 2022. Accessed April 10, 2023. https:// www.samhsa.gov/brss-tacs/recovery-support- tools/peers

%RLVYHUW 5$ 0DUWLQ /0 *URVHN 0 &ODLUH $- (HFWLYHQHVV RI D 3HHU 6XSSRUW &RPPXQLW\ LQ Addiction Recovery: Participation as Intervention. Occup Ther Int.

Bergman B, Hoeppner B, Weinstein C, of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching. Front Psychol. 5HWULHYHG IURP htt S V GRL RUJ I 8 J

2¶&RQQHOO 0-)ODQDJDQ (+ 'HOS 0('DYLGVRQ / (QKDQFLQJ 2XWFRP Persons with Co-Occurring Disorders Through Skills Training and Peer Recovery Support. J Ment Health. Published online March 10, 2017. Retrieved from http://dx.doi.org/10.1080

.HOO\ -) 6WRXW 5/ -DVRQ /$)DOC 1 +R PDQ /$ +RHSSQHU %% 2QH 6 Shopping for Recovery: An Investigation of 3DUWLFLSDQW &KDUDFWHULVWLFV From U.S. Recovery Community Centers. Alce2 <001100very Community Centers.Alce2 bu5h044004 htt S V 1080 Î(ñƒe (Ð À 0u€ . H ML H ' ¿ . H C htt` Pup …5`` Üi&'dLR S 'iÒ•

27. Substance Abuse and Mental Health Services Administration. Model Standards for State Behavioral Health Administrative Agencies. Accessed April 10, 2023. https://www.samhsa.JRY DERXW XV ZKR ZH DUH R FHV FHQWHUV RU model-standards

28. Ashford RD, Curtis B, Brown AM. Peer-Delivered Harm Reduction and Recovery Support Services: Initial Evaluation from a Hybrid Recovery Community Drop-in Center and Syringe Exchange Program. Harm Reduct J. ht WSV GRL RUJ V

6XEVWDQFH $EXVH DQG 0HQWDO +HDOWK 6HUYLFHV Administration. Best Practices for Recovery Housing. SAMHSA. Published 2023. Accessed 1RYHPEHU

40. KFF. Medicaid Behavioral Health Services: Peer Support Services. Accessed April 10, 2023. KWWSV ZZZ N RUJ RWKHU VWDWH LQLWLDWLYHV medicaid-behavioral-health-services- peer-support-services/?currentTimeframe=0

41. Centers for Medicare & Medicaid Services. Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF). Accessed April 10, 2023. https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-UHVHDUFK ¿OHV WUDQVIRUPHG PHGL LQIRUPDWLRQ V\VWHP W PVLV DQDO\WLF ¿OHV index.html

42. Substance Abuse and Mental Health Services Administration. 6$0+6$¶V :RUNLQJ 'H¿QLWLRQ of Recovery. SAMHSA. Published 2012. Accessed August 17, 2023. https://store.samhsa. JRY SURGXFW 6$0+6$ V :RUNLQJ 'H¿QLWLRQ of-Recovery/PEP12-RECDEF

43. Peer Recovery Center of Excellence. Optimizing Recovery Funding, Volumes 1 & 2. Peer Recovery Center of Excellence, University of Missouri – Kansas City. Published 2023. Accessed April 10, 2023. https://peerrecoverynow.org/documents/orf.1.2023.volume1-2.pdf

44. Centers for Medicare & Medicaid Services. +&3&6 4XDUWHUO\ 8SGDWH &06 3XEOLVKHG March 17, 2023. Accessed April 10, 2023. https://www.cms.gov/medicare/coding/KFSFVUHOHDVHFRGHVHWV KFSFV TXDUWHUO\ XSGDWH

45. Centers for Medicare & Medicaid Services. Interactive T-MSIS SUD Data Book (TAF). Accessed April 10, 2023. https://portal.cms.gov/MSTR2021/servlet/mstrWeb?src=mstrWeb.2048001&ru= 1&documentID=(($ (% $% $ ()('&evt=2048001&share=1&hiddensections=hHDGHU &SDWK &GRFN7RS &GRFN/HIW &IRRWHU 6HUYHU 9 3 3RUW 3URMHFW 68' 'DWD %RRNB3UG

3V\FKLDWU\ %HKDYLRUDO +HDOWK 1HWZRUN Initiatives Addresses Obstacles to Wider Adoption of PRSS. Published 2020. Accessed April 13, 2023. https://www.hmpgloballearningnetwork.com/site/addiction/article/initiative-addresses-obstacles-wider-adoption-prss

47. Centers for Medicare & Medicaid Services. State 0HGLFDLG 'LUHFWRU /HWWHU 60'/ CMS. Published 2023. Accessed August 17, 2023. https://www.medicaid.gov/sites/default/ ¿OHV WG SGL 8 6 %XUHDX RI /DERU 6WDWLVWLFV (PSOR\PHQW DQG :DJH 6WDWLVWLFV 6/&2 2FFXSDWLRQV $FFHVVHG -XQH https://www.bls.gov RHV FXUUHQW RHVBVW &HQWHUV IRU 0HGLFDUH 0HGLFDL Incentive Programs Milestone Timeline. CMS. Accessed April 20, 2023. https://www.cms.JRY 5HJXODWLRQV DQG *XLGDQFH EHRIncentivePrograms/downloads/EHRIncentProgtimeline508V1.pdf

50. Centers for Medicare & Medicaid Services. Integrated Care for Kids (InCK) Model. CMS. Accessed April 20, 2023. https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model

51. Centers for Medicare & Medicaid Services. Maternal Opioid Misuse (MOM) Model. CMS. Accessed April 20, 2023. https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model

52. Peer Recovery Center of Excellence. Medicaid Reimbursement for Peer Support Services: A Detailed Analysis of Rates, Processes, and Procedures. Peer Recovery Center of Excellence, University of Missouri – Kansas City. Published 2024.

APPENDIX A

Members of the Expert Panel

6$0+6$ FRQGXFWHG D YLUWXDO SDQHO WLWOHG ³)LQDQFLQJ 3HHU 5HF
the Substance Use Disorder Workforce" on May 25, 2023. The objective of the panel was to gather valuable
LQSXW IURP H[SHUW SDQHOLVWV DLPLQJ WR DVVLVW 6$0+6$ LQ ¿QDO
LPSURYLQJ WKH ¿QDQFLQJ DQG VXSSRUW IRU SHHU UHFRYHU\ VSHFLDO

The panel consisted of seven individuals who possessed expertise in peer recovery support services,
VXEVWDQFH XVH GLVRUGHUV KHDOWK FDUH ¿QDQFLQJ DQG SD\PHQW
individuals, SAMHSA was able to gather invaluable insights and expertise to enhance the understanding and
LPSOHPHQWDWLRQ RI ¿QDQFLQJ VWUDWHJLHV IRU SHHU UHFRYHU\ VXS

7KH IROORZLQJ H[SHUW SDQHOLVWV PDGH VLJQL¿FDQW FRQWULEXWLR

Robert Ashford
)RXQGHU DQG &(2 5HFRYHU\/LQN DQG ([HFXWLYH 'LUHFWRU 8QLW\ 5H

Amy Brinkley
5HFRYHU\ 6XSSRUW 6\VWHPV &RRUGLQDWRU 1DWLRQDO $VVRFLDWLRQ
1$60+3'

Sierra Castedo
Postdoctoral Fellow, JEAP Initiative

Johanna Dolan
Founder and CEO, Dolan Research International

Dana Foglesong
,PPHGLDWH 3DVW 3UHVLGHQW 1DWLRQDO $VVRFLDWLRQ RI 3HHU 6XSS

Joe Powell
3UHVLGHQW DQG &(2 $VVRFLDWLRQ RI 3HUVRQV $ HFWHG E\ $GGLFWL

Dave Sheridan
([HFXWLYH 'LUHFWRU 1DWLRQDO $OOLDQFH IRU 5HFRYHU\ 5HVLGHQFH

APPENDIX B

Contributors

7 K L V S X E O L F D W0 0 EywA 7 K L V D W p @ Ä½à p ° À a @ z L W {ÞÔW•TÁP¤W•æ D Z KD ¿ W Ô L R KÔ

APPENDIX C

Additional Data Tables

Number and percentage of Medicaid bene□ciaries in 2020 with a SUD served via PRSS

State	Number of Medicaid Bene□ciaries with a SUD Served by Peer Support, 2020	Percent of Medicaid Bene□ciaries with a SUD Who Received Peer Support, 2020	Difference in Percentage, 2017–2020 (Percentage Points)
Alabama	230	0.5%	0.5%
Alaska	159	0.9%	0.4%
Arizona	17,114	11.2%	0.2%
Arkansas	12	0.0%	0.0%
California	DS	DS	0.0%
Colorado	1,202	1.4%	DS
Connecticut*	0	0.0%	0.0%

State guidelines for PRSS recerti□cation and supervision

State	Retraining, Recerti□cation, Continuing Education*

Table 1. 2023 State Medicaid rates, SUD certi cation, and supervisor credential requirements

	15-Minute FFS Rates		Certi cation Requirements					Supervisor	
State	MH	SUD	Lived Experience/ Recovery	Work Experience Hours	Training Work Hours	Supervised Work Hours	Pass Exam	Clinical	Peer
Alabama	$23.10	$9.00	Yes		40		Yes	X	
Alaska	$23.09	$23.09	Yes	1,000	50–65	25		X	
Arizona	$21.86	$21.86	Yes						