TUFTS Health Plan

a Point32Health company

Peer Recovery Coach (RC) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General Behavioral Health Performance Specifications. All Performance Specifications are located on the Behavioral Health Performance Specifications page on Point32Health's provider website. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

DEFINITION

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 disorders and 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 RCs 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 RC 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 RC may develop a recovery or wellness plan with the member to 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 Peer Recovery Coaching services based on medical necessity and a referral by a medical or behavioral health provider, Community Partner (CP), or other care manager, that has contact with the Member and is able to identify the need for Recovery Coaching services.

Peer RCs are employed by an organization that: is able to provide supervision, an organizational culture that supports fidelity to the model; meets credentialling requirements and an environment that is conducive to the needs of Peer RCs and the Members they serve.

COMPONENTS OF SERVICE

1. Provide emotional and social support.
2. 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.

---

[1] Commercial products include HMO, POS, PPO, and CareLink[SM] when Tufts Health Plan is the primary administrator.

[2] Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

3. Share recovery experience and use coaching and mentoring techniques to support a Member's awareness and understanding that they possess their own recovery capital to help sustain their recovery.
4. Support Members in making positive life changes and developing skills to facilitate their recovery.
5. Help Members to discuss and try new strategies for developing recovery-supportive friendships, reconnecting or improving family relationships and identifying and using recovery-community networks.
6. Assist Members in creating personally meaningful links to treatment, peer recovery support services, and mutual aid, and support them in their efforts to build their capacity to move between and among these services and supports as needed.
7. Act in an open and transparent way as a role model and living example of a person in recovery.
8. When appropriate, use the peer relationship to assist with motivation and facilitate connections to primary and specialty medical, dental and mental health services as well as social services, including applying for benefits and navigating other relevant systems, including criminal justice and child protection/child welfare.
9. Act as a recovery liaison and support the Member in preparing for or accompanying Member to meetings with, for example, probation officers, social workers, and child protection/child welfare workers.
10. Provide linguistically appropriate and culturally sensitive peer recovery supports that embrace the diversity of Members' identities that include racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to recovery.
11. Serve as an advocate for Members and assisting Members in learning self-advocacy skills
12. Act as a mentor, assisting the Member's recovery process and supporting the Member's goals and decisions; support the Member in creating and enacting goals to work towards/in recovery (this might include a wellness plan).
13. Provide Peer Recovery Coaching services in a person-centered and strength-based manner.
14. Uses motivational interviewing and leverages evidenced based practices from trainings, to support the member's growth.
15. Provide temporary assistance with transportation to essential self-help, peer support and medical and behavioral health appointments while transitioning to community-based transportation resources.
16. Delivering services on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of such a setting include, but are not limited to, a Member's home, an inpatient or diversionary unit, a day program, a 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:

1. Use a peer mentoring framework, work collaboratively with the pregnant and/or parenting Member to create and coordinate Plan of Safe Care (also called Family Support Plan) specifically designed to help the Member identify needed services for recovery and parenting.
2. Support Member around perinatal health and support needs, housing needs, healthcare needs, income needs, mental health and substance use treatment needs (including MAT), as identified in the Plan of Safe Care.
3. 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. Develop partnerships with local service providers, including local DCF and Early Intervention staff to facilitate engagement and self-advocacy on part of the Member.
4. Help Member understand the DCF custody assessment process, and support Member in advocating for custody as appropriate. Assist Member in following through on a Plan of Safe Care, or a DCF Family Action Plan, if they have an open case.

In order to receive the case rate for Peer RC Services, the provider must document and be able to demonstrate that the Peer RC has completed the following minimum activities with all Members on the case:

1. 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
2. At least one (1) connection with the Member over a twenty-one (21) day period. Connections can be made in person, over the phone, or by text provided that the Member is engaged and responsive. These ongoing connections must support peer relationship and support the Member in working towards the goals set with the RC. The provider must be able to demonstrate that they are fulfilling the requirements of the performance specification, including the minimum Member interaction required for the daily case rate. Sufficient time spent on case related work without Member present to assist Member in accomplishing goals (e.g., phone calls to providers, identifying materials). These activities are intended to support the work with the Member but not replace actual connections between the RC and the Member.

STAFFING REQUIREMENTS

1. RCs must be able to safely and effectively provide recovery support to others. They must be willing and able to share their path to recovery and their lived experience of recovery with Members.
2. RCs must have at least a high school diploma or a GED, except in cases where a reasonable exception can be made.
3. RCs must have successfully participated in trainings and/or coursework that is designed to prepare individuals to serve as RCs. The training program must be approved by EOHHS.
4. RCs must receive direct supervision from a supervisor who has completed training and/or coursework that is designed to prepare supervisors to supervise RCs. The supervisor training program must be approved by EOHHS.
5. 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 the Massachusetts Board of Substance Abuse Counselor Certification, or through another certification or credentialing process as specified by EOHHS.
    a) To be considered as working toward credentialing as a CARC, a Peer RC must:
        i. have completed Peer Recovery Coach Academy trainings and the Ethical Considerations for Recovery Coaches training and
        ii. must be in the process of completing supervision requirements and additional required trainings.
6. The Peer RC is employed by a larger organization that provides behavioral health services and is licensed within the Commonwealth of Massachusetts.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

The provider employing the RC maintains written affiliation agreements, which may include Qualified Service Organization Agreements (QSOA), Memorandum of Understanding (MOU), Business Associates Agreements (BAA) or linkage agreements, with local providers of these levels of care that refer a high volume of Members to its program and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes.

Organizations that employ RCs are expected to have affiliation agreements with a wide variety of organizations, including behavioral health, medical, and non-medical service settings including:

1. Addiction Services
    - Non-24 Hour Addiction Treatment
        - Structured Outpatient Addiction Programs
        - Substance Use Disorder Outpatient Clinics
        - Opioid Treatment Programs
    - 24 Hour Addiction Treatment
        - Acute Treatment Services (Level 3.7)
        - Clinical Stabilization Services (Level 3.5)
        - Transitional Support Services (Level 3.1)
        - Residential Rehabilitation Services (Level 3.1)
2. Other Behavioral Health
    - Behavioral Health Community Partners
    - Emergency Service Programs (ESP)
    - Licensed Mental Health Centers
    - Partial Hospitalization Programs
3. Medical Settings
    - Emergency Departments
    - Primary Care Practices
    - Licensed Mental Health Centers
    - Hospital Settings
    - OB/GYN Practices
    - Community Health Centers
4. Other Settings
    - Criminal Justice Programs
    - Specialty Drug Courts
    - Faith Based Organizations
    - Recovery Support Centers
    - Supportive/ Sober Housing

QUALITY MANAGEMENT (QM)

The provider employing the Peer RC will comply with all requirements set forth by payer.

PROCESS SPECIFICATIONS

Assessment, Treatment/ Recovery Planning and Documentation

1. 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 RC in their wellness and recovery. Goals and the plan for the Member's journey in recovery is made in a collaborative and supportive manner with the RC. With 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.
2. The RC must document the required activities for the case rate, including the initial in person visits and the ongoing weekly contacts.
3. 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.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- May 2022: Updates based on MassHealth Managed Care Entity Bulletin 82: Updates to the MassHealth Peer Recovery Coach Benefit, March 2022
- July 2020: Template Updates