TUFTS Health Plan

Peer Recovery Coach/Recovery Support Navigator Staff Credentialing Waiver Request Form

Instructions:

- This form is only for credentialing waiver requests associated with Peer Recovery Coach/Recovery Support Navigator services.
- Please complete all fields; incomplete forms will not be considered.
- Please submit a separate request form for each service where a waiver is being requested.
- Please submit the following required documents along with this form:
  - Cover letter specifying what you are requesting to be waived
  - Candidate's resume
  - Candidate's official school transcripts when requesting to waive the level of degree or the field of degree
  - For new hires, documentation substantiating the rationale/need for the waiver request
- Any other supporting materials
- Email all documents to THP_Behavioral_Health@point32health.org.
- The waiver materials will be reviewed upon receipt. If a waiver application is incomplete, Tufts Health Plan will outreach to the provider for the outstanding items. If the provider does not submit necessary documentation within 30 days, the waiver will be denied at that time.

Name of Person Submitting Waiver: _____

Email Address of Person Submitting Waiver: _____

Candidate's Name: _____

Service for Which a Waiver Request is Being Submitted: _____

_____

Rationale for Waiver Request *(Please describe the need this candidate will fulfill, how they will address the need, and provide separate supporting documentation substantiating the need, in addition to this form.)*

☐ Ensuring Member Access (please specify): _____

_____

☐ Meeting Member Linguistic/Cultural Need (please specify): _____

_____

☐ Meeting Member Need for Specialized Care (please specify): _____

_____

☐ Other (please specify): _____

_____

Date of Waiver Request: _____

Organization Name: _____

TUFTS Health Plan

Geographic Site(s) Prospective Staff Will Work In: _____

Requirements the Organization is Requesting to be Waived *(Please check off the requirement(s) that the candidate does not have):*

Peer Recovery Coach – Please waive the following credentialing criteria (check all requirements that the candidate does not have):

☐ **Level of Degree:** At least a high school diploma or a GED

☐ **Training:** Successfully participated in trainings and/or coursework that is designed to prepare individuals to serve as Peer Recovery Coaches. The training program must be approved by the Massachusetts EOHHS.

☐ **Credentialing:** Peer Recovery Coaches 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.

☐ **Experience:** Peer Recovery Coaches are individuals currently in recovery 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.

☐ **Supervision Received:** Peer Recovery Coaches must receive direct supervision from a supervisor who has completed training and/or coursework that is designed to prepare supervisors to supervise recovery coaches. The supervisor training program must be approved by EOHHS.

Recovery Support Navigator – Please waive the following credentialing criteria (check all requirements that the candidate does not have):

☐ **Level of Degree:** Bachelor-level paraprofessional and at a minimum, must have a bachelor's degree in social work, psychology or a related field

☐ **Experience:** RSNs must possess sufficient knowledge and understanding about treatment and recovery from substance use disorders to fulfill the required activities in the Components of Service section of the *Recovery Support Navigator Performance Specifications*. This includes, but is not limited to, an understanding of addiction services available for MassHealth members, and resources available in the geographic area where they will serve members.

☐ **Experience:** Experience providing support services to adults and/or youth with addiction and/or co-occurring disorders

☐ **Supervision Received:** RSN staff are supervised by a licensed, master's-level clinician with training and experience in providing support services to adults and/or youth with addiction and/or co- occurring disorders. Supervision includes member- specific supervision, as well as a review of the member's treatment plan and goals

Statement of Agreement *(Please read and check the following, acknowledging agreement)*

☐ My organization will ensure that additional oversight, guidance, and training will be provided to candidates who have been waived by Tufts Health Plan, above and beyond that which is provided to adequately credentialed staff.