

MA Peer Recovery Services: continuous program improvement

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What are peer services? Why are they important?

- Peers are an emerging profession, growing and evolving.
- Recovery Community Organizations (RCOs) are also relatively new.
- RCOs, in addition to treatment programs, Tribes, and counties employ, train, and supervise peers.
- Peer support services and RCOs fill gaps in and around treatment in a non-clinical setting.
- Peer services are an important element of the substance use disorder (SUD) continuum of services.



DHS policy work to improve peer services

- DHS initiated peer services reforms in 2023
 - Codified additional standards for RCOs that bill peer recovery services and modified the certification process
 - Counties as eligible vendors of MA peer recovery services
 - Integrated training and individual peer certification
 - Ongoing funding for training to improve quality
 - Ongoing funding for culturally specific recovery community organizations
- The 2023 Legislature required DHS to consult with community partners to recommend whether entities seeking eligibility for MA peer recovery services should be subject to additional provider enrollment and oversight requirements.
 - Through that process, DHS has identified additional peer recovery policy improvement ideas.

Framework for improvement

Program and documentation requirements

Billing clarifications

Clinical Necessity (utilization management) Technical and conforming corrections

Improvement Ideas: Program and documentation requirements

- Requirement of an individual recovery plan
- Requirement to keep adequate client files
- Strengthening standards to be an RCO MA vendor of peer recovery services
- All RCOs must meet standards by 1/1/2025

Improvement ideas: Billing clarifications

- Peer recovery services should be provided according to the individual recovery plan
- Interactions need to include discussion on specific goals identified on the individual recovery plan
- No billing for group activities, transportation, individuals that live with the client
 - More time and consideration is needed to identify what group activities may be billed, specific policies related to group activities, and to identify appropriate rates
- More structure is needed to clarify what kind of recreational activities are billable

Improvement Ideas: Medical Necessity (utilization management)

- A review of up to 15% of all medical assistance claims to determine medical necessity of peer recovery support services.
- Clients limited to four hours a week of peer recovery support services.
 - Additional units of service up to a maximum of 14 hours a week with authorization.
- Peer recovery services not provided in accordance with the requirements are subject to monetary recovery if improperly paid.

Technical and conforming corrections

- Organization names changes
- Clarifying appeals process
- Cross-references
- Statutory reorganization

Community Input

- Community input is an important part of DHS's approach to PRS program improvement
 - Monthly RCO meetings
 - Thursday SUD connection meetings
 - Ongoing dialogue with external vendor & national experts to solve for emerging issues
 - Governor's Advisory Council on opioids, substance use, and addiction
 - Opiate Epidemic Response Advisory Council (OERAC)



Thank You!