



## Division of Mental Health and Addiction



# OUD ECHO Clinic

## Overview of Roles For Community Health Workers and Peer Recovery Coaches/Specialists

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# Objectives

- Understand National Best Practices for Peer Support Services
- Learn about Peer Services in Indiana
- Understand the role of CHW/CRS and Peer Recovery Coaches in Indiana



# National Peer Recovery 101



# RECOVERY

SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.



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# SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**—overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope



SAMHSA supports the development of peer and family support efforts through many different initiatives.

Peer support services usually operate in conjunction with clinical services which amplify the benefit of treatment by engaging peers in services they might otherwise not accept, offering ongoing support and psychosocial rehabilitation, and encouraging peers to stay in treatment and services by sharing their stories of recovery.

<https://blog.samhsa.gov/2014/05/26/the-value-of-peer-and-family-support/#.WsT-JE2Wypp>

# The goals of national practice guidelines include:



- The identification of guidelines for developing appropriate and meaningful job descriptions.
- Providing a foundation upon which peer support core competencies can be identified.
- Creating a basis for peer support ethical guidelines.
- Creating a foundation for a potential national credential.
- Facilitating reciprocity policies (recognized in multiple states).
- Providing information that could be used to examine peer supporter training curricula.

# National Peer Core Values/Ethics

- 1) Peer support is voluntary
- 2) Peer supporters are hopeful
- 3) Peer supports are open minded
- 4) Peer supporters are empathetic
- 5) Peer supports are respectful
- 6) Peer supporters facilitate change
- 7) Peer supporters are honest and direct
- 8) Peer support is mutual and reciprocal
- 9) Peer support is equally shared power
- 10) Peer support is strengths-focused
- 11) Peer support is transparent
- 12) Peer support is person-driven





# Practice Guidelines

Ethical Guidelines	Practice Guidelines
<b>Peer support is voluntary</b>	Peer supporters do not force or coerce others to participate in peer support services or any other service.
<b>Peer supporters are hopeful</b>	Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.
<b>Peer supporters are open minded</b>	Peer supporters connect with others where and as they are.
<b>Peer supporters facilitate change</b>	Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate



# Practice Guidelines

Ethical Guidelines	Practice Guidelines
<b>Peer support is equally shared power</b>	Peer supporters use language that reflects a mutual relationship with those they support.
<b>Peer recovery support is strengths-focused</b>	Peer supporters focus on the strengths of those they support.
<b>Peer support is transparent</b>	Peer supporters clearly explain what can or cannot be expected of the peer support relationship.
<b>Peer support is person-driven</b>	Peer supporters encourage those they support to make their own decisions.

# Practice Guidelines



Ethical Guidelines	Practice Guidelines
<b>Peer supporters are honest and direct</b>	Peer supporters do not make false promises, misrepresent themselves, others or circumstances.
<b>Peer supporters are empathetic</b>	Peer supporters practice effective listening skills that are non-judgmental.
<b>Peer supporters are respectful</b>	Peer supporters embrace diversity of culture and thought as a means of personal growth for those they support and themselves.
<b>Peer support is mutual and reciprocal</b>	Peer supporters learn from those they support and those supported learn from peer supporters.



# Indiana CHW/CRS Program

Community Healthcare  
Worker/Certified Recovery Specialist



# What is a Certified Recovery Specialist (CRS)?

- An individual who can use their own lived life experiences to help others (peers) through treatment and toward the path of sustained recovery from mental illness and/or substance abuse.
- Must have firsthand experience with a mental illness and/or substance abuse challenge as well as have lived in recovery for at least one year.
- Work very closely with case management staff in order to assist clients in maintaining long-term recovery.
- The primary focus of a CRS is maintained support in the recovery process.

<https://peernetworkindiana.org/>



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# *Peer recovery services (HCPCS code H0038)*

*(Medicaid Definition)*



Peer recovery services can also be referred to as peer support or peer counseling services.

Peer recovery services are individual, face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201929.pdf>



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# Provider qualifications

Peer recovery services must be delivered by individuals certified in peer recovery services per the Division of Mental Health and Addiction (DMHA) standards, and must be performed under the supervision of a licensed professional or a qualified behavioral health professional (QBHP).

Individuals providing peer recovery services must be under the supervision of a licensed professional, including:

- Licensed physician (including licensed psychiatrist)
- Licensed psychologist or a psychologist endorsed as an HSPP
- LCSW
- LMHC
- LMFT
- LCAC, as defined under *IC 25-23.6-10.5*
- QBHP
- Opioid Treatment Program (OTP) enrolled as provider specialty 835

# What do CRS's do?

(Formal Language MHANI)



- Provide outreach during early recovery
- Co-develop a personal recovery plan
- Articulate personal goals for recovery and holistic steps toward long-term recovery
- Assist in accessing community resources
- Create smooth transitions in level of care changes to ensure a continuum of support
- Guide and educate through the recovery process
- Engage in the recovery community
- Promote accountability and provide support before, during and after treatment
- Advocate for needs and community education about mental illness and substance abuse
- Explore and apply personal strengths
- Build positive social skills through role modeling

<https://peernetworkindiana.org/>



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# Can CHW/CRS's do other things?



Yes, as long as you are not billing Medicaid for (out of scope) Peer Services.  
(examples)....

- Groups
- Skill Building
- Recreation
- Case Management



# Where can a CHW/CRS work?

- Hospitals
  - Community Health Centers/Mental Health Centers
  - Churches
  - Residential Facilities
  - Recovery Residences
  - Schools/Recovery High Schools
  - Addiction/Recovery Centers
  - Recovery Community Organizations
  - Community Based Organizations
- And MORE!!



# What is a Community Health Worker?

*The CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence or service delivery.*

<https://peernetworkindiana.org/about/>



# Community Healthcare Workers and Reimbursement

- Community Healthcare Worker is a new and emerging area
- Medicaid recently started funding CHW's
- OMPP- Office of Medicaid Public Policy and Planning will present

# Practice within Your Scope



## Core Roles

- Enhance access and coordinated patient and peer-centered care
- Manage patient/consumer tracking and continuity of care
- Facilitate cultural bridging
- Provide social and peer support for self-management
- Support community mobilization and advocacy



# Examples of “Out of Scope” Activities

The CHW is not a:	You are moving out of scope if you:
Sponsor or equivalent	Perform AA/NA or other mutual help work in role of CHW. Guide someone through steps or recovery principles of a particular program
Therapist/ Counselor	Provide counseling Refer to your own work as therapy or counseling Attempt to address trauma, feelings, psychological symptoms
Nurse/ Physician	Suggest/express disagreement with medical diagnosis Offer medical advice Make statements about prescribed medications
Priest/ Clergy	Promote a particular religion/church Interpret religious doctrine Offer absolution/forgiveness



# Indiana's Certified Addiction Peer Recovery Coach Program (CAPRC I & CAPRC II)



# Recovery Coaches

Trainings offered by ICAADA (Indiana Credentialing Association on Alcohol & Drug Abuse) and Four County

- Both training curricula are based on CCAR (Connecticut Community for Addiction Recovery) program
- Test to receive credential (and subsequent credential) following training is given by IC & RC (International Certification & Reciprocity Consortium)

# Quick Facts: Recovery Coaches cont....



- Primary Focus is Substance Use Disorder
- Peer-Based / Lived Experience Credential. Direct lived experience is not required, unlike the CRS/CHW position
- Duties and roles, by and large, very similar to CHW/CRS position
- Medicaid eligible

# Where can Recovery Coaches work?

- Emergency Departments
- Jails
- Schools
- Treatment facilities
- Courtrooms
- Recovery Residences
- Health Departments
- Recovery Community Organizations
- Peer Resource Centers





# Some Examples in Indiana:

- Eskenazi Emergency Department
- Methodist Emergency Department
- Boone County Jail (7 more in Western Indiana)
- Reuben Engagement Center
- Life Recovery Center
- Centerstone(s)
- Fairbanks, Community North
- Anthem Insurance Company
- Community Outreach
- Austin, Indiana Health Department/HIV Clinic.
- Turning Point

# **Current Peer Support Reimbursement Options**

## **Available:**



- Medicaid
- Recovery Works
- Direct Contracts
- Managed Care Entities...e.g. Anthem Blue Cross Blue Shield etc.



# Overview of Indiana's Peer Supports

Total CRS/CHW's in Indiana is 427  
Total CAPRC' 1s in Indiana is 245

AND GROWING!!!!

**Peer Supports are recognized by multiple  
Federal and State authorities.**



**U.S. Department  
of Veterans Affairs**



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# Links/Sources

Statewide Addiction Treatment

[www.in.gov/fssa/addiction](http://www.in.gov/fssa/addiction)

Medicaid Updates

<http://provider.indianamedicaid.com/>

Office of Consumer and Family Affairs

<http://www.in.gov/fssa/dmha/4339.htm>

CRS/CHW Training Program

[www.peernetworkindiana.org](http://www.peernetworkindiana.org)

Peer Recovery Coach Training

[www.icaada.org](http://www.icaada.org)

MEDICAID

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201826.pdf>



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# Community Health Workers

## A Community Health Integration Program

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning  
Hannah Burney, MPH



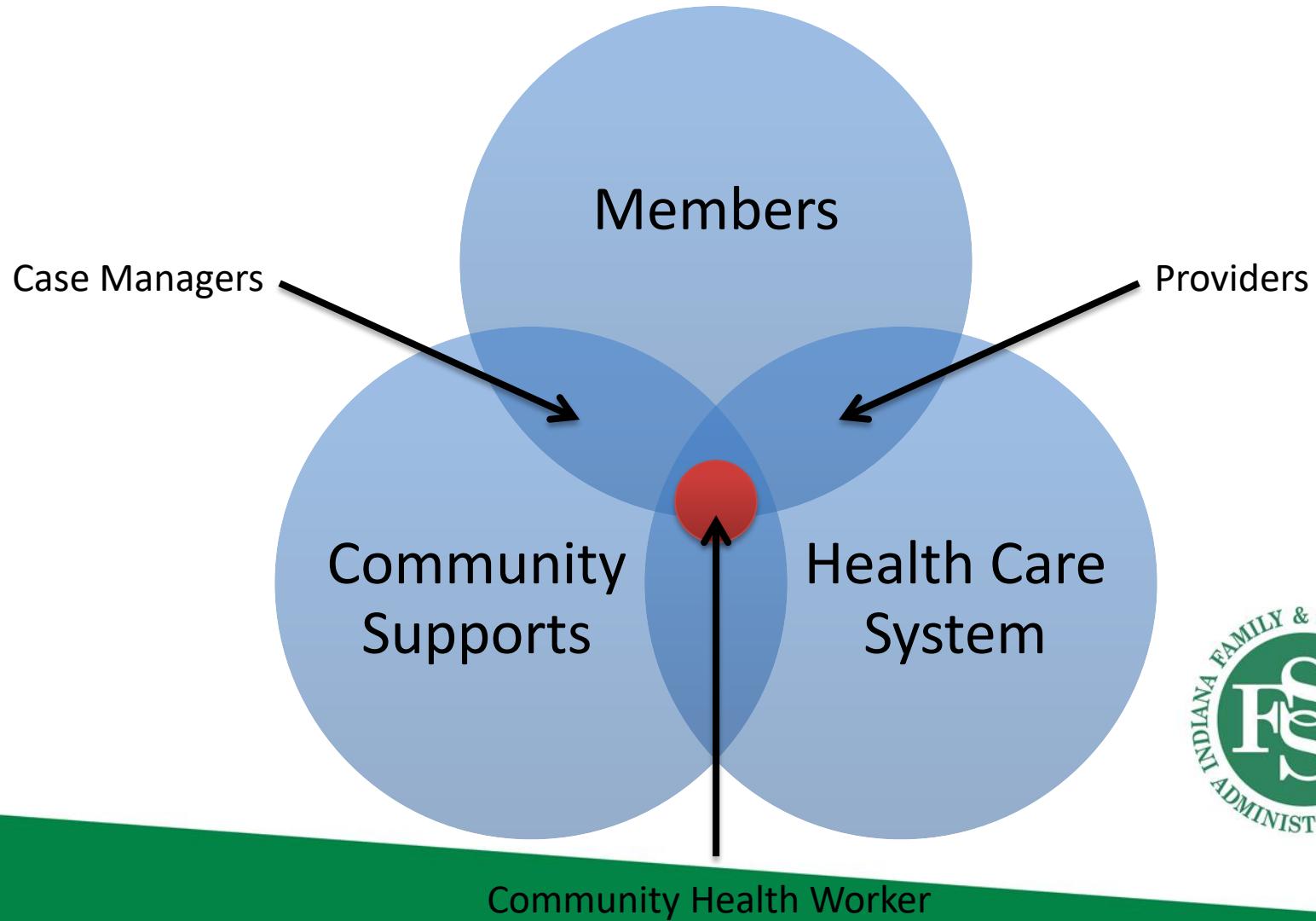


# What is a Community Health Worker?

As defined by the American Public Health Association:

- ❖ A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
  
- ❖ A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

# Intersection of Three Key Actors





# CHW Training and Recognition

- ❖ A billing IHCP provider must maintain documentation of CHW qualification for the individual providing CHW services.
- ❖ Currently, IHCP will recognize any CHW certification program that demonstrates the core competencies of a community health worker.
- ❖ Additionally, certification recognition may include individuals who have an academic degree (at least an Associate's) in a health care-related field or have employer-based training around health promotion and community health integration that provides training in CHW competencies.



# Reimbursable Functions

- ❖ Diagnosis-related patient education towards self-managing physical, mental, or oral health in conjunction with a health care team
- ❖ Facilitation of cultural brokering between an individual and a member (or members) of a health care team
- ❖ Health promotion education to a member to prevent chronic illness
- ❖ Direct preventive services or services aimed at slowing the progress of chronic diseases
- ❖ The service involves teaching the member how to self-manage their health effectively in conjunction with the health care team.
- ❖ The service is provided face-to-face with the member (individually or in a group) in an outpatient, home, clinic, or other community setting.
- ❖ The content of the diagnosis-related patient education plan or training program is consistent with established or recognized health care standards.



# IHCP CHW Examples

- ❖ Doula teaching breathing and relaxation skills during pregnancy or delivery
- ❖ Diabetes educator providing information to patient on ways to prevent type 2 diabetes
- ❖ Social worker providing educational support/information to a patient with a mental health diagnosis
- ❖ Interpreter communicating and facilitating between patient and provider
- ❖ Community liaison facilitating between patient and provider to help understand cancer treatment options
- ❖ Health educator discussing tobacco cessation with a patient
- ❖ Lactation consultant providing education to breastfeeding mother
- ❖ Health coach helping a patient understand their high blood pressure diagnosis and developing strategies to improve their blood pressure



# Non-Reimbursable Functions

- ❖ Case management
- ❖ Care coordination
- ❖ Insurance enrollment and “Navigator” assistance
- ❖ Advocacy efforts
- ❖ Arranging transportation/transporting a member to and from services
- ❖ Direct patient care outside of the level of training and certification an individual has attained

OMPP's distinction between a case manager and a CHW: Case managers provide a service on behalf of the member, not to the member. Community health workers provide a service to the member.



# CHW Provider Eligibility

A CHW needs to be supervised by one of the following:

- ❖ Physician
- ❖ Health Services Provider in Psychology (HSPP)
- ❖ Advanced Practice Nurse (APN)
- ❖ Physician Assistant
- ❖ Podiatrist
- ❖ Chiropractor



# Billing Guidance

- ❖ Available to any billing provider who employs a CHW under the supervision of an appropriate provider
- ❖ Must maintain documentation of medical necessity; be provided face-to-face and in an outpatient, home, clinic, or other community setting; prior authorization is not required.
- ❖ Must be billed in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per recipient. (*unit restrictions subject to change*)
- ❖ Must bill separate claim lines for each date of service (DOS) that services are provided (only one calendar month of service per claim). Claim must include appropriate diagnosis and the name of the CHW providing the service in the claim note.
- ❖ Must be billed on CMS-1500 claim form or its electronic equivalent.
- ❖ Must use the following procedure codes:
  - ❖ **98960** – Self-management education & training, face-to-face, 1 patient
  - ❖ **98961** – Self-management education & training, face-to-face, 2–4 patients
  - ❖ **98962** – Self-management education & training, face-to-face, 5–8 patients



# Resources

- ❖ Resources
  - ❖ APHA Community Health Workers: <https://www.apha.org/apha-communities/member-sections/community-health-workers>
  - ❖ IHCP CHW Bulletin: <http://provider.indianamedicaid.com/ihcp/Bulletins/BT201826.pdf>
  - ❖ IHCP Quick Reference Guide: <https://www.in.gov/medicaid/files/quick%20reference.pdf>
  - ❖ Indiana Medicaid (IHCP): <https://www.in.gov/medicaid/>
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