

**CERTIFIED**

**PERFORMANCE REQUIREMENTS FOR  
ADDICTION PROFESSIONALS**

# THREE DIFFERENT ROLES

- **Recovery Coach** – individuals 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. 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. RCs share their recovery story and personal experiences in an effort to establish an equitable relationship and support Members in obtaining and maintaining recovery.
- **Licensed Alcohol and Drug Counselor** – Provides **clinical** treatment for substance use disorders. Addiction Counselors: provide direct counseling to patients and families; assist patients with addiction management; and provide community support resources for recovery. There are three levels: LADC Assistant, LADC I, and LADC II. A person must have a LDAC II to work independently and to do third-party billing
- **Recovery Support Navigator** -- paraprofessionals who provide care management and system navigation supports to MassHealth members with a diagnosis of substance use disorder and/or co-occurring mental health disorders. The purpose of **RSN services is to engage Members as they present in the treatment system and support them in accessing treatment services and community resources.**

# PERFORMANCE REQUIREMENTS FOR RECOVERY COACHES

- 1. Recovery Coaches provide recovery, social, and emotional support.**
- 2. Recovery Coaches share their own recovery experiences and use coaching and mentoring techniques to support a Member's awareness and understanding that he/she possesses their own recovery capital to help sustain recovery.**
3. Recovery Coaches support Members in making positive life changes and developing skills to facilitate their recovery.
4. Recovery Coaches 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.
- 5. Recovery Coaches 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 own capacity to move between and among these services and supports as needed.**
- 6. Recovery Coaches act in an open and transparent way as a role model and living example of a person in recovery.**
7. Recovery Coaches 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, such as Mass. Rehab. Commission, Criminal Justice and Child Protection/Child Welfare.

# PERFORMANCE REQUIREMENTS FOR RECOVERY COACHES

8. Recovery Coaches act as a recovery liaison and supports the Member in preparing for or accompanying the Member to Court, Programming, as well as assisting members in finding and utilizing County, State and Federal resource agencies.
9. Recovery Caches provide linguistically appropriate and culturally sensitive peer recovery supports that embrace the diversity of Members' identities, including racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to recovery.
10. Recovery Coaches serve as advocates for Members and assist Members in learning self-advocacy skills.
11. Recovery Coaches act as mentors, assisting the Member's recovery process and supporting the Member's goals and decisions; the Recovery Coach also support the Member in creating and enacting a Wellness Plan.
12. Recovery Coaches are trained to provide Recovery Coaching Services in a person-centered and strength-based manner.
13. Recovery Coaches do provide temporary assistance with transportation essential for self-help, peer support, and medical and behavioral health appointments while Members are transitioning to community-based transportation resources.
14. Recovery Coaches deliver 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.

# PERFORMANCE REQUIREMENTS LADC

1. Counselor Core Functions means the following categories: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.
2. Counselors may work in all levels of the treatment from intervention, detox, ccs/tss, recovery homes, outpatient programs, and in hospital settings
3. Counselors may conduct screenings for substance use disorder, provide brief intervention on site, and make referrals to treatment
4. Counselors conform to the principles established by the American Society of Addiction Medicine (ASAM)
5. Counselors conduct intake assessments and determine appropriate levels of care.
6. Counselors work with patient and a treatment team to create and continuously update a treatment plan and monitor progress toward goals
7. Counselors help patient devise relapse prevention strategies
8. Counselors ensures continuous assessment of the Member's mental status throughout the treatment episode and documents such in the Member's health record. This includes consulting with mental health providers as needed.
9. Counselors provide individual and group therapy employing techniques such as Cognitive Behavior Therapy and Motivational Interviewing
10. Consolers conduct Psycho-educational groups with distinct modules that address substance use disorder education, relapse prevention, peer support and recovery-oriented services, awareness of HIV and other sexually transmitted infections, viral hepatitis counseling and testing, treatment planning, medication management/protocols, co-occurring disorders, and life-skills issues.
11. Create discharge/aftercare plan and connect members to outpatient or recovery services for post-discharge support. These discharge planning activities, including the specific aftercare appointment date/time/location(s), are documented in the Member's health record.
12. Must maintain up to date and accurate patient records.
13. Provide case-management and referral services.
14. Attend required training for keeping abreast of new knowledge and techniques related to the practice of social work and new substance use treatment modalities.
15. Performs quality management/assurances activities, as applicable.

# PERFORMANCE REQUIREMENTS RECOVERY SUPPORT NAVIGATOR

1. The RSN explores treatment recovery options with the Member, helps clarify goals and strategies, provides education and resources, and assists Members in accessing treatment and community supports. The RSN is not responsible for a Member's comprehensive care plan or medical or clinical service delivery, but supports the Member in accessing those services and participates as part of the overall care team when appropriate.
2. The RSN must develop a set of goals and objectives in conjunction with the Member, based on needs identified by the Member and/or any care plans that exist for the Member.
3. The RSN must identify whether the Member has a comprehensive care plan in place and a current provider responsible for implementing the care plan.
4. The RSN must connect the Member with providers able to develop and implement a comprehensive care plan. Could include a primary care provider, prescribing psychiatrist, therapist, residential program, addiction pharmacotherapy providers, or a CP if eligible.
5. The RSN must support the Member in understanding the treatment options available to him or her, including 24-hour programs, outpatient options, and all FDA-approved options for addiction pharmacotherapy.
6. **The RSN must provide information about, and facilitate access to, community and recovery supports, including supports for families.**
7. Facilitate warm hand-offs to programs by maintaining relationships with addiction providers within the Member's geographic area; and
8. Navigate insurance issues with Members, including identifying and explaining in-network and out-of-network providers and advocating with providers and plans on the Member's behalf.
9. The RSN must provide temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources.
10. **The RSN must deliver services on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of such a setting are a Member's home, an inpatient or diversionary unit, or a day program.**
11. The RSN must provide linguistically appropriate and culturally sensitive recovery support navigation that embraces the diversity of people's identities that includes racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to recovery.
12. Work collaboratively with the pregnant and/or parenting Members 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;
13. Support the Member in advocating for custody as appropriate. The RSN must assist the Member in following through on a Plan of Safe Care or a DCF Family Action Plan, if they have an open case.

# EDUCATION REQUIREMENTS

	Recovery Coach (CARC)	LADC Assistant	LADC II	LADC I	Recovery Support Navigator	DMH Certified Peer Specialist (DMH)
Minimum Degree	High School Diploma or GED	High School Diploma or GED	High School Diploma or GED	Master's in Behavioral Science <sup>1</sup> with 18 Graduate Semester Hours in Counseling	Bachelor's degree in social work, psychology, or a related field	High School Diploma or GED
Specialized Education	<p><b>60 hrs in the four CARC domains and additional trainings:</b>            10 hrs Advocacy,            10 hrs Mentoring/Education,            10 hrs Recovery/Wellness Support,            16 hrs Ethical Responsibility</p> <p>Additional trainings:            3 hrs Cultural Competency,            5hrs Addictions 101,            3 hrs Mental Health            3 hrs Motivational Interviewing</p>	50 hrs with specific category requirements	<p><b>270 hrs including:</b>            110 hrs on addiction,            75 hrs on drug and alcohol counseling, assessment, treatment planning, evaluation, and case management,            75 hrs on client, family, and community education, and            10 hrs on professional and ethical responsibilities</p>		"must possess sufficient knowledge and understanding about treatment and recovery from substance use disorders to fulfill the required activities"	<b>50 hour MA Certified Peer Specialist Training.</b>
Direct Practice	500 hours of work experience in the four CARC domains, completed in the last 10 years	2000 hours	<p>*6000 hours for high school equivalent</p> <p>*4000 hours with bachelor's degree</p>	<p>*6000 hrs with no LADC II</p> <p>*2000 hours if 4000 were documented with Bachelors for LADC II</p> <p>*No additional if 6000 were documented for LADC II</p>	"Organizations employing RSNs must ensure that RSN staff receive documented, annual training to enhance and broaden their skills."	Prefer some involvement (volunteer or paid) in a peer role; not entry level peer support

# ADDITIONAL REQUIREMENTS

	Recovery Coach (CARC)	LADC Assistant	LADC II	LADC I	Recovery Support Navigator	DMH Certified Peer Specialist (DMH)
Lived Experience	Not a current requirement	No	No		No	Yes
Supervision	35 hours of work experience (minimum of 5 hours per CARC domain), supervised by a trained Recovery Coach supervisor	0 hours	300 hours in an approved setting with at least 10 hours in each of the 12 Core Functions		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	n/a
Exam to receive certification	Yes	Yes	Yes	Yes	No	Yes
Application fee	\$250	\$100	\$100	\$100	n/a	\$0
Recertification	Every 2 years; 30 contact hours of continuing education including 2 courses: Ethics for Recovery Coaches and Multiple Pathways to Recovery	Every 2 years; evidence of 40 hours of continuing education; \$100 renewal fee			n/a	No
Certification Body	Certified Addiction Recovery Coach (CARC). Reported to BSAS	Mass Board of Substance Abuse Counselor Certification. Reported to BSAS			Overseen by MBHP/Masshealth	Department of Mental Health



# MOAR'S RECOVERY COACHING SERVICES

- MOAR Contracts
- Future Possibilities for OneCare
- Food for Thought:

MassHealth Contracts could require plans to:

- provide 30 days rehabilitation
- not to limit the ability of members to receive ongoing services from recovery centers or place limits on frequency of trips to recovery centers as determined by care team.
- Contract with community-based organizations that provide recovery coaches

We could mandate that recovery coaches are part of the care team :

- claims data that identifies persons with SUDs should be provided a recovery coach to perform a clinical assessment as part of onboarding of member.
- Member could decide whether or not they want recovery coaching after the assessment is done.
- Recovery coaches could be provided to members who are hospitalized or in rehab to ensure continuity of care transitions and care planning.

One Care plan contracts should include language that could require /make sure there is a warm handoff from in-patient to recovery, rehab or community-based services

Help from Recovery Coaches could be offered before discharge:

Support for the well-being of Recovery Coaches is important.

Recovery Coach can be employed with Plans, community-based organizations, hospitals.

# RECOVERY COACH COMMISSION RECOMMENDATIONS TO LEGISLATURE

## ***The commission shall recommend standards for credentialing a recovery coach, including, whether recovery coaches should be subject to a board of registration***

1. Credentialing standards should require lived experience and sustained recovery. Sustained recovery should mean at least two years in recovery.
  - A time-limited grandfathering process should be implemented for existing recovery coaches without lived experience, who received certification prior to new standards being implemented.
2. An alternative avenue for individuals without lived experience to serve as a support should be considered.
3. Recovery coach supervisors should be certified recovery coaches as part of their qualifications.
  - Current recovery coach supervisors should take the Recovery Coach Academy and the Recovery Coach Supervision curriculum.
4. The credentialing process should be overseen by a state-sponsored board of registration in order to increase transparency, authority, and responsiveness to the public.
5. The re-credentialing process should include continuing education requirements.
6. Any credentialing process established should compare the fees of similar certifications.

## ***The commission shall develop recommendations for a streamlined process to certify recovery coaches and adequate protections to ensure unauthorized individuals are not engaging in the practice of recovery coaching***

7. There should be a state-sanctioned process for suspending certifications or overseeing corrective action when a recovery coach does not sustain recovery or violates the code of ethics.

## ***Additional recommendations regarding employers***

8. Employers should incorporate recovery coach self-care into their organizational structure. They should establish policies and infrastructure to support the self-care needs of their recovery coach workforce.
9. Employers should have flexibility to hire uncredentialed recovery coaches who have a demonstrated skill or capability but do not have two years of sustained recovery.
10. Employers should ensure supervisors have the necessary skills and training to supervise recovery coaches.
11. Due to the potential for relapse, there should be support and resources available to recovery coaches from the board of registration as well as their employers, as appropriate to the individual circumstance.

# REP JAMES O'DAY'S: H.1744 AN ACT RELATIVE TO RECOVERY COACH CERTIFICATION

1. *DPH must create education, training, and work experience requirements. There will be examinations held twice per year. Coaches must participate in continuing education and renew their certification every two years.*
2. *If not certified, it will be illegal to call yourself a "recovery coach," but clinicians with other licenses can provide recovery support services*
3. *Coaches who have already met certification requirements here or similar requirements out of state will not need to go through re-certification*
4. *All insurers based in MA will be required to cover recovery coaching services to people at a clinicians recommendation without increased patient cost sharing.*

10/16/19