

**CERTIFIED**

**PERFORMANCE REQUIREMENTS FOR  
ADDICTION PROFESSIONALS**

# FUTURE POSSIBILITIES FOR ONE CARE

Mass Health contracts could require plans to:

- provide 30 days rehabilitation;
- not 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 want to see Recovery Coaches on the Care Teams of consumers identified as having a Substance Use Disorder (SUDs) in the form of Recovery Coaches being a part of the consumer's Treatment Process.

- Claims data that identifies persons with SUDs should be provided a recovery coach to perform a clinical assessment as part of on boarding of member.
- Members could decide whether or not they want recovery coaching after the assessment is done.
- Recovery Coaches could be provided to members who are in the Emergency Department, 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 and Community-Based Organizations just as they are now in Hospitals as well as working with Police Agencies.

# 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.

# 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 clinician's recommendation without increased patient cost sharing.*