



MassHealth
Managed Care Entity Bulletin 82
March 2022

TO: Managed Care Organizations, Accountable Care Partnership Plans, One Care Plans, Program of All-Inclusive Care for the Elderly (PACE), Senior Care Organizations, and MassHealth's Behavioral Health Vendor

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Updates to the MassHealth Peer Recovery Coach Benefit

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

MassHealth covers Recovery Coach Services provided by a person who has lived experience with substance use disorders (hereinafter "Peer Recovery Coach Services"). This covered benefit is for MassHealth members who are seeking to achieve or maintain recovery. MassHealth is committed to ensuring fidelity to the peer model and promoting recovery and recovery-oriented systems of care.

This bulletin outlines key updates and changes to MassHealth's Peer Recovery Coach Services. These changes incorporate findings and recommendations of the Peer Recovery Coach Commission established by the Care Act under Section 101 of Chapter 208 of the Acts of 2018 (see M.G.L. ch. 6, § 219), as well as feedback from stakeholders received by MassHealth as part of statewide Recovery Coach Commission listening sessions and the MassHealth-specific Peer Recovery Coach stakeholder engagement process.

Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, Senior Care Organizations (SCOs), MassHealth's behavioral health (BH) vendor (collectively, MCEs) and Program of All-inclusive Care for the Elderly (PACE) Organizations must implement and adhere to the standards and requirements in this bulletin in the delivery of Peer Recovery Coach Services by their network providers.

It is expected that MCEs will work with MassHealth to update the Peer Recovery Coach performance specifications to align with the changes in this bulletin.

Qualifications for Peer Recovery Coaches

MCEs and PACE Organizations must ensure that the Peer Recovery Coaches in their network are qualified. A qualified Peer Recovery Coach must have at least two years of sustained recovery, meet Executive Office of Health and Human Services (EOHHS) requirements, and meet all other applicable boards of registration and certification board requirements. Provider organizations should be permitted to implement additional hiring criteria to ensure fidelity to principles of Peer Recovery Coach services.

A Peer Recovery Coach providing services under the MassHealth benefit to MCE enrollees and PACE participants must have obtained or must demonstrate that they are working to obtain credentialing as a Certified Addiction Recovery Coach (CARC) through 1) The Massachusetts Board of Substance Abuse Counselor Certification; or 2) another licensure or certification process as determined by EOHHS. MCEs and PACE Organizations must ensure that network providers keep a record of each employed Peer Recovery Coach's certification details (e.g., each Peer Recovery Coach's CARC number) to inform to MassHealth and the MCEs and PACE Organizations upon request.

To be considered as working toward credentialing as a CARC, a Peer Recovery Coach must

- have completed Peer Recovery Coach Academy trainings and the Ethical Considerations for Recovery Coaches training and
- must be in the process of completing supervision requirements and additional required trainings.

MCEs and PACE Organizations must ensure that individuals who have not completed the CARC credentialing¹ within two years of being hired do not continue providing Peer Recovery Coach Services.

Provider Organization Requirements

MCEs and PACE Organizations may establish a contractual relationship with any type of provider organization that meets credentialing requirements for the purpose of providing Peer Recovery Coach services.

MCEs may not establish contractual relationships with individual Peer Recovery Coaches as solo practitioners; rather, network contracts must be with organizations that employ Peer Recovery Coaches to provide Peer Recovery Coach Services. This requirement is not applicable to PACE organizations.

¹The CARC training requirement may be waived in cases of extenuating circumstances identified by the provider organization with documentation submitted to and approved by the MCE or PACE organization.

Other Administrative Requirements

Billing

The requirements in this section are not applicable to One Care plans, SCOs, and PACE Organizations. MCOs, ACPPs, and the BH vendor must use procedure code and modifier H2016-HM for providers billing for the Peer Recovery Coach Service. Furthermore, MCOs, ACPPs, and the BH vendor must use a daily case rate billing structure for Peer Recovery Coach services at no less than the minimum rate set forth in Appendix T/L of their respective contracts. MCOs, ACPPs, and the BH vendor must allow providers to bill daily for each member on the Peer Recovery Coach's caseload. A member is considered to be on the Peer Recovery Coach's caseload if the Peer Recovery Coach has had documented contact with the member within the past 21 days.

Contact means at least one of the following examples of interaction between the member and the Peer Recovery Coach has occurred:

- An electronic or remote communication (text, email, phone, or audio-visual communication) during which the member demonstrates engagement through reciprocating texts, emails, or engaging in phone or audio-visual communications;
- An in-person meeting; or
- The Peer Recovery Coach accompanying the member to an appointment (such as medical or behavioral health, court, education, housing, employment). Visits may be in-person or via telehealth.

Authorization and Registration of Service

The requirements in this section are not applicable to PACE Organizations.

MCEs must ensure that the authorization procedures established for Peer Recovery Coach services allow for at least the first 90 days of service to occur without prior approval, provided however that MCEs may establish notification or registration procedures during the first 90 days of such services. MCEs must allow a 14-day window for providers to submit a notification of admission when members begin services.

Provided that the member meets the continuing stay requirements in the medical necessity criteria and continues to remain engaged in Peer Recovery Coach services after 90 days, the MCE may require the provider to submit documents to the plan for concurrent review, as determined by the MCE. Documents may include a summary of engagement efforts. MCEs may not require a recovery or wellness plan for authorization.

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Questions

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