

Peer Recovery Services, State Medicaid Coverage & Certification Requirements

Distinctions: Peer and Recovery Community Support

For at least 75 years, people in recovery from alcohol and other drug addiction have relied on connections with others in recovery for support to achieve their mutual recovery goals. Involvement in and expansion of these informal networks of support is a critical component of recovery success.

All 12-Step fellowships and many other recovery community groups are influenced by the 12 Traditions of Alcoholics Anonymous (AA), founded in 1935. One of the strongest is that of voluntary service to others seeking recovery. People in long-term recovery function without authority or expectation of remuneration. They may offer suggestions based on their own experience or function as a sponsor upon request. Ironically, the word peer, and all its connotations, is seldom used in recovery circles.

Many religious congregations also offer faith-based recovery support and groups. In some areas, recovery community centers offer fellowship, meetings and other activities. SMART Recovery, Women for Sobriety, AA, NA (Narcotics Anonymous) and other peer recovery support is available online free of charge.

These activities do not constitute treatment any more than support groups for diabetics constitute interventions to regulate insulin. However, attending treatment along with AA or NA has been shown to be more effective than treatment alone (Sheedy and Whitter, 2009). The foundational principles that guide these fellowships also distinguish them from the emerging field of professional peer recovery support services.

Recovery Support Services

Individuals with lived recovery experience may also decide to pursue training and/or certification to qualify them for paid positions as recovery support specialists. They may function as mentors, recovery coaches, health educators, or navigators. Such individuals generally do best when they have boundaries in place to distinguish what they do to manage their own recovery from their professional roles.

Peer recovery specialists can provide invaluable support to individuals in custody settings. They can also offer post-release support when these individuals re-enter the community. In criminal justice settings, it is crucial to success to have appropriate policies in place. For example, it is important to clarify the limits confidentiality and ensure peer specialists effectively communicate those limits. It is usually counter-productive to place excessive monitoring or reporting demands on peer support specialists. It can compromise the effectiveness by diminishing their status as 'peers.'

Recovery Capital

Recovery capital refers to the totality of beneficial resources available to an individual that can work in favor of recovery objectives. Some people can count on the support of an intimate partner, family, employers, or friends who have encouraged attempts to stop using, while others either cannot look to or do not have any of those sources of support. In such cases, increasing recovery capital is essential.

Supportive Services

In addition to personal relationships and informal networks of support, social determinants also impact recovery. Many community-based agencies offer these essential, non-clinical supportive services. Access to things like safe, drug-free housing, education, gainful employment, and healthcare, are essential to recovery, as is pursuit of drug-free interests and leisure activities.

Medicaid Coverage of Peer Support Service

The Center for Medicare and Medicaid Services (CMS) has recognized the role of peer support services in comprehensive behavioral health care and has a long history of reimbursement for peer mental health services. However, the value of peer addiction recovery support services has become more widely recognized, especially as communities impacted by the drug overdose crisis strive to increase access to care. CMS allows states many options for authorizing reimbursement of peer recovery support services through State Medicaid Plans or different types of CMS-approved waiver programs.

Section 1905 (a) (13) Authority – This part of the Social Security law allows approved State Medicaid Plans a [rehabilitative services option](#) for reimbursement of certain non-clinical supportive services for beneficiaries with SUD. Examples include peer recovery support, supported employment or skills training, recovery housing or transportation.

Section 2703 of the ACA – The Affordable Care Act (ACA) allows State Medicaid Plans to include a [Health Home option](#) to coordinate primary, acute, and behavioral healthcare for people with multiple chronic conditions. Health Homes may offer recovery support as a part of covered bundled services for beneficiaries with SUD. Of the 22 states using the health home option, more than half target SUD.

Section 1915(b) or (c) Waiver Authority – These can waive freedom of choice requirements and [allow states to mandate enrollment in Medicaid managed care](#) or primary care case management (PCCM) if they demonstrate managed care is cost-effective, efficient and consistent with Medicaid principles. Any cost savings are to be used to expand services.

Section 1115 Waiver Authority – Section 1115 waivers allow states the flexibility to demonstrate innovations that can waive certain Medicaid rules. CMS has approved or is considering [1115 waivers to transform behavioral health and addiction treatment](#) services for 24 states; nearly all include reimbursement for peer recovery support services.

Other mechanisms – Options for authorizing reimbursement for peer recovery services are expanding. In 2010, Section 1915(i) of the Social Security Act was amended to include home and community-based rehabilitative services (HCBS) for people with disabilities, mental illness, or SUD who might otherwise require institutional care.

More recently, the American Rescue Plan Act of 2021 incentivized rehabilitative HCBS and encouraged adoption of [mobile community-based crisis services](#) for beneficiaries with mental health or SUD by increasing the federal contribution to costs. Mobile crisis services may deliver interventions to help people avoid hospitalization and incarceration. Peer recovery support services are specified as a reimbursable element on mobile crisis services.

Requirements for Coverage of Peer Support Services

In 2007, [CMS released a letter to State Medicaid Directors](#) with guidance for authorizing reimbursement for peer recovery support services (PRSS). States have flexibility to choose the authority by which they cover and reimburse for services as long as they identify it, describe the services, the providers, and their qualifications. The following are minimum Federal requirements for supervision, care coordination, training and certification.

Supervision: A competent mental health professional (as defined by the state) must provide supervision that complies with State Practice Acts in amount, duration and scope appropriate to level of competency, experience, and the service mix.

Training and Certification: Peer support providers must complete training and certification as defined by the state to equip them with the basic competencies necessary to perform their functions. Similar to other provider types, ongoing continuing educational requirements must be in place.

Care Coordination: Services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals that have measurable results.

The SUPPORT Act of 2018 required the Government Accountability Office (GAO) to complete a [report on peer support services under Medicaid](#) which recently became available. The GAO report found that 37 state Medicaid programs covered peer recovery support services for adults with SUD as a stand-alone service for beneficiaries. At least three additional states covered peer recovery support services with limitations—as part of a treatment or treatment team. Peer recovery services are covered by Medicaid in both expansion and non-expansion states.

Mental health peer services have a longer history with Medicaid and are more likely to be covered. In some cases, reimbursement for mental health peer support services has been tied to psychiatric hospitals or community mental health centers; in other cases, addiction peer support services have only been covered for individuals with co-occurring mental and substance use disorders. Recently, several states have increased training and continuing education requirements for certification as a PRSS and are offering advanced or specialized credentials.

The information below is current based on the 2020 GAO report and other publications that reviewed state Medicaid programs between 2018 and 2020, but may omit very recent developments. It is best to consult individual state Medicaid websites to for the most up-to-date information on coverage of peer recovery support services. States listed below may also fund peer recovery support services with state revenues, Federal Access to Recovery funds, or other sources instead of or in addition to Medicaid.

State	Title	Certification	Time in Recovery?	Medicaid Authority
AL	Recovery Support Specialist	AL Dept of MH 40-hr. training + passing test score (70%)	2 yrs.	Covered in state plan under rehabilitative services.
AK	Peer Support Specialist (plus sub-specialties)	AK Commission for BH Certification 80 hrs. training, 1000 hrs. experience + 25 hrs. supervision.	1 yr.	Covered in state plan under rehabilitative services.
AR	Peer Recovery Specialist	AR works with NAADCA to certify; 46 hrs. approved training, 500 hrs. experience = 25 supervision	2 yrs.	Covered in state plan under rehabilitative services.
AZ	Peer & Recovery Support Specialist	AZ Health Care offers core, advance & supervisor certification: 40 hrs. approved training + 80% on exam.	Lived experience requirement	Covered in state plan under rehabilitative services.

CA	Peer Support Specialist	Counties certify according to state training standards by Sept 2021. 80 hrs. training + exam.	Lived experience requirement	Covered under 1115 waiver program.
CO	Peer & Family Specialist	Certification from providers' association + IC&RC, 60 hrs. training, 500 hrs. experience + 25 supervision.	Lived experience requirement	1915(b)(3) waiver included in bundled services.
CT	Peer Recovery Support Specialist	80 hrs. of approved training, 500 hrs. + 25 supervision; Certification by an RCO in the state.	Lived experience requirement	Covered under 1115 waiver program.
DE	Peer Recovery Specialist	DE Certification Board + IC&RC, 1000 hrs. + 25 supervision	Lived experience requirement	Covered under 1115 waiver program.
DC	Peer Specialist	Certification – DC Dept of BH Health - IC&RC exam; 6-week course plus 80-hr. supervised practicum	Lived experience requirement	No
FL	Peer Recovery Specialist	40 hrs. training by FL Certification Board; 500 hrs. experience + 16 hrs. supervision	2 yrs.	Covered in state plan under rehabilitative services.
GA	Addiction Recovery Empowerment Specialist	40 hrs. training w/exam from GA Council on Substance Abuse	2 yrs.	Covered in state plan under rehabilitative services.
HI	Hawaii Certified Peer Specialist	HI Adult Mental Health Division with approved training	1 yr.	COD only under state plan rehabilitative services.
ID	Peer Recovery Coach	46 hrs. from ID Certification Board, IC&RC exam, 500 hrs. experience + 25 supervision	1 yr.	No
IL	Certified Peer Recovery Specialist	100 hrs. training from IL Certification Board + IC&RC exam, 2,000 hrs. experience + 100 supervision	2 yrs.	Covered under 1115 waiver program.
IN	Certified Peer Addiction Recovery Coach I & II	Level I = 30 hrs. from MHA of NE Indiana + IC&RC exam, 500 hrs. + 25 supervision; Level II = 46 hrs. training	1 yr. for level II	Covered under 1115 waiver program.
IO	Certified Peer Recovery Support Specialist	46 hrs. from ID Certification Board + IC&RC exam, 500 hrs. experience + 25 supervision	Lived experience requirement	1915(b)(3) waiver covered for expansion population
KS	Peer Mentor in Training Certified Peer Mentor	6 hrs. training; 15 hrs. for certification from KS Dept for Aging & Disability Services	1 yr.	Covered in state plan under rehabilitative services.
KY	Adult Peer Support Specialist	60 hrs., training approved by Dept of Behavioral Health, IC&RC exam, 500 hrs. experience + 25 supervision	2 yrs.	Covered in state plan under rehabilitative services.
LA	Peer Support Specialist	76 hrs. training from LA Dept. of Health – Office of BH + 80% on exam	1 yr.	No

ME	Peer Recovery Coach	ME Certification Board – 50-hr. CCAR recovery coach training + 500 hrs. experience, 25 supervised.	Lived experience requirement	Covered in state health homes plan.
MD	Peer Recovery Specialist	46 hrs. from MD Certification Board, IC&RC exam, 500 hrs. experience + 25 supervision	2 yrs.	No
MA	Recovery Coach Recovery Support Navigator	MA Certification Board – 60-hr. CCAR recovery coach training + 500 hrs. experience, 25 supervised.	Lived experience requirement	Covered under 1115 waiver program.
MI	Peer Recovery Coach	MI Dept of Health & Human Services training w/exam, 10 hrs. a week providing recovery support services	2 yrs.	Covered in state plan under rehabilitative services.
MN	Peer Recovery Specialist (2 levels)	Level 1: 40 hrs. from MN Cert. Board + 1 hr. supervision every 20 hrs. experience + IC&RC exam	No	Covered in state plan under rehabilitative services.
MS	Certified Peer Support Specialist	34 hr.-training w/exam from MS Dept of MH, 250 hrs. experience in state MH system	6 mons.	Covered in state plan under rehabilitative services.
MO	Peer Specialist (2 higher levels)	Approved 5-day training w/exam from MO Cert. Board for level 1	Lived experience requirement	1115 waiver & covered for Certified Community BH Clinics
MT	Behavioral Health Peer Support Specialist	40 hrs. training from MT Board of Behavioral Health w/exam	2 yrs.	No
NE	Peer Support Specialist	40 hrs. from Dept of Health & Human Services w/ exam	1 yr.	Covered in state plan under rehabilitative services.
NV	Peer and Recovery Support Specialist	46 hrs. from NV Certification Board + IC&RC exam, 500 hrs. experience + 25 supervision	Lived experience requirement	Covered in state plan under rehabilitative services.
NH	Recovery Support Worker	46 hrs. approved training from NH Licensing Board + IC&RC exam, 500 hrs. experience + 25 supervision	Lived experience requirement	Covered in state plan under rehabilitative services.
NJ	Peer Recovery Specialist	46 hrs. from NJ Certification Board + IC&RC, 500 hrs. plus 25 supervision	Lived experience requirement	Covered for Certified Community BH Clinics
NM	Peer Support Worker	40 hrs. from NM Credentialing Board w/exam plus 40 hrs. 'pre-exposure' at approved agency	2 yrs.	Covered under 1115 waiver program in managed care plans.
NY	Addiction Recovery Coach Recovery Advocate	Coach: 60 hrs. training approved by NY Certification Board; Advocate: 46 hrs. + IC&RC exam, 500 hrs. + 25 supervision	No	Covered under 1115 waiver program as part of HARP.
NC	Peer Support Specialist	60 hrs. approved by Div. of MH, Develop. Disabilities & Substance Abuse Services	1 yr.	1915(b)(3) waiver bundled service in managed care plans

ND	Peer Support Specialist	ND Division of MH & Substance Abuse training w/exams	Lived experience requirement	No
OH	Peer Recovery Supporter	40 hrs. training or 3 yrs. experience + 16 hrs. online courses w/exam from OH MH & Addiction Services	Lived experience requirement	Covered in state plan under rehabilitative services.
OK	Certified Peer Recovery Support Specialist	40 hrs. from Dept of MH & Substance Abuse Services w/exam	Lived experience requirement	Covered in state plan under rehabilitative services.
OR	Addictions Recovery Mentor (2 other certifications)	40 hrs. training approved by OR Certification Board; Advanced-80 hrs. + 500 hrs.+ 25 supervision & exam.	2 yrs. suggested	As bundled service in State plan rehabilitative services.
PA	Recovery Specialist Family Recovery Specialist	54 hrs. + exam from PA Certification Board; Family Recovery Specialist-60 hrs.+ exam	18 mons. suggested	Covered for Certified Community BH Clinics
RI	Peer Recovery Specialist	46 hrs. training approved by RI Certification Board + IC&RC exam, 500 hrs. experience + 25 supervision	2 yrs.	Covered under 1115 waiver program.
SC	Peer Support Specialist	40 hrs. training approved by SC Peer Support Specialist Certification Board + IC&RC exam + 100 hrs. experience	1 yr.	Covered in state plan under rehabilitative services.
SD	Peer Specialist Services	SD in process of developing a credential. Two SOR-funded programs offer peer services & training	N/A	No
TN	Peer Recovery Specialist	40 hrs. training approved by Dept of MH & Substance Abuse + IC&RC exam + 75 hrs. supervised experience	2 yrs.	Covered in state plan under rehabilitative services.
TX	Recovery Support Peer Specialist	8 hr. core training + 46 hrs. w/exam approved by TX Health & Human Service Commission	1 yr.	State plan only as a bundled service.
UT	Peer Support Specialist	40 hrs. approved training w/ exam by Division of Substance Abuse & Mental Health	1 yr.	Covered in state plan under rehabilitative services.
VT	Recovery Coach	46 hrs. recovery coach training from VT Certification Board + IC&RC exam	1 yr.	Covered under 1115 waiver program.
VA	Peer Recovery Specialist	72 hrs. of VA Dept of BH Training IC&RC exam + 500 hrs. experience; 25 supervision	1 yr.	Covered in state plan under rehabilitative services.
WA	Peer Counselor	40 hrs. training w/exam approved by the Division of BH & Recovery	1 yr.	Covered in state plan under rehabilitative services.
WV	Peer Recovery Support Specialist	46 hrs. training approved by WV Certification Board + IC&RC exam 500 hrs. + 25 supervision	2 yrs.	Covered under 1115 waiver program.

WI	Peer Specialist	Training w/exam approved by WI Peer Specialist Employment Initiative	1 yr.	Covered in state plan under rehabilitative services.
WY	Peer Specialist	36 hrs. peer specialist training from WY Dept of Health	1 yr.	Covered in state plan under rehabilitative services.

Abbreviations

[IC & RC](#) – International Certification & Reciprocity Consortium administers tests for various professional credentialing that may be reciprocal across states and countries. IC & RC offers a Peer Recovery credential with standardized criteria that includes an exam.

[NCPRSS](#) – National Certified Peer Recovery Support Specialist is a national credentialing agency for peers recovering from a substance use or co-occurring mental health disorder with standardized criteria.

[NAADCA](#) – National Association of Addiction Professionals is a national credentialing agency that offers several different professional credentials with standardized criteria.

[MHA](#) – Mental Health America is a national nonprofit dedicated to addressing the needs of those living with mental illness and promoting overall mental health. They offer training and promote certification of peer specialists.

BH – Behavioral Health

MH – Mental Health

[SUPPORT Act](#) – Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (for Patients and Communities)

RCO – Recovery Community Organization

COD – Co-occurring mental health and substance use disorder

HARP – Health Action and Recovery Plans

[SOR](#) – State Opioid Response Federal funding

