

## **Recovery Coach**

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications.

**Recovery Coaches** are individuals currently 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. Recovery Coaches are actively engaged in their own personal recovery and share real-world knowledge and experience with others who are on their own recovery path. Recovery Coaches share their recovery story and personal experiences in an effort to establish an equitable relationship and support Members in obtaining and maintaining recovery.

The primary responsibility of Recovery Coaches is to support the voices and choices of the Members they support, minimizing the power differentials as much as possible. The focus of the Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery; linking Members to recovery community and serving as a personal guide and mentor. The Recovery Coach will work with the Member to develop a Wellness Plan that orients the activities of the Recovery Coach service.

Members can access Recovery Coaching services based on medical necessity and a referral by a medical or behavioral health provider, Community Partner (CP), or other care manager, that has contact with the Member and is able to identify the need for Recovery Coaching services.

Recovery Coaches are employed by an organization that is able to provide supervision, an organizational culture that supports fidelity to the model and an environment that is conducive to the needs of Recovery Coaches and the Members they serve. The Recovery Coach service is based within a provider organization that meets credentialing requirements for the purpose of providing Peer Recovery Coach services and Recovery Coaches can be deployed to any setting.

## **Component of Service**

1. Provide emotional and social support.
2. Share recovery experience and use coaching and mentoring techniques to support a Member's awareness and understanding that they possess their own recovery capital to help sustain their recovery.
3. Support Members in making positive life changes and developing skills to facilitate their recovery.
4. Help Members to discuss and try new strategies for developing recovery-supportive friendships, reconnecting or improving family/caregiver relationships and identifying and using recovery-community networks.

5. 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 capacity to move between and among these services and supports as needed.
6. Act in an open and transparent way as a role model and living example of a person in recovery.
7. When appropriate, 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, including criminal justice and child protection/child welfare.
8. Act as a recovery liaison and support the Member in preparing for or accompanying Member to meetings with, for example, probation officers, social workers, and child protection/child welfare workers.
9. Provide linguistically appropriate and culturally sensitive peer recovery supports that embrace the diversity of Members' identities that include racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges and their chosen pathway to recovery.
10. Serve as an advocate for Members and assisting Members in learning self-advocacy skills
11. Act as a mentor, assisting the Member's recovery process and supporting the Member's goals and decisions; support the Member in creating and enacting a Wellness Plan.
12. Provide Recovery Coaching services in a person-centered and strength-based manner.
13. Provide temporary assistance with transportation to essential self-help, peer support and medical and behavioral health appointments while transitioning to community-based transportation resources. The Recovery Coach uses transportation as an opportunity to advance the peer relationship, provide support and mentorship, and/or support the Member's independence in obtaining transportation resources.
14. Delivering 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.

**In order to receive the case rate for Recovery Coach Services, the provider must document and be able to demonstrate that the Recovery Coach has completed the following minimum activities with all Members on the case:**

1. At least one in-person meeting at the onset of service delivery to develop the Wellness Plan in conjunction with the Member
2. At least five (5) connections with the Member over a thirty (30) day period. Connections can be made in person, over the phone, email, audio-visual communication or by text provided that the Member is engaged and responsive. These ongoing connections must support peer relationship and support the Member in working towards the goals in the Wellness Plan. The provider must be able to demonstrate that they are fulfilling the requirements of the performance specification, including the minimum Member interaction required for the daily case rate. Sufficient time spent on case related work without Member present to assist

member in accomplishing goals (e.g, phone calls to providers, identifying materials). These activities are intended to support the work with the Member but not replace actual connections between the Recovery Coach and the Member.

### **Staffing Requirements**

1. Recovery Coaches must have at least two years of sustained recovery.
2. Recovery Coaches must have obtained or must be able to demonstrate that they are actively working to obtain, credentialing as a Certified Addiction Recovery Coach (CARC) through the Massachusetts Board of Substance Abuse Counselor Certification, or through another certification or credentialing process as specified by EOHHS; and completed the Ethical Considerations for Recovery Coaches training.
3. Recovery Coaches must have successfully participated in trainings and/or coursework that is designed to prepare individuals to serve as Recovery Coaches. The training program must be approved by EOHHS.
4. Recovery Coaches must be able to safely and effectively provide recovery support to others. They must be willing and able to share their path to recovery and their lived experience of recovery with Members.
5. Recovery Coaches must have at least a high school diploma or a GED, except in cases where a reasonable exception can be made.
6. Recovery Coaches must receive direct supervision from a supervisor who has completed training and/or coursework that is designed to prepare supervisors to supervise recovery coaches. The supervisor training program must be approved by EOHHS.
7. The Recovery Coach is employed by a larger organization that provides mental health or addiction services and is licensed within the Commonwealth of Massachusetts.

### **Service, Community, and Collateral Linkages**

1. The provider employing the Recovery Coach maintains written affiliation agreements, which may include Qualified Service Organization Agreements (QSOA), Memorandum of Understanding (MOU), Business Associates Agreements (BAA) or linkage agreements, with local providers of these levels of care that refer a high volume of Members to its program and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes.
2. Organizations that employ Recovery Coaches are expected to have affiliation agreements with a wide variety of organizations, including behavioral health, medical, and non-medical service settings including:
  - a. Addiction Services
    - i. Non-24-hour addiction treatment
      - Structured Outpatient Addiction Programs (SOAPs)
      - Substance use disorder outpatient clinics

## **Performance Specifications**

## **Recovery Coach**

- Opioid Treatment Programs
- b. 24-hour Addiction Treatment
  - i. 24-Hour addiction treatment
    - Acute Treatment Services (ATS) (Level 3.7)
    - Clinical Stabilization Services (CSS) (Level 3.5)
    - Transitional Support Services (TSS) (Level 3.1)
    - Residential Rehabilitation Services (RRS) (Level 3.1)
- c. Other Behavioral Health
  - i. Adult Mobile Crisis Intervention (AMCI)
  - ii. Licensed mental health centers
  - iii. Partial Hospitalization Programs
- d. Medical settings
  - i. Emergency departments (EDs)
  - ii. Primary care practices
  - iii. Hospital settings
  - iv. OB/GYN practices
  - v. Community health centers
- e. Other settings
  - i. Criminal justice programs
  - ii. Specialty drug courts
  - iii. Faith-based organizations
  - iv. Recovery support centers
  - v. Supportive/sober housing

## **Process Specifications**

### **Assessment, Treatment/Recovery Planning and Documentation**

1. The Member defines and directs the structure and content of his or her own wellness. Wellness Plans are created in a collaborative manner, with guidance, structure, and support from the Recovery Coach. A copy of the Wellness Plan is part of the Member's record. Wellness Plans do not need to follow a standard template but must meet the individual needs of the Member.
2. The Recovery Coach must document the required activities for the case rate, including the initial in person visits and the ongoing weekly contacts.
3. The Wellness Plan, along with progress notes recorded through the stages of change framework, will be used for documentation for clinical review and medical necessity.