

# Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Peer Workforce

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

**Webinar**

March 26<sup>th</sup>, 2024



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Center for Financing Reform and Innovation

CFRI is a SAMHSA contract with Westat that seeks to understand financing mechanisms of behavioral health care to identify opportunities, innovations, and challenges to service delivery and access.

CFRI provides SAMHSA with a dynamic mechanism to further its leadership and the field on immediate and relevant behavioral health financing and delivery issues.

Topics covered through CFRI include Financing Coordinated Specialty Care for first-episode psychosis, Value-Based Payment for SUD treatment, and many others.



## Center for Financing Reform and Innovation

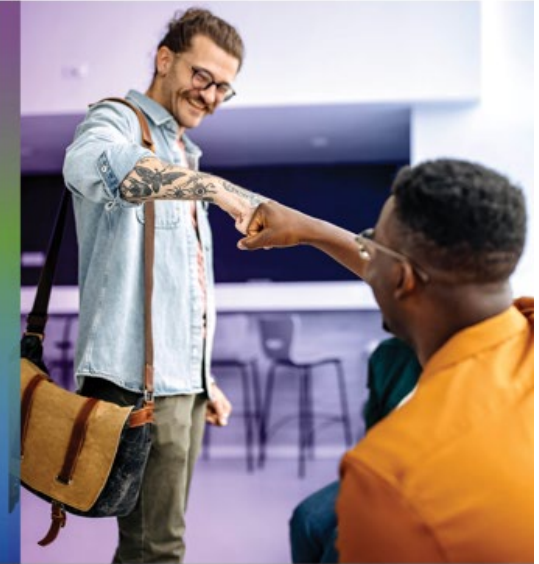
[www.samhsa.gov/cfri](http://www.samhsa.gov/cfri)

# Webinar Overview

- I. Opening Remarks
- II. Report Findings
- III. Panel Discussion
- IV. Open Forum Q&A
- V. Closing Remarks



**Financing Peer  
Recovery Support:**  
Opportunities to Enhance  
the Substance Use  
Disorder Peer Workforce



# Peer Recovery Support Services

**Peer recovery support services (PRSS)** are social support services delivered by peer recovery specialists.

**Peer recovery specialists** are people with lived experience, who support other people experiencing similar challenges in a range of nonclinical activities, such as advocacy, linkage to resources, and mentoring.



# Benefits of PRSS



Increased sense of social support



Improved housing stability



Improved relationships with SUD providers



Increased satisfaction with SUD treatment



Increased willingness to begin and continue SUD treatment



Reduced use of substances



Reduced re-hospitalization rate



Reduced use of emergency departments



Reduced involvement with criminal justice system



Reduced recurrence of SUDs

# Timeline of PRSS

**1998**

SAMHSA initiates the Recovery Community Support Program

**2007**

CMS releases guidance allowing reimbursement for PRSS if supervised by a mental health professional, and reaffirms it in 2013

**2017**

SAMHSA issues the State Targeted Response and later State Opioid Response grants that allow state funding for PRSS

SAMHSA begins funding Access to Recovery grants that offered vouchers to individuals with SUD for treatment and recovery services that included PRSS

**2004**

SAMHSA includes PRSS within the Substance Abuse Prevention and Treatment Block Grant application materials

**2010**

SAMHSA initiates the Peer Recovery Center of Excellence

**2021**

# PRSS Grants

- Federal grant programs through SAMHSA, Department of Justice, and the Health Resources and Services Administration that include PRSS requirements were reviewed.
- Findings showed that although grants defined the role of peers, grantees had flexibility to propose activities and services provided by PRSS.
- This flexibility created variation in the role of and payment rates for PRSS.



# Medicaid Financing and Utilization of PRSS

- A state-by-state analysis was conducted from January to March 2023. Publicly available sources included:
  - State Medicaid plan documentation
  - Congressional bills SB 30, SB 195, SB 803, HB 21-1021
  - 1115 and 1915 waivers
  - T-MSIS 2020 data
- For each state we identified individual (non-group) reimbursement rates, certification requirements, and supervision requirements for PRSS.
- It's important to note that our findings may not capture PRSS that is community-based or bundled with other services.





# Overview of Findings



- Nearly all states require training hours, supervised work hours, or both, ranging from 40-80 combined hours.
- About half of states require work experience hours for certification, ranging by state anywhere from 75 to 2000 hours.



- Certification processes may include training, education, and testing.
- Some states offer multiple positions or levels of certification for PRSS, with different reimbursement rates for each type of certification.

# Overview of Findings



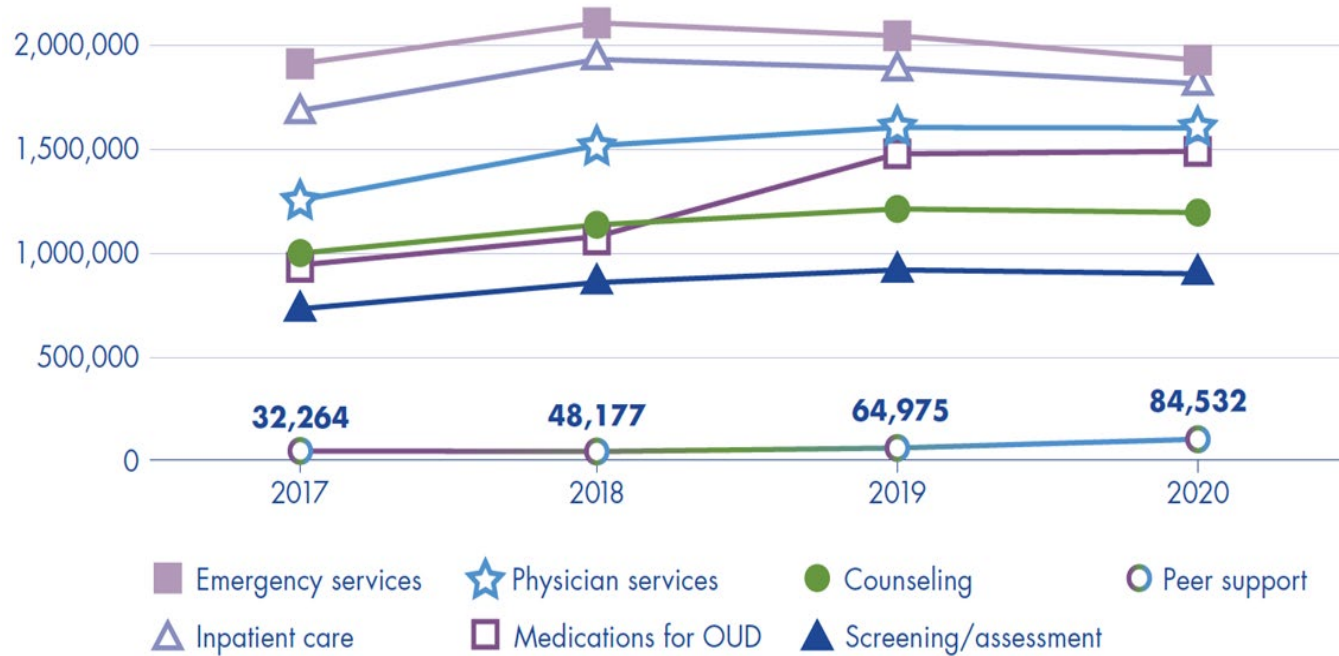
- The range of Medicaid reimbursement rates for 15 minutes of peer support for SUD varies significantly by state. Rates range from \$5.98 to \$27.66
- Some states may provide reimbursement through codes other than H0038 billed in 15-minute intervals, such as group-based or by bundling with other services.



- 11 states allow senior peers to be supervisors.
- 30 states do not allow peers to supervise other peers and instead require clinical supervision.

# PRSS Compared to Other Services

- The deployment of peer support services for Medicaid beneficiaries remains low compared to other specialty SUD treatment services.
- Most states are using peer support for a larger proportion of Medicaid SUD cases in 2020 than in 2017.



# Expert Panel

- The panel emphasized that one of the challenges to increasing the availability and workforce for PRSS is the structure of Medicaid fee-for-service financing.
- Specifically, the panel noted the complexity of fitting PRSS practice into individual 15-minute increments, requirements regarding who supervises peer staff, and low Medicaid reimbursement rates.
- Other challenges to growing the PRSS workforce include inconsistent financing, low compensation, and a lack of clear guidance on the role and support of peers.
- Potential opportunities to overcome these challenges include unified federal government guidance on financing PRSS, infrastructure support, use of innovative payment models, and increased salaries for peer workers.

# Report Conclusions

- While the prevalence and utilization of PRSS has increased over recent years, the variation and inconsistency in financing are inhibiting the growth of the profession and promoting fragmented, unsustainable models of peer support care.
- The ongoing overdose crisis, research on the value and effectiveness of PRSS, and the prevalence of individuals living in recovery, provide a significant opportunity to increase the utilization of PRSS as an adjunct to existing community response to alcohol and other SUDs.
- Further efforts and new and updated guidance from federal and state stakeholders could help support and expand the peer SUD workforce.



# Panel Discussion

# Open Forum Q&A

# Resources

SAMHSA's Peer Recovery Center of Excellence <https://peerrecoverynow.org/>

Database of State Requirements for PRSS training and certification

<https://peerrecoverynow.org/resource-library/state-certification-database/>

SAMHSA's Doors to Wellbeing (D2W) <https://copelandcenter.com/doors-wellbeing>

SAMHSA's National Model Standards for Peer Support Certification

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards>

University of Texas PRSS cost effectiveness calculator <https://go.uth.edu/cea>



# Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

***SAMHSA***

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