



# **Provider Certification Standards For Peer Based Recovery Support Services**

Updated 3/21/2019

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## **I. PROGRAM OVERVIEW**

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### **A. Introduction**

These certification standards are issued by the State of Rhode Island acting by and through the Executive Office of Health and Human Services (EOHHS), Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Division of Behavioral Healthcare (DBH). This document provides guidance to interested parties who choose to apply for certification to become a provider of Peer Based Recovery Support Service (PBRSS). EOHHS, BHDDH reserves the right to amend these standards at any time, giving reasonable notice to providers about changes affecting their operations.

PBRSS are delivered in a variety of settings by Certified Peer Recovery Specialists (CPRS), credentialed by the RI Certification Board. A CPRS is a credentialed behavioral health care professional who promotes socialization, long-term recovery, wellness, self-advocacy, and connections to the community while serving as a positive role model during service delivery. The role of the CPRS is to provide the beneficiary with the unique perspective and skills of someone who is successfully managing a serious behavioral health condition or developmental disability. CPRSs serve people in the treatment and recovery process by supporting them in accessing community-based resources, developing and implementing self-directed recovery/wellness plans and navigating state and local systems of care.

### **B. Background**

It is the vision of EOHHS, BHDDH that all Rhode Islanders have the opportunity to achieve the best possible behavioral health and well-being within communities that promote empowerment, belonging, wellness, shared responsibilities and recovery. EOHHS, BHDDH promotes a recovery oriented system of care in support of this vision. Recovery Oriented Systems of Care are designed to support individuals seeking to overcome mental health and substance use disorders across the lifespan.

Peer based recovery service programs utilize Peer Recovery Specialist models as part of their service delivery system. These are not clinical programs but provide a very important set of recovery support services. A CPRS is a person with lived experience in recovery, whether that is their own recovery, the recovery of a loved one, or both. They offer insight into the recovery and wellness process based on their own experiences.

## **II. PRINCIPLES OF DESIGN AND OPERATION**

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## **A. Clinical Settings**

PBRSS can be delivered in a wide variety of clinical and non-clinical settings. Within a clinical setting such as treatment programs for mental health, substance use or co-occurring disorders, the Peer Recovery Specialist provides non-clinical services that augment, support and reinforce the clinical services provided. The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals licenses community mental health centers and treatment programs for substance use and co-occurring disorders. A provider organization is required to demonstrate a well-defined organizational and governance structure capable of supporting delivery of clinical services to be licensed. The RI Department of Health licenses the remaining clinical service providers such as social workers and nurses as well as facilities where clinical services may be provided including hospitals.

## **B. Non-clinical Settings**

PBRSS are also offered as part of services provided by Recovery Community Organizations (RCOs) often in recovery community centers. RCOs are typically established by the recovery community, advocates and allies to promote person-driven and person-guided recovery and wellness. RCOs in Rhode Island delivering PBRSS funded with state or federal funds are required to seek accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS). Accreditation ensures that the program or organization managing the delivery of services to beneficiaries adheres to a set of organizational standards, policies and practices that are similarly best practice and evidence informed.

## **III. CONSUMER & PEER RECOVERY SPECIALIST ELIGIBILITY REQUIREMENTS**

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PBRSS will provide services to individuals who meet the following criteria:

1. Are 18 years of age or older;
2. Eligible for Medicaid or a Medicaid beneficiary;
3. Suffers from a mental health and/or substance use disorder; and
4. Is in need of support to maintain his/her stability in the community.

All Peer Recovery Specialists delivering PBRSS must:

- A. Be credentialed by the RI Certification Board; and
- B. Work under the direction of a licensed health care practitioner or a non-clinical PRS Supervisor who is certified as a PRS and worked at least two (2) years providing PRS services.

**Supervisors must complete a BHDDH approved supervisor core competency training.**

## **IV. PROVIDER REQUIREMENTS**

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### **A. All providers delivering PBRSS must:**

1. Be enrolled as a Medicaid provider;
2. Enter into an agreement with the state that reflects all requirements for furnishing, claiming, and receiving payment for PBRSS. This includes the referral process, monitoring requirements, tracking performance measures, and reporting to EOHHS, BHDDH as specified below;
3. Ensure all PRSs and recipients meet the necessary requirements as described in this document.

### **B. Administrative and Financial Systems**

1. Providers must be able to perform the operational functions necessary for overseeing a direct-service program. This includes an efficient billing system and encounter documentation coordinated across multiple sites, if applicable.
2. Providers must demonstrate sound financial management operations that include: timely billing; internal calculations for services generated by program and type, revenue distribution, and payment tracking against claims; methods for determining future cash requirements and ensuring adequate cash flow; risk management arrangements with specific attention to general, professional, and director/officer liability; policies and procedures in third party liability and coordination of benefits in relation to Medicaid.
3. Providers must furnish a copy of its most recent full independent financial audit. Audit may be no more than eighteen (18) months old.
4. Providers that are first time recipients of Medicaid reimbursement or EOHHS funding must provide a sound business plan with plans for development and projected monthly revenue and expense statement for twelve (12) months. The plan must include the following: definition of assumed consumer base, services, revenues, and expenses; outline management of initial expenses; and program development and enhancement timelines.

## **V. SCOPE OF SERVICES**

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Peer Based Recovery Support Services provide the consumer with a unique vantage point and the skills of someone who is successfully managing a serious behavioral health condition or has personal experience with a family member with a similar mental illness and/or substance use disorder. The key objective of this service is to provide individuals with a support system to

develop and learn healthy living skills. In addition to providing wellness supports, the CPRS utilizes his or her own experiences to act as a role model, teacher, and guide who both encourages and empowers the beneficiary to succeed in recovery and leading a healthy productive lifestyle

PBRSS are expected to help prevent relapse, reduce the severity of a disability, improve and restore function and promote long-term recovery. Services include peer support to foster encouragement of personal responsibility and self-determination, tools and education to focus on health and wellness and skills to engage and communicate with providers and systems of care.

The Peer Recovery Specialists will offer Peer Based Recovery Support Services that focus on people with a mental health and/or substance use disorder who are having trouble stabilizing in the community and/or need supports to maintain their stability in the community. This includes but is not limited to Medicaid-eligible individuals who are experiencing, or are at risk of, hospitalization, overdose, homelessness or are in the hospital after an overdose, are homeless or are in a detox setting. It would also include people recently released from institutions such as hospitals and prisons. Services received will be based on an individualized recovery/wellness plan that includes specific goals. The participant should be actively engaged and empowered in leading and directing the design of the service plan to ensure that it reflects personal needs and preferences.

A. Services should focus on at least one of the four major dimensions that support a life in recovery:

1. Health—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being;
2. Home—having a stable and safe place to live;
3. Purpose—conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and/or
4. Community—having relationships and social networks that provide support, friendship, love, and hope. Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery.

B. Types of Approved Service Delivery Methods

Services are provided both 1:1 and in groups by a certified PRS. Activities must assist individuals in living as independently as possible by promoting self-directed recovery and a process of change through which individuals improve their health and wellness, live self-

directed lives, and strive to reach their full potential. Groups are limited to 10 participants and must use evidence-based curricula approved by EOHHS/BHDDH.

### C. Service Array

Peer Based Recovery Support Services are community-based services that support wellness by focusing on health, home, purpose and community. Progress towards goals must be documented through the development and monitoring of an individualized wellness/recovery plan. The following are examples of services that meet at least one of the four dimensions of wellness:

- Supporting individuals in accessing community-based resources, recovery, health and wellness support and employment;
- Guiding individuals in developing and implementing recovery, health, wellness and employment plans;
- Serving as a role model for the integration of recovery, health, wellness and employment;
- Educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce; navigating state and local systems, including substance use disorder and mental health treatment systems, available for transitioning into and staying in the community and workforce;
- Mentoring individuals as they develop strong foundations in recovery and wellness;
- Promoting empowerment and a sense of hope through self-advocacy by sharing personal recovery experiences;
- Serving as an integral member of an individual's recovery and wellness team;
- Providing insight into the experience of internalized stigma and how to combat it;
- Engaging those who have been unable to successfully engage or be consistent with a behavioral health and/or primary health care provider or who has given up trying to access these providers;
- Training and empowering people to be assertive self-managers of their health care so that their interactions with care providers can be more effective;
- Facilitating evidence-based self-help groups which decrease symptoms, increase coping skills, and increase life satisfaction; and
- Providing outreach, engagement and referrals to needed services.

### D. Statewide Capacity

PBRSS will be provided within the State of Rhode Island. PBRSS providers who are not otherwise restricted by applicable statute or regulation may not limit access of participation by geographic or regional catchment area. It is expected that PBRSS providers will assist eligible consumers with accessing reliable transportation as needed.

## **VI. COORDINATION AND COLLABORATION WITH OTHER PARTIES**

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It is a fundamental requirement that PBRSS providers develop integrated relationships with each other and community health, mental health and substance use disorder providers, local fire and police departments, self-help groups and other programs such as recovery housing and community action programs. Development of relationships for referral purposes both to and from the PBRSS providers is crucial to the success of the program. They are expected to identify, facilitate access to, and support the attainment of other community services that may provide additional support or care for recovery. PBRSS providers are expected to meet gaps in the continuum of care and provide a bridge to existing services.

There are several state and local agencies which may be actively involved in the life of the individual receiving PBRSS. The current practice of integrating and coordinating systems of care promotes positive health outcomes and reduces duplication. It is expected that providers of PBRSS will work closely with other agencies to ensure service coordination and identify additional opportunities to meet the needs of each individual.

## **VII. LINGUISTIC AND CULTURAL COMPETENCY**

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Entities providing PBRSS must demonstrate how they will provide services to persons whose primary language is not English. The providers must include in their policies and procedures how they will demonstrate cultural competency, person-centeredness and honor all individuality including race, religion, ethnicity, sexual orientation, and financial status.

## **VIII. PROGRAM MONITORING**

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The PBRSS provider shall allow EOHHS, BHDDH access to information needed to monitor compliance and quality improvement. PBRSS will be monitored following the BHDDH provider oversight processes. In addition, BHDDH will work with PBRSS providers to identify performance measures and targets through a collaborative process.

If areas of provider deficiency are identified, timely corrective action is required. Certified PBRSS providers are required to notify BHDDH in the event of any changes in their organizational structure, program operations or accreditation status. BHDDH will monitor the performance of certified PBRSS providers to ensure continued compliance and reserves the right to suspend or terminate certification if deficiencies are not corrected in a timely fashion.

## **IX. COMPLAINT PROCEDURES**

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PBRSS providers will have written policies and procedures to inform individuals of their rights and process to make a formal complaint to the PBRSS provider and/or to EOHHS, BHDDH. A well-publicized complaint process shall be established. Providers shall have established policies and procedures and related records to track all complaints to ensure a focus on customer service, individual input, documentation and response to complaints, and prompt complaint resolution.

## **X. QUALITY IMPROVEMENT**

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PBRSS providers are required to have policies, procedures, and activities for quality review and improvement acceptable to EOHHS, BHDDH. This Quality Improvement Plan must be reviewed, updated, and submitted to EOHHS, BHDDH annually by a date agreed upon by the provider and EOHHS, BHDDH. PBRSS Quality Improvement Plan shall include time frames for plan objectives and systematic review by the governing board of the agency. The PBRSS provider will also be required to respond to periodic and annual report requests by EOHHS, BHDDH to address quality improvement issues.

## **XI. DATA COLLECTION AND REPORTING**

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Providers must maintain an EOHHS, BHDDH approved data collection and reporting system, coordinated across multiple sites, if necessary

### **A. Required Documentation**

An individualized, person-centered, wellness/recovery plan is the required minimum documentation and must be maintained by the provider in accordance with any relevant state and federal statutes and regulations. Any provider seeking reimbursement must produce a wellness/recovery plan for the beneficiary. Wellness/recovery plans should be reevaluated with the beneficiary at least quarterly or more frequently, if requested by the beneficiary. Notations regarding progress towards attainment/completion or revision of goals or benchmarks should be made as necessary but no less frequently than quarterly as part of the reevaluation.

For those providers who utilize electronic medical records, the wellness/recovery plan can be included as the treatment plan and can be supported by use of standard progress notes.

#### **1. Minimum information to be contained as part of documentation:**

- Beneficiary demographics as required by the billing manual;
- Agency and program information as required by the billing manual;
- Presenting diagnosis (This may be self-reported if the diagnostician is not available);
  - Mental Illness

- Substance use disorder
- Co-occurring behavioral health illness or disorders
- Peer staff delivering service(s);
- Major goals and benchmarks of the individualized recovery/wellness plan;
- Service dates, including start and end time;
- Method of service delivery or contact (group, individual, telephonic, etc);
- Service units in accordance with guidance provided in the billing manual;
- Status (Active, Inactive, or Closed)
- Signatures as required by billing manual.

An individual may continue with services as long as the goals in the individualized wellness/recovery plan have not been completed or s/he no longer wants to receive services. A person may decide to resume services at a future date.

## **XII. CERTIFICATION PREREQUISITES**

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- A. Providers must be a Medicaid enrolled provider to be certified as a PBRSS program.
- B. The following policies or procedures must be in place related to Peer Recovery Specialists:
  1. Clearly defined recruitment, screening and selection processes for certified Peer Recovery Specialists which include:
    - a. Methods for recruiting individuals who reflect the cultural identities, life experiences, and recovery paths of the peers being served.
    - b. Written job descriptions that describe roles and responsibility for PRS and peer supervisors.
    - c. Materials that explain expectations of PRS which are available to candidates.
    - d. Standard application forms which are provided to PRS candidates.
    - e. An implemented process for structured interviews of PRS candidates.
    - f. Reference checks including checking certification status with the Rhode Island Certification Board for any candidate offered a position.
    - g. Methods for retaining certified Peer Recovery Specialists which include but are not limited to:
      - Recognizing and celebrating accomplishments.
      - Offering leadership and growth opportunities.
      - Encouraging self-care to avoid burnout
  2. Supervision, staffing and support provided to Peer Recovery Specialists as follows:
    - a. One (1) qualified supervisor for 10 Peer Recovery Specialist FTEs.

- b. At least two hours of supervision per month per FTE to Peer Recovery Specialists by a qualified Supervisor.
- c. Regular (at least monthly) opportunity for each PRS to participate in group PRS support meetings to enhance skills related to their unique peer jobs. This collegial support promotes a peer driven learning opportunity which complements the traditional supervision process.

### **XIII. APPLICATION PROCESS**

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Parties interested in applying for certification to become recognized as a Peer Based Recovery Support Service Program to provide Peer Based Recovery Support Services to Medicaid beneficiaries must complete the attached application.

Potential applicants may submit applications for certification to BHDDH any time after the issuance of these standards. Application reviews will be scheduled periodically based on the receipt of application. Agencies will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of four weeks for the review process once the application has been received by BHDDH. Applicants are advised that all materials submitted to the State for consideration in response to these certification standards may be considered public record as defined in Title 38 Chapter 2 of the Rhode Island General Law.

Interested parties are encouraged to contact BHDDH for further information and clarification. Letters of interest are strongly encouraged to ensure BHDDH can keep interested parties up to date regarding scheduled meetings or updates that may be needed. Inquiries and applications should be directed to:

Clinical Operations and Oversight Administrator  
The Department of Behavioral Health, Developmental Disabilities and Hospitals  
74 Hazard Road  
Cranston, RI 02920

#### **A. Application Scoring**

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review. Amended applications may be resubmitted at a later date.

The certification standards provide an overall description of the PBRSS and outline the terms and conditions that will govern operation and oversight. Below are the application components along with the relative weighting in the overall scoring of each application.

#### **XIV. CERTIFICATION REVIEW OUTCOMES**

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Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth herein. Two basic outcomes are possible as a result of the application review process:

1. Certification—no conditions
2. Certification denied—Review team determines an applicant does not meet the requirements and certification will not be offered to the provider. Deficiencies will be identified and done without prejudice, applicants will be allowed to submit an amended application.

#### **XV. CERTIFICATION**

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In accordance to the standards, certification as a PBRSS provider is required to be reimbursed by Medicaid for CPRS services. Certification is for five (5) years and requires that PBRSS providers abide by these standards and performance expectations. BHDDH will monitor the performance of certified PBRSS providers and their continued compliance with certification requirements. Certified providers are required to notify BHDDH of any material changes or program operations. Certification status may be modified based on identified deficiencies during ongoing monitoring and review of service delivery by BHDDH.



Rhode Island Department of Behavioral Healthcare,  
Developmental Disabilities and Hospitals  
74 West Road  
Cranston, Rhode Island 02920  
401/462-1782

## APPLICATION GUIDE FOR PROGRAM OR SERVICE CERTIFICATION

### 1. Overview

This application guide provides information, instructions and guidance for applicants regarding the submission process and the review of applications to certify programs or services submitted to the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.

There are two application checklists at the end of this document, for your use in compiling a complete application. **Please use the appropriate checklist to ensure your application contains all required documentation before submitting it.**

### 2. Application Submission and Review

Applications will be reviewed based on the written materials and other pertinent information submitted to BHDDH. BHDDH reserves the right to conduct an on-site review and to seek additional clarification from the applicant prior to final scoring of the applications. BHDDH reserves the right to limit the number of entities which may become certified.

All applications will be reviewed within 30 of date of submission to BHDDH.

The Applicant must fully review the Certification Standards issued for the relevant program or service and agree to comply with the requirements as outlined. BHDDH reserves the right to amend the Certification Standards with reasonable notice to participating providers and other interested parties.

All sections should be completed fully to sufficiently describe the Applicant's approach to meeting the Certification Standards. Additional materials should be appended as requested or deemed appropriate by the Applicant. Prior to technical review, submitted applications

will be reviewed for completeness and compliance with core expectations. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to BHDDH for consideration in response to these Certification Standards are considered Public Records as defined in Title 38, Chapter 2 of the Rhode Island General Laws, without exception.

**Inquiries and completed applications should be directed to:**

**Department of Behavioral Healthcare, Developmental Disabilities and Hospitals**

**Division of Behavioral Healthcare**

**74 West Road**

**Cranston, RI 02920**

**401/462-1782**

### **3. Application Review**

BHDDH will convene an internal Program Review Committee to evaluate applications. A periodic review process will be established by BHDDH. Each member of the Program Review Committee will execute a Conflict of Interest and Confidentiality Certificate.

### **4. Certification Outcomes**

The following certification outcomes are possible based on the application review process:

- **Certification with No Conditions:** The provider fully meets all Certification Standards.
- **Not Certified:** The Applicant does not meet the requirements for certification.



Rhode Island Department of Behavioral Healthcare,  
Developmental Disabilities and Hospitals  
74 West Road  
Cranston, Rhode Island 02920  
401/462-1782

## APPLICATION FOR PEER BASED RECOVERY SUPPORT SERVICES CERTIFICATION

**Name of Organization Submitting the Application:** Click or tap here to enter text.

**Name and Title of Person Authorized to Conduct Business on Behalf of Organization:** Click or tap here to enter text.

### Agency contact for Certification Application

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City/Town:** Click or tap here to enter text.

**State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Fax:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

By signing this application, the applicant attests to the accuracy of the information presented in the application, agrees to comply with the Certification Standards as issued or amended for the program or service for which the application is submitted, and understands that it is obligated to comply with all applicable State and Federal laws, rules and regulations.

**Signature of Authorized Applicant:** \_\_\_\_\_

**Date:** Click or tap here to enter text.

## **Section 1: Organizational Eligibility and Capacity**

*Please note that organizations currently licensed by BHDDH may skip the majority of Section 1 as this information is provided as part of the licensing application. All organizations must attach item #5 under Section 1C, Required Attachments. **If you are currently licensed by BHDDH, please indicate so by checking the box below and skip to Section 1C Required Attachments, #5.***

The applicant is a BHDDH licensed provider ☐

### **A. Type of Organization** (please check one):

- ☐ Not-for Profit Corporation
- ☐ For Profit Corporation
- ☐ Limited Liability Corporation
- ☐ Sole Proprietor
- ☐ Other. Please describe: Click or tap here to enter text.

Parent Company, (if applicable): Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Applicant Federal ID Number (FEIN): Click or tap here to enter text

### **B. Other Organizational Information**

- 1) Number of Employees: Click or tap here to enter text.
- 2) Annual Budget: Click or tap here to enter text.
- 3) Special and State Designation (e.g. small business, minority/women owned business): Click or tap here to enter text.
- 4) Current Licenses (please identify issuing entity and expiration date of license): Click or tap here to enter text.
- 5) Accreditations (please identify the accrediting body and expiration date of accreditation): Click or tap here to enter text.
- 6) Other Relevant State & National Recognitions: Click or tap here to enter text.

### **C. Required Attachments:**



- 1) List of Current Board of Directors and Organizational Chart;
- 2) Conflict of Interest Policy for Staff and Board of Directors;
- 3) The organization's human resources policies and practices;
- 4) Most recent independent financial audit (audit may be no more than eighteen (18) months old); and
- 5) Policies and procedures for ensuring that the US Office of Minority Health's Culturally and Linguistically Appropriate Services standards are met, see <https://www.thinkculturalhealth.hhs.gov/clas>. If written policies and procedures on this topic do not exist, please describe your practice here. Click or tap here to enter text.

## **Section 2: Program/Service Approach**

**A. Briefly describe** how the organization proposes to comply with and implement the programmatic or service specific requirements as described in the certification standards, including but not limited to:

- 1) Ensuring that the specific service array is available and accessible: Click or tap here to enter text.
- 2) Ensuring that the duration or frequency of services will be delivered as described in the Scope of Services, Section V: Click or tap here to enter text.
- 3) Ensuring that there is capacity to implement the required service delivery methods or models: Click or tap here to enter text.
- 4) Fulfilling all required provider/staff to participant/consumer ratios: Click or tap here to enter text.
- 5) Ensuring that all staff, including supervisors have the required training, experience, certification, credential, or licensure: Click or tap here to enter text.
- 6) Ensuring that the scope of services is geographically, culturally and linguistically appropriate: Click or tap here to enter text.
- 7) Ensuring that staff time and FTE status meet the requirements necessary to deliver the scope of service including CPRS to CPRS supervisor ratios: Click or tap here to enter text.
- 8) Clearly defined recruitment, screening, selection and retention processes for Certified Peer Recovery Specialists as described in the Provider Certification Standards, Section XII(B)1
- 9) Meeting any reporting requirements as described in the certification standards, including ROMS: Click or tap here to enter text.

- 10) Meeting any other requirements described in the certification standards: Click or tap here to enter text.

**B. Required Attachments:**

- 1) Job descriptions for positions involved with or supervising the delivery of the program/services covered in the certification standard that detail the functional tasks, performance expectations, required skills and supervisory structure.
- 2) Resumes for staff who will deliver or supervise individuals that will deliver the program/services covered in the certification standard including their job titles, roles/responsibilities, clinical expertise, education and years of experience.
- 3) Wellness/recovery plan (as specified in Provider Certification Standards, Section XI(A)) Please provide us with a copy of what is currently in use, or what you will be using in the future
- 4) PBRSS specific complaint procedure that identifies clear action steps and a person responsible for overseeing the process and corresponding with BHDDH over complaints that cannot be resolved at agency

**Section 3: Quality Assurance/Quality Improvement**

**A. Indicate** how often the QA/QI Plan is updated:

☐ Annually ☐ Bi-Annually ☐ Other: Click or tap here to enter text.

**B. Required Attachments:**

- 1) Policies, procedures, protocols and standards used for quality review.
- 2) Evaluations that will be conducted to ensure quality assurance as well as an annual consumer satisfaction survey.
- 3) QA/QI Plan for the organization that describes the activities performed by the organization for the achievement of program objectives.

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**For BHDDH State Staff Use Only:**

Level of Certification granted:

☐ Certification with No Conditions

Date of Expiration: [Click or tap here to enter text.](#)

☐ Not Certified

Name of BHDDH Official Certifying Program/Service: [Click or tap here to enter text.](#) Title: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

**Signature:** \_\_\_\_\_

# **Peer Based Recovery Support Services Certification Application Checklist**

## **UNLICENSED Agencies**

### **Section 1: Organizational Eligibility and Capacity**

- ☐ List of Current Board of Directors and Organizational Chart
- ☐ Conflict of Interest Policy for Staff and Board of Directors
- ☐ The organization's human resources policies and practices.
- ☐ Most recent independent financial audit (audit may be no more than eighteen (18) months old).
- ☐ Policies and procedures for ensuring that the US Office of Minority Health's Culturally and Linguistically Appropriate Services standards are met, see <https://www.thinkculturalhealth.hhs.gov/clas>.

### **Section 2: Program/Service Approach**

- ☐ Job descriptions for positions involved with or supervising the delivery of the program/services covered in the certification standard that detail the functional tasks, performance expectations, required skills and supervisory structure.
- ☐ Resumes for staff who will deliver or supervise individuals that will deliver the program/services covered in the certification standard including their job titles, roles/responsibilities, clinical expertise, education and years of experience.
- ☐ Wellness/recovery plan (as specified in Provider Certification Standards, page 9) Please provide us with a copy of what is currently in use, or what you will be using in the future
- ☐ PBRSS specific complaint procedure that identifies clear action steps and a person responsible for overseeing the process and corresponding with BHDDH over complaints that cannot be resolved at agency

### **Section 3: Quality Assurance/Quality Improvement**

- ☐ Policies, procedures, protocols and standards used for quality review.
- ☐ Evaluations that will be conducted to ensure quality assurance as well as an annual consumer satisfaction survey.
- ☐ QA/QI Plan for the organization that describes the activities performed by the organization for the achievement of program objectives.

# **Peer Based Recovery Support Services Certification Application Checklist**

## **LICENSED Agencies**

### **Section 1: Organizational Eligibility and Capacity**

- ☐ Policies and procedures for ensuring that the US Office of Minority Health's Culturally and Linguistically Appropriate Services standards are met, see <https://www.thinkculturalhealth.hhs.gov/clas>.

### **Section 2: Program/Service Approach**

- ☐ Job descriptions for positions involved with or supervising the delivery of the program/services covered in the certification standard that detail the functional tasks, performance expectations, required skills and supervisory structure.
- ☐ Resumes for staff who will deliver or supervise individuals that will deliver the program/services covered in the certification standard including their job titles, roles/responsibilities, clinical expertise, education and years of experience.
- ☐ Wellness/recovery plan (as specified in Provider Certification Standards, page 9) Please provide us with a copy of what is currently in use, or what you will be using in the future
- ☐ PBRSS specific complaint procedure that identifies clear action steps and a person responsible for overseeing the process and corresponding with BHDDH over complaints that cannot be resolved at agency

### **Section 3: Quality Assurance/Quality Improvement**

- ☐ Policies, procedures, protocols and standards used for quality review.
- ☐ Evaluations that will be conducted to ensure quality assurance as well as an annual consumer satisfaction survey.
- ☐ QA/QI Plan for the organization that describes the activities performed by the organization for the achievement of program objectives.