



PROVIDER CERTIFICATION STANDARDS

FOR

PEER BASED RECOVERY SUPPORT SERVICES

Updated August 2023

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Section I. PROGRAM OVERVIEW

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.

It is the vision of EOHHS, BHDDH that all Rhode Islanders can achieve the best possible behavioral health and well-being within communities that promote empowerment, belonging, wellness, shared responsibilities, and recovery. EOHHS, BHDDH embraces the concept of a recovery-oriented system of care (ROSC) in support of this vision “A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol or drug problems”¹.

PBRSS are delivered in a variety of settings by Certified Peer Recovery Specialists (CPRS), credentialed by the RI Certification Board (RICB). A CPRS is a credentialed behavioral health care professional who has 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. The role of the CPRS is to provide the consumer with the unique perspective and skills of someone who is successfully managing a serious behavioral health condition or developmental disability. A CPRS promotes long-term recovery, wellness, self-advocacy, socialization, and connections to the community while serving as a positive role model during service delivery. 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 local and state systems of care.

Section II. PRINCIPLES OF DESIGN AND OPERATION

PBRSS can be delivered in a wide variety of clinical and non-clinical settings. It is imperative to remember that PBRSS are not clinical services and CPRS are not clinical staff. CPRS provide a very important set of recovery support services that can standalone or augment clinical services.

¹ *Recovery Management and Recovery-oriented Systems of Care: Scientific Rationale and Promising Practices* William L. White, MA Senior Research Consultant Chestnut Health Systems Northeast Addiction Technology Transfer Center Great Lakes Addiction Technology Transfer Center Philadelphia Department of Behavioral Health/Mental Retardation Services, 2008

A. Clinical Settings

The CPRS provides non-clinical services that augment, support, and reinforce the clinical services provided within a clinical setting such as treatment programs for mental health, substance use or co-occurring disorders.

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. A Recovery Community Organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery. RCOs are typically established by the recovery community, advocates, and allies to promote person-driven and person-guided recovery and wellness. Their mission generally involves mobilizing resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from behavioral health disorders.

Section III. CONSUMER ELIGIBILITY REQUIREMENTS

Individuals who meet the following criteria are eligible for Medicaid PBRSS:

1. Are 18 years of age or older.
2. Eligible for Medicaid or a Medicaid consumer.
3. Self identifies as a person living with a mental health challenge/mental illness and/or substance use disorder, and
4. Require support to maintain stability in the community.

Section IV. PROVIDER REQUIREMENTS

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 and BHDDH as specified within the standards contained on Section V Scope of Services.

Section V. SCOPE OF SERVICES

Certified Peer Recovery Specialists offer Peer Based Recovery Support Services (PBRSS) that focus on people with a mental health challenge/mental illness 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 incarceration. This includes individuals in a detox setting and people recently released from institutions such as hospitals and prisons.

PBRSS are expected to help prevent relapse, reduce the severity of a disability, improve, and restore function and promote long-term recovery. CPRS provide the consumer with the unique perspective and skills of someone who is successfully managing a serious behavioral health condition or has personal experience with a family member with a 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 support, the CPRS utilizes his or her own experiences to act as a role model, teacher, and guide who both encourages and empowers the consumer to succeed in recovery and leading a healthy productive lifestyle.

Overview

CPRS can provide services one on one (individual), or in a group of no more than 10 participants. There are 2 types of groups that can be reimbursed by Medicaid – structured, curriculum-based groups and recreational, activity-based groups. **Certain structured, curriculum-based groups have additional facilitator qualifications that must be met to claim reimbursement for CPRS facilitation of the group.** More information on requirements related to individuals or groups, see [Section XVI Addenda](#) on pages 21-31 of these standards.

Services must be based on an individualized wellness/recovery plan that includes specific goals. The consumer of PBRSS should be actively engaged in the development of their wellness/recovery plan and empowered to lead its design. This plan should be individualized and reflect the unique needs, goals, and preferences of the consumer. Services should focus on at least one of the four major dimensions that support a life in recovery, which are health, home, purpose, and community. 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. Progress towards goals must be documented through the development and monitoring of an individualized wellness/recovery plan.

A. Individual Services

These are services provided by a CPRS on a one-on-one basis, initially to develop the individual's wellness/recovery plan, and subsequently, to support goals and objectives contained in the consumer's wellness and recovery plan. There are additional requirements that must be met to claim reimbursement individual services, which can be found in [Section XVI. Addenda, Addendum 1](#), pp. 21-23.

B. Facilitating Structured, Curriculum Based Groups

EOHHS/BHDDH has approved multiple structured, curriculum-based group practices for PBRSS reimbursement. There are additional requirements that must be met to claim reimbursement for facilitation of these groups, which can be found in Section XVI. Addenda, [Addendum 2](#), pp 24-29.

C. Facilitating Recreational, Activity-Based Groups

EOHHS/BHDDH has approved recreational, activity-based groups for reimbursement. There are additional requirements that must be met to claim reimbursement for facilitation of these groups, which can be found in Section XVI. Addenda, [Addendum 3](#) pp 30-31. Adherence to these requirements is crucial to receive reimbursement.

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.

Section VI. COORDINATION AND COLLABORATION WITH OTHER PARTIES

PBRSS providers are expected to 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. Providers 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 attempt 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 person served.

Section VII. LINGUISTIC AND CULTURAL RESPONSIVENESS

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 culturally responsive, person-centeredness and honor all individuality including race, religion, ethnicity, sexual orientation, gender identity, and financial status.

Section VIII. PROGRAM MONITORING

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.

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.

Section IX. COMPLAINT PROCEDURES

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.

Section X. PROGRAM IMPROVEMENT

PBRSS providers are required to have policies, procedures, and activities for program improvement acceptable to EOHHS, BHDDH, including policies and procedures for assessing individual satisfaction with services and supports received. A Program Improvement Plan must be reviewed, updated, and submitted to EOHHS, BHDDH annually by a date agreed upon by the provider and EOHHS, BHDDH. PBRSS Program 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.

Section XI. DATA COLLECTION AND REPORTING

Providers must maintain an EOHHS, BHDDH approved data collection and reporting system, coordinated across multiple sites, if necessary. There are requirements for consumer (program participant) level documentation as well as requirements for staff level documentation.

A. Minimum Documentation Requirements/Consumer or Individual Level

- Consumer 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)
- Individual consent for service
- 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.
- Wellness/Recovery Plan
 - An individualized, person-centered, wellness/recovery plan is required 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 consumer. The goals set, activities engaged in to reach those goals, and the timelines are unique, interconnected and individualized for each person. Wellness involves a sense of empowerment and taking personal responsibility for day-to-day choices. Wellness and balance are defined by each person, based on what they think is important and needed in their lives.
 - The wellness/recovery plan is a written document created by the provider in partnership with the individual. It identifies a person's goals and breaks them down to small, achievable steps.

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.

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

Staff Level Minimum Documentation Requirements

- Proof of required staff credentials.
- Proof of staff trainings, including but not limited to BHDDH endorsed CPRS Supervisor training.
- Supervision notes with date, start time, end time, brief summary of what was covered.

B. BHDDH Required Participation in Aggregate/Program Level Data Collection

Each PBRSS provider is required to submit data on all consumers receiving Peer Based Recovery Support Services to BHDDH. The Recovery Oriented Measurement Survey (ROMS) is designed to evaluate the effectiveness of Peer Based Recovery Support Services and track consumers' progress over time. The ROMS should be completed by the consumer at their second visit or within 14 days of their second visit, and then every 90 days until the consumer is no longer receiving PBRSS at your agency.

The ROMS is administered online and can be taken on a mobile phone, tablet, or computer. Go to this link to take the ROMS: <https://surveys.health.ri.gov/redcap/surveys/?s=ATR9KAFDRC> Completed surveys will automatically be sent to BHDDH. We recommend bookmarking the ROMS survey on your web browser for easy access.

Section XII. CERTIFICATION STANDARDS

- A. Providers must be a Medicaid enrolled provider to be certified as a PBRSS program.
- B. Programs must meet program twenty-one (21) certification standards in seven (7) program areas to be certified to provide PBRSS.

Program Area 1: Organizational Management and Capacity		
The organization has the proper infrastructure in place to support the provision of PBRSS.		
Standard	Explanation/Interpretation	Demonstration of Compliance
1.a./ The organizational structure is appropriate for the services delivered.	The organization is of proper size and has the appropriate organizational structure to support to staff who provide PBRSS and consumers who are served.	List of Current Board of Directors. Detailed Organizational Chart. Description of how your agency will ensure that services are accurately documented and billed.
1.b./ Policies, procedures and practices are in place to manage human resource needs.	The organization has established policies, procedures, and practices that are necessary to follow federal and state statute and regulations; protect the health and welfare of staff employed by the organization; and otherwise support a safe, welcoming, and productive workplace. These would include any policies specific to support for staff who have lived experience with behavioral health issues and may experience them as a chronic but treatable condition.	Human resources policies, procedures, and practices that cover the recruitment, screening, and retention of employees with lived experience.
1c./ Services are provided in an ethical manner.	Services are provided in accordance with the highest ethical standards and policies/procedures are in	Conflict of Interest Policy for Staff and Board of Directors.

Program Area 1: Organizational Management and Capacity		
The organization has the proper infrastructure in place to support the provision of PBRSS.		
Standard	Explanation/Interpretation	Demonstration of Compliance
	place to protect both consumers and staff with lived experience with behavioral health conditions.	
1.d./The organization is financially and fiscally capable to perform PBRSS.	The organization is financially sound and operates in accordance with best practices, adheres to relevant state and federal statute and regulations, and the organization can provide an independent financial audit (audit may be no more than eighteen (18) months old).	Most recent audit report.
1.e./ Provision of culturally and linguistically appropriate services.	The organization has 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	Policies and procedures that address CLAS or CLAS Plan. Description of how your agency serves individuals who speak languages other than English.

Program Area 2: Policies and Procedures for Peer Recovery Specialist		
The organization has the appropriate policies and procedures in place to support the work of peer recovery specialists.		
Standard	Explanation/Interpretation	Demonstration of Compliance
2.a./ Clearly defined recruitment, screening, and selection (hiring) processes exist for Certified Peer Recovery Specialists (CPRS) and CPRS Supervisors	A recruitment plan or written description of the process utilized to recruit individuals who reflect the cultural identities, life experiences, and recovery paths of the individuals being served. Interviews for CPRS are	Recruitment plan/written description. Job/Position Description for CPRS and CPRS Supervisors.

Program Area 2: Policies and Procedures for Peer Recovery Specialist

The organization has the appropriate policies and procedures in place to support the work of peer recovery specialists.

Standard	Explanation/Interpretation	Demonstration of Compliance
	<p>structured, standardized, and objectively evaluated.</p> <p>Written job descriptions describe roles and responsibilities are used for hiring and provided to candidates.</p> <p>Reference checks and verification of credentials/certification are conducted.</p>	<p>Standard application forms which are provided to CPRS and CPRS Supervisor candidates.</p> <p>Interview questions and scoring rubrics.</p> <p>Human resource policies for reference checks and verification of credentialing or certification.</p>
<p>2.b./ The role of CPRS in your agency is well defined. CPRS and other staff have a shared understanding of CPRS role, and other staff utilize CPRS appropriately.</p>	<p>CPRS provide services unlike those provided by any other behavioral health staff and their role and value is frequently misunderstood. It is essential that all staff have a correct, and shared, understanding of the CPRS role and know how to use the CPRS role appropriately.</p>	<p>Job descriptions for CPRS, CPRS Supervisor and position to whom the CPRS Supervisor reports.</p> <p>Training plan that describes how you educate all staff on the role of CPRS.</p>
<p>2.c./ Appropriate retention policies or practices are in place for CPRS</p>	<p>Turnover in CPRS roles is high and it's important that agencies are prepared to offer CPRS employees the support they need to stay well and do their jobs effectively. Retention strategies may include but are not limited to:</p> <ul style="list-style-type: none"> • Recognizing and celebrating accomplishments • Offering leadership and growth opportunities 	<p>A retention plan with methods for retaining CPRS or written description of retention strategies implemented to retain CPRS.</p>

Program Area 2: Policies and Procedures for Peer Recovery Specialist

The organization has the appropriate policies and procedures in place to support the work of peer recovery specialists.

Standard	Explanation/Interpretation	Demonstration of Compliance
	<ul style="list-style-type: none"> Encouraging self-care to avoid burnout 	

Program Area 3: Proper Supervision and Staffing Patterns for Peer Recovery Specialist

The organization has appropriate supervision and staffing patterns for peer recovery specialists consistent with current best practices.

Standard	Explanation/Interpretation	Demonstration of Compliance
3.a./ Proper staffing pattern is in place	One (1) qualified Supervisor for 10 Certified Peer Recovery Specialist FTEs.	<p>A list of all CPRS staff and CPRS Supervisors.</p> <p>An organizational chart that outlines three levels of supervision.</p> <ol style="list-style-type: none"> Each CPRS, Each CPRS supervisor, and Each manager/supervisor of the level 2 supervisor
3.b./ Adequate and appropriate supervision, both individual and group, is provided to the CPRS.	Each month, a CPRS must receive at least two hours of one-to-one supervision, and 90 minutes of group supervision, per month, from a qualified CPRS Supervisor. Group supervision should focus on peer-to-peer learning between CPRS, which complements the traditional supervision process.	Policy and procedure that describes how CPRS are supervised in your org that covers both one-to-one supervision and group supervision.
3.c./ PRS Interns receive adequate and appropriate supervision	The RI Certification Board requires that PRS interns receive 25 hours of on-the-	Policy and procedure that describes how PRS interns are supervised in your organization.

Program Area 3: Proper Supervision and Staffing Patterns for Peer Recovery Specialist

The organization has appropriate supervision and staffing patterns for peer recovery specialists consistent with current best practices.

Standard	Explanation/Interpretation	Demonstration of Compliance
	job supervision during their 500 work experience hours	

Program Area 4: Training and Credentialing for Certified Peer Recovery Specialists and Supervisors

The Certified Peer Recovery Specialist (CPRS) has the proper training and credentials, consistent with best practices, to perform the tasks and functions associated with their role. The CPRS supervisor has the proper training to provide quality supervision to support the CPRS in the performance of those tasks and functions associated with their role and to promote the professional development of the CPRS.

Standard	Explanation/Interpretation	Demonstration of Compliance
4.a./ The CPRS has an active CPRS credential issued by the Rhode Island Certification Board.	<p>The 1115 Medicaid Waiver stipulates that services are only reimbursable if provided by a CPRS with an active RICB CPRS Credential.</p> <p>Please see <u>Addendum I for Requirements for Structured, Curriculum Based Groups for PBRSS Medicaid Reimbursement</u> and for <u>Addendum 2 Requirements for Recreational, Activity Based Groups for PBRSS Medicaid Reimbursement</u> which describe the required training, certification, credential and supervision required for the group activities.</p>	Copy of active credential for all CPRS.

Program Area 4: Training and Credentialing for Certified Peer Recovery Specialists and Supervisors

The Certified Peer Recovery Specialist (CPRS) has the proper training and credentials, consistent with best practices, to perform the tasks and functions associated with their role. The CPRS supervisor has the proper training to provide quality supervision to support the CPRS in the performance of those tasks and functions associated with their role and to promote the professional development of the CPRS.

Standard	Explanation/Interpretation	Demonstration of Compliance
4.b./ The CPRS works under the direction of a supervisor with the proper background and training.	Approved supervisors of CPRS include: <ol style="list-style-type: none"> 1. A Certified Peer Recovery Specialist who has worked at least two (2) years providing PBRSS and has completed the BHDDH approved supervisor core competency training. 2. A licensed health care practitioner who has completed the BHDDH approved supervisor core competency training. 	Copy of training certificate for supervisor core competency training.

Program Area 5: Service Components

The organization provides PBRSS services that are appropriate to the needs and context of consumer population served.

Standard	Explanation/Interpretation	Demonstration of Compliance
5.a./ The scope of PBRSS services are appropriate to context and setting.	CPRS activities (both one-on-one and group) support and enhance already existing services in clinical or non-clinical settings.	Program descriptions related to the scope of the PBRSS services provided and the context and setting in which they are delivered.
5.b./ The role of the CPRS within the organization is clearly defined and	Education is provided to non-peer staff about the role of CPRS and how to appropriately utilize the	Copies of materials used in training or onboarding that describe the role of the peer to non-peer staff.

Program Area 5: Service Components		
The organization provides PBRSS services that are appropriate to the needs and context of consumer population served.		
Standard	Explanation/Interpretation	Demonstration of Compliance
communicated to non-peer staff.	position in support of services offered to the consumer.	
5 c./ The role of the CPRS in within your organization is clearly defined and communicated to people served.	The organization educates people served about the role of CPRS within the organization and how to access them. Support provided by CPRS and those provided by other roles, such as case managers and clinicians, are differentiated from one another and the support each of the roles provides.	Program descriptions provided to persons served or other documentation that describes the discrete roles of staff and team members in delivery the service/program.
5.d./ The role of the CPRS on either a clinical or non-clinical team is clearly defined.	Responsibilities for common clients are divided up between staff and the role of the PRS as a professional is defined within the team and communicated to the team members.	Descriptions of roles and responsibilities for all staff members of clinical and non-clinical teams.

Program Area 6: Data Collection and Reporting		
The organization can collect, report, and submit data necessary for program evaluation, compliance, and Medicaid billing.		
Standard	Explanation/Interpretation	Demonstration of Compliance
6 a./ The organization has a standardized approach to collecting individual level consumer progress and outcome data.	Any provider seeking reimbursement under the 1115 Medicaid Waiver must produce a wellness/recovery plan for the consumer. The goals set, activities engaged in to reach those goals, and the	Wellness/Recovery Plan template. Narrative Description of how your agency captures all other required documentation as described at Section XI. Data Collection and

Program Area 6: Data Collection and Reporting

The organization can collect, report, and submit data necessary for program evaluation, compliance, and Medicaid billing.

Standard	Explanation/Interpretation	Demonstration of Compliance
	<p>timelines are unique, interconnected and individualized for each person. Data contained in the record must include all elements described at Section XI. Data Collection and Reporting, Section A. 1., of this document.</p>	<p>Reporting, Section A. 1., of this document.</p> <p>Copies of paperwork used to capture documentation requirements as described at Section XI. Data Collection and Reporting, Section A. 1., of this document.</p>
<p>6.b./ The organization has protocols in place to review progress towards goals established in the individual’s Wellness Recovery Plan.</p>	<p>The organization uses a Wellness Recovery Plan to guide service provision and to monitor progress of consumer identified goals.</p> <p>Wellness/recovery plans are reevaluated with the consumer at least quarterly or more frequently, if requested by the consumer. 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.</p>	<p>Policies or protocols for update and review of the Wellness/Recovery Plan.</p> <p>Description of how the Wellness/Recovery plan is used by CPRS to guide the work they do with service consumers</p>
<p>6.c./ The Recovery Oriented Measurement Survey (ROMS) is administered to consumers receiving services.</p>	<p>Each PBRSS provider is required to submit data on all consumers receiving Peer Based Recovery Support Services to BHDDH.</p>	<p>Policies or protocols related to the administration of the ROMS.</p>

Program Area 6: Data Collection and Reporting

The organization can collect, report, and submit data necessary for program evaluation, compliance, and Medicaid billing.

Standard	Explanation/Interpretation	Demonstration of Compliance
	<p>The Recovery Oriented Measurement Survey (ROMS) is designed to evaluate the programmatic effectiveness of Peer Based Recovery Support Services in the aggregate. The ROMS should be completed by the consumer at their second visit or within 14 days of their second visit, and then every 90 days until the consumer is no longer receiving PBRSS at your agency.</p> <p>The ROMS must be administered online.</p>	

Program Area 7: Program Improvement

Standard	Explanation/Interpretation	Demonstration of Compliance
<p>7.a/ The organization has a program improvement plan that addresses Peer Based Recovery Support Services.</p>	<p>Program Improvement is an evaluation component designed to help an organization ensure its programs are effective. Some questions program improvement plans can help an agency better understand are: Are we implementing programs the way they are intended and are program participants are satisfied with the services and supports they are</p>	<p>Policies, procedures, protocols, and standards used for program improvement of your agency Peer Based Recovery Support Services.</p> <p>Evaluation tools that will be used to evaluate consumer satisfaction with services and supports received.</p> <p>Describe how the ROMS will be used to evaluate consumer experience and how it will be integrated into any program improvement.</p>

	receiving, among many others.	
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Section XIII. APPLICATION PROCESS

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 an application, which can be found [here](#).

Potential applicants may submit applications for certification to BHDDH any time. Application reviews will be scheduled periodically based on the receipt of applications. Agencies will be notified of their certification status when the review is complete. Applicants should anticipate a **minimum** of 30 days 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. Inquiries should be directed to Sarah Saint Laurent, BHDDH’s Administrator of Peer Based Recovery Support Services, at Sarah.SaintLaurent@bhddh.ri.gov or (401) 462-0950.

Section XV. CERTIFICATION

In accordance with these 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 in their organizational structure or program operations. Certification status may be modified based on identified deficiencies during ongoing monitoring and review of service delivery by BHDDH.

Section XVI. ADDENDA

Please see the following addenda for specific requirements for the three types of Peer Based Recovery Support Services (PRBSS) that have been approved for reimbursement.



Addendum 1 Requirements for Individual PRBSS



Addendum 2 Requirements for Structured, Curriculum Based Groups for PBRSS Medicaid Reimbursement, and

Addendum 3 Requirements for Recreational, Activity Based Groups for PBRSS Medicaid Reimbursement.

Addendum 1 – Requirements for Individual PBRSS

EOHHS/BHDDH has approved multiple individual services related to the four major dimensions of recovery - **health, home, purpose, and community** for reimbursement. Adherence to these requirements is critical to receive reimbursement. Note that sample individual services listed below are provided as examples only and are not meant to be fully inclusive of every appropriate individual service a CPRS can provide.

INDIVIDUAL PEER BASED RECOVERY SUPPORT SERVICES	
NOTE: The individual providing services must (1) have an active must active CPRS credential through the RI Certification Board; (2) be a properly supervised Certified Peer Recovery Specialist; and, (3) the services provided must have a clear connection back to one or more of the four major dimensions of recovery: health, home, purpose, and community , demonstrated through goals and objectives in the consumer’s wellness and recovery plan.	
Recovery Dimension	Sample Individual service
<p>The Health Dimension is about overcoming or managing one’s disease(s) or symptoms and making informed, health choices that support physical and emotional well-being.</p> 	<ul style="list-style-type: none"> o Training and empowering people to be assertive self-managers of their health care so that their interactions with care providers can be more effective. o Facilitating evidence-based self-help groups which decrease symptoms, increase coping skills, and increase life satisfaction. o Helping people plan their meals and grocery shop with the goal of eating healthfully within a budget. o Helping people practice how to discuss sensitive topics with their medical and/or behavioral health providers. o Helping people explore different types of exercise and food with the goal of finding healthy foods/activities that they enjoy.
<p>The Home Dimension is about having a safe and stable place to live.</p> 	<ul style="list-style-type: none"> o Teaching financial management skills and helping people practice those skills. o Teaching basic home management skills and helping people practice those skills. o Educating someone on their rights as a tenant

	<ul style="list-style-type: none"> o Helping someone search for affordable, safe housing.
<p>The Purpose Dimension is about engaging in meaningful daily activities, such as a job, education, training, family caretaking, volunteerism or creative endeavors and the independence, income, and resources to participate in society.</p> 	<ul style="list-style-type: none"> o Teaching non-technical skills that relate to how someone works and interacts with others to help with job retention and/or improving relationships. o Helping someone explore job options, training options, or volunteer options. o Helping someone get or keep a job. o Helping someone get in to school/training or succeed in school/training. o Teaching parenting/care taking skills.
<p>The Community Dimension is about having relationships and social networks that provide support, friendship, love, and hope.</p> 	<ul style="list-style-type: none"> o Activities that build the consumer’s confidence to facilitate participating in society. o Exploration of different types of support/mutual aid groups to see what feels right to them. o Identifying positive things to do in their community. o Attending events with someone for the first time if they are too nervous to go on their own. o Connecting to things of interest in their area – could be a book club, sewing circle, running group, art class, etc.
<p>Services that encompass more than one recovery dimension</p>	<ul style="list-style-type: none"> o Supporting individuals in accessing community-based resources, recovery, health and wellness support and employment o 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 o 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.

	<ul style="list-style-type: none">o Mentoring individuals as they develop strong foundations in recovery and wellness.o Promoting empowerment and a sense of hope through self-advocacy by sharing personal recovery experienceso Serving as an integral member of an individual's recovery and wellness teamo Providing insight into the experience of internalized stigma and how to combat it.o 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.
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Addendum 2 – Requirements for Structured, Curriculum Based Groups for PBRSS Medicaid Reimbursement

EOHHS/BHDDH has approved multiple structured, curriculum-based group practices for CPRS facilitation. There are additional requirements for facilitators as well as group design that must be met to claim reimbursement for CPRS facilitation of these groups. The groups and related requirements appear below, grouped together based on the types of facilitator experience/training and/or group requirements. Adherence to these requirements is critical to receive reimbursement. **If an agency submitted claims for groups that do not meet all of the requirements articulated below, the agency will have to pay back all reimbursement received, and their PBRSS provider status may be revoked.**

Tier 1 – Peer Based Recovery Support Services Structured, Curriculum Based Groups		
NOTE: All group facilitators for Tier 1 Groups must have an active RI Certification Board issued Certified Peer Recovery Specialist credential in addition to any other requirement.		
Name of Group	Facilitator Requirements	Participant Requirements
<u>Christine Helfrich’s Life Skills Curriculum: Strategies for Maintaining Residential Stability</u>	CPRS	NA
<u>Wellness Recovery Action Planning (WRAP)</u> <u>Whole Health Action Management (WHAM)</u>	CPRS Facilitators must be trained as a <u>WRAP facilitator by Copeland Center</u> . Facilitators must be trained as a <u>WHAM facilitator by the National Council for Behavioral Health</u> . Copies of training certificates are kept in the employee’s personnel file	NA

Tier 2–Peer Based Recovery Support Services Structured, Curriculum Based Groups

NOTE: all group **facilitators for Tier 2 Groups** must have (1) an active RI Certification Board issued Certified Peer Recovery Specialist or Certified Peer Recovery Specialist Supervisor credential; (2) a minimum of 2 years recent work experience as CPRS; ²and (3) must be experienced in group facilitation.³

Name of Group	Facilitator Requirements	Participant Requirements
Integrated Dual Disorders Treatment Recovery Life Skills Program	<p>CPRS with 2 years’ work experience.</p> <p>Experienced in group facilitation.</p> <p>Skilled in motivational interviewing, as evidenced by additional trainings taken on motivational interviewing.</p> <p>Certificates in the employee’s personnel file.</p>	<p>All group participants must be assessed for readiness and appropriateness for the content of this group before joining this group. See pages 10 – 12 of the curricula for further instruction on this. Agencies should keep proof of this assessment in the participant’s record.</p>

² Relevant documentation of the minimum 2-year recent work experience should be maintained in the employee’s personnel file.

³ Facilitators must be experienced in group facilitation before being eligible to facilitate these groups. This can be evidenced by formal training in group facilitation, or documentation of extensive experience facilitating groups. Relevant documentation should be maintained in the employee’s personnel file.

Tier 3 –Peer Based Recovery Support Services Structured, Curriculum Based Groups

NOTE: All group **facilitators** for **Tier 3 Groups** must have (1) an active RI Certification Board issued Certified Peer Recovery Specialist credential; (2) a minimum of 2 years recent work experience as CPRS;⁴ (3) must be experienced in group facilitation⁵ and (4) receive clinical supervision and oversight as well peer-based supervision in addition to any other requirements. All group participants must be (1) assessed for readiness and appropriateness;⁶ and (2) all groups held in closed cohorts.⁷

Name of Group	Facilitator Requirements	Participant Requirements
Seeking Safety	<p>CPRS with a minimum of 2 years work experience.</p> <p>Experienced in group facilitation.</p> <p>The facilitator is certified in Conducting Seeking Safety by Treatment Innovations.</p> <p>Copies of training certificates should be maintained in the employee’s personnel file.</p> <p>Clinical supervision and oversight are provided in addition to peer-based supervision and oversight.</p>	<p>All group participants are assessed for readiness and appropriateness.</p> <p>Groups are held for a closed cohort of participants to establish safety. This cohort should be established before the group begins, and new participants should not be added to a cohort once it has started.</p>

⁴ Relevant documentation of the minimum 2-year recent work experience should be maintained in the employee’s personnel file.

⁵ Facilitators must be experienced in group facilitation before being eligible to facilitate these groups. This can be evidenced by formal training in group facilitation, or documentation of extensive experience facilitating groups. Relevant documentation should be kept in the employee’s personnel file.

⁶ All group participants must be assessed for readiness and appropriateness for the content of this group before joining this group. Agencies should keep proof of this assessment in the participant’s record.

⁷ Groups are held as a closed cohort of participants to establish safety. The cohort should be established before the group begins, and new participants should not be added to a cohort once it has started.

Tier 4 –Peer Based Recovery Support Services Structured, Curriculum Based Groups

NOTE: All group **facilitators** for **Tier 4 Groups** must have (1) an active RI Certification Board issued Certified Peer Recovery Specialist credential; (2) a minimum of 2 years recent work experience as CPRS;⁸ (3) must be experienced in group facilitation;⁹ (4) experienced in Motivational Interviewing;¹⁰ and (5) receive clinical supervision and oversight as well peer-based supervision in addition to any other requirements. All group participants must be (1) assessed for readiness and appropriateness;¹¹ and (2) all groups held in closed cohorts.¹²

Name of Group	Facilitator Requirements	Participant Requirements
<p>Covington’s Helping Men Recover Program</p> <p>Covington’s Helping Women Recover Program</p>	<p>CPRS with a minimum of 2 years’ work experience.</p> <p>Experienced in group facilitation.</p> <p>Facilitator is skilled in Motivational Interviewing</p> <p>Clinical supervision and oversight are provided in addition to peer-based supervision and oversight.</p>	<p>All group participants must be assessed for readiness and appropriateness.</p> <p>Groups are held as a closed cohort</p>
<p>Exploring Trauma: A Brief Intervention for Men and Gender-Diverse People</p>	<p>CPRS with a minimum of 2 years’ work experience.</p> <p>Experienced in group facilitation.</p> <p>Facilitator is skilled in Motivational Interviewing</p>	<p>All group participants must be assessed for readiness and appropriateness.</p> <p>Groups are held as a closed cohort</p>

⁸ Relevant documentation of the minimum 2-year recent work experience should be maintained in the employee’s personnel file.

⁹ Facilitators must be experienced in group facilitation before being eligible to facilitate these groups. This can be evidenced by formal training in group facilitation, or documentation of extensive experience facilitating groups. Relevant documentation should be kept in the employee’s personnel file.

¹⁰ Facilitators must be skilled in motivational interviewing, as evidenced by additional trainings taken on motivational interviewing. Agencies should keep copies of training certificates in the employee’s personnel file.

¹¹ All group participants must be assessed for readiness and appropriateness for the content of this group before joining this group. Agencies should keep proof of this assessment in the participant’s record.

¹² Groups are held as a closed cohort of participants to establish safety. The cohort should be established before the group begins, and new participants should not be added to a cohort once it has started.

Tier 4 –Peer Based Recovery Support Services Structured, Curriculum Based Groups		
	Clinical supervision and oversight are provided in addition to peer-based supervision and oversight.	

Tier 5 –Peer Based Recovery Support Services Structured, Curriculum Based Groups		
<p>NOTE: All group facilitators for Tier 5 Groups must have (1) an active RI Certification Board issued Certified Peer Recovery Specialist credential; (2) a minimum of 2 years recent work experience as CPRS.¹³ (3) be working toward certification as Provisional Alcohol and Drug Counselor (PADC) or Certified Alcohol and Drug Counselor (CADC); (4) must be experienced in group facilitation;¹⁴ (5) experienced in Motivational Interviewing;¹⁵ and (6) receive clinical supervision and oversight as well peer-based supervision in addition to any other requirements. All group participants must be (1) assessed for readiness and appropriateness;¹⁶ and (2) all groups held in closed cohorts.¹⁷</p>		
Name of Group	Facilitator Requirements	Participant Requirements
Group Treatment for Substance Abuse: A Stages of Change Therapy Manual A New Direction: A Cognitive-Behavioral Treatment Curriculum	CPRS with a minimum of 2 years work experience. <u>And must also</u> be actively working towards one of the following two Certifications: Provisional Alcohol and Drug Counselor (PADC) or Certified Alcohol and Drug Counselor (CADC). Experienced in group	All group participants must be assessed for readiness and appropriateness. Groups are held as a closed cohort

¹³ Relevant documentation of the minimum 2-year recent work experience should be maintained in the employee’s personnel file.

¹⁴ Facilitators must be experienced in group facilitation before being eligible to facilitate these groups. This can be evidenced by formal training in group facilitation, or documentation of extensive experience facilitating groups. Relevant documentation should be kept in the employee’s personnel file.

¹⁵ Facilitators must be skilled in motivational interviewing, as evidenced by additional trainings taken on motivational interviewing. Agencies should keep copies of training certificates in the employee’s personnel file.

¹⁶ All group participants must be assessed for readiness and appropriateness for the content of this group before joining this group. Agencies should keep proof of this assessment in the participant’s record.

¹⁷ Groups are held as a closed cohort of participants to establish safety. The cohort should be established before the group begins, and new participants should not be added to a cohort once it has started.

Tier 5 –Peer Based Recovery Support Services Structured, Curriculum Based Groups

	<p>facilitation.</p> <p>Facilitator is skilled in Motivational Interviewing</p> <p>Clinical supervision and oversight are provided in addition to peer-based supervision and oversight.</p>	
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Addendum 3: Requirements for Recreational, Activity Based Groups for PBRSS Medicaid Reimbursement

It is important incorporate recreational activities into the lives of people experiencing mental illness, substance use disorder, or some combination of both. This is especially important for those in early recovery to prevent sliding back into old behaviors and habits which could result in a reoccurrence of their condition(s). To that end, use of approved recreational, activity-based groups to attain or maintain successful recovery from a behavioral health issue are eligible for reimbursement.





There are two sets of requirements attached to reimbursement for facilitating these groups, general group requirements and facilitator requirements. Adherence to these requirements is crucial to receive reimbursement. **If it is found that an agency submitted claims for groups that do not meet all of the requirements articulated below, the agency will have to pay back all reimbursement received and their PBRSS provider status may be revoked.**

REQUIREMENTS FOR PEER BASED RECOVERY SUPPORT SERVICES RECREATIONAL, ACTIVITY BASED GROUPS	
NOTE: All facilitators must (1) be a properly supervised Certified Peer Recovery Specialist; and (2) all groups reimbursed under these codes must have a clear connection back to the four major dimensions of recovery: <i>health, home, purpose, and community</i> .	
Facilitator Requirements	Group Requirements
CPRS facilitating must have an active CPRS credential through the RI Certification Board.	Groups must be planned in advance and made available to all persons served who are appropriate for the group. ¹⁸
CPRS facilitating must be supervised by a qualified PRS Supervisor. ¹⁹	Group participation must be documented in the record of the individuals served.
	Groups must have a connection to one or more of the four major dimensions of recovery (Home, Health, Purpose, Community) and that connection should be clearly noted in the service documentation maintained for each individual served.

¹⁸ Advanced planning should be documented in some way, whether that is through flyers advertising the activity or activity calendars with the activity listed.

¹⁹ Qualified PRS Supervisors may be CPRS themselves or hold another certification or license, and they must have taken a BHDDH approved CPRS Supervisor training.

SAMPLE RECREATIONAL ACTIVITY GROUPS ²⁰

Recovery Dimension	Sample Groups
<p>The <u>Health</u> Dimension is about overcoming or managing one’s disease(s) or symptoms and making informed, health choices that support physical and emotional well-being.</p> 	<p>Group exercise classes, hiking groups, yoga classes, dance classes, nutrition and cooking classes, nurturing resilience groups, stress management skills groups, mindfulness groups, reflective journaling groups, meditation groups, sound bath groups</p>
<p>The <u>Home</u> Dimension is about having a safe and stable place to live.</p> 	<p>Home decoration groups, green living and composting groups, tenant rights educational workshops.</p>
<p>The <u>Purpose</u> Dimension is about engaging in meaningful daily activities, such as a job, education, training, family caretaking, volunteerism or creative endeavors and the independence, income and resources to participate in society.</p> 	<p>Community service groups, groups where people discuss their work life balance, job/career exploration groups, gardening groups</p>
<p>The <u>Community</u> Dimension is about having relationships and social networks that provide support, friendship, love, and hope.</p> 	<p>Coffee & Chat groups, social connection groups, home comers groups for those exiting prison/jail or other institutions, going to a community event such as a festival or movie showing as a group, book discussion groups, creative writing groups, current events discussion groups, art groups, music groups.</p>

²⁰ These examples are provided to guide you and are not an exhaustive list that includes every topic that is allowable under these billing codes. Please contact BHDDH’s Administrator of Peer Based Recovery Support Services if you have questions.

Addendum 4: Application for PBRSS Certification

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 (BHDDH). BHDDH is the single state authority for mental health and the co-single state authority for substance use and certifies providers of Peer Based Recovery Support Services (PBRSS) on behalf of RI Medicaid. The RI Certification Board (RICB) credentials peers and has a Certified Peer Recovery Specialist (CPRS) credential which is required for Medicaid reimbursement under the state waiver.

1. Application Submission and Review

- a. Applicants are required to fill out the “**Application to be Certified as a Provider of Peer Based Recovery Support Services,**” form and
- b. Attach required documents and narratives, as described in the application. The application will be reviewed based on the written materials and other pertinent information submitted to BHDDH. Please follow instructions on naming conventions included in the application.
- c. All sections must be completed fully and requested documents or narratives that demonstrate the Applicant’s ability to provide PBRSS services consistent with the Certification Standards must be appended. The Applicant may also append any other materials that they deem relevant to demonstrating capacity to comply with the standards.

All applications will be reviewed within 30 days of the submission date to BHDDH. 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, including a request for provision of missing documentation. Amended applications may be resubmitted later without prejudice.

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.

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

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.

2. Application Review & Possible Certification Outcomes

BHDDH will convene an internal Program Review Committee to evaluate applications.

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. Three basic outcomes are possible:

- **Certification:** An applicant demonstrates programming that fully complies with certification requirements at the time of the application submission.
- **Certification with Contingencies:** An applicant may describe a program that meets most of the Certification Standards but does not fully comply with the certification requirements at the time of the application submission. The applicant may be offered “Certification with Contingencies” and requested to comply with the corrective action request by a specific date. Failure to comply fully with the correction action plan may result in loss of certification.
- **Not Certified:** 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.

Program Review Committee members are subject to all state laws, regulations, and administrative policies related to ethics, including all of those contained in [Executive Order 15-01](#). Each member of the Program Review Committee will execute a Conflict of Interest and Confidentiality Certificate prior to reviewing any applications.

4. Post Certification Requirements

If certified to deliver PBRSS to Medicaid beneficiaries, you must:

- A. Be enrolled as a Medicaid provider.
- B. 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 and BHDDH as specified within the standards contained on Section V Scope of Services of the PBRSS Certification Standards.

Inquiries should be directed to Sarah Saint Laurent, BHDDH’s Administrator of Peer Based Recovery Support Services, at Sarah.SaintLaurent@bhddh.ri.gov or (401) 462-0950.

APPLICATION TO BE CERTIFIED AS A PROVIDER OF PEER BASED RECOVERY SUPPORT SERVICES

Applicant Information

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 – (put the person who filled this app out!)

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.

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:
(Please note that e-signatures are accepted).

Date: Click or tap to enter a date.

A. Licensure status (please note that licensure is not required to provide PBRSS).

- The applicant is a BHDDH licensed provider.
- The applicant is a RIDOH licensed provider.
- The applicant is a DCYF licensed provider.
- The applicant is **not** licensed by BHDDH, RIDOH or DCYF

If licensed in RI, please provide the name of your licensed organization: Click or tap here to enter text.

Please provide your license number: Click or tap here to enter text.

B. Type of Organization (please check one):

- Non-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.

Full Address: 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.

Sites or Locations Covered by This Application	Setting Type	Setting Type
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
Street address: Click or tap here to enter text.	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>

C. Other Organizational Information

Number of Employees: Click or tap here to enter text.

Annual Budget: Click or tap here to enter text.

Special and State Designation (e.g. small business, minority/women owned) business): Click or tap here to enter text.

Current Licenses (please identify issuing entity and expiration date of license): Click or tap here to enter text.

Accreditations (please identify the accrediting body and expiration date of accreditation): Click or tap here to enter text.

Other Relevant State & National Recognitions: Click or tap here to enter text.

APPLICATION SUBMISSION REQUIREMENTS

Main Application

Use the fillable form provided for the main application. It can be saved as a PDF if you desire, but please make sure to send both the main application and the required attachments. Please use the following naming convention for the completed application form, EXAMPLE: *Applicant Name* “PBRSS Certification Application”

Required Attachments

The attachments may be provided as either a PDF or Word document. Please use the following process and naming convention for attachments.

- Each Program Area should be a separate document. EXAMPLE: *Applicant Name* “PBRSS Certification Application - Attachments Program Area 1”
- Identify each document or narrative attached, in the order it appears in the descriptions below and identify the Certification Standard with which it is associated.
 - Feel free to replicate the hierarchy as it appears below – you can use a naming convention such as “Program Area 1 – Document 1.1/Standard 1.a” to describe the attachment or for narratives, “Program Area 1 – Narrative 1/Standard 1.a,”

Program Area 1: Organizational Management and Capacity

Required Application Attachments

Part 1 - Documents

1. List of Current Board of Directors and Organizational Chart (Standard 1.a).
2. Conflict of Interest Policy for Staff and Board of Directors (Standard 1.a. and 1.c.).
3. Human resources policies, procedures, and practices (Standard 1.b.).
4. Most recent independent financial audit (audit may be no more than eighteen (18) months old). (Standard 1.d.).
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_ (Standard 1.e.).

Part 2 – Narratives

1. Description of how your agency will ensure that services are accurately documented and billed (Standard 1.a.)
2. Description of how your agency serves individuals who speak languages other than English (Standard 1.e.)

Program Area 2: Policies and Procedures for Peer Recovery Specialist

Required Attachments

Part 1 - Documents

1. Recruitment plan/written description (Standard 2.a.)
2. Job/Position Description for CPRS and CPRS Supervisors (Standard 2.a.).
3. Standard application forms which are provided to CPRS candidates (Standard 2.a.).
4. Interview questions and scoring rubrics (Standard 2.a.).
5. Human resource policies for reference checks and verification of credentialing or certification (Standard 2.a.).
6. Job descriptions for position to whom the CPRS Supervisor reports (Standard 2.b.).

Part 2 – Narratives

1. Description of how your agency will ensure that services are accurately documented and billed.
2. Training plan that describes how you educate all staff on the role of CPRS (Standard 2.b.).
3. A retention plan with methods for retaining CPRS or written description of retention strategies implemented to retain CPRS (Standard 2.c.)

Program Area 3: Proper Supervision and Staffing Patterns for Peer Recovery Specialists

Required Attachments:

Part 1 - Documents

1. Staffing pattern/organizational chart (Standard 3.a.).
2. An organizational chart that demonstrates the placement of the CPRS, the CPRS Supervisor, and the Supervisor of CPRS Supervisors within the organization (Standard 3.b.)
3. Policy or procedure related to supervision of CPRS and PRS interns(Standards 3.b & 3.c.).

Part 2 – Narratives

1. Written description or supervision plan that describes how the specific CPRS supervision requirements (2 hours one-on-one and 90 minutes group per month) in Standard 3.b. will be met.

2. Written description or supervision plan that describes how the specific PRS intern supervision requirements will be met. (Standard 3.c.)

Program Area 4: Training and Credentialing for Peer Recovery Specialist and Supervisor

Required Attachments:

Part 1 - Documents

1. Copy of active credential for all CPRS (Standard 4.a.).
2. Copy of active credential or license for all CPRS Supervisors (Standard 4.b.).
3. Copy of training certificate for supervisor core competency training (Standard 4.b.).

Part 2 – Narratives

1. A description of how recredentialing of CPRS will be supported by the applicant to support retention of credentialed staff. (Standards 2.c and 4.a),

Program Area 5: Service Components

Required Attachments:

Part 1 - Documents

1. Program descriptions related to the scope of the PBRSS services provided and the context and setting in which they are delivered (Standard 5.a.).
2. Copies of materials used in training or onboarding that describe the role of the peer to non-peer staff (Standard 5.b.).
3. Program descriptions provided to consumers or other documentation that describes the discrete roles of staff and team members in delivery the service/program (Standard 5.c.).

Part 2 – Narratives

1. Descriptions of roles and responsibilities for all members of clinical and non-clinical teams that include a CPRS or interact with clients support by CPRS (Standard 5.d.).

Program Area 6: Data Collection and Reporting

Required Attachments

Part 1 - Documents

1. Wellness/Recovery Plan template (Standard 6.a.).
2. Policies or protocols for update and review of the Wellness Recovery Plan (Standard 6.b.).
3. Policies or protocols related to the administration of the ROMS (Standard 6c.).

Part 2 – Narratives

1. Description of how the Wellness/Recovery plan will be integrated into your existing electronic health record and the system currently used (Standard 6.a.).
2. Description of how the Wellness/Recovery plan is used by CPRS to guide the work they do with service consumers (Standard 6.b.).
3. Description of how the record will include all data elements described at Section XI. Data Collection and Reporting, Section A. 1. of the Certification Standards (Standard 6.a.).

Program Area 7: Quality Improvement/Quality Assurance

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

Annually Bi-Annually Other: [Click or tap here to enter text.](#)

Required Attachments

Part 1 - Documents

1. Policies, procedures, protocols and standards used for quality review of your agency Peer Based Recovery Support Services (Standard 7.a.).
2. Evaluations that will be conducted to ensure quality assurance of your agency Peer Based Recovery Support Services as well as an annual consumer satisfaction survey (Standard 7.a.).

Part 2 – Narratives –

1. Describe how the ROMS will be used to evaluate consumer experience and how it will be integrated into any program improvement (standard 7.a.)