



Peer Advocate Services in OASAS Certified Programs Settings

Introduction

The Office of Addiction Services and Supports (OASAS) recognizes Substance Use Disorder (SUD) as a chronic condition best managed by a broad continuum of services. As with other chronic conditions, where reoccurrence of symptoms is possible, the ability to integrate non-clinical support is essential to comprehensive care planning. OASAS supports efforts to further expand available clinical and non-clinical support services for individuals and families living with SUD, including the development of a Recovery Oriented System of Care (ROSC).

ROSC is a coordinated network of community-based services and supports that is person-centered by building on the strengths and resiliency of individuals, families and communities to engage in treatment services, recovery supports and strive to improve overall health, wellness, and quality of life to those with and at risk of SUD. Peer Support Services are an essential part of these transformation efforts.

Peer Advocate Services

OASAS defines a Peer Advocate as an individual who uses their knowledge acquired through lived experience related to substance use, to support the recovery goals of individuals who use drugs and/or alcohol. Peers are natural support experts, meaning that the relationships they establish can lead to increased feelings of support, safety, and wellbeing among the individuals they serve. Through a combination of lived experience and professional training, peers can provide an array of face-to-face peer support services with a client.

Peer support services are defined as “services for the purpose of outreach for engaging an individual to consider entering treatment, reinforcing current patients’ engagement in treatment and connecting patients to community-based recovery supports consistent with treatment/recovery and discharge plans.”¹ Peer support services must be delivered by a

¹ 14 NYCRR Part 822.5(AC)

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Certified Recovery Peer Advocate (CRPA) or CRPA-Provisional (CRPA-P). Peer support services target recovery outcomes such as improved health and wellness; an increased sense of self-efficacy or empowerment; and increased success and satisfaction in a range of community settings such as work, home and school, instead of merely focusing on symptom reduction.

There are several key characteristics of peer support services, including:

- Are person-centered and strength-based. They help individuals to identify existing recovery capital and build future capital.
- Are relationship-oriented, garnering a sense of trust, confidence, authenticity and efficacy, based on shared experience.
- Support an individual in defining and directing his or her own treatment/recovery plan, backed with guidance, structure, support and navigation assistance from a peer and a clinical team
- Engage individuals in a timely and expeditious manner, at critical points of recovery vulnerability and throughout various stages of the recovery process.
- Support re-engaging individuals back into appropriate supports and services in a timely manner in the event of a recurrence to substance use.

Peer support services may include, but are not limited to:

- Engaging with an individual to consider entering treatment.
- Engaging a client to attend treatment or other healthcare services.
- Engaging an individual in continuing care services post-discharge.
- Developing treatment/recovery plans.
- Raising awareness of existing social and other support services.
- Modeling coping skills.
- Assisting with applying for benefits.
- Accompanying clients to court appearances and medical or other appointments.
- Providing non-clinical crisis support, especially after periods of hospitalization or incarceration.
- Working with participants to identify strengths.
- Linking participants to formal recovery supports.
- Educating program participants about various modes of recovery.
- Travel training – to use public transportation independently.
- Education and support on the use of medication assisted treatment.

Peer support services are person-centered; even though services emphasize knowledge and wisdom through lived experience, peers are encouraged to be extremely intentional in how they share their story or pull from first-hand knowledge to ensure that they are supporting the program participant's own pathway to recovery.

Peer support services are not:

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- A program model;
- Focused on diagnoses or deficits;
- Helping in a hierarchical way (i.e., there is equal power distribution between peer and client);
- Treatment compliance;
- Medication compliance monitoring;
- Monitoring individual behavior; or
- Care management.

Role Delineation in Clinical Settings

Peers may work in a variety of settings. Peer Advocate Services are currently reimbursable when delivered by a CRPA or CRPA-Provisional (P), employed in or contracted by an outpatient program certified pursuant to 14 NYCRR Part 822, a designated Community Oriented Recovery and Empowerment (CORE) provider, or by Inpatient/Residential Providers within their Per Diem. This resource will focus on the delivery of peer support services in an outpatient clinical setting. Please see the Resources section at the end of this document for links to materials on peer services in other settings.

Programs employing and/or contracting for peers that will have regular and substantial unsupervised contact with patients are expected to conduct required criminal background checks.

Peer Supervision

A Qualified Health Practitioner (QHP) that is assigned to supervise peers should demonstrate the twenty requisite competencies for peer supervisors.²

Recovery values, principles, and core concepts must be embedded in the supervision practice. The eight principles of peer supervision identified from convenings of national experts conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2016 include:

1. Supervision is an act(ion) not a role.
2. Supervision is a strength-based process in which there is mutual accountability.
3. Supervision enhances and develops the unique knowledge and skills necessary for successful peer practice.

² Martin, Jordan, Razavi, Burnham, Linfoot, Knudson, DeVet, Hudson, & Dumas (2017). Substance Use Disorder Peer Supervision Competencies, The Regional Facilitation Center, Portland, Oregon.

4. Supervision provides a safe space to address ethical dilemmas and boundary issues.
5. Supervision engages peer practitioners in strengthening the Peer Recovery Support Services (PRSS) program.
6. Supervision fosters an organizational environment / culture that is conducive to recovery.
7. Supervision clarifies organizational systems, structures, and processes.
8. Supervision supports self-care.

Each of these principles has corresponding supervision practices and preceding premises based on peer support principles.

In order to fully integrate peers into clinical settings, the clinical team should learn about the role of the peer and clearly understand how it differs from a clinical role. Peers will participate on the multidisciplinary team and may add valuable experience and insight from the perspective of a peer. The peer's role should not reflect that of a "junior clinician" but as a valuable independent member of the team who offers the unique insight from the point of view of a peer with shared experience. Peers may provide a voice for individuals in treatment as advocates for participant driven goals and objectives. They may also provide solutions to improve recovery orientation of the clinic and in developing richer recovery supports for individuals as well as recovery resources for the clinic. However, peers do not replace the individual client in contributing to the treatment planning process.

While a peer may be a part of the multidisciplinary team and may participate in meetings of the team; they do not lose their unique position with the client. **The clinical team must avoid putting a peer in conflict with the client and avoid conflicts between clinical staff and peers.** Understanding the role of the peer can help in decreasing the likelihood that these conflicts will occur. The peer can help provide information to the team as an advocate for the client. The peer should never feel pressured to provide information unless they believe it to be in the spirit of advocacy. They should not be expected to deliver clinical interventions or messages from the team, unless to do so is in the interest of furthering the relationship and is in the interest of the client. The peer may be able to talk with the client to help them understand treatment and encourage participation. Treatment team meetings that approach care through a person-centered approach are less likely to experience conflicts as they seek to understand the patient point of view.

Peer Advocate Services Delivered Preadmission

Under the direction of Clinical Staff, Peer Advocate Services can be provided prior to admission as a way of engaging the individual in another level of care, or for the newly interested individual who may be seeking treatment.

Preadmission Services Peer Advocate Services can be reimbursed when:

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- Clinically Appropriate
- Provided by a CRPA or CRPA-P
- On the day of discharge when transitioning from Inpatient/Residential/Detox or hospital services to an Outpatient Level of Care
- Provided face to face to an individual
- Regardless of whether or not the individual is admitted into treatment

Please note reimbursement should not be the only consideration when providing preadmission Peer Services to engage or support an individual in accessing treatment.

Peer Advocate Services must be documented in the individuals case record and as required by regulations. Along with the regulatory requirements documentation should include:

1. What did the peer do? (i.e., shared their own experience, helped individual remove barrier to treatment etc.)
2. How did this help to engage the individual in thinking about entering treatment or moving in some way towards a treatment goal?

Peer Advocate Services Delivered In-Community

All services that can be provided and billed in an outpatient setting are eligible to be provided in the community, including peer support services. The treatment/recovery plan should reflect service delivery occurring in the community. Consult the in-community services guidance for additional information.

Continuing Care

For individuals who have transitioned from active treatment to Continuing Care. Peer Services can be provided as clinically appropriate as indicated in the Continuing Care Plan and/or progress notes.

Please note while crisis situations or emergent issues may require an increased number of Peer Service visits on a short-term basis, providers should clearly document the need for the services and the justification for remaining in Continuing Care as opposed to being readmitted in active treatment.

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Peer Certification

Peers working in OASAS Certified and CORE designated programs need to be a CRPA or a CRPA-P. To become a CRPA or CRPA-P, an individual must apply and be granted one of those certifications by an OASAS approved certification board. Currently, the New York Certification Board (NYCB) is the OASAS approved provider of the CRPA and CRPA-P certification.

The CRPA-P requires a High School diploma or NYSED approved High School Equivalency (HSE) and 50 hours of required training, (advocacy, mentoring and education, recovery wellness support, ethical responsibility and Medication Supported Recovery (MSR)).

The full CRPA additionally requires receiving a passing score on the International Certification and Reciprocity Consortium (IC-RC) examination and 500 hours of related volunteer or work experience and 25 hours of supervision by qualified supervisory staff.

No Duplication of Peer Advocate Services

Individuals may receive Peer Support Services within OASAS Certified Programs or CORE programs. OASAS will allow for patients admitted to an outpatient program certified pursuant to 14 NYCRR Part 822 receiving peer support services to also receive CORE Peer Empowerment Services. The providers should work together to ensure there is no service duplication. The allowable peer services shall complement, not duplicate.

Billing for Peer Advocate Services

In order to bill for Peer Advocate Services:

1. The program must be an OASAS Certified Provider.
 - Outpatient Programs can seek reimbursement for individual Peer Advocate Services
 - Inpatient/Residential/Detox programs can receive reimbursement within their Per Diem rate
2. The peer must be a CRPA, or CRPA-P employed or contracted by or working as a volunteer or intern in the outpatient program* under the Supervision of a QHP
3. The Peer Advocate Service must be a face-to-face service delivered to an individual
4. Services delivered must be in support of the appropriately approved treatment/recovery or continuing care plan and as an identified method in assisting an individual in obtaining their goals
5. Peer Advocate Services must be documented in the individual's case records and

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include:

- Type of Service Provided
- Date of Service
- Duration of Service
- Content and outcome of service including connection to treatment/recovery plan goals
- Any further actions needed
- Signature of the CRPA or CRPA-P who provided the service

Peer Advocate Services are exempt from the two services per day rule.

Peer Advocate Services is billable in 15-minute units, **with a maximum of 24 units (6 hours)** per service date.

Peer Advocate Services can be counted for the day whether the service is provided continuously or at different times of that day.

*Pursuant to 14 NYCRR Part 822, all outpatient programs are required to provide Peer Advocate Services. Outpatient programs may provide Peer Advocate Services by directly hiring a CRPA/CRPA-P or by contracting with an organization that employs CRPAs/CRPA-Ps. The organization employing the peer cannot bill independently and must be paid by the contracting outpatient program through a collaborative agreement. The outpatient program must bill for the provision of Peer Advocate Services and provide appropriate supervision etc., in accordance with the guidance in this document. Programs are expected to integrate Peer Advocate Services into their outpatient programs and not rely exclusively on referral arrangements.

Medicaid Peer Advocate Services Reimbursement Rate

CURRENT Peer Advocate Services Rate

FREESTANDING	822 Clinic Upstate	822 Clinic Downstate	822 Opioid Upstate	822 Opioid Downstate	822 Rehab Upstate	822 Rehab Downstate
Peer Service	\$25.19 per 15-minute unit	\$29.47 per 15-minute unit	\$23.21 per 15-minute unit	\$27.15 per 15-minute unit	\$25.26 per 15-minute unit	\$29.55 per 15-minute unit
HOSPITAL BASED	822 Clinic Upstate	822 Clinic Downstate	822 Opioid Upstate	822 Opioid Downstate	822 Rehab Upstate	822 Rehab Downstate

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Peer Service	\$25.01 per 15-minute unit	\$31.32 per 15-minute unit	\$26.81 per 15-minute unit	\$31.31 per 15-minute unit	\$24.05 per 15-minute unit	\$31.41 per 15-minute unit
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Family and Youth Peer Advocate Services

Children and Family Treatment and Support Services supported the development and implementation of the CRPA-Family Peer Advocate (CRPA-FPA) and the CRPA-Youth Peer Advocate (CRPA-YPA). In order to provide peer support services, providers must be a designated Children’s Services provider in accordance with 14 NYCRR Part 823 and must also be approved to provide CRPA-FPA and/or CRPA-YPA. Additional information can be found on the [OASAS Regulations Page](#) and [NYS DOH CFTSS page](#).

Resources

Hendry, P., Hill, T., Rosenthal, H. Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services. ACMHA: The College for Behavioral Health Leadership and Optum, 2014 [Peer Services Toolkit](#)

Morris, C., Banning, L, Mumby, S., Morris, C. Dimensions Peer Support Program Toolkit, University of Colorado Anschutz Medical Campus School of Medicine, Behavioral Health and Wellness Program, June 2015 [Peer Support Program Tool-kit](#)

[OASAS Medicaid APG Billing and Policy Information](#)

[New York Certification Board](#)

[OASAS Peer Integration Organizational Readiness Self-Assessment Tool](#)
[NYC DOHMH Integrating Peers into Treatment Programs in NYC: An In-Depth Guide](#)

[NY Alliance for Careers in Healthcare ROSC Resource Guide](#)

[NY – Friend of Recovery NY website](#)

[National Alliance for Medication Assisted Recovery \(NAMA-R\)](#)

[William White Resource Papers](#)

[Health and Recovery Plan \(HARP\) Adult Behavioral Health Home and Community Based Services \(BH\)](#)

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[HCBS\) Manual](#)

[Community Oriented Recovery Empowerment \(CORE\) Operations Manual](#)

[Community Oriented Recovery and Empowerment \(CORE\) Services Benefit and Billing Guidance](#)

[Children and Family Treatment and Support Services Provider Manual for Children's Behavioral Health Early and Periodic Screening and Diagnostic Treatment \(EPSDT\) Services including information on family and youth peer services](#)

[NYS Dept. of Health/AIDS Institute Peer Support NY Links Implementation Manual](#)

[NYS OASAS Peer Integration and Stages of Changes Toolkit](#)

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