

Recovery Coach & Recovery Support Navigator Billing Implementation Toolkit



**Bureau of
Substance
Addiction
Services**

This Toolkit is sponsored by BSAS.

<https://www.mass.gov/orgs/bureau-of-substance-addiction-services>



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MassHealth, the Massachusetts Medicaid program, began covering Recovery Coach and Recovery Support Navigator services under its 1115 waiver as part of its commitment to person-centered addiction care. Recognizing the critical role of peers and paraprofessionals, MassHealth has since expanded these services to hospitals and other medical settings, affirming that lived experience is essential to engaging individuals in high-acuity environments.

To ensure peers and paraprofessionals are effective in these settings, organizations must cultivate recovery-oriented environments that support these roles, offer appropriate supervision and professional development, and maintain strong connections to community-based resources. When embedded in systems that understand and value peer and paraprofessional roles, Recovery Coaches and Recovery Support Navigators can be highly effective across a range of care settings.

Long-term sustainability of these roles hinges on billing all insurance carriers that provide reimbursement for the services. However, hospitals, health systems, and other medical settings often face complex operational challenges in charging and billing for these services.

The *Recovery Coach and Recovery Support Navigator Billing Implementation Toolkit* is a comprehensive resource designed to support organizations in implementing these services effectively. It provides clear guidance and actionable tools to build sustainable, compliant programs rooted in recovery-oriented care.

Included within:

- **Guidance on revenue cycle system set-up for billing these services**
- **Detailed charging and billing requirements aligned with MassHealth policy**
- **Recommendations for meeting documentation standards**
- **Appendices with key definitions, policy links, and contextual background**
- **Summary of hiring and supervision requirements for Recovery Coaches**
- **Venn diagram outlining similarities and differences between Recovery Coaches and Recovery Support Navigators**
- **Frequently Asked Questions**

We hope these resources support your efforts to successfully bill for and sustain these critical roles, ensuring continued access to recovery-oriented care for individuals with substance use disorder across Massachusetts.

Recovery Coach Recommended Implementation Steps

Category	Area	Guidance Recommendations
Staff Qualifications & Roles	Recovery Coach	<p>Experience</p> <ul style="list-style-type: none"> Lived experience with SUD Currently in SUD recovery with 2+ years of sustained recovery Trained to help peers, be effective in providing support, and has a willingness to share experience <p><i>(see appendix B and E for more information)</i></p> <p>Tactical</p> <ul style="list-style-type: none"> High School diploma or GED Completed Recovery Coach Academy and Ethical Considerations for Recovery Coaches training, and in process or completed Certified Addiction Recovery Coach (CARC) certification through an EOHHS approved program <ul style="list-style-type: none"> The RC must complete the CARC credentialing within two years of being hired Be directly supervised by an individual who has completed EOHHS Recovery Coach Supervisor training. Employed by an organization with a supportive recovery-oriented culture that provides peer supervision and meets all credentialing requirements. <p><i>(see appendix C and F for more information)</i></p>
	Recovery Coach Supervisor	<ul style="list-style-type: none"> Completed EOHHS approved supervisor training Provides dedicated supervision for the Recovery Coach oriented around recovery and the peer model <p><i>(See appendix G for more information)</i></p>
	Co-Signing/Billing Provider	<ul style="list-style-type: none"> Co-signing/Billing Provider must hold a medical degree or clinical credential that qualifies them to bill and must be MassHealth enrolled/credentialed Review the documentation and contact between patient and RC, claim will go out under this provider

*EAP: Procedure Master

*DEP: Department

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Recovery Coach Recommended Implementation Steps

		<ul style="list-style-type: none"> This is a best practice recommendation based on standard CMS and hospital compliance guidelines
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Category	Area	Guidance Recommendations		
Revenue Cycle System Setup	Provider	<ul style="list-style-type: none">Set up RC provider type SER* record<ul style="list-style-type: none">Assign documentation template referenced in revenue cycle system setupEnsure RC requires cosign		
	Department	Account Class Options RC	Department Setup	Tools
		Outpatient	<ul style="list-style-type: none">Option 1: Create new billing <u>recurring</u> department DEP* for Recovery Coach program which links employing cost center/bill areaOption 2: Utilize pre-existing DEP* and cost center/bill area* Ensure DEP setup aligns with where revenue is expected to route based on who is employing the RC & Billing Provider Guide: Epic Department Types [see <u>appendix H</u> for more information]	<ul style="list-style-type: none">Access to charging method (Flowsheet/charge capture)Ensure documentation requires cosign
	Documentation	Note Templates & Smart Phrases	<ul style="list-style-type: none">Documentation can be done via templates/smart phrases<ul style="list-style-type: none">Template may consist of example elements: <i>contact details, goals, and outcomes</i><ul style="list-style-type: none">Must contain the type of contact (grid example below)One of the three contact types below must be checked every day to be able to charge <p>(See <u>appendix H</u> for example)</p>	
		<u>CODING</u>		

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Recovery Coach Recommended Implementation Steps

	Procedure Code	CPT:	H2016
		Modifier:	HM
		Revenue Code:	0900, 0914, 0919, 0942, 0907
		Diagnosis Code Range:	F10.20-F19.239 (SUD)
		Setup of H2016 EAP*	Ensure charge groupers, modifiers and revenue codes are appropriate for department charging based on expected model

Category	Area	Guidance Recommendations	
Billing & Charging Requirements	Charging Requirements	<ul style="list-style-type: none"> Daily case rate may be charged if the patient is on a Recovery Coach caseload and has had contact with them within 21 days. <ul style="list-style-type: none"> Contact is defined as in person or electronic/remote with engagement by both parties Recovery Coach maintains their caseload Recovery Coach accesses documentation system daily and records activity with each patient on the documentation template Prior authorization for some commercial payers may be necessary <p>(See Appendix A for more information)</p>	
	Charging Workflow	Charge Capture	<ul style="list-style-type: none"> Identify/create preference list for DEP Make charge available via preference list(s)
		Manual Charging Method	<ul style="list-style-type: none"> Recovery Coach completes monthly charge entry sheet The Recovery Coach supervisor reviews record and verify that the electronic record has been signed off by the billing provider and approves the charge entry sheet Charges are entered by charge entry staff at month end on recurring encounter utilizing date range and quantity that matches the record. <ul style="list-style-type: none"> i.e. DOS 03/01/25- 03/31/25 H2016HM qty 31 Dates subject to documentation

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Recovery Coach Recommended Implementation Steps

Billing & Charging Requirements [Cont'd]			
		Alternative Charging Methods	<ol style="list-style-type: none"> Excel file to upload and post charges via a batch job. RC Order build to streamline documentation/charging <ol style="list-style-type: none"> Order placed for RC support RC documents within order the communication/details Order routes to supervisor and billing provider for review Billing provider "results" order <p>Order has charge code linked to post to series HAR based on date of service rendered</p>
	Billing	UB-04 (Institutional Claim)	<ul style="list-style-type: none"> Hospital Billing for RC services on a facility claim should generally use a UB-04 (837I) claim form. When the hospital billing for RC services on a UB-04, the revenue code 0900 is used with the RC procedure code H2016-HM The hospital is the billing entity, not the individual provider.
		CMS-1500 (Professional Claim)	<ul style="list-style-type: none"> Behavioral health providers rendering RC services in certain settings, particularly when not integrated into the hospital's facility agreement, should bill on a CMS-1500 claim form. When using a CMS-1500, bill with the procedure code H2016-HM. MBHP prefers providers use a CMS-1500 form when billing for RC services.

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Peer Recovery Coach Appendices [MassHealth Specific Guidance]

Appendix A: Peer Recovery Coach Rate, Code, and Modifier

- For MassHealth Fee-For-Service (FFS) the rate for Peer Recovery Coach service and code/ modifier can be found here: [101 CMR 346](#).
 - As of October 2025, the rate for the Peer Recovery Coach is: **\$23.15 per diem** (per day, per member on the caseload)
 - As of July 2024, the associated code and modifier for Peer Recovery Coach is **H2016-HM**.
 - Reimbursement may vary; please confirm with your contracting team.
- For MassHealth Managed Care, the rate can be found in the respective Managed Care Entity's contract. All updated contracts can be found [here](#).
 - As of 2025, the contracts reference the rate regulation, so the rate, code and modifier should stay consistent with MassHealth FFS

Appendix B: Definition of Peer Recovery Coach Services:

- MassHealth's definition can be found at 130 CMR 418: *Peer Recovery Coach: An individual currently in recovery who has lived experience with substance use or other addictive disorders and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Peer recovery coaches engage in an equitable, non-clinical relationship with the member focused on removing obstacles to recovery. Peer recovery coaches link members to the recovery community and engage in mentoring.*¹
- Peer recovery coaches (RCs) engage in an equitable, non-clinical relationship with the member focused on removing obstacles to recovery. Peer recovery coaches link members to the recovery community and engage in mentoring.²
- RCs operating in medical environments can provide important support to individuals. They often act as a bridge between medical providers and patients- ensuring that the patient understands treatment options and has an advocate.
- RCs are trained to offer a strengths-based approach to patients, support the patient in establishing community connections, and overcoming barriers that the patient might be facing.

¹Found in [130 CMR 418.02](#)

² Found in [130 CMR 418.02](#)

Recovery Coach Recommended Implementation Steps

- RCs share information on multiple pathways and guide individuals as they discover and develop their own unique pathway of recovery. RCs are uniquely positioned to do this, based on their training and own lived experience.³
- Helpful links to learn more: [Coaches & Peer Workers – Recovery Education Collaborative](#); [Peer Recovery Coach | Careers of Substance](#)

Appendix C: Setting Peer Recovery Coach Services can be Provided in:

- For MassHealth reimbursement, peer recovery coach services are reimbursable in any setting that can credential with MassHealth, provide appropriate supervision, and meet the requirements set forth by MassHealth (e.g. the requirements found in 130 CMR 418, and any applicable Managed Care contracts and/or performance specifications).
- MassHealth’s MCE Bulletin does not restrict Recovery Coach billing to a particular type of organization (e.g. licensed clinic), however the organization billing for the service must provide behavioral health services and prioritize a recovery-oriented environment and systems of care.
- A recovery-oriented environment could be defined by having peers in supervisory and leadership roles, multiple workforce development opportunities centered around peers and recovery, and the organization being connected and working with community-based providers.
- RCs can be impactful in providing services in many different types of environments and settings if they are supported in the work, receive appropriate supervision, and the organization understands the values and boundaries of peer work. Settings can include in the community, via technology, within other systems or in a dedicated space within the organization. RCs should be encouraged to meet the patient in recovery supportive environments where the patient is most comfortable.
- MassHealth does not allow for individual Recovery Coaches to bill as solo practitioners.

Appendix D: Definition of the Peer Recovery Coach Case Rate/Daily Rate:

- A RC must have contact with someone on their “caseload” at a minimum, every 21 days.⁴
 - Contact can include a virtual engagement, if the interaction is reciprocated by the member on the case load (e.g. texting or emailing back and forth); an in-person meeting; or the RC attending a meeting/ appointment with the member.

³ Found at [Peer Recovery Coach | Careers of Substance](#)

⁴ Found in [MCE Bulletin 82](#).

Appendix E: Qualifications:

- The RC must have at least two years of sustained recovery⁵.

Appendix F: Training Requirements:

- To bill for peer recovery coach services, the peer recovery coach must hold, or working to obtain, credentialing as a Certified Addiction Recovery Coach through [Mass Board of Substance Abuse Counselor Certification](#) (or other licensure + credentialing processing, as determined by EOHHS) ⁶.
- “Working to obtain” means the following:
 - To be considered as working toward credentialing as a CARC, a Peer Recovery Coach must ⁷
 - have completed Peer Recovery Coach Academy trainings and the Ethical Considerations for Recovery Coaches training and
 - must be in the process of completing supervision requirements and additional required trainings.
- RCs must be credentialed within two years of being hired.
- Information on training opportunities: [REC Training Calendar – Recovery Education Collaborative](#).

Appendix G: Supervisor/ Supervision

- RCs must receive direct supervision from a supervisor who has completed training and/or coursework that is designed to prepare supervisors to supervise peer recovery coaches. (this is mentioned in performance specifications for the MCEs).
- Effective supervision is key to ensuring appropriate and quality peer services are provided. Effective supervision offers a meaningful point of engagement for this non-clinical service. ⁸
- To learn more about peer supervision: [Supervisors – Recovery Education Collaborative](#).

Appendix H: Revenue Cycle System Setup

- [Department > Outpatient > Department Setup > EPIC Department Types]

DEPARTMENT – CHARGE ROUTING Designation (DEP master file – item: 4308 - RPT Group NINE C)

Categories	Field ID	Definition / Example Areas	Preference List Considerations	Usage in Router (by source)	Usage in Handler (by source, if applicable)
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⁵ Found in [130 CMR 418. 410\(B\)\(1\)](#)

⁶ Found in [130 CMR 418. 410\(B\)\(1\)](#)

⁷ Found in [MCE Bulletin 82](#).

⁸ [Supervision of Recovery Coaches and Other Peer Workers: December 11, 2024 – Recovery Education Collaborative](#)

Recovery Coach Recommended Implementation Steps

HB	1	Departments where there is no direct professional revenue. Note: PB charges may ultimately be associated with these departments (inpatient rounding) via other virtual department preference lists. Ex: Inpatient, OR, PT/OT-HB providers exclusively	Linked PL's contain technical charges only	No router logic Charges routed to HB	Considered facility (not office location) for any modifier, global billing decisions Considered technical charges
PB	2	Departments where there is no technical revenue. These are PO owned ambulatory clinic sites.	Linked PL's contain professional charges	All charges routed to PB. HB charges are not created.	Professional "Global" billing regulations apply.
Split	3	Departments where there is both direct technical and professional revenue. Ex: Ambulatory outpatient facilities, interfaced areas where both an HB and PB file are submitted from the same department source. Like Radiology, Pathology, Cardiology, ED, UCC, private provider billing departments (Split also applies if the PB or HB charge is outsourced)	Any linked PL's contain professional charges	Charges routed to HB and PB. Professional code cloned to HC code and routed to HB. Professional code routed to PB. (Rpt Grp 15 in EAP stores HC Charge)	"split" billing regulations apply to codes submitted (mod 26/TC logic for example)
Split – HB Only	4	Used in ACD practices where both the professional and technical codes are routed to HB for billing.	Any linked PL's contain professional charges	Charges routed to HB only. Professional code cloned to both HC technical code and HC professional code (HCPR) and routed to HB accordingly. (Rpt Grp 15 in EAP stores HCPR charge-no E&Ms)	"split" billing regulations apply to codes submitted (mod 26/TC logic for example)
Split – No HB	9	Outside facility billing by PB, where the technical charge belongs to an outside entity.	Linked PL's contain professional charges	All charges routed to PB. HB charges are not created.	"split" billing regulations apply to codes submitted (mod

Recovery Coach Recommended Implementation Steps

					26/TC logic for example)
N/A	5	Departments where there isn't direct charging. Ex: Virtuals	Any linked PL's contain professional charges	No router logic	No handler logic

- **[Documentation – Note Templates and Smart Phrases]**
 - **Example (recommended format by Aligned Solutions)**

Date [enter]	Contact [check one]
In Person Contact	<input type="checkbox"/>
Electronic/Remote	<input type="checkbox"/>
On Caseload, No Contact	<input type="checkbox"/>

FAQS:

What is a daily case rate?

- Definition
 - A daily case rate is a rate that gets paid once per day. This service assumes that a patient has consented in enrolled in services with the recovery coach. There are certain requirements that determine if the patient is on a case, namely, the requirement is that the recovery coach has bidirectional communication with the patient at a minimum, every 21 days. If you are a recovery coach, you have 21 days to engage with the patient before ending services/ disenrolling them on your case. You can bill every day that someone is on the case, even if there is no contact that day.
- Policy intention

Recovery Coach Recommended Implementation Steps

- The intention of the case rate for recovery coaches is to flexibly and appropriately support longer term interactions with patients, even when the patient is not interacting with the recovery coach every day. This encourages maintenance of connection and building of relationship which may be leveraged more as a patient's needs increase or change. It is intended to also capture the "behind the scenes" work that recovery coaches often do, such as, connecting with other providers, working on the patient's case, and supporting the needs of the patient.

What are MassHealth specific requirements, and where do I find them?

- MassHealth has a few different requirements. Firstly, MassHealth requires a certain code, modifier, and rate to be used. They can be found at the rate regulation MassHealth uses for rates- [101 CMR 346](#).
- MassHealth also has a few programmatic requirements, including recovery coach qualifications, allowable activities and supervision requirements. These can be found in a variety of locations, including MassHealth programmatic regulation ([130 CMR 418](#)), [Managed Care Bulletin 82](#), and in performance specifications set by each MassHealth managed care entity (found at their respective websites- for example: [Carelton Performance Specifications](#), [Point32Health Performance specifications](#).)

Category	Area	Guidance Recommendations
Staff Qualifications & Roles	Recovery Support Navigator	<p>Experience</p> <ul style="list-style-type: none"> • Education: <ul style="list-style-type: none"> • Hold a bachelor's degree in social work, psychology, or a related BH field, <u>or</u> • Have 2 years of relevant work experience, <u>or</u> • Have lived experience with a primary diagnosis of substance use disorder • Training: <ul style="list-style-type: none"> ○ No specific certification required but must have foundational knowledge in substance use disorder or other addictive disorders <p><i>(See appendix B for more information)</i></p>
	Supervisor	<ul style="list-style-type: none"> • Supervised by a licensed, master level clinician who has training and experience in providing support to SUD and/or co-occurring disorders <p><i>(See appendix B for more information)</i></p>
	Co-Signing/Billing Provider	<ul style="list-style-type: none"> • Co-signing/Billing Provider must hold a medical degree or clinical credential that qualifies them to bill and must be MassHealth enrolled/credentialed • Review the documentation and contact between patient and RSN, claim will go out under this provider • Can be the same person as the RSN Supervisor if they meet the criteria • This is a best practice recommendation based on standard CMS and hospital compliance guidelines

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Recovery Support Navigator Recommended Implementation Steps

Category	Area	Guidance Recommendations		
Revenue Cycle System Setup	Provider	<ul style="list-style-type: none">Set up RSN provider type SER* record<ul style="list-style-type: none">Assign documentation template referenced in revenue cycle system setupEnsure RSN requires cosign		
	Department	Account Class Options RSN	Department Setup	Tools
		Inpatient	<ul style="list-style-type: none">Option 1: create a new DEP* for RSN which links to employing cost center/bill areaOption 2: Utilize pre-existing DEP* and cost center/bill area* Ensure DEP setup aligns with where revenue is expected to route based on who is employing the RSN & Billing Provider	<ul style="list-style-type: none">Access to charging method (Flowsheet/charge capture)Ensure documentation requires cosign
		Emergency		
	Documentation	Flowsheets	<ul style="list-style-type: none">Can be used for efficient documentation.Example elements within the flowsheet:<ul style="list-style-type: none">Contact detailsGoalsStrategiesEducation/resourcesOutcomes (e.g., community support, accessing treatment)Time spent <p>(See appendix C for example)</p>	
	Procedure Code	CODING (See appendix A for more information)		
		CPT:	H2015	
		Modifier:	HF	
		Revenue Code:	0900, 0919, 0942, 0907	

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Recovery Support Navigator Recommended Implementation Steps

		Diagnosis Code Range	<ul style="list-style-type: none"> F10.20-F19.239 (Substance Use Disorder) F01-F99 (Mental, Behavioral & Neurodevelopmental Disorders)
		Setup of H2015 EAP*	<ul style="list-style-type: none"> Ensure charge groupers, modifiers and revenue codes are appropriate for department charging based on expected model

Category	Area	Guidance Recommendations	
Billing & Charging Requirements	Charging Requirements	<ul style="list-style-type: none"> Unit of service= 15 minutes Confirm payer restrictions on unit charging <i>(See appendix A for more information)</i>	
	Charging Workflow	Recovery Support Navigator Services:	<ul style="list-style-type: none"> Document and charge using Flowsheets in Epic (per 15-minute increments).
		Build Requirements:	<ul style="list-style-type: none"> Enable selection of H2015 within the flowsheet or charge capture Include additional input fields for: <ul style="list-style-type: none"> Time spent Encounter details (see example in documentation section)
		System Functionality:	<ul style="list-style-type: none"> Automatically convert time spent into service units (15-minute increments). Ensure the correct quantity of charges are posted.
	Billing	UB-04 Institutional Claim	<ul style="list-style-type: none"> Hospital Billing for RSN services on a facility claim should generally use a UB-04 (837I) claim form. When the hospital billing for RSN services on a UB-04, the revenue code 0900 is used with the RSN procedure code H2015-HF The hospital is the billing entity, not the individual provider.
		CMS-1500 Professional Claim	<ul style="list-style-type: none"> Behavioral health providers rendering RSN services in certain settings, particularly when not integrated into the hospital's facility agreement, should bill on a CMS-1500 claim form. When using a CMS-1500, bill with the procedure code H2015-HF.

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			<ul style="list-style-type: none"> • MBHP prefers providers use a CMS-1500 form when billing for RSN services.
		Considerations	Claim Validation: we recommend working with your billing team to ensure necessary payer denial and patient balance edits are in place

Appendices

Appendix A: Recovery Support Navigator (RSN) Rate, Code, and Modifier

- For MassHealth Fee-For-Service (FFS) the rate for Recovery Support Navigator service and code/ modifier can be found here: [101 CMR 444](#).
 - As of March 28th, 2025, the code and modifier for RSN is H2015-HF.
 - As of March 28th, 2025, the rate for RSN is \$17.54, per 15 minute unit.
 - Reimbursement may vary; please confirm with your contracting team.
- For MassHealth Managed Care, the rate can be found in the respective Managed Care Entity's contract. All updated contracts can be found [here](#).
 - As of 2025, the contracts reference the rate regulation, so the rate, code and modifier should stay consistent with MassHealth FFS.
 - Reimbursement may vary; please confirm with your contracting team.

Appendix B: Definition, Qualifications, Training Requirements and Supervision

- The MassHealth Definition of Recovery Support Navigator is: "A paraprofessional who receives specialized training in the essentials of substance use disorder or other addictive disorders and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the SUD treatment system through activities that can include care coordination, case management, and motivational support." ¹

¹ Found at [130 CMR 418](#).

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- MassHealth defines RSN services as identifying existing providers and services (including treatment plans, medical plans, state agency plans); develop goals and objections with the individual that guides the activities; orientating the individual to recovery treatment options and services; assisting in engagement with services. ²
- RSNs must hold a bachelor's degree in a relevant BH field, have two years of lived experience, and/or lived experience with a substance use or mental health disorder. ³
- MassHealth requires RSNs to have continuous and direct supervision. MassHealth defines that as no less than one hour of supervision per week for full-time employees (which can be prorated based on scheduled hours). ⁴
- MassHealth requires RNSs to be supervised by an independently licensed staff member or certified peer supervisor who is employed by the agency. ⁵

Appendix C: Revenue Cycle System Setup > Documentation > Flowsheets Example

H2015-HF	
Start Time	Numeric Values
End Time	
Total Time	
Goals	Free Text
Strategies	
Education	
Outcome	
Additional Details	

² Found at [130 CMR 418.](#)

³ Found at [130 CMR 418.](#)

⁴ Found at [130 CMR 418.](#)

⁵ Found at [130 CMR 418.](#)

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FAQs:**What are MassHealth specific requirements, and where do I find them?**

- MassHealth has a few different requirements. Firstly, MassHealth requires a certain code, modifier, and rate to be used. They can be found at the rate regulation MassHealth uses for rates- [101 CMR 444](#).
- MassHealth also has a few programmatic requirements, including recovery coach qualifications, allowable activities and supervision requirements. These can be found in a variety of locations, including MassHealth programmatic regulation ([130 CMR 418](#)), [Managed Care Bulletin 82](#), and in performance specifications set by each MassHealth managed care entity (found at their respective websites- for example: [Carelton Performance Specifications](#), [Point32Health Performance specifications](#)).

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This resource is for any organization that would like to hire, retain and bill MassHealth for peer Recovery Coach services based on the current policy materials as of August 2025.

Organizational Checklist:

- Is there a qualified Recovery Coach (RC) supervisor?
 - o Qualified is defined as someone who has completed training and/or coursework that is designed to prepare supervisors to supervise RCs.¹
- Is the supervisor able and willing to provide continuous direct supervision to the Recovery Coach?
- Has the hiring team and/or organization reviewed in depth the MassHealth Recovery Coach [performance specifications](#) and [programmatic regulations](#), including definition of a Recovery Coach, requirements of the Recovery Coach service, and qualifications of the Recovery Coach?
- Is the organization able to provide supervision, an organizational culture is recovery- oriented and that supports fidelity to the peer model, and an environment that is conducive to the needs of Peer RCs and the individuals that they serve? ²
 - o A recovery-oriented environment could be defined by having peers in supervisory and leadership roles, multiple workforce development opportunities centered around peers and recovery, and the organization being connected and working with community-based providers.
- Is the organization able to meet credentialing requirements and/or is contracted for recovery coach services? ³
 - o MassHealth's MCE Bulletin does not restrict Recovery Coach billing to a particular type of organization (e.g. licensed clinic), however the organization billing for the service must provide behavioral health services and prioritize a recovery-oriented environment and systems of care.

Applicant/Hired Recovery Coach Checklist

- The Recovery Coach must have at least two years of sustained recovery
- The Recovery Coach must have either hold, or be working to obtain, credentialing as a Certified Addiction Recovery Coach through the [Mass Board of Substance Abuse Counselor Certification](#).
 - o "Working to obtain" means the following:
 - To be considered as working toward credentialing as a CARC, a Peer Recovery Coach must ⁴

¹ A list of supervisor training opportunities can be found [here](#)

² For more information, please see sample performance specification requirements found [here](#)

³ For more information, please see sample performance specification requirements found [here](#)

⁴ Found in [MCE Bulletin 82](#).

Recovery Coach Hiring Guide

- have completed [Peer Recovery Coach Academy trainings and the Ethical Considerations for Recovery Coaches](#) training and
 - must be in the process of completing supervision requirements and additional required trainings.
 - Recovery Coaches must be credentialed within two years of being hired.
- It is recommended that the Recovery Coach has a general understanding and knowledge of the behavioral health system and recovery oriented system of care.

Recovery Coach Service



Longer term engagement
Reimbursed through a daily case rate



Provided by a peer

Mentors
individuals

Not clinical
or **medical**
in nature

Supports individual's
capacity and
knowledge in
recovery

Needs specific
peer trained
supervision

Supports individuals in
engaging with services

Both

**Covered by
MassHealth**

Understands how to
support individuals in
achieving their goals

A **bridge** between the
individual and the
systems that impact
their success with
recovery

Recovery Support Navigator Service



Shorter term engagements
Reimbursed through a 15-minute unit rate



Must have a bachelors, 2 yrs lived
experience, or 2 yrs relevant work
experience

Provides information
to individuals about
treatment options

Care
management/
coordination
service

Links providers
together to best
serve individual

Orients individuals
to treatment options

Are continuously
and directly
supervised by a
**master's level
clinician**

Navigates
health systems

*The policy descriptions included in this document are intended for educational purposes only and nothing contained herein should be construed to constitute legal advice or professional advice. For full details of MassHealth's requirements, please refer directly to MassHealth's actual regulatory and policy documents which are **cited throughout the** document. All information is provided in good faith, however Aligned Solutions makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information contained here. Rates of payment included in the document **and citations to the Code of Massachusetts Regulations** are current as of the time of publication. MassHealth's rates of payment are subject to change. Please refer directly to MassHealth's policy document for up-to-date rates of payment for services.*