

Subject Peer Recovery Support Services and Recovery Peers

Authors Edelson and others

Analyst Danyell A. Punelli

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Overview

Peer recovery support services are nonclinical services provided by trained recovery peers, for individuals in recovery from substance use disorders. Peer recovery support services have been reimbursable under medical assistance(MA) in Minnesota since 2018.

This bill makes various changes related to peer recovery support services and recovery peers, requires the commissioner of human services to develop a tiered rate structure for recovery peers, and establishes a peer recovery support services and recovery community organization working group.

Summary

Section	Description
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| 1 | Peer recovery support services.
Amends § 245F.08, subd. 3. Modifies requirements peer recovery support services must meet by adding cross-references to relevant statutes. Makes section effective January 1, 2025. |
| 2 | Additional treatment service.
Amends § 245G.07, subd. 2. Modifies the list of services a licensed substance use disorder treatment facility may provide. Modifies the requirements of and services provided under peer recovery support services by adding cross-references to relevant statutes; makes technical changes. Makes section effective January 1, 2025. |
| 3 | Recovery peer scope of practice.
Amends § 245I.04, subd. 19. Expands the list of who may supervise a recovery peer to include mental health professionals. Requires a recovery peer to provide individual recovery planning to each client. Lists activities licensed alcohol and drug counselors and mental health professionals supervising a recovery peer must complete when providing supervision. |

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4	<p>Individual recovery plan.</p> <p>Amends § 254B.01, by adding subd. 4e. Defines “individual recovery plan” in the chapter of statutes governing substance use disorder treatment.</p>
5	<p>Recovery peer.</p> <p>Amends § 254B.01, by adding subd. 8a. Defines “recovery peer” in the chapter of statutes governing substance use disorder treatment.</p>
6	<p>Licensure or certification required.</p> <p>Amends § 254B.05, subd. 1. Requires recovery community organizations to meet certification rather than membership requirements in specified organizations; modifies certification or accreditation organizations. Modifies the list of qualifications peer recovery support services vendors must meet to be eligible vendors. Requires recovery community organizations approved by the commissioner before June 30, 2023, to meet the peer recovery support services vendor qualifications by January 1, 2025, in order to be eligible vendors of peer recovery support services. Clarifies appeals language.</p> <p>Provides an immediate effective date.</p>
7	<p>Rate requirements.</p> <p>Amends § 254B.05, subd. 5. Removes obsolete language. Requires eligible vendors of peer recovery support services to submit to a review of up to 15 percent of all MA and behavioral health fund claims for entities billing for peer recovery support services individually and not receiving a daily rate. Limits an individual client to 14 hours per week of peer recovery support services from an individual provider and requires authorization for more than 728 hours of peer recovery support services per calendar year for an individual client. Subjects peer recovery support services not provided in accordance with specified requirements to monetary recovery.</p> <p>Provides a January 1, 2025, effective date.</p>
8	<p>Peer recovery support services requirements.</p> <p>Creates § 254B.052.</p> <p>Subd. 1. Peer recovery support services; service requirements. Describes requirements that must be met when providing peer recovery support services. Allows peer recovery support services to include limited transportation or group activities directly related to a client’s individual recovery plan. Requires written notice for clients receiving peer recovery support service, and requires services to be voluntary. Prohibits peer recovery support services from being provided to</p>

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	<p>a client residing with or employed by a recovery peer from whom they receive services.</p> <p>Subd. 2. Individual recovery plan. Requires the individual recovery plan to be developed with the client and completed within the first three sessions with a recovery peer. Allows a recovery peer to bill for up to two hours prior to the client's completion of a comprehensive assessment. Lists the information that must be included in the individual recovery plan.</p> <p>Subd. 3. Eligible vendor documentation requirements. Requires an eligible vendor of peer recovery support services to keep a secure file for each individual receiving MA peer recovery support services. Lists the information that must be included in the file.</p> <p>Provides a January 1, 2025, effective date.</p>
9	<p>Recovery peers; tiered reimbursement rates.</p> <p>Requires the commissioner of human services to develop and implement a tiered reimbursement rate structure for recovery peers. Specifies the tiered rate structure must include two tiers. Requires the commissioner to implement the tiered rate structure no later than September 1, 2024.</p>
10	<p>Peer recovery support services and recovery community organization working group.</p> <p>Establishes a peer recovery support services and recovery community organization working group.</p> <p>Subd. 1. Establishment; duties. Requires the commissioner of human services to convene a working group to develop recommendations on various topics related to peer recovery support services and recovery community organizations, including billing rates and practices, acceptable activities to bill for peer recovery support services, improving recovery peer supervision, and certification or other regulation of recovery community organizations and recovery peers.</p> <p>Subd. 2. Membership; meetings. Lists the members of the working group. Requires the commissioner to: (1) make appointments to the working group by July 1, 2024, and convene the first meeting of the working group by August 1, 2024; and (2) provide administrative support and meeting space for the working group. Allows the working group to conduct meetings remotely.</p> <p>Subd. 3. Report. Requires the commissioner to complete and submit a report on the recommendations of the working group to the legislative committees with</p>

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jurisdiction over health and human services policy and finance on or before December 15, 2024.

Subd. 4. Expiration. Makes the working group expire upon submission of the report to the legislature.



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