

Recovery Coach Frequently Asked Questions (FAQ)

Q1. The concern is that there is no incentive in hiring recovery coaches. We have people currently who can provide Life Skills if we wanted to, what is the incentive? Optum gives us a very high reimbursement rate for a different service that no one else can provide for peer supports. What does the Department of Health and Welfare (DHW) think about this?

A1. The decision whether to hire recovery coaches is strictly up to providers. DHW is reimbursing for recovery coach services as a Life Skill because it is seen as a valuable service for supporting individuals who are new to recovery. With the move to managed care for behavioral health services for Medicaid-covered clients, there will be much more attention paid to client outcomes. This effort will help DHW do a better job of monitoring outcomes for those who are not Medicaid clients as well. We believe the inclusion of recovery coach services is beneficial to clients in being successful in their recovery, and their success also improves the outcome data for providers.

DHW is aware the reimbursement for peer support services for mental health clients with Medicaid coverage is considerably higher than that being paid for recovery coach services for substance use disorder clients. Currently there is credentialing for peer support specialists in Idaho but not for recovery coaches. We are actively working on both standards and a credentialing process for recovery coaches. When this is in place we will approach Optum about providing parity between the two service reimbursements.

Q2. What type of documentation will be required?

A2. Recovery coaches working for a DHW Substance Use Disorder (SUD) Treatment Network provider, and who are billing for recovery coaching services as a Life Skills recovery support service, are held to the same documentation standards as they are for other Life Skills services they provide.

Q3. Will it be billed in Web Infrastructure for Treatment services (WITS)?

A3. Recovery coaching is currently a billable service for DHW-approved populations and can be billed through WITS as a Life Skill.

Q4. Will it be audited or have any quality assurance?

A4. Recovery coaching that is paid for by DHW will be held to the same audit standards as other SUD treatment services.

Q5. Are there supervision requirements?

A5. If a provider is employing someone trained as a recovery coach, and is being paid for that service, DHW would expect the employee is being supervised by their employer. DHW would also expect that clinical supervision will be provided to monitor clients' overall service plans.

Q6. What code of ethics will these recovery coaches be abiding by and how much recovery must they have to be a coach?

A6. The Division of Behavioral Health (DBH) has contracted with Connecticut Community for Addiction Recovery (CCAR) to provide ethics training to individuals who have already received training in the CCAR model for recovery coaching. We also plan to have CCAR train individuals in Idaho to be trainers for their ethics program, to provide sustainability as we move forward with recovery coaching. The ultimate goal for the DBH is to develop a comprehensive ethics training to cover recovery coaches, peer support specialists and family support specialists. We have some individuals who will want to become certified in all three areas, and it makes sense for them to not have to take three different ethics courses.

Idaho is using the CCAR model of recovery coaching. In this model, there is no requirement for a potential recovery coach to have spent a specified period of time in recovery.

Q7. Since they are not licensed clinicians, how will they be held supervised and held accountable?

A7. Many of the individuals who have been trained as recovery coaches plan to work as volunteers in their community. For those who function in this role simply on a person-to-person basis, there will be no supervision. For individuals who work for a provider who is contracted with Business Psychology Associates (BPA), and recovery coach services are being provided to clients and paid for with state funding, the expectation is that they will be supervised as if they were providing any other Life Skills service.

Q8. What about liability and insurance? One agency said they checked with their insurance and they would not be able to cover the risk.

A8. DHW SUD Treatment network providers are all required to carry insurance. We are happy to work with providers who encounter difficulties in obtaining insurance for this service. Additionally, we believe that the establishment of standards and licensure for recovery coaching will assist in this process.

Q9. Is there a written scope of practice that recovery coaches are allowed to do with clients once they have had training?

A9. Please reference the Recovery Coach Scope of Practice document posted to the website RecoveryCoaching.dhw.idaho.gov.

Q10. Does Life Skills accurately reflect what they will be able to do like a job description?

A10. The IDAPA standards for Life Skills do not provide a comprehensive description of recovery coaching and do not encompass everything a recovery coach may be able to do. As with all positions, the agency is responsible for developing a written job description that specifies the duties and responsibilities of positions within that agency.

Q11. Is there anything that defines recovery or period of sobriety?

A11. DHW is using the CCAR model of recovery coaching, which states that individuals are in recovery if they say they are.

Recovery coaches should be compassionate, caring individuals with a willingness to serve, but it is not required that recovery coaches have personal experience with drug and/or alcohol recovery.

Q12. It is currently against many professional codes of ethics to hire previous clients and the Idaho Board of Alcohol/Drug Counselor's Certification (IBADCC) considers it a conflict and you could lose your license – how do you see that working?

A12. Ethical issues related to professional boundaries are among the most problematic and challenging. Boundary issues occur when practitioners face possible conflicts of interest in what is known as dual or multiple relationships. Dual or multiple relationships occur when practitioners engage with clients or colleagues in more than one relationship. Practitioners need to take care to not engage in a dual or multiple relationship with a client or a former client in which there is a risk of exploitation or potential harm to the client. DBH has reached out to IBADCC and will be working with the board to address potential ethical issues surrounding recovery coaching, including the development of a Code of Ethics for recovery coaches.