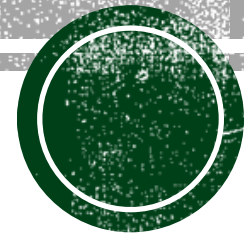


Peers for Years

Practical Advice for Sustaining Peers in Your Health System



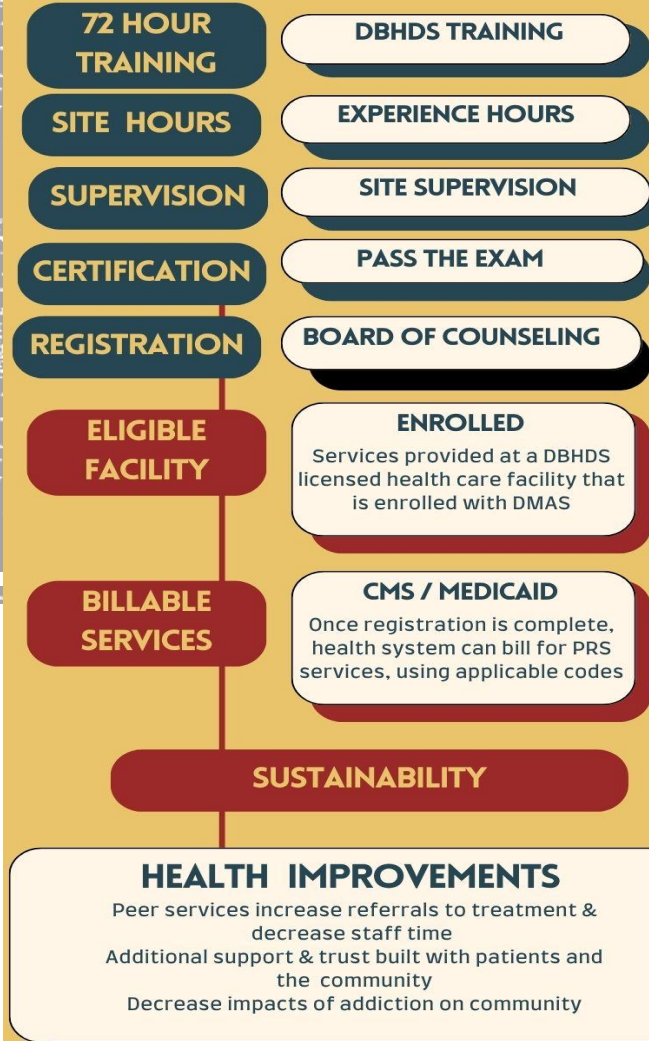
WELCOME

Feel free to
review this
timeline
while you
wait! →

- Our webinar will begin shortly
- Please mute your microphones
- Feel free to put questions in the chat

VIRGINIA'S REGISTERED PEER RECOVERY SPECIALIST PROCESS

A big picture overview that begins with people with a year or more in recovery from substance use or mental health challenges who want to guide people who are ready for change towards recovery.



DISCLOSURES

This webinar will
be recorded and
shared.

This webinar is part of a SAMHSA-funded project, known as Hospital-based Substance Use Intervention Program (HSUIP), which involves hiring, training, certifying and registering Peer Recovery Specialists to assist the ED Bridge program in Emergency Departments in Virginia.

VHHAF is the awardee of the HSUIP grant, and as part of this process, HSUIP aims to help health systems understand the process to hire peers and bill for services to keep the programs sustainable.



Please note: This webinar was made possible by Grant Number CD FY24 1H79FG001391-01 from SAMHSA. Its contents are solely the responsibility of the authors / participants and do not necessarily represent the official views of SAMHSA.





OUR PANEL TODAY

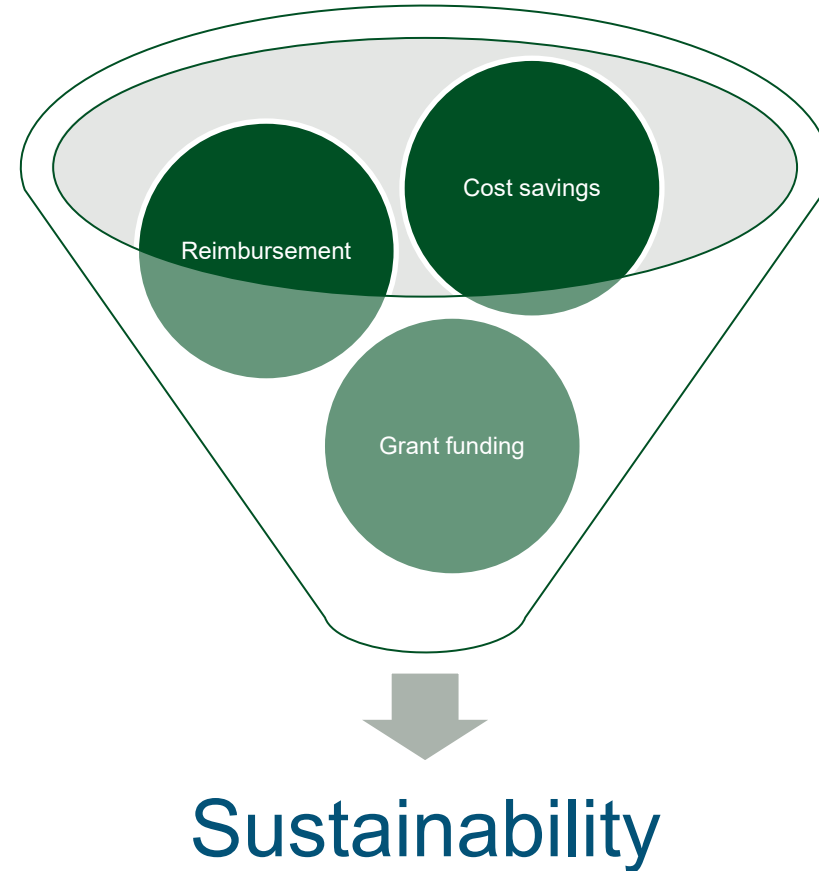
- Natalie Miller-Moore, HSUIP Project Director (Conversation Starter)
- Jason Lowe, MSW, ARTS Program Manager, Division of Behavioral Health, Virginia Department of Medical Assistance Services
- Mary McQuown, MA, CPRS, iFPRS, COAPS, Recovery Services Workforce Development Coordinator, Department of Behavioral Health & Developmental Services
- Bailey Zepp, MBA. Practice Manager, Winchester Medical Center, Valley Health



There are no financial disclosures reported for any of our guests today.

Customize your Funding Stream

- Every health system has their own custom blend of services to be provided
 - Staffing, regional concerns, community resources, insurance structure
 - Accountable Care Organizations
 - Private foundation funding
- This webinar offers information to guide the process, see what works for your system
- Specific to Peer Recovery Specialists in the Emergency Department, but there are multiple locations where peers can be utilized



Costs of the Opioid Crisis



[Key Findings](#) [Data](#) [News](#) [Our Story](#)

This project is a collaboration between VCU's Center on Society and Health and the Virginia Department of Health.

[Updated November 10, 2025](#)

Research-Backed Opioid Care Saves Lives. How Scaling Up Care Could Also Save \$5.2B

Opioid Epidemic Costs by Sector for Virginia in 2023



[Chart Description/Data Table](#)

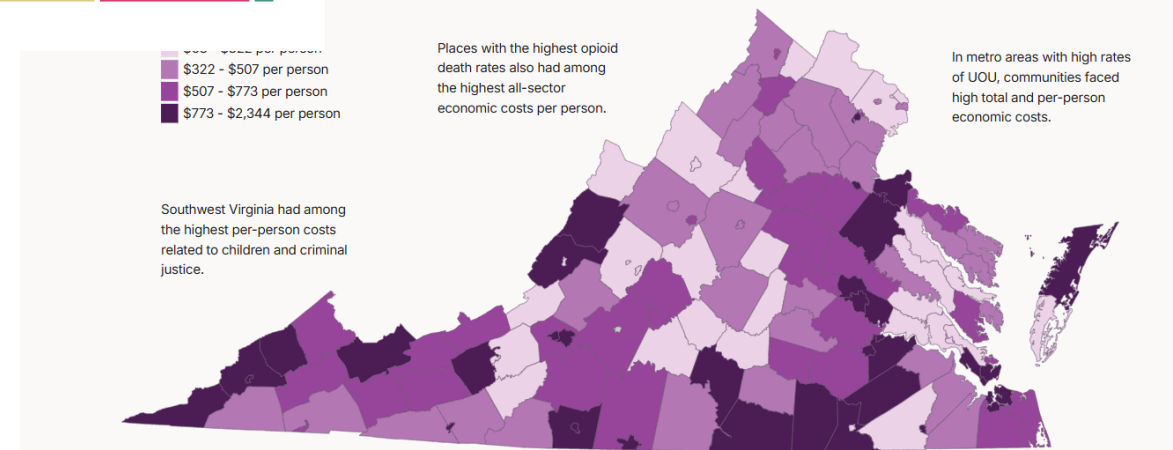
Opioid Economic Impact, 2023, for

State of Virginia

8,734,685 Population 2,082 Opioid Fatalities 137,099 Persons with UOU 1,570 UOU Cases per 100k

[All Sectors](#) [Lost Labor](#) [Health Care](#) [Child Services & K-12](#) [Criminal Justice](#)

[Virginia
Opioid Cost
Data Tool](#)



In 2023, nearly 137K Virginians used opioids in unhealthy ways, with 2,082 losing their lives. But there's hope.

Evidence-based opioid care can save lives. Over time, **every \$1 invested also creates at least \$7 in economic benefit** for our communities. Our study asks, “How can we afford not to improve our opioid response?”

Opioid Economic Impact, 2023, for

State of Virginia

8,734,685 Population 2,082 Opioid Fatalities 137,099 Persons with UOU 1,570 UOU Cases per 100k

- All Sectors
- Lost Labor
- Health Care
- Child Services & K-12
- Criminal Justice

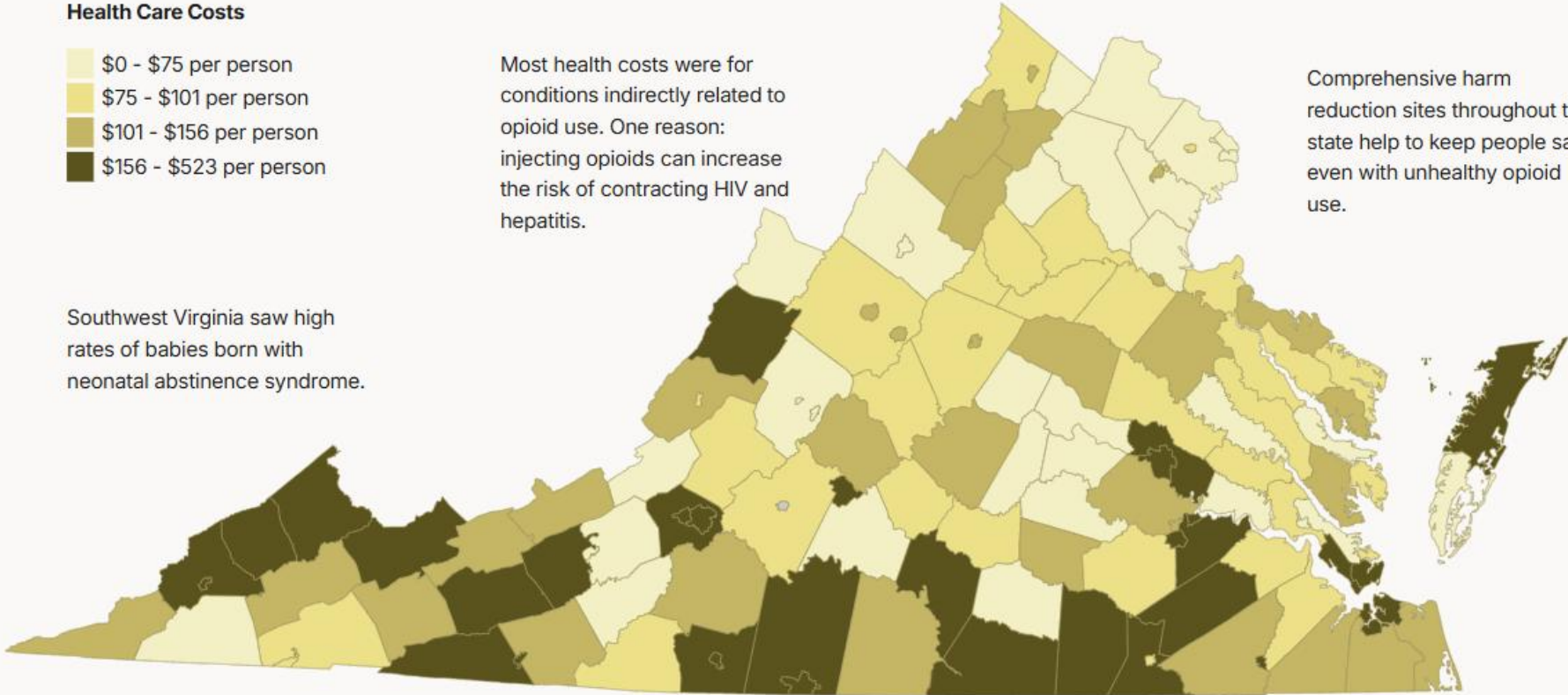
Health Care Costs

- \$0 - \$75 per person
- \$75 - \$101 per person
- \$101 - \$156 per person
- \$156 - \$523 per person

Most health costs were for conditions indirectly related to opioid use. One reason: injecting opioids can increase the risk of contracting HIV and hepatitis.

Comprehensive harm reduction sites throughout the state help to keep people safe, even with unhealthy opioid use.

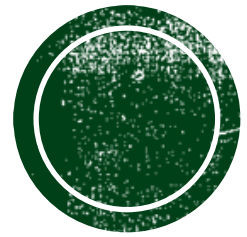
Southwest Virginia saw high rates of babies born with neonatal abstinence syndrome.



Map Description/Data Table

Sources

Virginia Opioid Cost Data



What Peers Can Impact





Department of Medical Assistance Services

DMAS

- ☐ pays providers claims
- ☐ sets reimbursement rates based on General Assembly guidance
- ☐ establishes medical coverage policies
- ☐ the state's financial and Medicaid authority
- ☐ providers must be enrolled in the Medicaid system to receive financial reimbursement



Virginia Department of Behavioral Health
and Developmental Services

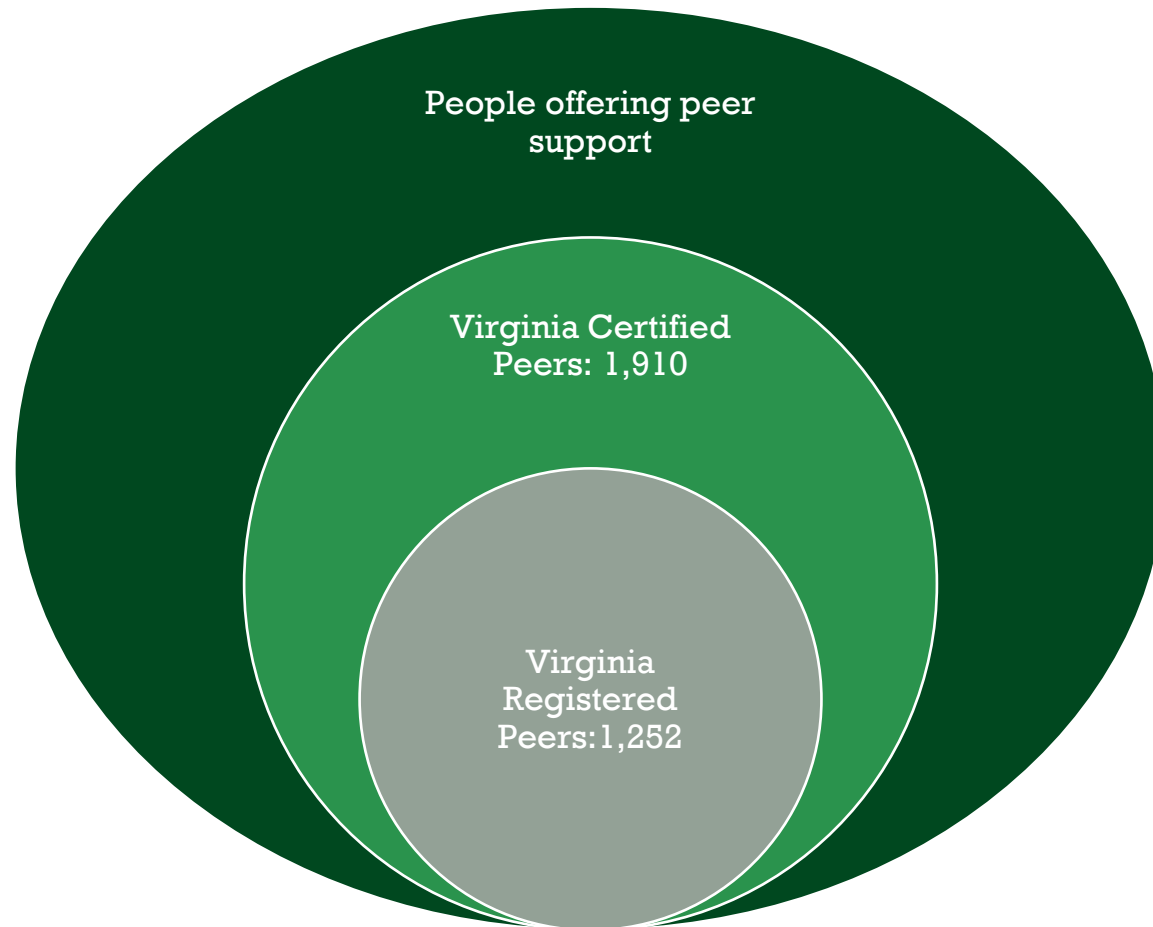
Department of Behavioral Health and Developmental Services

DBHDS

- ☐ the regulatory and operational authority for specialized care, which licenses mental health and developmental disability facilities
- ☐ specific oversight of behavioral health / substance use / developmental disabilities
- ☐ licenses providers / facilities to provide programs and services



EXPANDING PEER SUPPORT



Increased Support

Increased Training

Increased Sustainability

DBHDS DATA: As of July 31, 2026, there are 1252 RPRS (up from 862 in 2025)
As of June 30, 2026, there are 1910 CPRS (up from 1480 in 2025)



WHAT PEERS DO AND DON'T DO...

Yes

- Shared their lived experience
- Provide a listening ear for patients
- Share important info with the health care team
- Ask good questions
- Offer resources
- Encourage hope and persistence

NO!

- Give medical advice
- Force patients to take medication
- Promote a particular type of recovery
- Do any type of clinical work
- Case management



MEETING PATIENTS IN THE ED



Crisis brings them in

ED is accessible, familiar
and necessary
This could be a pivot point



Support where they are at

Peers can relate to the experience
Create relationship that may not be possible
with clinicians
Able to spend more time together



Motivational interviewing

Opportunity to transform
Support them on where they want to go
Consider readiness for change



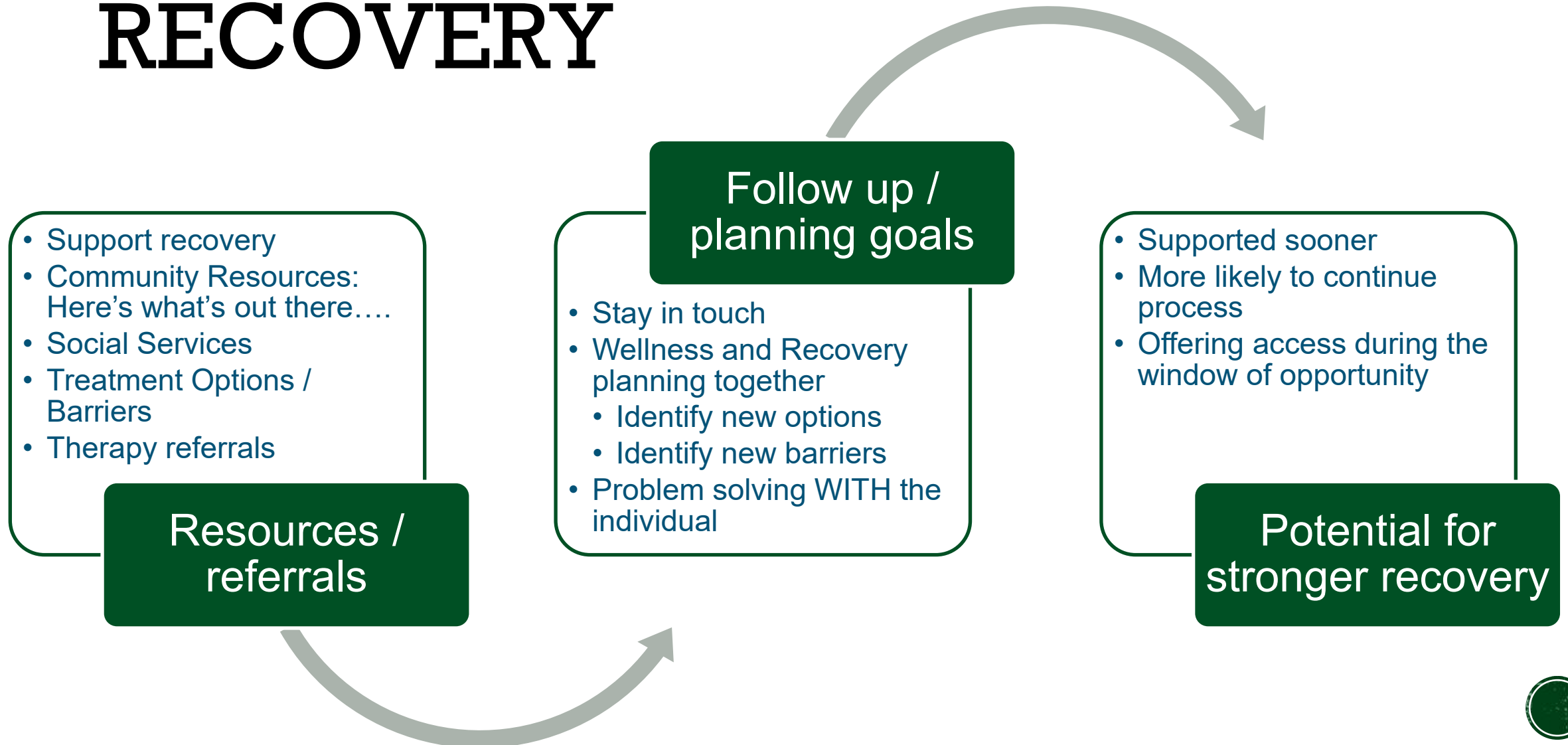
RAPPORT / MEDICAL TRAUMA

Trauma-Informed Approaches

- Trauma-informed care practices
 - Assuming everyone has (life) trauma
 - This affects their behaviors that brought them in
 - This affects their demeanor in the ED
- Many people have experienced poor treatment in hospital emergency departments, which creates medical trauma
 - Often amplify the process rather than ameliorating
 - Focus on the physical rather than the whole person
 - Don't know how to support
- A role model for how life can be different
 - Peer able to reach people and build rapport
 - Reassuring presence
 - Trust rebuilding can begin



GUIDING THE PATH TO RECOVERY



PROVEN OUTCOMES

HHS Public Access

Author manuscript

Healthc (Amst). Author manuscript; available in PM

Published in final edited form as:

Healthc (Amst). 2022 September ; 10(3): 100641. doi:10.1016/j.hj

Open access

Protocol

BMJ Open Peer support enhanced behavioural crisis response teams in the emergency department: protocol for a stepped-wedge cluster-randomised controlled trial

Integrating peer support services into primary care-based OUD treatment: Lessons from the Penn integrated model

Idra Davis-Plourde^{1,3}, Richard Youins⁴, Kimberly Guy⁴, Anthony J Pavlo⁴, Evelyn Smith⁵, Pastor Dana Smith⁵, Karen Kangas², Rebekah Heckmann^{1,6}, Hart^{6,7}, Seth Powsner^{1,2}, Mark Sevilla⁶, Megan Evans⁴, Anusha Kumar¹, V Faustino¹, Yue Hu¹, Chyrell Bellamy^{2,4}, Ambrose H Wong^{1,6,8}

¹National Clinician Scholars Program, University of Pennsylvania, Philadelphia, PA, 19104, USA

²Department of Population Health Sciences, Weill Cornell Medicine, New York, NY, 10065, USA

³Department of Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, 19104, USA

Abstract

Opioid use disorder (OUD) is a major public health emergency in the United States. In 2020, 2.7 million individuals had an OUD. Medication for opioid use disorder is the evidence-based, standard of care for treating OUD in outpatient settings, especially buprenorphine because it is effective and has low toxicity. Buprenorphine is increasingly prescribed in primary care, a setting that provides greater anonymity and convenience than substance use disorder treatment centers. Yet two-thirds of people who begin buprenorphine treatment discontinue within the first six months. Treatment dropout elevates the risks of return to use, infections, higher levels of medical care and related costs, justice system involvement, and death. One promising form of retention support is peer service programs. Peers combine their lived experience of substance use and recovery with formal training to help patients engage and persist in OUD treatment. They provide a range of services, including health education, encouragement and empathy, coping skills, recovery modeling, and concrete assistance in overcoming the situational barriers to retention. However, guidance is needed to define the peer role in primary care, the specific tasks

To cite: Nath B, Desai R, Cook JM, et al. Peer support enhanced behavioural crisis response teams in the emergency department: protocol for a stepped-wedge cluster-randomised controlled trial. *BMJ Open* 2025;15:e103775. doi:10.1136/bmjopen-2025-103775

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<https://doi.org/10.1136/bmjopen-2025-103775>).

Received 15 April 2025

Accepted 27 May 2025

ABSTRACT

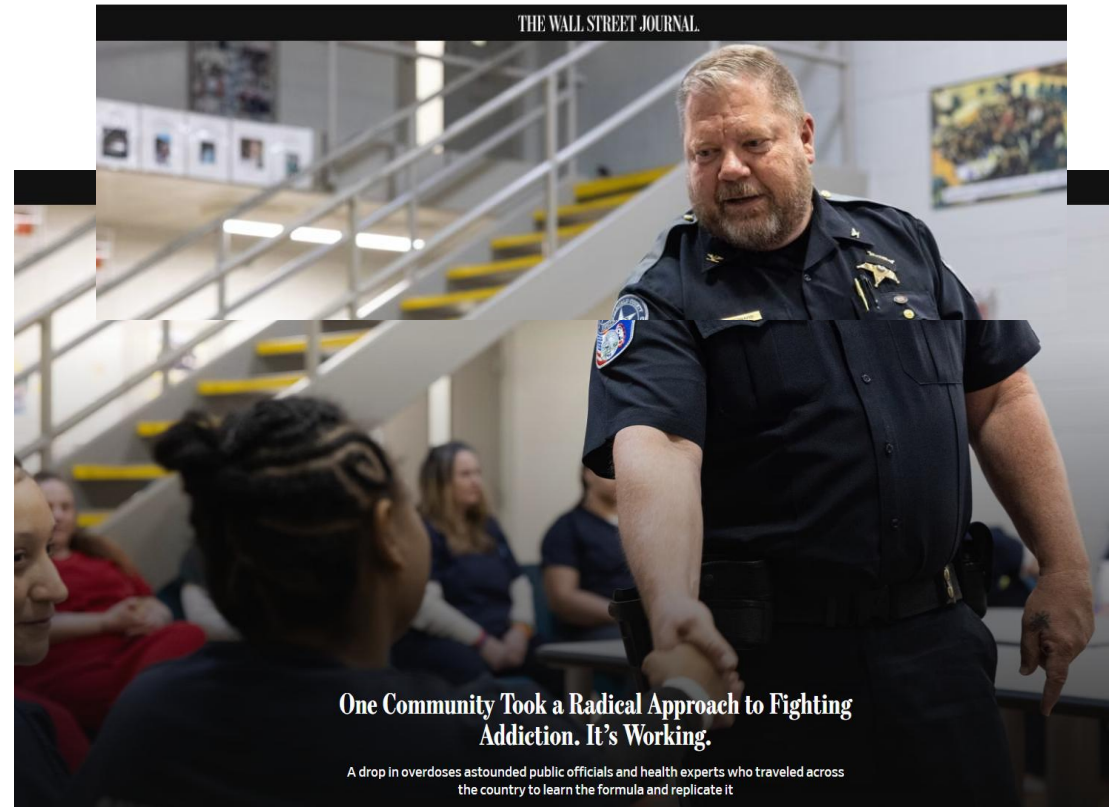
Introduction Despite expert recommendations to prioritise non-invasive and patient-centred approaches for behavioural crisis management, physical restraints are commonly used in the emergency department (ED). Patients describe the restraint process as coercive and dehumanising. The use of peer support workers, who are individuals with lived experience of mental illness and behavioural conditions, has shown positive patient outcomes when assisting individuals experiencing behavioural crises. However, there is limited evidence of the implementation of such an approach in the ED setting. The goal of this study is to evaluate if the implementation of a Peer support enhanced Agitation Crisis response Team (PACT) for behavioural crisis management in the ED is more effective than usual care to reduce restraint use and improve outcomes among patients presenting to the ED with behavioural crises.

Methods and analysis We will first conduct a stakeholder-informed needs assessment to codesign the protocol and then train staff and peers in PACT intervention

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This study compares the effectiveness of peer support enhanced crisis intervention in the emergency department (ED) compared with usual care to improve patient outcomes using a stepped-wedge, cluster-randomised clinical trial design.
- ⇒ The intervention will incorporate peer support workers within a multiprofessional behavioural crisis response team in the ED to deliver patient-centred, trauma-informed, and recovery-oriented care.
- ⇒ Following a community-engaged, participatory approach, this study will incorporate perspectives of all relevant stakeholders in the design and implementation of the study, including front-line ED staff as well as individuals with lived experience of mental illness.
- ⇒ The stepped-wedge trial will be conducted across five geographically distinct ED sites, but all within one single healthcare system, potentially limiting generalisability.

TEAM EFFORT INCLUDING PEERS



Engaging Community Coalitions to
Decrease Opioid Deaths



ED BRIDGE DATA: LOWERING UTILIZATION



- Does not “open the flood gates”
 - Emergency Departments are busy
 - Treatment reduces ED utilization
 - Peers are a critical component of this process
-
- YEAR 1: 82% OF PATIENTS CROSSED TO OBOT
 - YEAR 2: 78% CROSSED TO OBOT

ED BRIDGE
TOOLKIT

Thank you to
Kimberly D. Hunt, RPRS, NCPRSS, PRS-T
Peer Recovery Specialist Supervisor
Community Health and Development Carilion Clinic



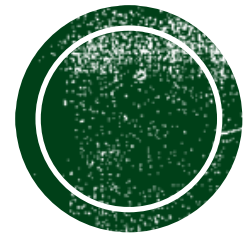
BEYOND BILLING

Opioid Overdose
Reduction
Continuum of Care
Approach



- Reduce stigma
 - Role modeling
 - Evidence that recovery is possible!
 - Let's talk about assumptions and adjust them
- Culture change
 - Educating their team members about recovery and support
 - Collegial respect grows over time
 - Peer professionalism for coworkers
- Increased identification of Substance Use Disorder
 - Educating staff on what to look for
 - Cautions about stereotypes
 - Addiction consult model
 - Offer expertise about recovery process
 - Decrease time until treatment is offered
- Decreased OUD cases because people are getting into treatment
 - Reminders about treatment options and needs
 - Take-home naloxone distribution





Practical Processes

What needs to happen to be set up to bill for Peer Support Services?

WORKFLOW IRL



IDEAL PROCESS: WHO / WHERE?

A patient identified at being at risk for substance use disorder, opioid use disorder or mental health challenges arrives to a licensed health care facility that is enrolled with DMAS.

A Registered Peer Recovery Specialist who is enrolled and credentialed and is supervised by a PRSS, who has access to the EMR, sees a patient over the age of 18 in person and notes evidence of support in 15-minute increments in the patient's chart.

Peer support includes offering resources, crisis support, coaching, strengths-based planning. Notes are entered within 24 hours and include date, time, location and all attempts to contact.

Within 30 days, a Recovery Resiliency Wellness Plan is filed over the time that the peer and patient work together and updated in the EMR.

**Peer Recovery
Support
Services Manual
Supplement
from DBHDS**



SAMPLE NOTES:

DBHDS»»

Sample RRWP

Presenting challenge- why are they seeking peer support services?

RPRS met with Susan for a peer support visit.

Susan reported to RPRS that she would like to receive support because “I can’t seem to stop crying. Since I got laid off from my job, I’ve had trouble getting out of bed. I can’t bring myself to cook meals or help the children with homework. My husband is losing patience with me, and we always fight. I’ve lost hope that my life will ever be normal. Sometimes, I think my family would be better off without me because I’m worthless.”

During this visit, Susan and RPRS developed her RRWP. Susan self-identified her goals and collaborated with RPRS regarding ways she could support her in obtaining her goals while receiving peer support services:

DBHDS»»

Sample Progress Note Using D.I.P

Example:

D: Susan came in today to talk about her previous week and what she plans to do next. She said, ‘I made dinner for the family one night but couldn’t do it the next.’ She further indicated that she has been getting out of bed roughly every other day. **With the PRS, she identified her successes and the strengths she used to accomplish those successes.** She thinks she might be ready for the next step, maybe joining a group. She seemed less sad, **as evidenced by her occasional smile and laughter.**

I: Susan’s **goal for our work together** is to find hope for a more meaningful life and ways to communicate better with her husband. By getting out of bed more often and even cooking dinner, she has made some progress toward those goals.

P: Susan plans to see me again in two weeks. In the meantime, she will sign up for the Recovery 101 group and consider vocational rehabilitation.

PEER SUPPORT: SUSTAINED ENGAGEMENT

BUILDING RAPPORT



Active Listening
Shared Experience
Connection
Non-Judgmental
Support

PROVIDING RESOURCES



FOLLOW-UP INTERACTIONS

PROVIDING RESOURCES



Scheduled Check-ins
EMR Documentation
Assessing Progress



MAINTAINING CONTACT

MAINTAINING CONTACT



Ongoing
Communication
Phone/Telehealth
Contact
Consistent Support

IDEAL PROCESS: COMMUNICATION & DOCUMENTATION

The PRS contacts the patient by phone or telehealth appointment but not more than 25% of the time they have contact, and at least twice a month.

A PRS Supervisor will provide a minimum of 30 minutes of face-to-face, one-on-one supervisory meetings, (twice a month for PRS with less than 12 months of experience, once for peers with more), and be available by telephone whenever the peer is on duty (or within 24 hours if the peer has more than 12 hours of experience.)

Patient is in control of their recovery path and can refer to peer for resources for the next few months, with check ins and updates on their progress and needs.



Health System Team Effort



SAMPLE: WORKFLOW EMR

Peer Recovery Specialist Workflow

Summary- This tip sheet shows the Peer Recovery Specialist workflow.

Upon identifying a patient that would be a good candidate to meet with a Peer Recovery Specialist, the ED provider will place the **Consult to Peer Recovery Specialist** order. They will be prompted to select a 'Reason for Consult':

Consult to Peer Recovery Specialist

Priority: Routine [Routine] [STAT]

Frequency: Once

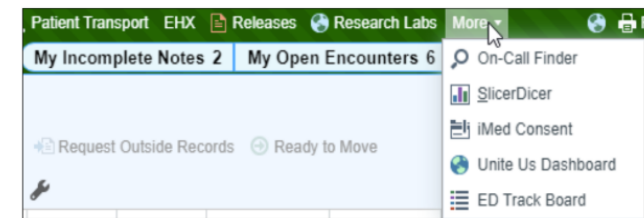
At: 12/19/2023 [Today] [Tomorrow] 0920

Reason for Consult: Drug Overdose Seeking detox Alcohol intoxication Other

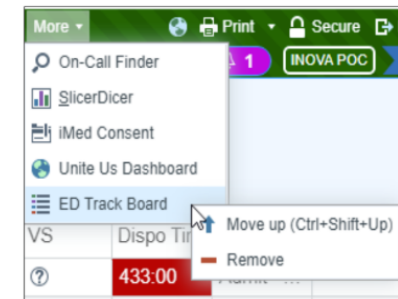
Comments: [Text Area]

Buttons: [Accept] [Cancel]

2. Open the ED Track Board by clicking on the More dropdown in the top toolbar of your Epic screen and selecting the ED Track Board.



(Setup – optional) If you want to move the location of the ED Track Board within your top toolbar, right click on the button and select 'Move up'.



3. Navigate to the ED Track Board. Select the 'Peer Recovery Specialist' track board view. This track board view will display all patients that have an active Consult to Peer Recovery Specialist order placed.

Bed	PV	EDIE	EMS	FYI	Patient	Age	Complaint	ESI	MD	MID	RN	Meds	Unack	Tech	Sec	Lab	Tai	EKG	Lab	Rad	R
8 E	E				Asap, Fridayfirst (35 y.o. M)	35 y.o.	test														
8 J	E				Asap, Prsthird (22 y.o. M)	22 y.o.	test														

Sample workflows available
in the Evidence Library



4. When you are ready to document, double-click on the patient from the track board. The **Peer Recovery Specialist** navigator will open:

Navigation: Snapshot | Summary | Chart Review | Results Review | Notes | Order Review | **Peer Recovery Specialist**

Peer Recovery Specialist

ENCOUNTER: Documentation | SDOH | NOTE: Consult Note

Peer Recovery Specialist Documentation

+ New Reading

No data found.

Social Determinants of Health

Unite Us (SDOH Refe

Patient Care Team

No active team members.

Advance D

5. Click on 'New Reading' within the Peer Recovery Specialist Documentation section:

Navigation: Snapshot | Summary | Chart Review | Results Review | Notes | Order Review | **Peer Recovery Specialist**

Peer Recovery Specialist

ENCOUNTER: Documentation | SDOH | NOTE: Consult Note

Peer Recovery Specialist Documentation

+ New Reading

6. A set of questions will open. Use the provided fields/buttons to document responses to the questions:

Navigation: Snapshot | Summary | Chart Review | Results Review | Notes | Order Review | **Peer Recovery Specialist**

Peer Recovery Specialist

ENCOUNTER: Documentation | SDOH | NOTE: Consult Note

Peer Recovery Specialist Documentation

Time taken: 12/19/2023 0939 Responsible Create Note Macro Manager Show Re

Encounter

Patient Interaction

Initiated Refused Unable to respond

Encounter

Initial 30 Day 60 Day Other (Comment)

History

In the past year have you been arrested?

No Yes

In the past year, have you been incarcerated?

No Yes

In the past year, have you received medication-assisted treatment?

7. To view or edit Social Determinants of Health information, select 'SDOH' from the table of contents. The 'Unite Us' link can also be accessed from this section.

Peer Recovery Specialist

ENCOUNTER: Documentation | SDOH | NOTE: Consult Note

Social Determinants of Health

Unite Us (SDOH Referrals) Unite Us

Patient Care Team

No active team members.

Advance Directives

Power of Attorney Living Will Code Status Advance Care Planning

Recent Outpatient Visits

None

Recent ED Visits and Hospitalizations

1 week ago FX ED ED

1 week ago FX ED ED

Social Determinants of Health

Unite Us (SDOH Referrals)

8. When you are ready to begin your note, select 'Consult Note' from the table of contents.

Navigation: Snapshot | Summary | Chart Review | Results Review | Notes | Order Review | **Peer Recovery Specialist**

Peer Recovery Specialist

ENCOUNTER: Documentation | SDOH | NOTE: Consult Note

Peer Recovery Specialist Documentation

+ Create Note

No notes of this type filed.



INVESTMENT IN PEERS

- Diagnosis is enough to qualify -- no other therapy or treatment needed
- Peers offer additional support as part of a health care team, partnering with clinical staff
- This simple interaction lowers acuity & improves outcomes
- It is an investment with a downstream return

Recovery
Evidence
Library

PERSPECTIVE

STIGMA REDUCTION TO COMBAT THE ADDICTION CRISIS

Stigma Reduction to Combat the Addiction Crisis — Developing an Evidence Base

Emma E. McGinty, Ph.D., and Colleen L. Barry, Ph.D.



The NEW ENGLAND
JOURNAL of MEDICINE

Menu



Resource Library

of Stigma & Recovery Storytelling

View Or Download

THE CONTINUUM OF CONNECTION:
Integrating Peer Support
from 9-1-1 to Hospital Discharge (and Beyond)

May 21st, 2026

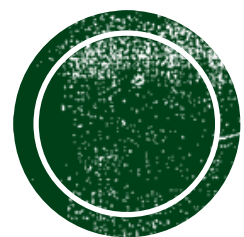
Presented by
Ryan Banks
Brittany Buckler-Hoffmaster
Robyn Hantelman

RESEARCH IN RECOVERY
PRESENTED BY HON. M. A. MCCARTHY AND THE
DEPARTMENT OF RECOVERY, HEALTH AND
RECOVERY SERVICES
MAY 20-22, 2025
VCU



A central goal of public recovery self-disclosure is to challenge myths and misconceptions about addiction and recovery through the elements of our personal stories. Recovery advocates must avoid contributing to false narratives by having selective parts of our stories appropriated while ignoring the central recovery message.

Addiction/treatment/recovery-related social stigma and its untoward consequences rests on old and new misconceptions regarding the sources and solutions to alcohol and other drug problems. Such key pillars of belief about the nature of addiction, addiction treatment, and addiction recovery constitute the structural supports of addiction-related social stigma. Below are examples of such pillars (in the stigmatized language in which they have been historically conveyed) and how our stories can be hijacked to support these false narratives



Virginia ARTS Waiver



What is the ARTS Waiver?

- ❑ Also known as the 1115 Demonstration Waiver
- ❑ Covers Addiction and Recovery Treatment Services (ARTS)
- ❑ Properly enrolled
 - ❑ Licensed facility
 - ❑ Licensed provider
- ❑ Services meet the definition
- ❑ Fee for service documented

Medicaid Eligibility
Impacts 2026

Stay up to date!

Behavioral Health
Provider Enrollment
& CPT Codes

Check for updates!



Registered facility

Licensed provider

Documentation

DBHDS licenses behavioral health facilities in Virginia, including residential treatment centers, outpatient programs, detoxification facilities and medication assisted treatment providers.

Peers are registered with the Virginia Department of Health Professions Board of Counseling

- Service registration form
- Assessment
- ARTS waiver

VA Medicaid Claims
/ Billing Resources



Last update 06/29/2017

ARTS
Addiction and Recovery Treatment Services

ARTS Peer Support Services
Registration Request Form
To be completed by Licensed Credential Addiction Treatment Professional or Certified Substance Abuse Counselor (CSAC).

Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting. Providers must use Magellan of Virginia Registration form for members enrolled in the Governor's Access Plan (GAP) and fee-for-service benefit available online: <http://www.magellanofvirginia.com/for-providers-en/forms.aspx>

Request Type: ☐ New ☐ Concurrent

MEMBER INFORMATION		
Name:	Preferred Name:	DOB:
Gender:	Member ID:	
Member Phone and Address:		
Family or Legally Authorized Representative:		
Primary Care Physician:		
Name of Health Plan to Submit Registration:		
LICENSED PROVIDER/AGENCY INFORMATION		
Licensed Provider/Agency Name:	Direct Supervisor Contact:	
Licensed Provider/Agency NPI:	Provider Phone#:	Provider Fax#:
Provider Email:	Tax ID#:	
Provider Service Address:		
Primary Peer Recovery Support Specialist Name:		
SERVICE REQUEST INFORMATION		
Procedure Code(s): ☐ T1012 (Individual) ☐ S9445 (Group)		
Maximum 4 hours / day – Maximum 3 months requested at a time. Additional time can be requested as needed. 1 unit = 15 minutes		
Requested Units:	Requested Start Date:	Admission Date:



Location-Specific Peers

- Pay attention to the location services are provided
 - If those locations change
 - Who licenses those facilities
- Note if the origination of the services matters for the billing for those services

**Note: ASAM 4 Not Yet Adopted in Virginia
Check for updates!**

**ASAM
Toolkit**

SPEAKING THE SAME LANGUAGE:

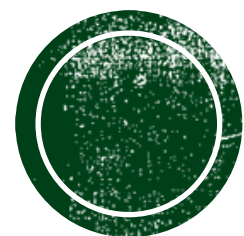
A Toolkit for Strengthening Patient-Centered Addiction Care in the United States



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient				4 Medically Managed Inpatient
Level 3: Residential		3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential	3.7 Medically Managed Residential
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP)	2.5 High-Intensity Outpatient (HIOP)	2.7 Medically Managed Intensive Outpatient
Level 1: Outpatient	1.0 Long-Term Remission Monitoring		1.5 Outpatient Therapy	1.7 Medically Managed Outpatient
Recovery Residence	RR Recovery Residence*			





ADDITIONAL FUNDING OPTIONS

State & Federal Opportunities

BILLING PRIVATE INSURANCE

- There are ways to do this, but billing is subject to individual contract details between the payor and the provider / system
- The value of peer support is increasingly recognized as a service
- Check with your payor contracting department for details



Virginia Medicaid Peer Support Services UM Guideline

Subject: Virginia Medicaid Peer Support Services Current Effective Date: 8/24/2017
Status: Approved Last Review Date: 01/20/2021

Description

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc..

Peer Supports Services are a necessary recovery focused program for the Utilization Management Guideline Focused Peer Supports into Virginia Supplement Manual: Peer Support

Recovery is not limited to substance facilitates Recovery from both serious Recovery is a process in which people communities.

Service Delivery

- 1) Based on the individual's
- 2) Consistent with recommendation
- 3) Based on goals identified
- 4) Services delivered in the
- 5) Services provided with the
- 6) Service is rendered at least
- 7) Strategies and activities include
 - a. Person centered, strength skills;
 - b. Empowering the individual Recovery, Resiliency,
 - c. Crisis support;
 - d. Assisting in the use of mechanisms, symptom Recovery Resiliency

Targeted populations

- 1) Adults
- 2) Over 21
 - a. Peer Support Services
 - b. Addiction and Recovery Services (ARTS)
 - c. Mental Health



Effective Date: 4/15/2023
Review Date: 4/15/2024
Administrative Policy Number: A015

Peer Support



Telemedicine and Direct Patient Contact Payment Policy

Policy Type:	Revised
Applies to:	- All medical products (including commercial and Medicare) - All participating and nonparticipating physicians, facilities, and other qualified health care professionals
Policy Implementation:	Date of Service
Policy Revision Date:	Click Here
Last Review:	June, 2021
Next Review:	June, 2022

Our payment policies ensure that we pay providers based on the code that most accurately describes the procedure performed. We include CPT/HCPCS, CMS or other coding methodologies in our payment policies when appropriate. Unless noted otherwise, payment policies apply to all professionals who deliver health care services. When developing payment policies, we consider coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors.

Table of Contents

[Overview](#)
[Definitions/Glossary](#)
[Payment Guidelines](#)
[Questions and Answers](#)
[Additional References](#)
[Policy Revision Date](#)

Overview

This policy addresses our guidelines regarding payment for telehealth, telemedicine, direct patient contact, care plan oversight, concierge medicine, and missed appointments.

Refer to [Expanded Claim Edits](#) for additional coding and reimbursement policies that may apply separately from the policy detailed below.

Payment for telemedicine services is subject to Aetna provider credentialing requirements available through Availity, including office and licensure criteria.



STATE FUNDING OPPORTUNITIES

Home About ▾ News and Updates Public Meeting Notices Grants Info
Media ▾ Abatement Academy OAA Grants Public Dashboard



Virginia Opioid Abatement Authority

GRANTS INFO

OAA Grants Portal

Welcome to the Opioid Abatement Authority's Grants Information Page. The OAA offers financial assistance to cities, counties and state agencies in the Commonwealth of Virginia. This page connects you to information and resources, as well as to the specific grant types. If you have any questions please email info@voaa.us.

Virginia's State Opioid Response Funded Recovery Services

PEER RECOVERY SERVICES FUNDED BY THE STATE OPIOID RESPONSE GRANT

The **State Opioid Response (SOR) grant** is distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). DBHDS distributes funds to prevention, treatment, and recovery initiatives across Virginia. They have also partnered with OMNI Institute to evaluate all SOR work.

Peer support services funded by the SOR grant span the entirety of the continuum of care. Peers provide support for mental health and substance use disorders and meet individuals in traditional and non-traditional settings, including Community Services Boards (CSBs), correctional facilities, emergency departments, local health districts, and colleges/universities.



Community Services Boards (CSB) Peer Services

offer individual and group peer services, transportation, community outreach, case management, and harm reduction activities.



Department of Corrections (DOC) Peer Recovery Support Program

provides group peer services at DOC sites across Virginia.



Emergency Department and First Responder Peer Recovery Services

support individuals who have experienced an overdose or other mental health or substance use-related crises.



Collegiate Recovery Programs

provide recovery services, engage students through campus-wide outreach, and provide Recovery Ally trainings.



Peer Recovery Services in Jails and Recovery Courts

including individual and group services, connecting individuals leaving jail with providers via warm handoffs and transportation to treatment, and pre-release discharge planning.



Recovery Housing

in partnership with the Virginia Association of Recovery Residences (VARR), provides a safe and sober lifestyle for individuals learning to live in recovery from substance use disorders.



Virginia Department of Health (VDH) Peer Supporters

serve through seven local health districts to provide community education and outreach, harm reduction programming, and warmlines.

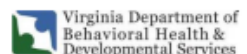


Pregnant & Parenting Women (PPW) Peer Services

are provided through referrals from DSS, family treatment courts, and hospital labor and delivery departments.



Join us in this work to promote peer recovery services in Virginia. Contact us at SORrecovery@omni.org.



State Opioid Response (SOR) Subgrants

SOR grants require states to fund recovery support services, and peer support is a core component. Many states use SOR funds to:

- Contract with recovery community organizations for peer services
- Fund peer specialist positions in treatment agencies
- Support recovery community centers
- Train and certify new peer specialists
- Place peer specialists in emergency departments, jails, and drug courts

SOR subgrants often range from \$50,000 to \$500,000 per year. Contact your state's opioid response office for current opportunities. For the full opioid funding breakdown, see our [substance abuse treatment grants guide](#).

SOR grants

STATE FUNDING OPPORTUNITIES

SABG grants

State-Level Peer Support Funding

Substance Abuse Block Grant (SABG) Pass-Through

States receive \$1.86 billion in FY2025 annually through the SABG, and many allocate portions to peer recovery support services. Your state's Single State Authority for substance abuse administers these funds through contracts and subgrants.

How to access it: Contact your state substance abuse authority and ask specifically about SABG-funded peer support opportunities. Many states issue RFPs annually for peer support services, while others maintain standing contracts with established recovery organizations.



Federal Funding for Peers

Federal Peer Support Funding Sources

Program	Agency	Annual Funding	Award Range	Eligible Applicants	Duration
Recovery Community Services Program (RCSP)	SAMHSA	~\$10M	\$200K-\$300K/yr	Recovery community orgs	3 years
SABG (via states)	SAMHSA	Portion of \$1.86B	Varies by state	Treatment/recovery providers	Annual
SOR (via states)	SAMHSA	Portion of \$1.5B	Varies by state	Treatment/recovery providers	2 years
MHBG (via states)	SAMHSA	Portion of \$1B+	Varies by state	MH providers	Annual
Access to Recovery (when funded)	SAMHSA	~\$30M (intermittent)	\$500K-\$2M/yr	States	3 years
Drug-Free Communities	ONDCP	~\$100M	\$125K/yr	Community coalitions	5+5 years
Medicaid Peer Support	CMS/States	Varies	\$15-\$55/unit	Enrolled providers	Ongoing

Also, look at Congressionally Directed Funding through Senator Tim Kaine's office



Watch for Additional Changes

GOVERNOR OF VIRGINIA
**ABIGAIL D.
SPANBERGER**

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For Immediate Release: May 22, 2026
Office of the Governor Contact: press@governor.virginia.gov

Governor Spanberger Signs Bipartisan Legislation to Tackle Substance Abuse,

September 10, 2026

VIRGINIA OPIOID ABATEMENT AUTHORITY ANNOUNCES MORE THAN \$12.3 MILLION IN AWARDS TO AGENCIES OF THE COMMONWEALTH

Awards to 18 agencies include 39 projects across a variety of areas to support opioid abatement and remediation

Richmond, VA – September 10, 2026 — On Tuesday, September 1, 2026, the Grants Committee of the Virginia Opioid Abatement Authority's (OAA) Board of Directors awarded \$12,324,558.92 in 2026-2027 funding to eighteen agencies of the Commonwealth for opioid abatement and remediation efforts. The Committee approved an additional \$3,120,475.72 of previously awarded funds to be carried forward into the 2026-2027 performance period.

"These awards strengthen the partnerships that are helping Virginia prevent opioid misuse, expand access to treatment, and support people in recovery," said Senator Todd Pillion, Chair of the Opioid Abatement Authority Board of Directors. "By investing in the expertise of our state agencies and public universities, we can reach more Virginians with services that save lives and help individuals and families build a healthier future."

The projects were selected through a competitive request for proposals process that opened March 20 and closed June 8, 2026. OAA received 51 project proposals requesting more than \$21.1 million in new funding. The September 1 awards include the continuation of 32 previously funded projects and 7 new project awards. The funding supports efforts across public health, education, public safety, the judicial system, and higher education, including programs at seven of Virginia's public universities.

Funded efforts include overdose prevention and naloxone access, youth education, recovery support on college campuses, workforce development, and services for individuals returning to their communities after incarceration. The Virginia Department of Health will receive approximately \$2.4 million for programs that include comprehensive harm reduction, local opioid use disorder coordinators, overdose review teams, and supports for pregnant women.



FOR IMMEDIATE RELEASE
August 18, 2026

Contact: HHS Press Office
202-690-6343
[Submit a Request for Comment](#)

HHS ANNOUNCES NEW PEER SUPPORT PREVENTION SERVICES TO STRENGTHEN FAMILIES, ADVANCING THE GREAT AMERICAN RECOVERY & A HOME FOR EVERY CHILD INITIATIVES



Federal Funding for Peers


Substance Abuse and Mental Health Services Administration

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[Home](#) » [Grants](#) » [Grants Dashboard](#) » Medication-Assisted Treatment - Prescription Drug and Opioid Addiction

Medication-Assisted Treatment - Prescription Drug and Opioid Addiction

Short Title: MAT-PDOA
Modified Announcement

[Back to the Grants Dashboard](#)


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[Home](#) » [Grants](#) » [Grants Dashboard](#) » Recovery Community Services Program

Recovery Community Services Program

Short Title: RCSP
Initial Announcement

Notice of Funding Opportunity (NOFO)

[Back to the Grants Dashboard](#)


Substance Abuse and Mental Health Services Administration

[Home](#) | [Site Map](#)

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[Home](#) » [Grants](#) » [Block Grants](#) » Community Mental Health Services Block Grant

Community Mental Health Services Block Grant

The Community Mental Health Services Block Grant (MHBG) program makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services.

What is MHBG?

The Community Mental Health Services Block Grant (MHBG) program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by [sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Service \(PHS\) Act](#).

SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities.

In addition to providing MHBG awards, CMHS provides recipients with technical assistance (TA). The TA supports the use of evidence-based programs.

[State TA Resources](#)

[MHBG Contacts](#)

[Substance Use Prevention, Treatment, and Recovery Services Block Grant](#)

Recovery Community Services Program

MAT Prescription Drug and Opioid Addiction Look for 2027 announcement

Community Mental Health Services Block Grant





Financing Peer Recovery Support:
Opportunities to Enhance the
Substance Use Disorder Peer Workforce

**Financing Peer Recovery
Support**

RESOURCE LIBRARY GUIDES

HSUIP Evidence Library for Peer Recovery ED SUD

-  Hospital Billing & Funding
-  Hospital ED BRIDGE
-  Hospital ED Dispensed Medication
-  Hospital Managing Side Effects Withdrawal
-  Hospital Outpatient Medication
-  Hospital Pain Management
-  Hospital Peer Supervision
-  Hospital Peer Support Works Evidence
-  Hospital Screening for SUD OUD
-  Hospital Stigma & Outreach

LEARNING OPPORTUNITIES

ED Bridge

- [Training Toolkit](#)
- [Hope in the ER: Bridging to Treatment](#)

Technical Assistance

- Peer Recovery Specialists
- Learning Collaborative

Upcoming Conference

- [VHHA Behavioral Health Summit in Richmond](#)
- September 24th





Mental Health VIRGINIA



Support and Networking

Join our Facebook group to connect with PRS across the Commonwealth



Certification Information

Information about Virginia's Peer Recovery Specialist Certification



Peer Support Resources

National, statewide and local resources for peer recovery specialists

PODCAST

Peer Into Recovery

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NEWSLETTER

Jobs & Internships

SUBSCRIBE

PODCAST

Peer Into Recovery

Peer Into Recovery is a podcast offering unique insights into the profession of peer support, brought to you by the Virginia Peer Recovery Specialist Network and [Mental Health Virginia](#).

SUBSCRIBE

Episodes

- Episode 1: Trauma-informed Peer Support with Cheryl DeHaven
- Episode 2: Crisis Peer Support with David Rockwell
- Episode 3: Peer Drop-in Centers with Robin Hubert
- Episode 4: Probation Peer Support with Eddie Wiggins
- Episode 5: Overcoming Obstacles with Leroy Robinson
- Episode 6: Peer Job Development with Cynthia Evans
- Episode 7: Staying Connected in a Syndemic with Jason Cox

Peer Into Recovery

A Podcast for
Peer Support Professionals

VIRGINIA
Peer
Recovery
Specialist
Network

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Network

OTHER VIRGINIA RECOVERY RESOURCES

- [Virginia Organization of Consumers Asserting Leadership \(VOCAL\)](#)
- [Substance Abuse and Addiction Recovery Alliance \(SAARA\) of Virginia](#)
- [NAMI Virginia National Alliance on Mental Illness \(NAMI\) Virginia Chapter](#)
- [Family Run Executive Director Leadership Association \(FREDLA\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Bringing Recovery Supports to Scale Technical Assistance Center Strategy \(BRSS TACS\)](#)
- [Virginia Veteran and Family Support Program \(VVFS\)](#)
- [Virginia Commonwealth University- Rams in Recovery](#)



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▪ [VHHA Foundation](#) is the awardee of the HSUIP grant and manages the invoicing, reporting, and process guidance for the participating health systems. As a 501 (c) (3) affiliate of the Virginia Hospital & Healthcare Association (VHHA), VHHA Foundation supports VHHA Members, VHHA Associate Members, and the health care community of Virginia by providing continuing professional education programming to Virginia healthcare leaders, healthcare professionals, and business stakeholders, and seeking grant funding to support quality, patient safety, and population health initiatives.



▪ The [Virginia Hospital & Healthcare Association](#) is an alliance of 111 hospitals and 26 health delivery systems that develops and advocates for sound health care policy in the Commonwealth. Its mission is to achieve excellence in both health care and health to make Virginia the healthiest state in the nation. Its vision is through collaboration with members and stakeholders, to ensure the sustainability of Virginia health care system, transform the delivery of care to promote lower costs and high value across the continuum of care, and to improve health for all Virginians. Connect with VHHA through [Facebook](#), [Twitter](#), [Instagram](#), [TikTok](#), [LinkedIn](#), and [YouTube](#).



THANK YOU!

