

**Kentucky Department for Medicaid Services**  
**Senate Bill 90: Behavioral Health Conditional Dismissal Program (BHCDP)**  
**Recovery Residence Support Service (RRSS)**

Recovery Residence Support Service (RRSS) is provided:

- In a certified National Association of Recovery Residences (NARR) Level 2 or 3 recovery residence in accordance with the Kentucky Recovery Housing Network (KRHN) standards, and
- Provide 24-hour monitoring and support to members of the recovery residence.

To be eligible for RRSS, individuals must:

- Be participating in or completed the Behavioral Health Conditional Dismissal Program,
- Meet ASAM Level of Care 2.7 or less,
- Reside in a SB90-approved Recovery Residence, and
- Be experiencing compounding health related social needs (HRSN); which may include homelessness, unemployment, and history of criminal justice involvement.

RRSS shall be:

- Non-clinical activities necessary to support individuals recovering with substance use disorders to live with maximum independence in the community through skills training and coaching techniques.

Activities shall include supporting individuals to:

- Navigate systems of care such as healthcare, social service, and judicial systems,
- Remove barriers to recovery,
- Stay engaged in the recovery process, and
- Live full lives of their choice.

RRSS shall include:

- Conducting a Recovery Capital Assessment Plan and Scale (ReCAPS) or review an established recovery capital assessment plan and scale upon admission and reviewed monthly thereafter.
- Development of an individualized Recovery Management Plan to include:
  - Identifying issues that may compromise an individual's recovery.
  - Establish recovery goals and objectives needed to obtain independent living by:
    - Removing barriers to recovery,
    - Skills to addresses and mitigate urges and cravings,
    - Building and increase motivation for recovery,
    - Identifying steps to remain engaged in the recovery process,
    - Building recovery capital, and
    - Building long-term supportive and collaborative relationships.
  - Relapse prevention strategies
  - Transition planning
  - The recovery management plan, shall be:
    - Developed by the individual and Recovery Residence Staff, and
    - Reassessed and reviewed monthly.

- Programs will have direct affiliation with, or close coordination and collaboration with recovery-oriented programs at all levels of care.
- Programs will allow residents to begin and/or continuing taking all forms of prescribed, FDA-approved Medications for Addiction Treatment, including methadone, buprenorphine, and naltrexone as well as psychotropic medication, and
- Deliver evidence-based, non-clinical groups such as mutual aid meetings, including but not limited to SMART Recovery's Successful Life Skills, Recovery Dynamics, White Buffalo, or Double Trouble in Recovery.

RRSS staff shall have the ability to:

- Assist and support individuals in meeting recovery management plan goals,
- Recognize signs of distress and threats to safety among peers and in their environments,
- Rapidly re-engage the individual in SUD or mental health treatment as needed,
- Rapidly refer and/or re-engage the patient for assessment of the need for addiction or mental health treatment, and
- Provide care navigation to include:
  - Supporting access to and encouraging:
    - Participation in mutual self-help health programs (if not offered on-site).
    - Participation in other community activities supportive of recovery which may include recovery community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities.
  - Assisting individuals with accessing and navigating:
    - Social agencies (Children and Family Services, criminal justice agencies, etc.) as needed.
    - Community and social services needed to obtain independent living such as housing, vocational, educational services and supports.
  - Coordinating ongoing treatment for:
    - Behavioral health needs, including coordination of and ensuring participation in recovery management checkups with appropriate behavioral health practitioners, and
    - Primary care needs, including ensuring individual establishes Primary Care Provider.

RRSS shall be provided by:

- Certified peer support specialists according to 908 KAR 2:220 with lived substance use experience and trained in recovery capital, or
- Registered alcohol and drug peer support specialist defined KRS 309.080(12) with lived substance use experience and training in recovery capital, and may include,
- Targeted Case Managers certified according to 908 KAR 2:260 with working experience in substance use disorder and training in recovery capital.

All recovery residence staff should have at minimum, training in:

- Suicide Prevention
- Motivational Interviewing
- Trauma Informed Care

- Recovery Capital
- Harm Reduction
- Maintaining Self-Care
- Cultural Responsiveness
- Crisis Response

RRSS providers are required to monitor and report monthly the following for each participating individual:

- Social service agency involvement
- Mutual aid group involvement
- Service or Support referrals for:
  - Medical and behavioral health referrals
  - Community service referrals
- Recovery capital assessment scores
- Satisfaction questionnaire upon discharge
- Self-reported overall health rating
- Education status
- Employment status
- Move in and move out date.
- Residency status (voluntary/non-voluntary exit)

RRSS providers will be expected to:

- Participate in education and training opportunities which may include but not be limited to:
  - Understanding provider responsibility and service delivery expectations,
  - Determining eligibility for service,
  - How to conduct Recovery Management Plans and complete documentation of services,
  - Reporting requirements, and how to report data to the Administrative Service Organization (ASO), and
  - How to invoice for services and be reimbursed by the ASO.

RRSS services will be reimbursed per participant at a weekly rate of:

- NARR Level 3: \$308.00 weekly, limited to 12 calendar weeks per participant.
- NARR Level 2: \$237.00 weekly, limited to 12 calendar weeks per participant.

For a recipient receiving recovery residence support services for a substance use disorder, the following shall not be billed or reimbursed for the same date of service for the recipient:

- Residential services for substance use disorders
- Peer Support Services
- Targeted Case Management

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### Purpose

The Recovery Residence Support Service is required to define eligibility for individuals participating in the program to assure consistency across services. Each individual is required to meet each of the eligibility requirements as defined by the Department of Medicaid Services and The Fletcher Group.

### Participant Eligibility

- Referred by an SB 90 Case Navigator and participating in the SB 90 project
- Has been screened by the State Assessor and is determined eligible for RRSS
- Reside in an SB 90/RRSS approved Recovery Residence
- Evidence of an SUD problem
- Meet ASAM Level of Care 2.7 or less
- Experiencing compounding health related social needs (homelessness, unemployment, criminal justice involvement)
- Medicaid eligible
- Screened and determined to benefit from Recovery Housing

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### Purpose

The Recovery Residence Support Service is required to define eligibility for participating organizations to assure consistency across participating organizations. Each organization is required to meet the eligibility requirements as defined by the Department of Medicaid Services and The Fletcher Group.

### Prerequisites

- NARR certified at Level 2 or Level 3
- Employ Peer Support Specialist(s) and/or case managers.
- Complete the Recovery Residence Support Service (RRSS) application with the Department of Medicaid Services
- Complete RRSS contract with the Fletcher Group.
- Allow all forms of MAT and/or psychotropic medications.
- Provide a minimum of 5 hrs. (Level 2) or 10 hrs. (Level 3) of services per week.
- Have the capacity to complete electronic records, data collection, and reporting.
- Agree to complete required training.

### Procedure

- Contact The Fletcher Group for review of eligibility.
- Assure the ability to receive referrals from the SB 90 project.
- Complete the RRSS application with DMS to include required documentation. Application can be found on the DBH website.
- Have a site visit by Fletcher Group staff.
- Complete contract with FGI
- Establish DDOR account
- Complete procedural training sessions with FGI.
- Complete content training modules in the FGI Learning Center

## **Purpose**

The Recovery Residence Support Service requires that each participating organization be certified by the Kentucky Recovery Housing Network (KRHN) to meet the National Association of Recovery Residences (NARR) Level II or III standards that provide 24-hour monitoring and support to the participants.

## **Criteria**

### **Level II Programs**

- 18 years of age
- SB 90 participant
- Medicaid eligible
- SUD problem
- Ability to sustain recovery for 7 days but needs ongoing support and structure
- Employed full or part-time.
- Financial obligations e.g. child support, restitution requirements
- Unstable housing environment
- Recently completed recovery/treatment program – Outpatient, IOP or Residential
- Has developed some recovery capital
  - Has completed a recovery-focused curriculum or is in the process of completing one
  - Is attending mutual aid meetings weekly
  - Has a sponsor/mentor/coach
  - Has family who are actively involved in the recovery process
  - Has employment/training/educational goals
  - Has developed a relapse prevention plan/return to use plan
- Is managing medications independently and adhering to requirements

### **Level III Programs**

- 18 years of age
- SB 90 participant
- Medicaid eligible
- SUD problem

- Inability to sustain recovery for 7 days.
- Unemployed
- Could benefit from obtaining GED preparation, additional training, job placement assistance.
- Unstable housing environment
- Willingness to commit to long-term program.
- Has co-occurring behavioral health issues that are being treated
- Limited recovery capital
  - Could benefit from information about substance use disorder and recovery
  - Has minimal exposure/involvement in mutual aid programs
  - Does not have a sponsor/mentor/coach
  - Does not have a specific plan to secure safe housing
  - Has physical/medical complications that require ongoing support
  - Does not have family/social support for recovery
  - Could benefit from developing structure and focus including managing medications
  - Does not have relapse prevention information and/or a relapse prevention plan/return to use plan

## Provider Checklist

Revised 7/1/24

DATE COMPLETED	ITEMS TO BE COMPLETED BY PROVIDER
	Initial meeting with FGI
	Complete the DMS application online
	Complete Onboarding Training
	Complete DDOR training prior to receiving referrals
	Obtain DDOR and Recovery House Management Platform access
	When a referral is accepted, make a notation in DDOR
	Enters initial data into DDOR within 72 hours of admission
	Notify the Program Coordinator within 24 hours of accepting the referral
	Completes the Recovery Management Plan(RMP) within 5 working days of admission
	Reviews the RMP monthly and document in the Recovery House Management platform
	Complete the Stabilization Report at 14-days in DDOR
	Complete the Progress Report at 42-days in DDOR
	Notify the Case Navigator and FGI When the participant has completed the treatment expectations.
	The Case Navigator notifies the court who then moves to remove the charges.
	The participant completes the outcome survey one week prior to discharge.
	Once the charges are dismissed, the Case Navigator notifies the provider and FGI.
	The provider completes the final report in DDOR within 30 days of <b>having all charges dismissed and not before.</b>