

Transcript of Wis. Admin. ch. DHS 72, subch. II, Video

In this webinar, we will focus on DHS 72, subch. II, which is peer recovery support services standards with a brief overview of the corresponding Medicaid benefit.

All eligible programs providing peer recovery support services must follow all requirements outlined in subchapter II. These programs may be certified as a substance use overdose treatment program under DHS 72, subch. III, or may have an existing Division of Quality Assurance, or DQA, Behavioral Health Program certification listed under DHS 72.04(1)(b).

Now, let's take some time to walk through those requirements. DHS 72.04(2), outlines expectations for peer recovery coaches.

First, a peer recovery coach shall possess personal lived experience with mental health and or substance use disorder challenges. This experience may also include experience as a parent or as an adult family member of an individual who has experienced behavioral health challenges. Next, the peer recovery coach must use their lived experience and recovery, combined with training and supervision, to support participants with mental health and or substance use disorder challenges in their own recovery.

The administrative code further states that a peer recovery coach shall provide services in coordination with a participant's individual plan of care, and those services shall guide the recovery process and support a participant's recovery choices, goals, and decisions, all through a trauma-informed, person-centered, and strength-based lens. Next, DHS 72.04(3), identifies that peer recovery support services must be indicated in the treatment goals of the participant's service plan.

Now, the next few slides outline the many ways a peer recovery coach may provide services, such as connecting to needed resources, services, and supports, as well as mentoring through their lived experience to provide support and inspire hope.

Peer recovery support services can also include facilitating groups and offering advocacy to both participants and their parents or legal guardians as they navigate the system. Here are some final examples of peer recovery support services that focus on promoting engagement in recovery. Programs can choose which services to implement, keeping in mind that the services must also be indicated on the participant's service or treatment plan.

Next, DHS 72.05 outlines the training, orientation, and continuing education requirements for a peer recovery coach. Now, prior to the provision of any peer recovery support service, the peer recovery coach must complete and document 40 hours of training that include the areas listed here, broken down in 10-hour increments.

DHS 72.05 also outlines that a peer recovery coach must complete 24 hours of supervised volunteer or paid work experience before providing any peer recovery support services for a certified program.

Those 24 hours must include experience in advocacy, mentoring and education, recovery wellness support, and ethics. You will notice that these are the very same topics for which

training is required. It is important that the peer recovery coach maintain documentation of this training and experience, as the certified program will need to keep it on file and available for DQA surveys.

Now, let's focus on the required orientation for the peer recovery coach. The content of the orientation will be driven by the certified program's administrative code. For example, if the employer is a certified crisis program, they must also provide the peer recovery coach the orientation outlined in DHS 34.

And then, for continuing education requirements, a peer recovery coach must engage in eight hours of continuing education or training annually in an area that is relevant to the services they provide. So, let's suppose a peer recovery coach works in a residential substance use disorder program. Their continuing education should focus on substance use recovery concepts.

The next section of subchapter II is DHS 72.06 regarding supervision. Now, recognizing that the field of peer recovery support services is unique from traditional behavioral health programming, DHS 72 outlines the unique goals of peer recovery coach supervision. The first goal of supervision is to assure the peer recovery coach adheres to the basic competencies outlined earlier in DHS 72.05(2)(a)-(d). An additional focus of supervision is that peer recovery support services are complementary to, but distinct from, treatment provided by licensed or certified professionals.

Lastly, the supervisor will assure that peer recovery support services are coordinated within the participant's overall plan of care. These goals help us to understand the why of supervision. Now, let's talk about the who of supervision.

DHS 72.06 goes on to further explain that the peer recovery coach will receive supervision from a competent mental health professional, which is defined in DHS 72.03(4). Please refer to the administrative code for the full list of professionals eligible to fill the role of a competent mental health professional. Now, understanding that the competent mental health professional's background may not include experience working with peer recovery coaches, DHS 72.06 requires the licensed practitioner to have training or documented experience in all areas listed under Wis. Stat. § 49.45 (30j) (b) (2) (a)-(l). Again, please refer to the statute for the full list of topics. To answer the how of supervision, DHS 72.06 explains that supervision can be provided via individual or group sessions.

No matter the format of the supervision, the peer recovery coach must receive one hour of supervision every week or for every 30 hours of face-to-face peer recovery support services provided. One of the most exciting components of DHS 72.06 is the introduction of the co-supervision model by a peer recovery coach supervisor and a competent mental health professional. This is a key shift that recognizes the benefits of both clinical and peer-informed guidance.

A peer recovery coach supervisor is an individual who meets all of the qualifications of a peer recovery coach in this chapter and has previous experience providing peer recovery coaching and has training in providing peer supervision. Similar to the competent mental health professional, the peer recovery coach supervisor must also be trained or have experience in the areas outlined in Wis. Stat. § 49.45 (30j) (b) (2) (a)-(l). A peer recovery

coach supervisor must also receive supervision by the competent mental health professional one hour per week via individual or group sessions.

If an agency chooses to engage in the co-supervision model, the peer recovery coach supervisor must provide one hour of supervision to the peer recovery coach per week or for every 30 hours of face-to-face peer recovery support services. And then the competent mental health professional must provide one hour of supervision for every 60 hours of supervision of face-to-face peer recovery support services.

So let's consider an example using this co-supervision model. Let's suppose a peer recovery coach currently provides 30 hours of peer recovery support services each week. The peer recovery coach could meet with their peer recovery coach supervisor for an hour of supervision weekly and then every other week the competent mental health professional could join the supervision session to meet the overall supervision requirements for the program.

The final section of subchapter II outlines documentation requirements. It states that peer recovery coaches must document all of the following service delivery information, which includes service provider notes in accordance with standard professional documentation practices, documentation of a participant's progress towards goals and any changes to the treatment plan, a discharge summary, and any related information, and then any other information that is appropriate for the participant service record.

Now a brief Medicaid overview.

Whether you are a DHS 72 agency or another certified provider offering peer recovery support services, Medicaid is generally the primary payer for behavioral health services. We recognize that providers are looking for detailed Medicaid guidance. Additional Medicaid-specific information will be available through official channels, including ForwardHealth and provider network meetings facilitated by DHS.

The information we're sharing now is intended to set expectations at a high level and highlight the resources that support compliant, sustainable implementation. Again, for most providers delivering peer recovery support services, Medicaid will likely serve as the primary payer. This applies whether you are a DHS 72 agency or another certified provider.

Medicaid coverage brings opportunity but also responsibility. Coverage requirements apply across a range of agencies, including for Medicaid oversight and audits. This information provides a general overview of Medicaid coverage for the peer recovery support services benefit.

Please refer to the February 2026 ForwardHealth update for more detailed information regarding coverage policy. From a Medicaid perspective, peer recovery support services are billed at the agency level. Individual peer recovery coaches do not enroll or bill Medicaid directly.

Claims will identify the competent mental health professional supervising the peer recovery coach as the renderer, and reimbursement only applies when peer recovery support services are delivered by appropriately trained and supervised peers who meet program

requirements. DHS 72 agencies will need to enroll with Medicaid. Most provider agencies will bill for peer recovery support services by using a new billing code along with required modifiers.

There are some exceptions for certain agencies that were providing peer services prior to the implementation of the peer recovery support services benefit. Again, for more details, please consult the February 2026 ForwardHealth update.

From a utilization management standpoint, peer recovery support services are subject to an annual limit of up to 520 hours per member per calendar year.

At this point, prior authorization is not required for fee-for-service coverage. However, peer recovery support services must be included in the member's plan of care and align with their treatment goals. As with all Medicaid services, peer recovery support services reimbursement is subject to routine oversight for fraud, waste, and abuse.

The Office of the Inspector General provides general training modules on the ForwardHealth training portal, which peer recovery support services provider agencies are encouraged to review. Peer recovery services-specific fraud, waste, and abuse training will be forthcoming as implementation continues. DHS and ForwardHealth will continue to communicate peer recovery support services-related guidance through existing official channels.

Providers are encouraged to complete relevant trainings available through the ForwardHealth portal, including general Medicaid, peer recovery support services, and fraud, waste, and abuse modules. The ForwardHealth peer recovery support services update will serve as the primary reference for coverage, billing, and documentation requirements once released. A peer recovery services online handbook is forthcoming and will serve as a key reference, particularly for DHS 72 agencies.

The Provider Services Call Center is also available as an additional resource.

Providers with programmatic questions may reach out to the Division of Care and Treatment Services and are encouraged to review applicable Wisconsin Administrative Code provisions to ensure alignment with certification and service requirements.

This concludes our overview of DHS 72, subch. II, along with the Medicaid benefit.