DEPARTMENT OF HUMAN SERVICES

Legislative Report

Peer Recovery Workgroup

September 2026

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I. Executive summary

In accordance with Minnesota Law Chapter 125, Article 3, Section 16, the Minnesota Department of Human Services (DHS) convened a Peer Recovery Support Services and Recovery Community Organization Working Group to develop recommendations to strengthen the delivery, oversight, and sustainability of peer recovery support services statewide. The Behavioral Health Administration led this effort with facilitation support from Health Management Associates.

Key Recommendations by Focus Area

Focus Area 1: Billing Rates and Practices

The Workgroup recommended adopting the certified peer services rate from the 2024 Minnesota Health Care Programs Rate Study, increasing from $15.02 to $28.43 per 15-minute unit. They proposed introducing group services with rates modeled after Adult Rehabilitative Mental Health Services ($11.41) and Mental Health Peer Support ($9.92) per 15-minute unit. The group also urged improved funding mechanisms for Recovery Community Organizations (RCO) to enhance sustainability.

Key Recommendations:

- Adopt the proposed $28.43 certified peer services rate
- Implement different rates for individual and group services
- Improve RCO funding mechanisms
- Develop best practices for group services post-implementation

Focus Area 2: Acceptable Billable Activities

The Workgroup emphasized the need for clearer guidance on billable activities, recommending broad, category-based guidance rather than detailed lists to provide peer specialists flexibility. They highlighted the importance of addressing transportation billing confusion while recognizing transportation's value for service recipients.

Key Recommendations:

- Provide flexible, category-based guidance on acceptable activities
- Clarify appropriate transportation billing through training and accreditation
- Study current transportation provision patterns
- Explore alternative transportation funding mechanisms
- Expand travel time billing authorization for peer specialists

Focus Area 3: Service Hour Authorization

The Workgroup recommended interpreting the 14-hour weekly limit as applying per provider, not per service recipient, allowing individuals to receive additional support from different specialists. They emphasized improving care coordination and developing clear processes for requesting additional hours.

Key Recommendations:

- Apply 14-hour limit per provider, not per recipient
- Develop clear authorization processes for additional hours
- Include special consideration for linguistic and cultural needs
- Improve care coordination between organizations

Focus Area 4: Supervision and Reimbursement

The Workgroup strongly supported allowing certified peer specialists to supervise peers with proper certification. They proposed requiring 2,080 hours of experience and 16-hour standardized training, with supervision ratios of one hour per forty hours of direct service.

Key Recommendations:

- Allow certified peers to supervise other certified peers
- Require 2,080 hours experience and 16-hour training for supervision certification
- Implement 1:40 supervision ratio with face-to-face and one-on-one requirements
- Explore continuing education requirements for supervisors

Focus Area 5: Organization Certification

The Workgroup recommended establishing the Minnesota Alliance of Recovery Community Organizations (MARCO) as the sole certification pathway for RCOs, removing the Alliance for Recovery Centered Organizations option. They also advised updating the appeals process to allow input from both appealing organizations and certifying bodies.

Key Recommendations:

- Establish MARCO as sole RCO certification pathway
- Update certification appeals process for balanced input

Focus Area 6: Access and Oversight Improvements

Beyond the aligned recommendations from other focus areas, the Workgroup proposed supporting integration of peer services in 245G settings, removing the unclear "minimum one year in recovery" requirement, and updating statutory language to use "individual receiving services" instead of "client."

Key Recommendations:

- Support integration and destigmatization in 245G settings
- Remove ambiguous one-year recovery requirement
- Update statutory language for greater respect and accuracy

Summary:

These recommendations reflect a collaborative process grounded in lived experience and professional expertise, aiming to enhance quality, accessibility, and cultural responsiveness of peer recovery services in Minnesota

while satisfying statutory requirements. The Behavioral Health Administration extends gratitude to all Workgroup members and stakeholders who contributed to this effort.

II. Legislation

Minnesota Session Laws, 2024 Regular Session, Chapter 125, Article 3, Section 16.

Sec. 16. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY COMMUNITY ORGANIZATION WORKING GROUP.**

Subdivision 1. **Establishment; duties.** The commissioner of human services must convene a working group to develop recommendations on:

(1) peer recovery support services billing rates and practices, including a billing model for providing services to groups of up to four clients and groups larger than four clients at one time;

(2) acceptable activities to bill for peer recovery services, including group activities and transportation related to individual recovery plans;

(3) ways to address authorization for additional service hours and a review of the amount of peer recovery support services clients may need;

(4) improving recovery peer supervision and reimbursement for the costs of providing recovery peer supervision for provider organizations;

(5) certification or other regulation of recovery community organizations and recovery peers; and

(6) policy and statutory changes to improve access to peer recovery support services and increase oversight of provider organizations.

Subd. 2. **Membership; meetings.** (a) Members of the working group must include but not be limited to:

(1) a representative of the Minnesota Alliance of Recovery Community Organizations;

(2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health;

(3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1;

(4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18;

(5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19;

(6) the commissioner of human services or a designee;

(7) a representative of county social services agencies; and

(8) a representative of a Tribal social services agency.

(b) Members of the working group may include a representative of the Alliance for Recovery Centered Organizations and a representative of the Council on Accreditation of Peer Recovery Support Services.

(c) The commissioner of human services must make appointments to the working group by October 1, 2024, and convene the first meeting of the working group by December 1, 2024.

(d) The commissioner of human services must provide administrative support and meeting space for the working group. The working group may conduct meetings remotely.

Subd. 3. **Report.** The commissioner must complete and submit a report on the recommendations in this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before August 1, 2025.

Subd. 4. **Expiration.** The working group expires upon submission of the report to the legislature under subdivision

III. Introduction and context

Introduction

The Peer Recovery Support Services and Recovery Community Organization Working Group (Peer Recovery Workgroup) was established to examine current practices and develop recommendations to strengthen peer recovery support services across Minnesota. The Workgroup brought together diverse community representation, including peer recovery specialists, Recovery Community Organizations, treatment providers, health plans, and state agency representatives.

To ensure an inclusive and comprehensive process, the Department of Human Services contracted with Health Management Associates (HMA) to provide facilitation support for this initiative. This collaborative approach enabled the Workgroup to thoroughly examine each focus area and develop consensus-based recommendations that reflect both lived experience and operational expertise.

The Workgroup's deliberations centered on enhancing service delivery, improving access for individuals in recovery, and establishing sustainable oversight mechanisms. Their recommendations aim to address current gaps and challenges while supporting the continued growth of peer recovery services throughout the state.

Peer Recovery Services Overview

Minnesota statutes define peer recovery services as structured interactions between credentialed recovery peers and individuals with substance use disorders, deliverable through face-to-face or telehealth formats.[1] Services are limited to 14 hours per week per individual and must align with person-centered recovery plans, treatment plans, or stabilization plans based on the delivery setting.[2]

Authorized service providers include counties, Tribal Nations, Recovery Community Organizations (RCOs), and licensed substance use disorder treatment facilities.[3] RCOs are independent, nonprofit entities governed by individuals in recovery that provide peer-based support, community education, and policy advocacy.[4]

Recovery peers must maintain at least one year of recovery and hold credentials from recognized certification bodies demonstrating competencies in ethics, advocacy, mentoring, and wellness support.[5] As of January 1, 2025, recovery peers cannot be classified as independent contractors.[5] Monthly supervision by licensed alcohol

[1] Minn. Stat. 256B.0625, Subd. 3b; 62A.673, Subd. 6(b)
[2] Minn. Stat. 254B.05, Subd. 5, para. (I)(2)
[3] Minn. Stat. 254B.05, Subd. 1.
[4] Minn. Stat. 254B.01, Subd. 8.
[5] Minn. Stat. 245I.04, Subd. 18.

and drug counselors or mental health professionals is required, including review of recovery plans and documentation.[6]

The scope of peer recovery services encompasses promoting recovery goals, self-sufficiency, self-advocacy, and natural support system development. Services must be voluntary, with written notification provided to individuals. Recovery peers may not serve individuals they live with or employ.[6]

IV. Process overview

Process Timeline

The Peer Recovery Workgroup convened from January through May 2025, with report development continuing through August. The process began with workgroup recruitment in January, followed by an initial input survey and first full workgroup meeting in February. From March through April, two sub-groups met regularly to address specific focus areas: Sub-Group 1 examined billing rates, group services, and allowable activities; Sub-Group 2 focused on peer supervision, reimbursement, and certification requirements. Throughout April and May, members reviewed and refined draft recommendations through multiple meetings and surveys. The process concluded with two additional full workgroup meetings in late April and early May to finalize recommendations across all focus areas, including policy and statutory changes to improve access and increase oversight.

Workgroup Formation

The Minnesota Department of Human Services (DHS) Behavioral Health Administration (BHA) was tasked with convening a Peer Recovery Support Services and Recovery Community Organization Working Group (Peer Recovery Workgroup) under MN Law Chapter 125, Article 3, Section 16. The law outlined the following membership requirements for the Workgroup:

The workgroup must include, but not be limited to:

(1) a representative of the Minnesota Alliance of Recovery Community Organizations;

(2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health;

(3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1;

[6] Minn. Stat. 245I.04, Subd. 19.

(4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18;

(5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19;

(6) the commissioner of human services or a designee;

(7) a representative of county social services agencies; and

(8) a representative of a Tribal social services agency.

BHA solicited participation through an interest form distributed across the recovery services community. The form collected information to ensure alignment with legislative requirements and captured respondents' experience, expertise, and focus area preferences. From 115 responses, BHA formed a 21-member workgroup. Due to scheduling conflicts, 18 individuals actively participated throughout the process. The complete workgroup membership roster, including organizational affiliations and representation categories, is provided in the Appendix.

While the workgroup satisfied all legislative requirements, participation by individual members varied throughout the workgroup duration.

Workgroup Process and Methodology

Following formation, workgroup members completed an initial input survey to provide feedback on the six legislative focus areas and indicate areas of interest. Survey results informed the meeting structure and discussion priorities.

The full workgroup convened three times: an initial meeting in February 2025, followed by meetings in April and May to review and finalize recommendations. Given the breadth of the legislative focus areas, members were organized into two sub-groups based on expressed interests, with the flexibility to participate in both.

Sub-Group 1 addressed:

- Billing rates and practices for individual and group services
- Acceptable billable activities, including transportation
- Authorization processes for additional service hours
- Policy improvements to enhance access and oversight

Sub-Group 2 focused on:

- Recovery peer supervision requirements and reimbursement
- Certification and regulation of recovery community organizations and peers
- Policy improvements to enhance access and oversight

Sub-Group 1 met four times and Sub-Group 2 met three times between February and April. Meetings featured structured discussions informed by survey feedback, with additional context provided as needed. Draft recommendations emerged iteratively, with each meeting building upon previous discussions.

Recommendation Validation

Workgroup members evaluated draft recommendations through two surveys using a five-point scale: 1 (Total Disagreement), 2 (Reservations), 3 (Acceptable), 4 (Support), and 5 (Total Agreement). Recommendations averaging below 4.0 received priority discussion time during the April and May meetings, while those scoring 4.0 or higher were reviewed for additional input. Revised recommendations were resurveyed to confirm consensus. Average scores from both surveys are reported with each recommendation.

To incorporate broader community perspective, individuals who expressed initial interest but were not selected for workgroup participation were invited to review and rate the final recommendations. This survey, conducted May 23 through June 2, 2025, received 22 responses. Respondents represented diverse roles within the recovery services community:

- 40% were affiliated with recovery community organizations
- 68% were peer recovery specialists
- 37% served as peer supervisors
- Additional respondents represented licensed treatment providers and county agencies

Community feedback scores are included alongside workgroup scores in the Recommendations section.

V. Recommendations

Recommendations are organized under the six legislative focus areas. Each includes a workgroup consensus rating (1-5 scale) and community feedback score from non-workgroup survey respondents.

Focus Area 1: Billing Rates and Practices

Recommendation	Workgroup Rating	Community Rating
1. Adopt the certified peer services rate from the 2024 Rate Study Increase the rate from $15.02 to $28.43 per 15-minute unit.	4.2	4.9
2. Establish separate rates for individual and group services Use ARMHS and Mental Health Peer Support rates as guidance ($11.41 and $9.92 per 15-minute unit respectively).	4.1	4.6
3. Assess RCO funding mechanisms Explore alternatives beyond fee-for-service, such as block grants, to improve organizational sustainability.	4.7	4.6
4. Develop best practices for group services post-implementation Collaborate with providers on group size and duration guidance for incorporation into trainings.	4.7	4.8
5. Determine whether group requirements should be statutory or best practices Make this determination collaboratively with providers following implementation period.	4.5	4.4

Focus Area 2: Acceptable Billable Activities

Recommendation	Workgroup Rating	Community Rating
1. Provide guidance on acceptable activities and transportation Offer categories rather than prescriptive lists to allow individualized service delivery. Develop collaboratively with providers.	4.4	4.8
2. Offer quarterly virtual trainings on documentation and activities Utilization management organization should conduct trainings including transportation guidance.	4.2	4.6
3. Include transportation guidance in organizational processes Incorporate into accreditation, certification, and licensing to ensure organizational accountability.	4.4	4.4

4. Conduct study on transportation provision patterns Assess appropriate and inappropriate use to inform future guidance and oversight mechanisms.	4.2	4.7
5. Explore alternative transportation funding Identify resources beyond Non-Emergency Medical Transportation for recovery-related transportation not tied to specific plan goals.	4.2	4.8
6. Authorize billing for peer specialist travel time Model after Mental Health Provider Travel Time statute (256B.0625, Subd. 43).	4.7	4.8

Focus Area 3: Service Hour Authorization

Recommendation	Workgroup Rating	Community Rating
1. Apply the 14-hour limit per provider, not per individual Follow statute 254B.05, Subd. 5(l)(2) as written, allowing individuals to receive up to 14 hours from multiple providers. *Note: Current practice limits individuals to 14 total hours weekly regardless of provider, creating unintended competition between organizations.*	4.5	4.4
2. Clarify authorization process for additional hours Develop statutory language defining process and required documentation.	4.5	4.7
3. Consider linguistic and cultural needs in authorizations Account for additional time required for translation, interpretation, and system navigation.	4.9	4.7
4. Improve inter-organizational care coordination Reduce burden on individuals to manage their own service hours and enable choice in service location.	4.7	4.8

Focus Area 4: Supervision and Reimbursement

Recommendation	Workgroup Rating	Community Rating
1. Allow peer-to-peer supervision via State Plan Amendment Permit Certified Peer Specialists to supervise others if meeting requirements below. *Note: Expected to improve supervision quality and organizational sustainability.*	4.8	4.8
2. Require 2,080 hours work experience for supervisors Equivalent to one year full-time, including direct and non-direct service activities.	4.6	4.7

3. Assign supervision certification to Minnesota Certification Board Leverage MCB's existing role in peer specialist certification.	4.5	4.8
4. Require 16-hour standardized supervisor training Include supervision skills and four domains of peer recovery. Required for all supervisors, including licensed clinicians. Model after MCB trainings with focus on professional development.	4.6	4.4
5. Explore continuing education requirements for supervisors Support ongoing learning consistent with other behavioral health fields.	4.6	4.7
6. Establish 1:40 supervision ratio One hour of supervision per forty hours of direct service provision.	4.2	4.2
7. Require regular, evenly distributed supervision Minimum of monthly supervision regardless of service hours worked.	4.5	4.6
8. Require 50% face-to-face supervision In-person or video conferencing; remaining 50% may be by telephone.	4.5	4.4
9. Require 50% individual supervision if peer-to-peer allowed Remaining 50% may be group supervision. *Note: If peer-to-peer supervision is not authorized, do not implement due to cost sustainability concerns for small organizations contracting clinical supervision.*	4.1	3.9

Focus Area 5: Certification and Regulation

Recommendation	Workgroup Rating	Community Rating
1. Consider removing alternate RCO certification pathway Explore eliminating Faces and Voices of Recovery/ARCO certification to ensure Minnesota-specific standards. *Note: Workgroup members expressed concerns about potential bias in single-organization oversight. Community survey showed mixed support (31% rated 4-5, 31% rated 1-2).*	3.4	3.1
2. Update certification appeals process Allow both appealing organization and certifying body to provide input and documentation.	4.6	4.1

Focus Area 6: Access and Oversight

Many recommendations from Focus Areas 1-5 also address access and oversight. The following are specific to Focus Area 6:

Recommendation	Workgroup Rating	Community Rating
1. Support integration of peer services in 245G programs Explore readiness assessments, licensing requirements, or supervision trainings to address stigma and ensure appropriate organizational support. *Note: Workgroup identified varied opinions on specific mechanisms.*	4.5	4.7
2. Remove one-year recovery requirement from statute Eliminate 245I.04, Subd. 18(a)(1). Allow hiring organizations to determine readiness. *Note: MCB would still require lived experience attestation. Community survey showed significant opposition (56% rated 1-2).*	4.5	2.8
3. Replace "client" with "individual receiving services" Update peer recovery statutes to use less clinical terminology.	4.6	3.6

VI. Conclusion

The Peer Recovery Workgroup convened pursuant to Minnesota Law Chapter 125, Article 3, Section 16, to develop evidence-informed recommendations strengthening the delivery, oversight, and sustainability of peer recovery support services statewide. Through ten structured meetings spanning five months, workgroup members contributed professional expertise, lived experience, and collaborative problem-solving to address complex policy and operational challenges.

The recommendations presented in this report reflect consensus across diverse community perspectives and respond directly to the six focus areas mandated by legislation: billing rates and practices, acceptable billable activities, service hour authorization, supervision and reimbursement, certification and regulation, and policy improvements to enhance access and oversight. These recommendations balance the need for regulatory clarity and accountability with the flexibility required to deliver individualized, person-centered services. Key themes emerged throughout the process, including the importance of adequate reimbursement to ensure sustainability, the need for clear guidance without overly prescriptive requirements, and the value of peer-led supervision and culturally responsive service delivery.

The workgroup process incorporated multiple validation mechanisms to ensure recommendations reflected both expert consensus and broader community input. Workgroup members evaluated each recommendation through iterative surveys, achieving strong alignment on most proposals. Additionally, 22 individuals from the broader recovery services community provided feedback, offering critical perspective from those not directly participating in deliberations. Areas of divergence—particularly regarding the one-year recovery requirement and single-pathway RCO certification—are clearly identified within the recommendations, acknowledging that certain policy decisions warrant additional consideration and stakeholder engagement.

Implementation of these recommendations will require coordinated action across multiple entities, including the Minnesota Department of Human Services, the recovery peer certification bodies (Minnesota Certification Board, NAADAC, and UMICAD), utilization management organizations, health plans, and provider organizations. Some recommendations can be accomplished through guidance and administrative processes, while others

necessitate statutory amendments or federal State Plan Amendments. The Behavioral Health Administration is committed to advancing these recommendations in partnership with stakeholders and the Minnesota Legislature.

The strength of this report lies in the dedication and expertise of workgroup members who brought both professional knowledge and personal recovery experience to this work. Their willingness to engage in difficult conversations, consider diverse viewpoints, and prioritize the needs of individuals receiving services resulted in recommendations that are both pragmatic and transformative. The Behavioral Health Administration extends sincere gratitude to each workgroup member for their substantive contributions and to the broader recovery community for their continued commitment to advancing peer recovery services in Minnesota.

VIII. Appendix

Workgroup Members

Name	Organization/Affiliation	MARCO Rep (1)	MARRCH Rep (2)	RCO Reps (3)	Practicing Peers (4)	Peer Supervisors (5)	Comm. Designee (5)	County SSA Rep (7)	Tribal SSA Rep (8)
Anthony Coetzer-Liversage	ServeMinnesota	-	-	-	-	-	-	-	-
Ashton Moos	Hennepin County, Human Service Public Health	-	-	-	-	X	-	X	-
Brandy Jo Brink	Beyond Brink, MARCO, MN Policy Alliance, WEcovery	X	-	X	X	X	-	-	-
Christine Renville	Department of Human Services, Behavioral Health Administration	-	-	-	-	-	-	-	X
George Lewis	Motivational Consulting, Inc., MARRCH	-	X	-	-	-	-	-	-
Jacki Yellowflower	Emma Norton Services	-	-	X	X	X	-	-	-
Karissa Mariee	Twin Cities Recovery Project Inc	-	-	X	-	-	-	-	-
Kathy Sizemore	Minnesota Certification Board	-	-	-	-	-	-	-	-
Lisa Edmundson	Carlton County Human Services	-	-	-	-	-	-	X	-
Melissa Evers	Pathfinder Solutions	-	-	-	-	-	-	-	-
Nell Hurley	Hurley Health Coaching	-	-	X	X	-	-	-	-
Nicki Helmberger	Hennepin Health	-	-	-	-	-	-	X	-
Randy Anderson	Bold North Recovery	-	-	X	-	X	-	-	-
Randy Brazil	Ramsey County Social Services	-	-	-	X	-	-	X	-
Takesha Deadwyler	Anything Helps	-	-	X	-	X	-	-	-
Tiffany Neuharth	Rise Up Recovery	-	-	X	X	X	-	-	-
Wendy Jones	MARCO	X	-	-	-	-	-	-	-
Yeng Moua	Koom Recovery	X	-	X	X	-	-	-	-
Shelley White	Department of Human Services, Behavioral Health Administration	-	-	-	-	-	X	-	-