

2026 CRSS/CPRS Supervisor Training Series

Rooted and Rising: Growing a Strong Peer Support Workforce



Understanding Medicaid Rules and the Role of Peer Support Workers
Date: January 8, 2026

Thank you for joining today's training!

CEUs will be issued within 30 days

Next CRSS/CPRS Supervisor Training:


Date: Thursday, April 9, 2026

Time: 10:00am – 11:00am

Topic: Self-Disclosure in Recovery Support

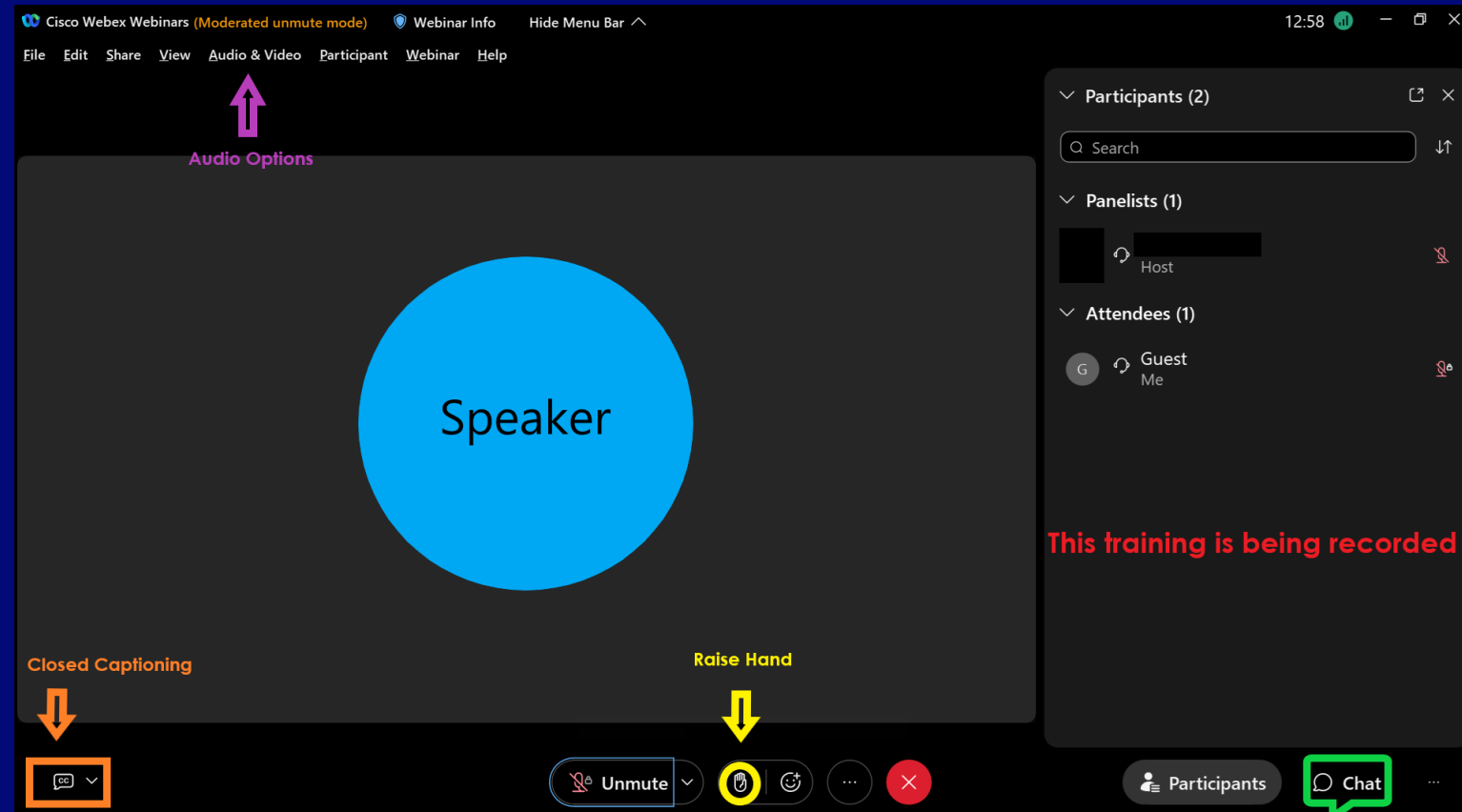
Email Your Feedback: Nicolette.Rivera@illinois.gov



- 
- Keep an open mind about varying perspectives.
 - All speakers will use person-first language, referring to people as people not labels.
 - All acronyms will be spelled out and defined.

Using WebEx

- **Recording:** Please note that we are recording today's webinar.
- **Raise Hand Feature:** You will find the raise hand feature at the bottom of the participant list.
- **Chat Box:** Towards the bottom of the box on the right of the Webex window.



This training is being recorded

Meet the Presenters

- Nicolette Rivera, MHRSS II, DBHR
- Mark R. Williams, MHRSS II, DBHR
- Lisa Donnelly, CRSS Hub Internship Program Manager, NAMI Metro Suburban
- Sean Johnson, CRSS-E, University of Illinois at Chicago, Center for Mental Health Services Research & Policy

Learning Objectives

At the conclusion of this training, participants will be able to:

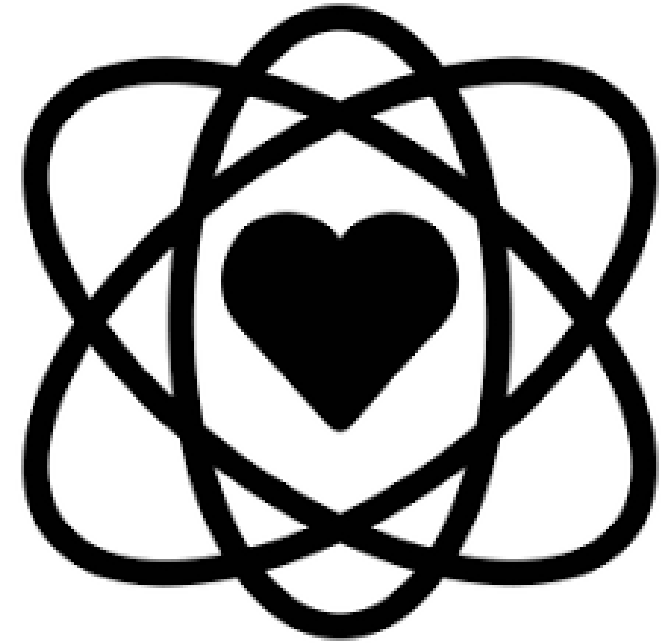
1. Differentiate the role of peers from the role of other behavioral health professionals
2. Identify some of the Rules that govern behavioral health services in Illinois
3. Identify the MH professional categorizations used for Medicaid billing
4. Identify some of the MH services that are billable under Medicaid
5. Develop strategies for providing supportive feedback and supervision to assist peer staff to maintain fidelity to the peer role



National Practice Guidelines for Peer Specialists

CORE VALUES:

- Voluntary
- Hopeful
- Open Minded
- Empathetic
- Respectful
- Facilitate Change
- Honest and Direct
- Mutual and Reciprocal
- Equally Shared Power
- Strengths Focused
- Transparent
- Person-Driven



Peer Recovery Support Specialist Role

- Advocate for people in recovery
- Share resources and building skills
- Build community and relationships
- Lead recovery groups
- Mentor and support goal setting
- Provide training
- Supervise other peer workers
- Develop resources
- Direct peer-led programming
- Educate the public and policymakers

Peer Support Workers:

- Do respect the rights of those they support to choose or cease support services
- Do advocate for choice when they observe coercion in any service setting
- Do respect an individual's right to choose the pathways to recovery individuals believe will work best for them
- Do tell strategic stories of their own personal recovery in relation to current struggles faced by those who are being supported
- Do model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work
- Do help others reframe life challenges as opportunities for personal growth

[National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors](#)

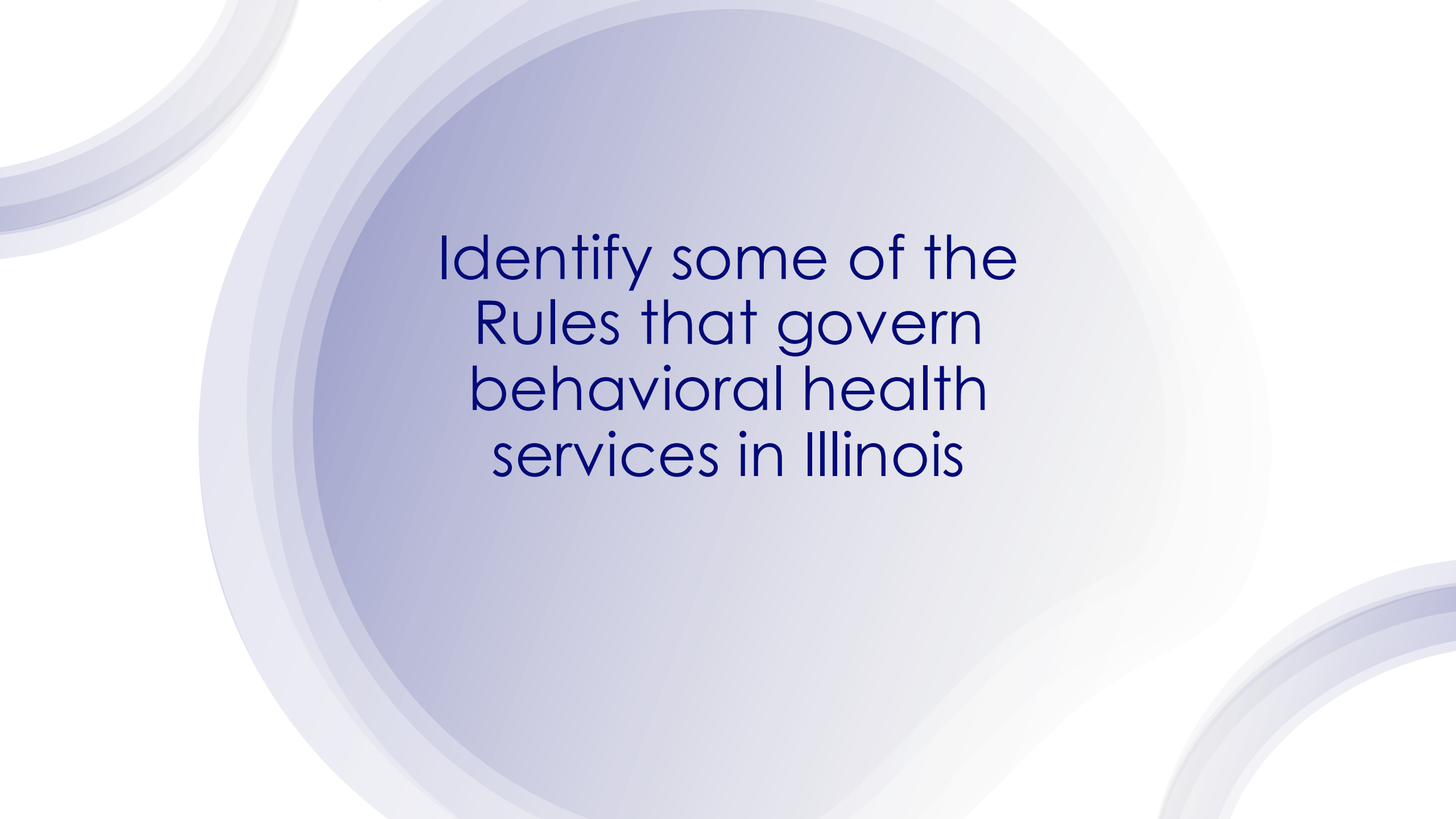


Peer Support Workers:

- Do not diagnose
- Do not evaluate or assess others
- Do not prescribe or recommend medications or monitor their use
- Do not force or coerce others to participate in services
- Do not express or exercise power over those they support
- Do not fix or do for others what they can do for themselves
- Do not assume they know exactly what the other person is feeling even if they have experienced similar challenges.

[National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors](#)





Identify some of the
Rules that govern
behavioral health
services in Illinois

Rules that Govern Behavioral Health Services in Illinois

Where do the Rules come from?

- The Rules that govern how Medicaid is administered are part of the Administrative Code approved by the **Illinois General Assembly** in accordance with **Federal Law**.
- The Illinois **Department of Healthcare and Family Services (HFS)** is the state agency responsible for administering Medicaid in Illinois.

Community Based Mental Health Rules:

- **Rule 132:** Defines and describes the process for organizations to be certified to become Certified Specialty Providers (CSP) or Certified Community Mental Health Centers (CMHC).
- **Rule 140:** Governs most aspects of the Illinois Medical Assistance Programs, including who is eligible, who can provide services, what services are covered, and how they will be paid. Sets requirements that every community-based behavioral health provider must adhere to as condition of participation in the Medicaid program. Also maintains service definitions and staff qualifications.



Identify the professional categorization
used for MH Medicaid billing

Community Based Mental
Health

Professional Categorization

Community-Based Mental Health

The professional qualifications in Rules 132 & 140 are a **tiered system**.

- To bill Medicaid, the staff person must be supervised by a person who meets a higher qualification.
- At the "top" of the system, there must be a person who meets the qualifications of a Licensed Practitioner of the Healing Arts (LPHA).

Professional Categorizations

Community-Based Mental Health, p. 1

Rules 132 & 140 define the requirements for Medicaid billing under the following professional qualifications:

- **PSW:** Peer Support Worker
 - Minimum 21-years of age
 - Delivers services from the peer perspective
 - Has individual lived experience, ore experience as a caregiver of a child, with behavioral health needs
 - Has completed Department [HFS]-approved peer support training or certification process
- **RSA:** Rehabilitative Services Associate
 - Minimum 21-years of age
 - Skilled in the delivery of rehabilitative services to children or adults

Professional Categorizations Community-Based Mental Health, p. 2

- **MHP:** Mental Health Professional
 - Meet any of the following qualifications:
 1. Bachelor's degree in the human service field (e.g., social work, psychology, rehabilitation counseling, etc.)
 2. Bachelor's degree in any field with 2 years' experience in mental health
 3. Licensed Practical Nurse (LPN)
 4. Certified Psychiatric Rehabilitation Practitioner (CPRP) with 2 years' experience in mental health
 5. Certified Recovery Support Specialist (**CRSS**)
 6. Certified Family Partnership Professional (**CFPP**)
 7. Occupational Therapy Assistant (OTA) with 1 year experience in mental health
 8. High School Diploma or GED with 5 years' experience in mental health or human services
 9. Behavioral Health Technician (BHT) with 1 year experience in mental health

Professional Categorization

Community-Based Mental Health, p. 3

- **QMHP**: Qualified Mental Health Professional
 - Registered Nurse (RN) with training in mental health or treatment of children and adolescents or one year of experience in mental health
 - Occupational Therapist (OT) with one year of experience in mental health
 - Master's or doctoral degree in relevant field (e.g., social work, psychology, counseling, family therapy, etc.) with one year of experience in mental health
- **LPHA**: Licensed Professional of the Healing Arts
 - Licensed Physician (MD, DC, etc.)
 - Advanced Practice Nurse (APN) with psychiatric specialty
 - Licensed Clinical Psychologist
 - Licensed Clinical Professional Counselor (LCPC)
 - Marriage and Family Therapist (MFT)
 - Licensed Clinical Social Worker (LCSW)

Peer Certifications Recognized in Rules 132 & 140:

CRSS, CFPP

- **CRSS**: Certified Recovery Support Specialist
 - Delivers services from the personal peer perspective
 - Has individual lived experience in mental health or co-occurring mental health and substance use recovery
 - Has completed 100 hours of specialized training in advocacy, professional responsibility, mentoring, and recovery support
 - Qualifies as an **MHP**
- **CFPP**: Certified Family Partnership Professional
 - Delivers services from the family peer perspective
 - Has experience as a caregiver of a child with behavioral health needs
 - Has completed 100 hours of specialized training in advocacy, professional responsibility, mentoring, family support and child and adolescent development
 - Qualifies as an **MHP**

Community Based Mental Health

Identify some of the MH services that are billable under
Medicaid



IMPORTANT!

- Services provided by a CRSS should align with their role, training, and ethics.
- Having a CRSS provide a service simply because it is permitted under Medicaid can lead to role confusion, reduced effectiveness, conflict among team members, blurred boundaries with other professionals, or potential harm to the individual receiving services.
- It is important that supervisors be guided by professional judgment, best practice standards, and person-centered care rather than billing rules alone.

Qualified Mental Health Services - List

Rule 140 defines the following qualified mental health services and the minimum qualifications for staff providing them:

1. Integrated Assessment and Treatment Planning (IATP)
2. Community Support Services
3. Intensive Outpatient Services
4. Medication Administration
5. Medication Training
6. Psychosocial Rehabilitation (PSR)
7. Therapy/Counseling
8. Crisis Services (3 services)
9. Assertive Community Treatment (ACT)
10. Community Support Team (CST)
11. Violence Prevention – Community Support Team (VP-CST)
12. Targeted Case Management (3 services)



Qualified Mental Health Services, p. 1

1. Integrated Assessment and Treatment Planning (**IATP**):
 - Clinical assessment activities
 - By an **MHP** or **QMHP** under the supervision of an LPHA
2. Community Support Services:
 - Interventions designed to facilitate illness self-management, identification and use of natural supports, and skill building
 - By an **RSA, MHP, QMHP, LPHA**
3. Intensive Outpatient (IO) Services:
 - Scheduled group therapeutic sessions made available for at least four hours per day, five days per week, for individuals at risk of, or with a history of, psychiatric hospitalization
 - By a **QMHP**

Qualified Mental Health Services, p. 2

4. Medication Administration:

- Preparing the individual and the medication for administration and observing the individual for possible adverse reactions
- By a **Licensed MD, APN, RN, or LPN**

5. Medication Training:

- Observation, evaluation and discussion of target symptoms responses, adverse effects, laboratory results, tardive dyskinesia screens, and new target symptoms or medications
- By an **RSA, MHP, QMHP, LPHA**

Qualified Mental Health Services, p. 3

6. Psychosocial Rehabilitation (PSR):

- Individual or group rehabilitative therapy designed to increase abilities and resources necessary for community living, socialization, work and recovery
- By an **RSA, MHP, QMHP, LPHA**

7. Therapy/Counseling:

- Interventions based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral or psychological changes
- By an **MHP, QMHP, LPHA**

Qualified Mental Health Services, p. 4

8. Crisis Services: Short-term, time-limited interventions that may be provided prior to, or without, an established IATP

- Crisis Intervention:
 - Immediate intensive intervention to achieve crisis symptom reduction and stabilization
 - By a **QMHP, LPHA or MHP** with immediate access to a QMHP
- Mobile Crisis Response (MCR):
 - Mobile response to the location of the client
 - Intervention to achieve crisis symptom reduction, stabilization, and restoration of the client to a previous level of functioning, establishing support for the client's caregivers when applicable, mitigating the crisis event
 - By a **team** trained in crisis de-escalation techniques, led by a **QMHP, LPHA or MHP** with immediate access to a QMHP and at least one other individual meeting any of the professional qualifications in Rule 140
- Crisis Stabilization:
 - Immediately following an MCR event
 - Designed to prevent additional behavioral health crises from occurring
 - Strengths-based, individualized, direct supports on a one-on-one basis to clients in the home or community setting
 - By an **MHP**, with immediate access to a QMHP, trained in crisis intervention techniques

Qualified Mental Health Services, p. 5

9. Assertive Community Treatment (ACT):

- Integrated crisis, treatment and rehabilitative supports provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and substance use disorders
- By a **team led** by either an LPHA; LSW or LPC with 2 years' experience; or RN or OT with 1 year experience
- **At least one** of whom is either a **CRSS** or **CFPP** or able to obtain certification within 18 months after date of hire

10. Community Support Team (CST):

- Mental health rehabilitation services and supports to decrease hospitalization and crisis episodes and to increase community functioning in order for the individual to achieve rehabilitative, resiliency and recovery goal
- By a **team led** by a **QMHP**
- **At least one** of whom is either a **CRSS** or **CFPP** or able to obtain certification within 18 months after date of hire

11. Violence Prevention-Community Support Team (VP-CST):

- Trauma-informed therapeutic interventions and supports focused on reducing traumatic stress symptoms and increasing community functioning for individuals who have experienced chronic exposure to firearm violence
- By a **team** overseen by a **QMHP**
- By staff who meet the qualifications of a **PSW, RSA, MHP, QMHP, or LPHA**

Qualified Mental Health Services, p. 6

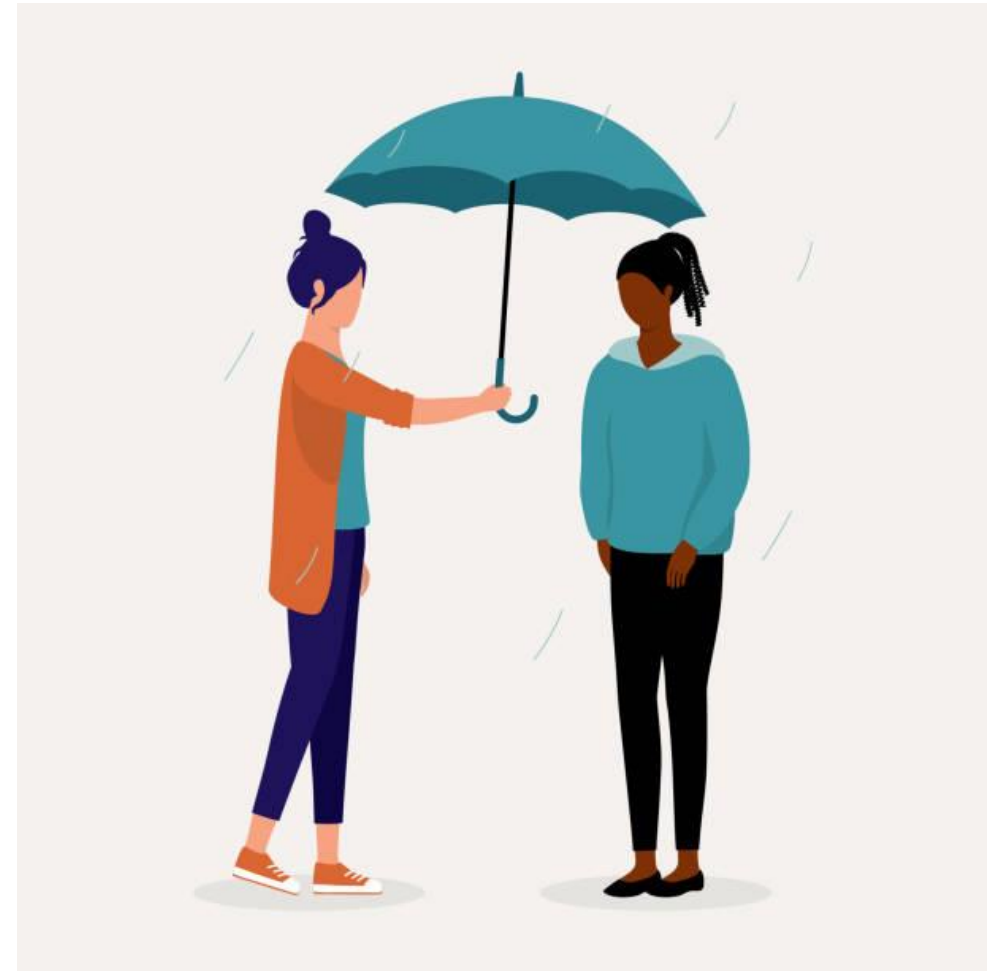
12. Targeted Case Management (TCM):

- Client-centered Consultation Case Management:
 - Client-specific professional communications among or between provider staff who are involved with service provision to the individual
 - By an **RSA, MHP, QMHP or LPHA**
- Mental Health Case Management Services:
 - Assessment, planning, coordination and advocacy services
 - For individuals who need assistance with behavioral health, physical health, social, vocational, educational, housing, public income entitlements and other community services
 - By an **RSA, MHP, QMHP or LPHA**
- Transition Linkage and Aftercare Case Management:
 - Assist in an effective transition in living arrangements including discharge from institutional settings, transition to adult services, and assisting the individual or the individual's family or caretaker with the transition.
 - By an **MHP, QMHP or LPHA**

Although CRSS's are MHP's, and Rule 140 allows MHP's to provide many different services, a CRSS *should* only be providing non-clinical services, peer-based services.

When assigning tasks to a CRSS, ask yourself...

1. Does it align with the Core Values of Peer Support?
2. Does it align with the National Practice Guidelines for Peer Specialists?
3. Does it align with the CRSS Code of Ethics?




Practical and Billable Tasks for Recovery Support Specialists

- Support an individual in developing SMART Goals
- Support an individual in developing a safety plan during crisis intervention
- Assist an individual with applying for SSDI (Social Security Disability Insurance)
- Accompany an individual to medical appointments
- Help an individual create shopping list for a healthier lifestyle and accompany them to the grocery store
- Practice self-advocacy skills with individuals who may need to request accommodations at their work or school
- Meet with an individual to discuss boundaries with staff and others
- Offer to share a relevant portion of their recovery story

Practical and Billable Tasks for Recovery Support Specialists

- Support an individual to contact their provider to discuss concerns with their medication.
- Organize and lead peer support groups including WRAP® (Wellness Recovery Action Plan)
- Host a support group for family members of individuals in recovery
- Assist an individual in completing a Psychiatric Advanced Directive (PAD) following a recent hospitalization
- Assist an individual with literacy challenges with completing a housing application
- Review and practice coping skills with individuals experiencing mental health and/or substance use challenges
- Review and provide individuals information on local support and resources available to support their wellness



Develop supervision
strategies to assist peer
staff in maintaining
fidelity to the peer role

Assist peer staff to maintain fidelity to the peer role

- Use the 3-part anchor:



Lived experience: *"Been there, done that."*

Lived expertise: *"Been there, learned that."*

Reducing & redirecting peer role drift

Encourage recovery support professionals to always look through their 'peer lenses'

Adapt workplace culture to include *meaningful* peer involvement at all levels

Stick to the Core Values (NAPS) and Competencies (SAMHSA) of Peer Support

Make sure all staff know what is included in their roles and the roles of their teammates



Reducing & redirecting peer role drift

- **Warning signs**
 - Use of clinical or stigmatizing language (symptoms, diagnoses, etc.)
 - Being assigned tasks outside of legitimate job duties
 - Being left out of important meetings (or not speaking up)
 - Pressuring participants to follow team recommendations
- **Might not even notice it until it has already happened – what then?**
 - Quality peer-led training (not just for the peers!)
 - Peers in leadership roles
 - Transparency
 - Recovery-oriented organizational culture
 - Advocacy (self and otherwise)

Guidelines for Questions and Comments

- Use Person-First Language
- If you use an acronym, please let the audience know what it stands for
- Keep an open mind about varying perspectives
- Questions and Comments Will Be Relevant to Today's Topic



Guidelines continued

- Use raise hand feature
- One question or comment per person, no more than two minutes each.
- Conclude with “thank you”



Q & A Session

- Use raise hand feature to ask a question or make a comment.
- Wait to be called on and your line unmuted
- Use the hand feature again to lower your hand



Thank You! CRSS/CPRS Supervisor Training Work Group Volunteers!

- Jacob Bradshaw, Illinois Mental Health Collaborative
- Lisa Donnelly, NAMI Metro Suburban
- Suzanne Favors, Ecker Center
- Trenda Hedges, Peer Power, Inc.
- Sean Johnson, University of Illinois at Chicago
- Dana Norris, NAMI Chicago
- Bryn Slager, Sinissippi Centers



More information

Illinois Certification Board:
www.iaodapca.org

DHS DBHR Recovery Support Services
www.dhs.state.il.us



DBHR Wellness & Recovery Support Services

Contact the DBHR WRS Team at:

DHS.DBHR.RecoveryServices@illinois.gov



Thank You!



CRSS/CPRS Supervisor Quarterly Learning Collaboration

February 5, 2026

1:00 PM- 2:00 PM