CRSS/CPRS Supervisor Training Q & A

Understanding Medicaid Rules and the Roles of Peer Support Workers

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Webex webinar recording: https://illinois.webex.com/illinois/ldr.php?RCID=343492596808a508b55fd137fce3b032

(1) Does a peer specialist need to do a treatment plan with these services?

A: The individual receiving service must HAVE a treatment plan, and any services provided for that person must be listed on the treatment plan in order for a peer specialist to bill for that service. However, the peer specialist should not be the person completing the treatment plan as it is misaligned with their role.

(2) Is there a reason with Medicaid billing why a CPRS cannot do a group service meeting with a group of people in recovery and providing support?

A: Yes. The reason is that right now the authorization for **CPRS billing in substance use Medicaid is only for individuals. CPRS cannot currently bill for anything in mental health Medicaid.** Hopefully, we will see changes to this in the future.

(3) Can I set up an LLC to bill Medicaid, or do I need a clinical professional?

A: 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). None of the professional qualifications are sufficient to bill Medicaid without a higher-level staff person supervising and signing off on the services. Refer to slides 13-18.

(4) What if a staff member is a QMHP and a CRSS? How would that effect the Medicaid billing they are expected/allowed to do?

A: An individual should bill for the services that they provide in accordance with the role they are in. You may bill for services as a QMHP when the service meets all clinical requirements and you are performing clinical functions. Since a CRSS is considered an MHP, they may bill under that professional category. As stated during the training, just because Medicaid considers a CRSS and MHP which **allows** them to bill for certain services, this does not mean that they **should** provide those services.

(5) I have a question from a slide near the end regarding Peer Role Drift - so if a client is discussing symptoms they are experiencing, does this mean a peer support specialist should not be discussing those symptoms with them?

A: A peer support specialist may share relevant lived experience when appropriate which may include what symptoms they experienced when facing mental health or substance use health challenges.

For example, an individual shares their symptoms of depression with a peer specialist who is also living with or has experienced depression in the past. The client states that they feel “alone” and as if “no one else feels the same.” The peer specialist may respond by validating the individual’s experience and sharing similar symptoms they may have had with their depression. This may be followed by a conversation about developing effective coping skills to manage symptoms. It is important that peer specialists only share lived experience that is relevant and that may offer an individual hope while navigating their recovery.

(6) Would a CRSS filling out incident reports and/or assisting with discharge paperwork go against the code of ethics in any way?

A: Incident Reports

A CRSS may need to complete or assist in completing an incident report when they have witnessed or were involved in an incident with an individual receiving services per agency policy. It is important that a CRSS understands the incident report policy and the role they may have in completing these reports. A supervisor should always review incident reports completed by a CRSS and complete any clinical sections that may be included. During this process, the CRSS should not:

- Make clinical judgments (risk level, intent, diagnosis)
- Determine fault, cause, or responsibility
- Recommend disciplinary or clinical action
- Complete reports used as clinical assessments
- Write conclusions about treatment compliance or readiness
- Act as the sole or final reporter in situations requiring clinical authority

A: Discharging Individuals from Treatment

Discharging individuals from treatment services is a clinical process. **A CRSS should not:**

- Make or document clinical judgments about readiness for discharge
- Determine whether treatment goals were “met”
- Sign off on discharge summaries or treatment outcomes
- Complete sections requiring diagnosis, medical necessity, or risk assessment
- Act as the final authority in the discharge decision

During the discharge process a **CRSS may**:

- Support the individual in understanding the discharge process
- Help the person identify post-discharge goals and supports

- Assist with resource navigation (housing, peer support groups, benefits, community supports)
- Help the individual express their own recovery goals in their own words
- Complete peer-specific sections of a discharge plan *if clearly labeled*
- Document peer services provided (e.g., transition planning support)
- Participate as part of a team-based discharge process, without authority

(7) Is there a requirement on how long it takes to get a peer to be credentialed? I thought I saw one year. However, that seems very hard to achieve.

A: Unfortunately, there is not one single answer to this question due to the fact that it currently differs from program to program. We are hopeful some of those differences will be better aligned with future updates to the Rules, but for now, these are the various program requirements:

(1) Assertive Community Treatment (ACT): "A person with lived experience may be included on a team that does not have a CRSS or CFPP if he/she obtains certification within 18 months after his/her date of hire" (Rule 140.453)
(2) Community Support Team (CST): "Demonstration that the team includes at least one Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP) as a team member." (no time allowance) (Rule 132.145)
(3) Mobile Crisis Response Teams (590 Grant): "Grantees must employ individuals with lived experience as Engagement Specialists (ES) who are capable of obtaining the Certified Recovery Support Specialist (CRSS) credential within one year of date of hire and/or must employ individuals with unique personal experience in their own recovery who are capable of obtaining the Certified Peer Recovery Specialists (CPRS) credential within one year of date of hire."

For programs billing Medicaid, there is NO flexibility in the length of time allowed beyond what is stated in the Administrative Rules. For Grant-

based programs, additional flexibility can be authorized by the DBHR Program Manager (which differs by program).

Also, there is no pre-established timeframe for how long it takes a person to obtain certification. The time will vary for each individual. For additional information on the two pathways to certification, see CRSS & CPRS Credential Process and Certified Recovery Support Specialist (CRSS) Success Program FAQ.

We encourage supervisors to attend our CRSS/CPRS Orientations to learn more about the certification process**. Our next orientation will be held on February 18, 2026, 10:00 AM- 12:00 PM.**

Click the link to register:
https://illinois.webex.com/weblink/register/r66b093d92bf6f69b3884ae72a552f18d

(8) Forgive me if I missed this but is there a website location where we can quickly see an easy review of services which are fully reimbursable with Medicaid?

A: These websites may help.

Community Mental Health Providers (CMHP) Community Mental Health Services Fee Schedule

https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/cmhp.html

Substance Use Prevention and Recovery (SUPR) Fee Schedule

https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/suprfeeschedule.html

Additional Resources

Rule 132

https://www.ilga.gov/agencies/JCAR/EntirePart?titlepart=05900132

Rule 140
https://www.ilga.gov/commission/jcar/admincode/089/089001400D04530R.html

National Practice Guidelines for Peer Specialists and Supervisors

https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf