Recovery Support Navigator

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications.

Recovery Support Navigator (RSN) services are staffed by paraprofessionals that provide care management and system navigation supports to Members with a diagnosis of substance use disorder and/or co-occurring mental health disorders. The purpose of Recovery Support Navigation services is to engage Members as they present in the treatment system and support them in accessing treatment services and community resources.

Members can access RSN services based on medical necessity and/or a referral by a medical or behavioral health provider, or other care manager, that has contact with the Member and is able to identify the need for RSN services.

RSN services are appropriate for Members with substance use disorder and/or co-occurring disorders who are in need of additional support in remaining engaged in treatment; identifying and accessing treatment and recovery resources in the community including prescribers for addiction and psychiatric medications; and/or developing and implementing personal goals and objectives around treatment and recovery from addiction and/or co-occurring disorders.

The RSN explores treatment recovery options with the Member, helps clarify goals and strategies, provides education and resources, and assists Members in accessing treatment and community supports. RSN is not responsible for a Member's comprehensive care plan, or medical or clinical service delivery, but supports the Member in accessing those services and participates as part of the overall care team when appropriate.

The Recovery Support Navigator service is based within a DPH Licensed Behavioral Health Outpatient Clinic or an Opioid Treatment Program. Recovery Support Navigators can be deployed to any setting.

Components of Service

1. Developing a set of goals and objectives in conjunction with the Member, based on needs identified by the Member and/or any care plans that exist for the Member.
2. Identifying whether the Member has a comprehensive care plan in place and a current provider responsible for implementing the care plan. This includes but is not limited to primary behavioral health therapist, Residential Rehabilitation Services (RRS) program counselor, primary care provider (PCP) and/or primary care team (PCT). If the Member consents, ensuring coordination and communication with that provider and tailoring activities to the needs in the care plan.

3. Connecting the Member with providers able to develop and implement a comprehensive care plan if the Member does not have any such relationship. Such entities could include a PCP and/or PCT, prescribing psychiatrist, behavioral health therapist, residential program, and/or addiction pharmacotherapy providers.
4. Supporting the Member in understanding the treatment options available to them, including 24-hour programs, outpatient options, and all FDA approved options for addiction pharmacotherapy.
5. Providing information about, and facilitating access to, community and recovery supports, including supports for families/caregivers.
6. Assisting the Member in accessing treatment services including, but not limited to:
   a. Facilitating warm hand-offs to programs by maintaining relationships with addiction providers within the Member's geographic area; and
   b. Navigating insurance issues with Members, including identify and explaining in-network and out-of-network providers and advocating with providers and plans on the Member's behalf.
7. Providing temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources.
8. Delivering services on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of such a setting are a Member's home, an inpatient or diversionary unit, or a day program.
9. Provide linguistically appropriate and culturally sensitive recovery support navigation that embraces the diversity of people's identities that include racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges and their chosen pathway to recovery.

Staffing Requirements

1. The RSN must be a bachelor-level paraprofessional and at a minimum, must have a bachelor's degree in social work, psychology or a related field. Those organizations who employ RSNs who do not meet these criteria may apply for a waiver for such staff person(s).
2. RSN staff are supervised by a licensed, master's-level clinician with training and experience in providing support services to adults with addiction and/or co-occurring disorders. Supervision includes Member- specific supervision, as well as a review of the Member's treatment plan and goals.
3. RSNs must possess sufficient knowledge and understanding about treatment and recovery from substance use disorders to fulfill the required activities in the Components of Service section. This includes, but is not limited to, an understanding of addiction services available for MassHealth Members, and resources available in the geographic area where they will serve Members.
4. The RSN is employed by a larger organization that provides mental health or addiction services and is licensed within the Commonwealth of Massachusetts.

5. Organizations employing RSNs must ensure that RSN staff receive documented, annual training to enhance and broaden their skills. The training topics include but are not limited to:
   a. Common diagnoses across medical and behavioral health care;
   b. Motivational interviewing and other engagement and outreach skills and strategies;
   c. Service coordination skills and strategies;
   d. Behavioral health and medical services, community resources and natural supports;
   e. Insurance literacy;
   f. Principles of recovery and wellness;
   g. Cultural competence;
   h. Managing professional relationships with Members including but not limited to boundaries, confidentiality, and peers as RSN workers; and
   i. Service termination.

Service, Community, and Collateral Linkages

1. The provider employing the Recovery Support Navigator maintains written affiliation agreements, which may include Qualified Service Organization Agreements (QSOAs), Memorandums of Understanding (MOUs), Business Associates Agreements (BAAs) or other linkage agreements, with local providers of these levels of care that refer a high volume of Members to its program and/or to which the program refers a high volume of Members. Such agreements include the referral process, coordination of care planning and activities, as well as transition, aftercare, and discharge processes.
2. Organizations that employ Recovery Support Navigators are expected to have affiliation agreements with a wide variety of organizations, including behavioral health, medical, and non-medical service settings including, but not limited to:
   a. Addiction Services
      i. Non-24-hour addiction treatment
         - Structured Outpatient Addiction Programs (SOAPs)
         - Substance use disorder outpatient clinics
         - Opioid Treatment Programs
      ii. 24-hour Addition Treatment
         - Acute Treatment Services (ATS) (Level 3.7)
         - Clinical Stabilization Services (CSS) (Level 3.5)
         - Transitional Support Services (TSS) (Level 3.1)
         - Residential Rehabilitation Services (RRS) (Level 3.1)
   b. Other Behavioral Health
      i. Emergency Services Programs (ESPs)
      ii. Licensed mental health centers
      iii. Partial Hospitalization Programs
   c. Medical settings
      i. Emergency departments (EDs)
      ii. Primary care practices

iii. Hospital settings
iv. OB/GYN practices
v. Community health centers

d. Other settings
i. Criminal justice programs
ii. Specialty drug courts
iii. Faith-based organizations
iv. Recovery support centers
v. Supportive/sober housing

Process Specifications

Assessment, Treatment/Recovery Planning and Documentation

1. The RSN works with the Member to develop a set of goals and objectives that guide the activities of the RSN services. If a Member has a care plan, such goals and objectives must be consistent and supportive of the overall care plan.
2. The goals and objectives will be used for documentation for clinical review and medical necessity.