



Commission on Medicaid Packet

Colorado Peer and Family Specialist Workforce Briefing

Data • Credentialing • Grievances & Accountability

• Policy • Workforce Development

Prepared for the Colorado Commission on Medicaid

Colorado Providers Association | Certified Peer and Family Specialist Credential

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Executive Summary

Colorado's Peer and Family Specialist (CPFS) workforce brings lived experience, connection, and practical recovery support to the behavioral health continuum. This report brings together credentialing data, workforce demographics, stakeholder findings, grievance records, and policies governing peer practice to inform the Commission's consideration of existing peer service funding and access.

The Colorado Providers Association's (COPA's) records show substantial growth in credentialing, connecting more professionals to formal training, supervision, ethical standards, and accountability. Available demographic and compensation data provide an overview of workforce participation and sustainability. Continued evaluation is needed to understand employment, geographic access, and workforce needs statewide.

Grievance records identify concerns that require training, supervision, and oversight. COPA has an established process for addressing credentialing eligibility and ethical conduct within its authority. Concerns outside that authority require action by other oversight entities, such as improper Medicaid billing, but inconsistent communication about referrals and outcomes limits COPA's ability to track their resolution.

The Department of Healthcare and Policy Financing (HCPF)'s reimbursement policies, the Behavioral Health Administration (BHA)'s rules and regulations, and COPA's credentialing standards each contribute to accountability. When working in partnership, new policies can be implemented and evaluated to ensure they protect people who receive services, while preserving access to appropriate peer support.

COPA urges the Commission to protect existing peer service funding while supporting accessible credentialing, effective supervision, sustainable career pathways, and consistent follow-through on reported concerns.

Colorado Peer and Family Specialist Data

Colorado's CPFS workforce brings lived experience into behavioral health services. This helps people and families navigate care, build connections, and pursue recovery. Understanding this workforce requires information about both the number of credentialed professionals and the communities, populations, and settings they serve.

This section presents current credential counts, application trends, demographic distribution, credentialing requirements, and renewal activity.

CPFS Credentialing Requirements

The CPFS credential recognizes lived experience alongside demonstrated professional preparation. These requirements give the Commission a clearer understanding of the preparation behind the CPFS credential and the infrastructure needed to sustain the workforce.

To become credentialed, applicants must complete 60 hours of peer-focused training, at least 500 hours of peer work experience over at least six months, and 25 hours of supervision.

Applicants must also document their eligibility and lived experience, agree to COPA's ethical standards, receive approval from the CPFS Credential Committee, and pass the IC&RC Peer Recovery exam. Maintaining the credential requires renewal every two years and 30 hours of continuing education, including six hours of peer-focused ethics.

Lived experience is central to the credential. Applicants may bring personal experience with a mental health or substance use condition, or experience as a primary caregiver for someone with such a condition. The manual establishes a minimum of two years in recovery. Applicants must also document their education through a high school diploma or equivalent, or a college transcript, and live or work in Colorado at least 51% of the time when applying.

Through a written lived experience statement, applicants explain their recovery experience, how they maintain their own recovery, and how they will use their experience and learned skills to support others. This process emphasizes purposeful use of lived experience in a professional role, without requiring excessive personal disclosure. It also reinforces that providing peer services does not replace maintaining one's own recovery.

Training and Supervised Practice

The 60-hour training requirement prepares applicants to practice within the responsibilities and boundaries of peer support. Under the standards in effect before January 2027, training includes 10 hours each in advocacy, mentoring and education, and recovery and wellness support; 16 hours in ethics; and 14 hours of additional peer-focused training. These standards will be updated in 2027, per the International Certification and Reciprocity Consortium (IC&RC).

Training must meet COPA's requirements and be supported by completion certificates. Courses outside the approved list require justification and review. Clinical training, QBHA coursework, and general coaching programs are not specific to the peer role and are not approved. Initial training and experience must fall within the five years preceding readiness for committee review.

Peer supervisors attesting to the applicants experience and supervision hours must have at least two years of behavioral health experience and either hold a relevant credential, license, certification, or degree, or complete approved peer supervisor training. They must document their qualifications and provide supervision consistent with peer recovery principles. See the Peer Recovery Supervisor Credential section for more information.

Organizations providing the experience must maintain a grievance policy aligned with COPA's ethical standards.

Review and Examination

Applicants submit educational records, training certificates, supervisor verification, a lived experience statement, and an eligibility and professional conduct questionnaire. They must also agree to COPA's Code of Ethical Conduct and Release Statement.

After committee approval, applicants must pass the IC&RC Peer Recovery exam, which assesses competencies in advocacy, ethical responsibility, mentoring and education, recovery and wellness support, and harm reduction. Applicants have one year from committee approval to take the exam. An unsuccessful attempt requires a 90-day waiting period before another attempt. COPA issues the credential after the exam is passed and any remaining documentation requirements are satisfied.

Continuing Education and Renewal

The CPFS credential is valid for two years. Renewal requires 30 hours of continuing education: 24 hours of general peer-focused training, and six hours of peer-focused ethics. Credential holders must explain how the training contributed to their professional growth, which credential domains it addressed, and how it applies to their work.

Renewal allows a broader range of training formats than initial credentialing, including documented self-paced learning. Up to four general continuing education hours may consist of clinical training directly applicable to the peer role, subject to justification and approval. Clinical ethics training does not satisfy the peer ethics requirement.

Credential holders must complete an updated application, document their continuing education, reaffirm their ethical commitments, and receive committee approval. Routine renewal does not require repeating the initial 500 hours of experience or retaking the examination. Renewal applications must be submitted at least 30 days before expiration.

Ongoing Ethical Accountability

Professional accountability continues throughout the credential period. COPA's Code of Ethical Conduct and Release Statement establishes enforceable expectations for how credentialed peers represent their qualifications, protects people who receive services, and responds to concerns about professional conduct. Applicants and credential holders agree to these standards as a condition of credentialing and renewal.

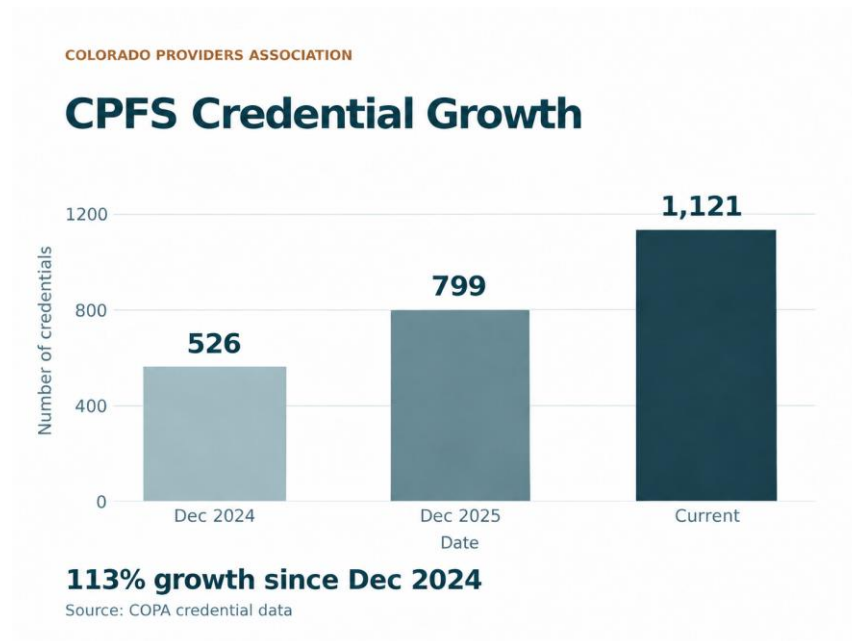
Protecting peer relationships is a central responsibility. The code prohibits romantic or sexual contact with current and former service recipients, including contact described as consensual. It also prohibits providing recovery services to someone with whom the professional has had a prior romantic or sexual relationship. These protections recognize the potential for harm and exploitation within a professional support relationship.

Credentialing Growth and Medicaid Policy

In partnership with COPA, HCPF implemented a policy connecting Medicaid reimbursement for peer services to professional certification. This policy went into effect on January 1, 2026.

Peer Support Professionals must either be certified, or work toward certification, for the services they deliver to be reimbursable by a Regional Accountable Entity (RAE). Agencies must confirm annually that their peer workforce meets these requirements.

COPA's credential records show substantial growth across this policy transition. The number of CPFS credentials that had not expired increased from 526 in December 2024 to 799 in December 2025, reaching 1,121 as of October 5, 2026. This represents an increase of 595 unexpired credentials, or approximately 113%, compared with December 2024.



This growth occurred during the period surrounding the policy's announcement and implementation. It reflects increased participation in the credentialing system, although the counts alone cannot establish how much of that change resulted from the policy. Experienced peers obtaining formal recognition, new professionals completing credential requirements, and existing credential holders maintaining their credentials may all contribute to the totals.

Credentialing growth should not be interpreted as an equivalent increase in the number of people employed in peer roles. A credential count does not establish whether a professional is currently working, how many hours they work, where they deliver services, or which populations they serve.

Connecting application, credentialing, renewal, and employment data will provide a more complete picture of workforce capacity and help identify where additional training, supervision, and credentialing support are needed. Current funding from the Attorney General to continue evaluation, support from the state departments and other funders will allow us to share data, understand workforce progression, and understand gaps and opportunities.

Strengthening Professional Accountability

Before this policy, Medicaid reimbursement was not consistently tied to verification of a peer professional's certification status. This created a gap between paying for peer services and confirming that the individual delivering those services had met the requirements of a recognized credential.

Connecting reimbursement to credentialing strengthens the ability to verify professional preparation and connect practitioners to established ethical standards and credentialing accountability processes. It also creates a clearer expectation for employers to support staff through the credentialing process.

COPA maintains a public-facing credential registry where employers, state departments, funders, and members of the public can verify an individual's credential status. The registry supports hiring decisions, oversight, and funding accountability by providing a way to confirm that a professional holds a current COPA-issued credential.

Credentialing is one part of this infrastructure. Effective supervision, clear job responsibilities, appropriate billing practices, and accessible grievance processes are necessary to protect the people who receive services and support the professionals delivering them.

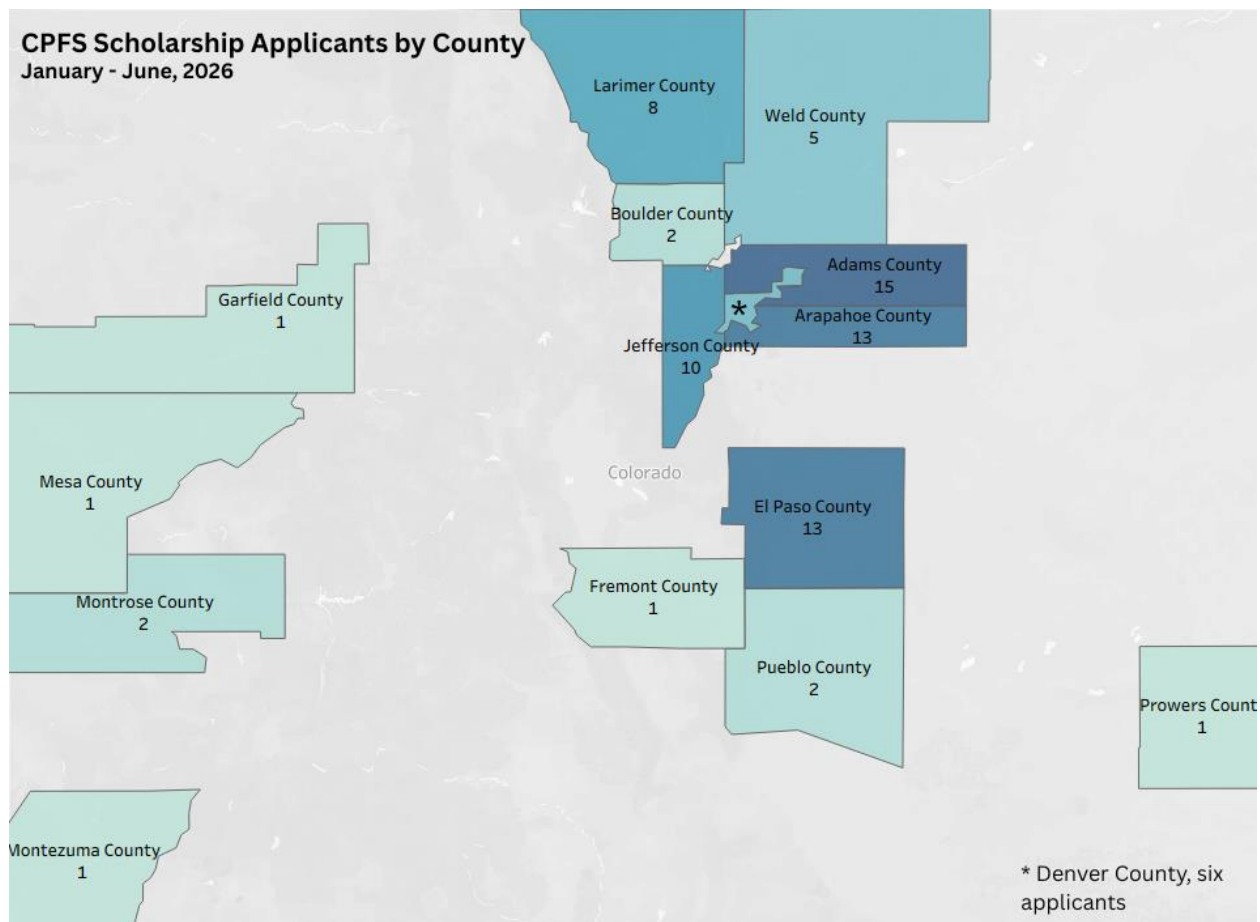
Demographic Distribution and Access

Understanding Colorado's CPFS workforce requires looking beyond credential counts to consider who peers are, where they live, and the communities they serve. Geographic location, race and ethnicity, gender, and veteran status provide useful context for examining representation and access to workforce opportunities. These characteristics can also offer points of connection between peers and people receiving support, alongside shared lived experience and each person's individual preferences.

The findings below draw primarily from 83 scholarship application records collected from January through June 2026, with additional context from the [2024 Stakeholder Engagement Report](#). These sources provide an initial view of people seeking credentialing support and the barriers stakeholders have described. These data do not represent the full CPFS workforce, only those requesting financial support. Applicants' county of residence may differ from where they provide services.

COPA is using these findings to guide outreach and identify opportunities to expand access to training, supervision, and credentialing. With funding from the Colorado Attorney General's Office, COPA is continuing the evaluation conducted in 2024. COPA aims to develop a more

complete understanding of workforce representation, geographic distribution, and the support needed to sustain peers across Colorado.

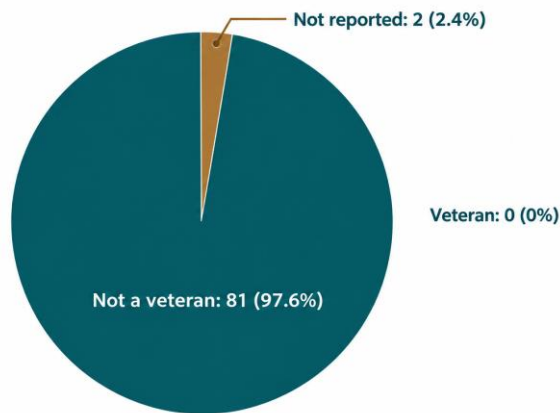


The 2026 scholarship application records include residents of 15 Colorado counties, with the largest numbers reported on the front range in Adams, Arapahoe, El Paso, Jefferson, and Larimer counties. The 2024 Stakeholder Engagement Report adds context through stakeholder accounts of rural challenges, including limited access to supervision, fewer career advancement opportunities, and difficulty recruiting peers.

These sources do not represent the full peer workforce, and counties absent from the scholarship data should not be interpreted as having no peers. Scholarship applicants may be entering the workforce or seeking initial certification or renewal, and their county of residence does not necessarily identify where they provide services.

Veteran Status in 2026 Scholarship Applications

January–June 2026 | 83 application records



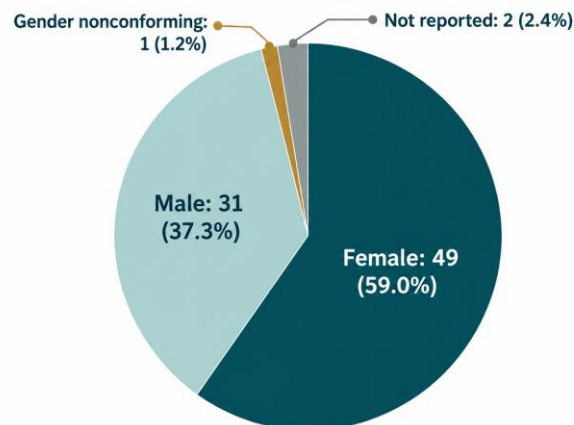
Source: COPA scholarship records.
Counts represent application records, not unique workforce members.

79 out of 81 applicants responded to the veteran question. None identified as a veteran.

This finding describes the scholarship sample and does not establish that veterans are absent from Colorado’s peer workforce. These data are helping COPA develop work plans with veteran-specific providers to increase access to training, supervision, and credentialing support for peers who may be working without a credential or adequate professional support. Continued evaluation will help clarify veteran representation and guide these efforts.

Gender Distribution in 2026 Scholarship Applications

January–June 2026 | 83 application records

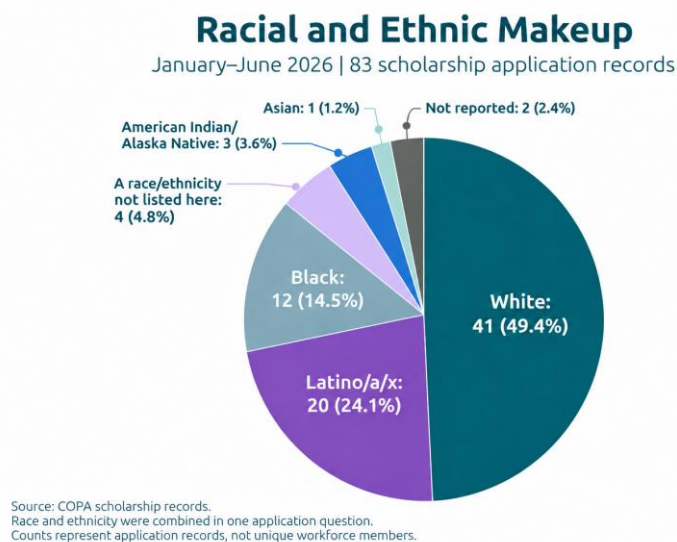


Source: COPA scholarship records.
Counts represent application records, not unique workforce members.

The scholarship data reflect gender diversity among applicants, including people identifying as female, male, and gender nonconforming. Among the 81 records with reported gender information, 60.5% identified as female, 38.3% as male, and 1.2% as gender nonconforming.

Gender representation matters because people receiving peer support may feel more comfortable discussing sensitive experiences with someone who understands how gender shapes their lives, relationships, and recovery. A diverse peer workforce offers more opportunities for that connection while respecting each person's preferences and individual needs.

These findings provide a partial view of people seeking support for credentialing and renewal. COPA's continued evaluation will help identify who is represented in the broader CPFS workforce and where outreach, training, and professional support can expand opportunities for participation.



The scholarship data reflect racial and ethnic diversity among applicants, including White, Latino/a/x, Black, American Indian/Alaskan Native, Asian, and other racial or ethnic identities. 49.4% of the 81 application records selected a category other than White.

For context, Latino/a/x applicants accounted for 24.7% of reported responses, close to the U.S. Census Bureau's estimate that 24.1% of Colorado residents identify as Hispanic or Latino. Black applicants accounted for 14.8% of responses, compared with 4.9% of Colorado residents identifying as Black alone. These comparisons provide context rather than an exact measure of workforce representation: the scholarship application combines race and ethnicity in one question, while Census data treat Hispanic or Latino ethnicity separately from race.

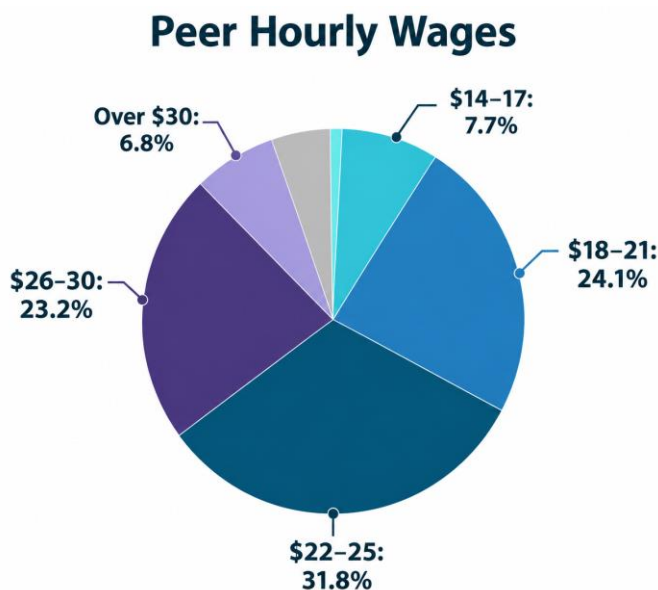
Representation matters because culture, identity, and experiences of discrimination can shape how people seek support and experience behavioral health services. A diverse peer workforce can create more opportunities for people to connect with someone who understands these experiences alongside their recovery journey. Shared identity can support connection while each person's preferences, needs, and lived experience remain central.

These findings describe a limited scholarship sample and do not establish the racial and ethnic makeup of the full CPFS workforce. COPA's continued evaluation will help identify who is represented, where barriers to credentialing and employment remain, and how outreach, training, and supervision can support a workforce responsive to Colorado's communities.

Peer Compensation and Workforce Sustainability

Compensation affects whether peers can enter the workforce, remain in their roles, and build sustainable careers. The 2024 Stakeholder Engagement Report provides a historical snapshot of reported hourly wages among survey respondents.

The largest share, 31.8%, reported earning \$22–\$25 per hour, followed by 24.1% earning \$18–\$21. Together, these groups accounted for 55.9% of respondents. Another 23.2% reported earning \$26–\$30, 6.8% reported earning more than \$30, and 7.7% reported earning \$14–\$17.



These figures describe survey respondents in 2024 and should not be presented as current wages or a statewide average. Since that evaluation, COPA has observed higher anecdotal compensation alongside the growth of contract peer arrangements. COPA has also identified concerns about possible peer brokering and exploitation. These observations warrant further

evaluation to understand how compensation, employment arrangements, and working conditions have changed.

COPA's continued evaluation will help distinguish sustainable compensation and career opportunities from arrangements that may expose peers or people receiving services to exploitation. For the Commission, this information can inform how existing peer service funding supports fair compensation, appropriate supervision, and continued access to services.

The code also addresses financial exploitation and conflicts of interest. Credentialed peers may not solicit gifts or favors, accept gifts of significant value, misappropriate property, or promote products or services to recipients for personal gain. They may not offer, give, or receive commissions, rebates, or other compensation for referrals. These requirements are particularly relevant to concerns about peer brokering and arrangements that place financial incentives ahead of the interests of people receiving support.

Honesty and accurate documentation are essential to accountable practice. Credentialed professionals may not misrepresent their education, experience, credentials, or qualifications, assist others in submitting false credentialing materials, or issue statements they know or should know are misleading. The code prohibits falsifying service records, knowingly entering incorrect information, and failing to make timely essential entries. These standards support the integrity of service documentation and provide a basis for examining concerns about services being misrepresented.

Credential holders must protect confidential information and obtain appropriate written consent before disclosure, except where disclosure is authorized or required by law. Photographs, names, records, and information about services may not be published or shared without the required releases. When reporting suspected abuse, neglect, or exploitation, professionals must disclose only the confidential information necessary for that purpose.

Competent practice includes recognizing the limits of the peer role. Credentialed peers must work within their training, expertise, and competence, seek consultation or make appropriate referrals when needs fall outside those limits, and avoid referring people to providers they know or should know are unqualified. They must also arrange appropriate closure when ending services rather than abandoning the person receiving support.

The code prohibits discrimination, including discrimination based on race, sex, sexual orientation, disability, socioeconomic status, or pathway to recovery. It requires safe, purposeful sharing of lived experience that offers hope and supports the recipient's recovery. Credential holders must maintain their own well-being and seek treatment when a health

condition interferes with professional functioning. When such a condition prevents competent practice, the code requires requesting medical inactive status for as long as necessary.

Accountability also requires reporting concerns and cooperating with investigations. Credential holders must report suspected abuse, neglect, and exploitation, and report uncorrected ethical violations within 90 days of the alleged violation. They must promptly disclose disciplinary action taken against credentials or licenses in other jurisdictions. The code prohibits false complaints, misleading statements, threats, harassment, and attempts to prevent witnesses from providing information or to obstruct a disciplinary proceeding.

COPA may investigate allegations arising before, during, or after the credentialing application process. Depending on the findings, an investigation may result in denial, suspension, or revocation of a credential. Allowing a credential to lapse or attempting to resign while an ethics complaint is pending does not remove accountability; the code provides for immediate, indefinite suspension under those circumstances until the complaint is resolved.

These standards give credentialing an ongoing public protection function. Alongside training, supervised experience, examination, and continuing education, the Code of Ethical Conduct establishes clear responsibilities and a process for addressing misconduct throughout a peer professional's practice.

Implications for Workforce Capacity

Credentialing requires access to appropriate training, qualifying work opportunities, supervision, application support, and examination preparation. Maintaining the credential requires continuing education, renewal fees, and ongoing ethical practice.

Employers and workforce partners can support participation by providing qualifying experience, accessible supervision, professional development, and assistance with credentialing costs.

Grievance Data and Professional Accountability

FY26–FY27 Grievance Overview

COPA's grievance records provide information about concerns raised by employers, peers, people receiving services, and partner agencies. Reviewing these reports helps identify where stronger training, supervision, credential verification, and coordination with state departments may be needed. The data provided is clear that most grievances occur for peers who are not

credentialed, and therefore fall within the jurisdiction of other state departments. HCPF's new credentialing requirement, found below in the policy section of this briefing, will remedy this situation if enforced appropriately.

The FY26 dashboard and early FY27 data show 26 grievances received through August 3, 2026. They describe reports received, not unique individuals or confirmed violations. These concerns identify priorities for prevention and oversight of grievances. They do not establish how common misconduct is across Colorado's peer workforce.

COLORADO PROVIDERS ASSOCIATION

Recurring Concerns

FY26-FY27 Grievance Records

Billing and documentation

Accurate records and services billed as delivered

Professional boundaries

Protection from sexual, romantic, and financial exploitation

Professional conduct

Ethical behavior, confidentiality, and fitness to practice

Credentials and scope

Verified qualifications and duties within the peer role

Themes reflect reported concerns, not confirmed findings.
Boxes do not represent frequency or severity.

Recurring Concerns

Across the available records, recurring concerns involve:

- Billing and documentation integrity, including allegations of services recorded without being delivered, falsified participation, and inaccurate service records.
- Sexual or romantic boundary violations and other inappropriate professional relationships.
- Professional conduct, including harassment, bullying, and conduct outside the peer role.
- Financial exploitation, client solicitation, misrepresentation of credentials, and impairment affecting practice.

Review Status and Limits

COPA received 26 grievances in FY26 and into FY27, representing 2.3% of the 1,121 credentialed professionals. Of the nine grievances referred for additional review, 33% were referred to the CPFS Committee and 67% were outside COPA's jurisdiction and referred to BHA and/or HCPF. The remaining 17 grievances had no ethical violation found or were awaiting additional information.

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FY26 Grievance Review

26 grievances received



Source: COPA FY26 grievance data.

Most reports in early FY27 do not have documented final outcomes. One records an employer-confirmed sexual relationship with a client and employment termination following an investigation. That employer finding is distinct from a completed COPA credentialing determination. Where final outcomes are unavailable, the records do not establish whether allegations were substantiated, dismissed, or otherwise resolved.

Shared Responsibility for Accountability

COPA addresses credentialing eligibility and ethical accountability for professionals within its credentialing authority. Its process does not replace employer investigations, BHA organizational oversight, HCPF Medicaid program integrity review, or RAE responsibilities.

Concerns involving individuals who are not credentialed by COPA require referral to the appropriate oversight entity. Once those concerns leave COPA's hands, COPA does not consistently receive information about their review or final resolution.

The available records do not demonstrate a consistent process across departments for accepting referrals, identifying the responsible reviewer, communicating status, and reporting

outcomes. This creates a gap in the accountability information available to COPA and the Commission.

Priorities for Prevention and Oversight

The records point to practical priorities: accurate documentation, clear professional boundaries, appropriate peer scope, accessible supervision, and verification of current credentials through COPA's public registry. Peers, supervisors, and employers need training and guidance that explain these responsibilities and how to report concerns.

HCPF, BHA, COPA, and the RAEs must also maintain clear referral pathways and communicate review outcomes within applicable confidentiality requirements. More consistent tracking of unique cases, credential status, findings, and corrective actions would help distinguish allegations from confirmed misconduct and assess whether safeguards are working.

Policies Guiding Peer Services

HCPF, BHA, and COPA each have a responsibility to maintain clear policies that support quality peer services and establish guardrails for appropriate practice. These policies guide how peers are prepared, supervised, employed, and held accountable, as well as how their services are documented and reimbursed.

Each organization contributes to a different part of this framework. HCPF establishes Medicaid coverage, billing, and reimbursement requirements. BHA establishes applicable service, personnel, and supervision standards. COPA establishes credentialing requirements and processes for ethical accountability, application review, renewal, and grievances.

These requirements should be consistent and work together as a coordinated system. Peers and employers need guidance that clearly explains what services peers may provide, what qualifications and oversight are required, and where to seek clarification or report concerns. Alignment also requires distinguishing permission to provide a service from eligibility for Medicaid reimbursement.

The policies summarized below should be considered together. Clear definitions, coordinated implementation, and consistent communication among HCPF, BHA, COPA, and the RAEs can support responsible peer practice, protect people receiving services, and help prevent inappropriate billing and Medicaid waste and abuse.

HCPF Policies Governing Medicaid-Reimbursable Peer Services

HCPF establishes the conditions under which Health First Colorado (Colorado’s Medicaid program) reimburses behavioral health services delivered by peer support professionals. These policies address eligible provider organizations, allowable services, credentialing, rendering provider oversight, billing limits, and service locations.

Medicaid reimbursement depends on both the professional delivering the service and the organization billing for it. A peer credential establishes professional preparation and accountability, while reimbursement also requires compliance with the applicable provider enrollment, service, documentation, oversight, and billing requirements.

Allowable Provider Types and Service Codes

Effective July 1, 2025, HCPF limited reimbursement for individual peer contributions to two primary service codes:

Code	Service
H0038	Self-help/peer services
H0023	Behavioral health outreach services

HCPF identifies three eligible provider categories for these services: Comprehensive Safety Net Providers, Substance Use Disorder Clinics, and Recovery Support Services Organizations.

These restrictions make employer enrollment and contracting part of the reimbursement framework. Employing a credentialed peer does not, by itself, establish an organization’s eligibility to bill Medicaid for peer services.

Peers as Members of Multidisciplinary Teams

Peer professionals may also contribute to broader services through a multidisciplinary team, provided their responsibilities remain within the peer role. The policy summary identifies participation in intensive outpatient and partial hospitalization programs, clubhouse and drop-in services, rehabilitation, comprehensive community support, supported employment, crisis intervention, and Assertive Community Treatment.

Service Areas

 Substance use intensive outpatient and partial hospitalization	 Mental health partial hospitalization
 Mental health clubhouse services	 Drop-in center services
 Rehabilitation program	 Comprehensive community support
 Psychosocial rehabilitation	 Supported employment
 Ongoing support to maintain employment	 Crisis intervention
 Assertive Community Treatment	

Participation in a team-based service does not expand a peer professional's scope. Employers must define the peer's contribution, provide appropriate oversight, and ensure that documentation and billing accurately reflect the service delivered. The distinction between individual peer services and participation in a broader team service is essential to appropriate billing.

Credentialing Requirements

Effective January 1, 2026, the policy summary requires Behavioral Health Peer Support Professionals to be certified or be in the process of becoming certified for their services to be reimbursable by a Health First Colorado Regional Accountable Entity (RAE).

The supplied guidance defines "in the process of becoming certified" as having completed all 60 required training hours and working toward the required experience and certification. It describes a limited six-month reimbursement period while the professional completes that pathway. Agencies must maintain supporting documentation and submit the required annual attestation confirming compliance.

This requirement connects reimbursement to documented professional preparation. It also places responsibility on employers to verify qualifications, monitor progress toward certification, and support access to qualifying experience and supervision.

Rendering Provider Oversight

Effective January 1, 2026, HCPF implemented its Rendering Provider Oversight (RPO) requirements, including one hour of oversight for every 20 hours of services delivered by unlicensed behavioral health professionals.

Peer professionals are unlicensed practitioners. As such, their Medicaid-reimbursable behavioral health services must be delivered under the oversight of a qualified rendering provider rather than billed independently.

RPO and peer supervision serve related purposes but should be clearly distinguished. Medicaid oversight addresses responsibility for reimbursable services, while peer supervision supports competent, ethical practice within the peer role. Employers must ensure that their arrangements satisfy all applicable requirements.

Billing Limits and Same-Day Service Restrictions

HCPF uses Medically Unlikely Edits (MUEs) and Procedure-to-Procedure (PTP) edits to review service quantities and combinations of billed services.

MUEs establish limits on the number of service units payable under a code. PTP edits identify combinations of services subject to billing restrictions, including certain services billed for the same person on the same day. These edits are payment controls; a denial alone does not establish fraud or misconduct.

The August 1, 2026 policy summary lists daily limits of 12 units for self-help/peer services, equivalent to three hours. For behavioral health outreach services, the daily limit is eight units, or two hours. It also identifies same-day restrictions between self-help/peer services and several other services, including outreach, drop-in, skills training, community support, and rehabilitation.

Recovery Residence Settings

Effective October 1, 2026, behavioral health services delivered in a recovery residence setting are not reimbursable through Medicaid fee-for-service or the RAEs.

HCPF stated two reasons:

1. A Recovery Residence is not an appropriately licensed entity to enroll as a substance use disorder (SUD) treatment service provider, and

2. Recovery Residences do not fit as any place of service locations Medicaid uses.

This restriction concerns where services are delivered and billed. It should not be read as a statement that residents cannot receive covered behavioral health services in other eligible settings. The policy summary also indicates that HCPF is exploring a future pathway involving a BHA licensing framework and potentially federal authorization.

Implications for Providers and the Peer Workforce

These policies require employers to align credential verification, peer responsibilities, rendering provider oversight, documentation, billing, and service settings. Peers need clear guidance about their role, and organizations need consistent instructions for implementing these requirements.

Coordination among HCPF, BHA, and the RAEs must include clear, practical training and consistent enforcement. Anecdotal reports from providers indicate that requirements are not always understood, and organizations need concrete guidance on how to implement policy changes. Written policies should be accompanied by examples, implementation tools, and accessible opportunities to ask questions.

State departments must also clearly explain how compliance will be monitored, how errors can be corrected, and how violations will be addressed. Together, training and enforcement can help providers deliver quality services, reduce avoidable billing errors, and strengthen accountability for Medicaid resources.

Many of these guardrails have been introduced or strengthened within the past six to ten months, with additional restrictions taking effect more recently. Yet data has not been presented demonstrating whether these measures are reducing inappropriate billing, Medicaid waste and abuse, or harm to people receiving services.

HCPF should provide transparent evaluation of compliance, billing trends, confirmed violations, corrective actions, and effects on access to care. This evidence is necessary to determine which safeguards are working, where providers need additional training, and whether further restrictions are warranted.

BHA Rules Governing Peer Support Services

BHA establishes standards for peer services and the organizations that deliver them through 2 CCR 502-1. These rules address service scope, professional qualifications, supervision,

documentation, ethical conduct, and organizational oversight. Requirements vary by the organization's license and service endorsement.

BHA's rules place responsibility on both peers and their employers. Organizations must ensure that peers are qualified, receive appropriate supervision, and work within the responsibilities of the peer role. These service standards operate alongside HCPF's Medicaid reimbursement requirements and COPA's credentialing standards.

Peer Roles and Scope of Services

BHA recognizes several peer roles, including peer support specialists, recovery coaches, peer and family recovery support specialists, peer mentors, family advocates, and family systems navigators.

Under Chapter 3, recovery support services use peer relationships to support healing, personal growth, life skills, self-care, and recovery and wellness goals. Services may include recovery coaching, advocacy, resource navigation, recovery planning, support groups, youth mentoring, warm lines, and employment support.

Employers must preserve the peer-to-peer relationship and must not assign duties outside the peer role. Section 3.2 specifically excludes clinical or diagnostic assessments, clinical service planning or treatment, and drug or alcohol testing, monitoring, or collection of toxicology samples. Agencies covered by this chapter must also submit job descriptions for peer positions.

At first contact, peers must provide a written disclosure identifying their name, contact information, qualifications, role, supervisor and supervisor's contact information, and employing agency. This helps people receiving services understand what support the peer provides and where to direct questions or concerns.

Qualifications and Training

Section 3.3 requires peers providing recovery support services to hold a professional peer certification or have completed formal training covering SAMHSA's incorporated 2018 core competencies. Employers must document training or certification in personnel files.

For certified peers, the rule establishes minimum credential requirements of 60 hours of training under SAMHSA's core competencies, 200 hours of peer work experience, passing an exam, and being in good standing with their certifying body.

COPA requires additional preparation, including 500 hours of peer work experience and 25 hours of documented supervision. Employers must also meet any separate HCPF requirements when billing Medicaid.

Supervision of Peer Professionals

Section 3.4 requires at least one hour of supervision each month for peers. Supervision may be provided by a licensee or authorized practitioner in good standing, an experienced peer meeting the chapter's qualification standards, or a combination of these supervisors.

Supervisors must demonstrate training in peer service delivery, supervision of peers, and the peer role. They must document the date, time, duration, and topics of supervision. The rules also permit co-reflective supervision, in which the supervisor and peer engage in mutual learning.

These requirements recognize that effective peer supervision requires knowledge of peer practice. Organizations must also satisfy applicable Medicaid rendering provider oversight requirements; the BHA supervision standard should not be assumed to fulfill every HCPF requirement.

Recovery Support Services Organizations

Chapter 14 establishes specific requirements for peer-run Recovery Support Services Organizations (RSSOs) seeking Medicaid reimbursement. These organizations must obtain and annually maintain a BHA RSSO license. The chapter does not require peer-run organizations to obtain this license solely to provide services when they are not seeking Medicaid reimbursement.

RSSOs must employ or contract with a qualified licensed mental health provider to administer ongoing peer supervision. That provider must be in good standing and have formal training in peer services, peer supervision, and the peer role.

Peer experience	Individual supervision required under Section 14.5.2
Less than 12 months	At least 30 minutes twice per month, with sufficient time to address needs
More than 12 months	At least 30 minutes once per month, with sufficient time to address needs

Supervisors must document all sessions. RSSO peers must complete the specified core competency training, obtain peer certification, and remain in good standing with their certifying

body. Organizations must also comply with background-check and employment-verification requirements.

Documentation and Organizational Policies

Chapter 3 requires records of peer services that include, at minimum, the date, time, and duration of the service.

RSSO documentation requirements are more detailed. Each encounter record must identify the service date, total contact time, setting, reason for the encounter, description of services, and the provider's dated signature and relevant credential.

RSSOs must maintain policies addressing hiring qualifications, staff responsibilities, standards of practice, ethics, peer training, supervisor training, care coordination, referrals, grievances, critical incidents, confidentiality, and recordkeeping. They must also establish coordination processes with other agencies to support continuity of care.

Ethical Standards and BHA Oversight

Section 14.6 requires RSSOs to ensure that peers adhere to ethical standards. It identifies violations that include:

- Working outside the peer role's scope.
- Breaching professional boundaries, including sexual or romantic relationships with people receiving services.
- Misrepresenting credentials or falsifying records.
- Failing to meet generally accepted standards of peer practice.
- Other prohibited conduct identified in the rules.

BHA's RSSO oversight includes routine licensing visits and unscheduled visits to investigate complaints or critical incidents. BHA must have access to relevant records needed to assess compliance. Organizational oversight by BHA complements COPA's accountability processes for individual credential holders.

Peers in Crisis and Other Service Settings

Peer requirements also appear in service-specific rules. Walk-in crisis agencies must employ or contract with a peer who may support initial engagement and follow-up. Mobile crisis agencies

must also employ or contract with a peer and ensure that peer follow-up is available within one business day of the crisis response.

Other provisions address peer participation in outpatient, residential, withdrawal management, and additional behavioral health services. Employers must apply the requirements associated with their particular license, endorsement, and service setting.

Implementation and Accountability

These rules establish guardrails for quality peer practice, but implementation requires clear training, practical guidance, and consistent enforcement. Employers need to understand which requirements apply to their organization, how peer supervision differs from Medicaid rendering provider oversight, and how to preserve peer scope within broader service teams.

Coordinated guidance from BHA, HCPF, and the RAEs, informed by COPA's credentialing expertise, can help organizations translate these requirements into job descriptions, supervision plans, documentation practices, and reporting procedures.

Source: [BHA rules, 2 CCR 502-1](#), particularly Chapters 3, 9, and 14. This summary reflects the rule version supplied for this packet.

COPA Policies Governing Credentialing & Professional Accountability

The Colorado Providers Association (COPA) establishes the requirements and accountability processes for professionals holding the Colorado Peer and Family Specialist (CPFS) credential. These policies address application review, ethical conduct, renewal, credential lapse, grievances, and appeals.

COPA's role connects professional preparation with continuing accountability. While BHA establishes applicable service and organizational standards and HCPF establishes Medicaid reimbursement requirements, COPA determines whether applicants meet its credentialing standards and whether credential holders remain eligible to maintain their credential.

Credential Review and Approval

The CPFS Credential Process Manual establishes committee review for initial and renewal applications. The CPFS Committee reviews applications monthly and generally makes decisions

within one to two months. It may approve an application, request additional information, or deny it. The committee is the final authority on application approvals.

For initial applicants, committee approval permits progression to the IC&RC examination. Applicants must still pass the examination and satisfy any remaining requirements before the credential is issued. Applicants denied credentialing may appeal within 30 days of COPA's email notification.

Ethical Conduct and Continuing Eligibility

Applicants and renewing professionals must agree to COPA's Code of Ethical Conduct and Release Statement. Ethical responsibilities continue throughout the credential period and include maintaining confidentiality, appropriate boundaries, truthful documentation, culturally responsive practice, and the limits of the peer role.

Holding a credential creates an ongoing obligation to practice ethically. Professionals must provide accurate application information, maintain their qualifications, and participate in applicable review processes. Concerns about ethical conduct may affect continued credentialing eligibility.

Credential Renewal, Lapse, and Reinstatement

The CPFS credential is valid for two years. Renewal requires continuing education, updated application materials, renewed agreement to ethical standards, payment of the renewal fee, and committee approval.

Employers should verify current status through COPA's public credential registry. A certificate supplied by an applicant does not, by itself, confirm that the credential remains current.

Credential Grievance Policy

COPA's Credential Grievance Policy establishes a process for addressing concerns about credentialed professionals and determining whether those concerns affect future credentialing eligibility.

Under the policy, COPA connects a person raising a grievance with the organization employing or supervising the professional. That organization investigates under its own approved grievance policy. If the organization finds cause, it must notify the review committee within 10 days of its final decision.

When an employer or supervising organization identifies a Code of Ethics violation, it may request a formal COPA review of the professional's credentialing eligibility. The request must be submitted in writing and include the supervisor's identifying and contact information and the reason for the request.

COPA's credentialing leadership reviews written requests. Requests containing information likely to affect credentialing eligibility may proceed to a specially designated committee meeting through the executive review process. COPA may request additional information when the submission is insufficient to support a determination. The policy requires documentation of requests to be retained for at least two years.

Possible Grievance Outcomes

The policy provides responses that distinguish educational deficits from conduct warranting loss of the credential.

Outcome	Policy response
Credential revocation	The committee may revoke the credential. Under this policy, the professional becomes indefinitely ineligible to reapply.
Temporary hold on renewal eligibility	When an ethical violation results from a lack of training or education, renewal eligibility may be placed on hold until the identified deficits are addressed.
No further credentialing action	The committee may deny the request for further action when the organization has completed appropriate review and additional credentialing action is not warranted. Renewal eligibility is unaffected.

A grievance submission is not itself a finding of misconduct. Review must establish whether the available information supports action affecting the professional's credential.

Grievance Appeals

Professionals who disagree with a committee grievance decision may submit a written appeal to COPA's executive leadership. The appeal must identify the professional, provide contact information, and explain the reason for challenging the decision.

The policy provides an initial review within five business days. Appeals containing information likely to change the committee's decision may return to the committee for reconsideration. If

an appeal contains no substantially new information or is unlikely to change the decision, the professional receives notice that the appeal has been denied.

A professional dissatisfied with the initial appeal outcome may submit a second appeal to the Executive Committee. The Executive Committee President issues a written decision within 14 business days, which constitutes COPA's final agency decision. Appeal documentation must be retained for at least two years.

Jurisdiction and Coordination

COPA's credential grievance process addresses the standing and eligibility of professionals within its credentialing authority. It does not replace employer investigations, BHA organizational oversight, HCPF Medicaid program integrity review, or RAE responsibilities.

Concerns involving individuals who are not credentialed by COPA fall outside its credentialing jurisdiction and require referral to the appropriate oversight entity. Some matters may require parallel review because they involve both an individual's ethical conduct and an organization's service delivery or billing practices.

Clear reporting pathways, documented referrals, and communication about outcomes are essential to making these systems work together. COPA's policies provide a pathway to address educational gaps and hold credentialed professionals accountable. State departments and RAEs must exercise their corresponding authority to address organizational practices, reimbursement concerns, and matters involving uncredentialed individuals.

Sources: CPFS Credential Process Manual, revised September 19, 2025, Section 5; [COPA Credential Grievance Policy and Procedure \(2024\)](#).

Peer Recovery Supervisor Credential

COPA is working with the International Certification and Reciprocity Consortium (IC&RC) to establish a Peer Recovery Supervisor credential pathway in Colorado. This effort responds to peers expressed desire for a clear, sustainable career pathway that recognizes peer practice as a distinct and necessary part of the behavioral health workforce.

Peer professionals need opportunities to advance without having to leave peer practice or pursue clinical licensure. A supervisor credential can recognize experienced peers' leadership, strengthen supervision, and support advancement while preserving the lived experience, mutuality, advocacy, and recovery orientation that define their work.

Credential Development and Status

IC&RC has published minimum standards for a provisional Peer Recovery Supervisor (PR-S) credential, with pathways for certified peers and professionals holding relevant licenses or credentials. The provisional credential is valid for two years and is non-renewable. A full examination-based supervisor credential is planned, but its launch date has not been established. IC&RC member boards may adopt additional requirements to reflect local standards and regulations.

For certified peers, the provisional standards include maintaining an IC&RC reciprocal-level Peer Recovery credential, 4,000 supervised hours or two years of professional substance use or mental health service experience, 14 hours of recovery support supervision training, and 300 hours of supervisory or leadership experience with peer recovery support professionals. Applicants must also affirm ethical standards and meet jurisdiction requirements. A separate pathway establishes qualifications for professionals with relevant credentials, including additional peer ethics training.

COPA will begin implementation and promotion as soon as the Colorado credential pathway is finalized and approved. This work will include establishing application procedures, identifying qualifying training, communicating eligibility requirements, and supporting prospective applicants.

Why a Distinct Peer Supervisor Pathway Matters

Peer supervision requires expertise in the professional use of lived experience, ethical boundaries, self-directed recovery, and maintaining the peer relationship. A dedicated credential can help supervisors support these responsibilities, recognize concerns early, and prevent peers from being assigned duties outside their role.

It also creates a visible opportunity for experienced peers to become mentors and workforce leaders. A sustainable peer career pathway should allow professionals to deepen their expertise and assume greater responsibility within peer services. Recognizing that expertise can support retention, strengthen workforce identity, and give employers clearer expectations for selecting and preparing supervisors.

Peer supervision also serves a purpose distinct from clinical supervision and Medicaid rendering provider oversight. These functions may complement one another, but policies must clearly describe their responsibilities and how they work together.

Policy Coordination and Implementation

Following credential approval, COPA will work with HCPF, BHA, the RAEs, and Behavioral Health Administrative Service Organizations (BHASOs) to align the pathway with existing standards and practices. Coordination will need to address who may provide peer supervision, how the credential is recognized across service settings, documentation expectations, and how peer supervision fits alongside required clinical or Medicaid oversight.

Implementation must include practical training and guidance for employers and supervisors. Funding and workforce planning will also be necessary to make qualifying training and supervision accessible across urban, rural, and frontier communities.

This credential is an investment in the infrastructure needed to sustain peer services. It creates a pathway for professional growth while strengthening the supervision, role clarity, and accountability that peers and the people they serve need.

Sustaining Peer Services and Accountability

Colorado's peer and family specialist workforce brings lived experience, connection, and practical recovery support to the behavioral health continuum. Sustaining this workforce requires protecting existing peer service funding while strengthening accessible credentialing, fair compensation, effective supervision, and meaningful career pathways.

The data and concerns presented in this packet call for coordinated action from HCPF, BHA, COPA, and the RAEs, with clear responsibilities for education, oversight, and enforcement. As the Commission considers recommendations, COPA urges an approach that evaluates the effects of recently implemented safeguards, addresses documented misconduct, and preserves access to appropriate peer services.

Continued engagement with peers, people receiving services, and providers will be essential to building a system that protects Medicaid resources, supports ethical practice, and sustains recovery opportunities across Colorado.

Sources and Supporting Materials

Source documents and data supporting the workforce, credentialing, grievance, and policy sections of this packet.

Workforce Data and Evaluation

2024 Stakeholder Engagement Report. Workforce experiences, rural barriers, and reported compensation.

COPA credentialing records. December 2024, December 2025, and FY27 year-to-date credential snapshots. Internal aggregate data.

COPA scholarship application records. January–June 2026; 83 application records. Demographic and county-of-residence information. Internal aggregate data.

U.S. Census Bureau, Colorado population estimates. Context for racial and ethnic comparisons.

Credentialing and Professional Accountability

CPFS Credential Process Manual. Revised September 19, 2025; eligibility, training, experience, examination, renewal, and review procedures.

COPA Code of Ethical Conduct and Release Statement. Ethical responsibilities and credential accountability.

COPA Credential Grievance Policy and Procedure. 2024; grievance review, credential outcomes, and appeals.

COPA grievance records. FY26 dashboard and submissions dated June 8–August 3, 2026. Internal aggregate data; reporting periods and status categories may overlap.

COPA public credential registry. Verification of current COPA-issued credential status.

State Policy and Workforce Development

HCPF peer-service and Medicaid policy guidance. Provider eligibility, service codes, certification, rendering provider oversight, billing edits, and recovery residence settings.

BHA rules, 2 CCR 502-1. Chapters 3, 9, and 14; peer scope, qualifications, supervision, and organizational requirements.

IC&RC provisional Peer Recovery Supervisor standards. Standards informing Colorado's proposed supervisor credential pathway.