

BEHAVIORAL HEALTH

2017 7 28

NEW RULE 1 DEFINITIONS

- (1) "BHPSS" means behavioral health peer support specialist
- (2) "Behavioral Health Disorder" means a wide range of mental health conditions or disorders that affect mood, thinking and behavior that impair the individual's ability to build or maintain satisfactory interpersonal relationships and to manage daily functioning.
- (3) "Behavioral health recovery" or "recovery from a behavioral health disorder" means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- (4) "Behavioral health peer support specialist supervisory agreement" means a document that provides for a method of documenting the supervisory relationship and details of the clinical supervision hours.
- (5) "CBHPSS" means a Certified Behavioral Health Peer Support Specialist.
- (6) "Direct client contact" means physical presence, telephonic presence, or interactive video link presence of the client, client family member, or client representative.
- (7) "Direct observation" of service delivery means participation in the service delivery, observation through a two-way mirror, observation of a video or audiotape of the service delivery, or observation through an interactive video link of the service delivery.
- (8) "Dual relationship" means a situation in which a licensee is in a professional role with a person and:
- (a) at the same time is in another role with the same person;
 - (b) at the same time is in a relationship with a person closely associated with or related to the person with whom the licensee has the professional relationship; or
 - (c) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.
- (9) "Exploitation" means the manipulation or use, or the attempted manipulation, or the attempted use of a professional relationship with a client, student, or supervisee for the licensee's emotional, financial, romantic, sexual, or personal advantage, or for the advancement of the certificate holders personal, religious, political, or business interests.
- (10) "LAC" means licensed addiction counselor.
- (11) "LCPC" means licensed clinical professional counselor.
- (12) "LCSW" means licensed clinical social worker.
- (13) "LMFT" means licensed marriage and family therapist.
- (14) "Psychosocial methods" means those professional techniques which are identified as clinical in nature and:
- (a) enhance the problem solving and coping capacity of people;
 - (b) link people with systems that provide them with resources, services, and opportunities;
 - (c) promote effective and humane operation of these systems; and
 - (d) contribute to the development and improvement of social policy.
- (15) "Psychotherapy and counseling" means the therapeutic process of:
- (a) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives; or
 - (b) planning, implementing, and evaluating treatment plans that use treatment interventions to facilitate human development and to identify and remediate mental, emotional or behavioral disorders and associated distresses that interfere with mental health.
- (16) "Sexual contact" includes but is not limited to sexual intercourse, either genital or anal, cunnilingus, fellatio, or the handling of the breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.

(17) "Supervisor," when used to refer to a person who supervises (oversees?) the work of a Certified Behavioral Health Peer Support Specialist and means a person who meets the criteria set forth in ARM 24.219.4210.

(18) "Training and supervision plan" means a plan, in a form approved by the board, that describes the type, structure, and amount of supervised work experience that a licensure candidate must have in order to satisfy the experience requirements for the type of license the licensure candidate is seeking.

NEW RULE 2 FEE SCHEDULE FOR BEHAVIORAL HEALTH PEER SUPPORT SPECIALISTS

- (1) Application fee _____ \$
- (2) Renewal fee (based on annual renewal) _____
- (3) Renewal fee (inactive to active) _____
- (4) Inactive license fee (based on annual renewal) _____
- (5) Additional standardized fees are specified in ARM 24.101.403.

NEW RULE 3 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for certification as a Behavioral Health Peer Support Specialist.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:

- (a) United States armed forces;
- (b) United States reserves;
- (c) state national guard; or
- (d) military reserves.

(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as a Peer Support Specialist. Satisfactory evidence includes:

- (a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);
- (b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and
- (c) any other documentation as required by the board.

(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements.

AUTH: 37-1-145, MCA
IMP: 37-1-145, MCA

NEW RULE 4 SUPERVISOR QUALIFICATIONS (1) An individual supervising post-certification employment of a behavioral health peer support specialist shall the minimum qualifications set forth in this rule. The supervisor must be a physician licensed under Title 37, chapter 3; a psychologist licensed under Title 37, chapter 17; a social worker licensed under Title 37, chapter 22; a professional counselor licensed under Title 37, chapter 23; an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing; a marriage and family therapist licensed under title 37, chapter 37; or a licensed addiction counselor licensed under title 37, chapter 35.

(2) The supervisor must hold an active and current license in good standing, which was issued by the licensing board or other officially recognized licensing body of the state where supervision occurs.

(3)The supervisor must have three years of post-licensure experience within their respective discipline or board-approved training in clinical supervision.

(4)Board-approved training in supervision shall consist of a minimum of one semester credit of post-licensure board-approved graduate education or 20 clock hours of board-approved training in clinical supervision.

NEW RULE 5 BEHAVIORAL HEALTH PEER SUPPORT SPECIALISH APPLICATION

PROCEDURES (1) Any person seeking certification as a peer support specialist must apply on the board's official forms, which may be obtained through the department or from the board website. All requirements must be met at the time of application. Incomplete applications will not be considered by the board.

(2)Completed applications must include:

(a) payment of an application fee;

(b) attestation by the applicant of their diagnosed behavioral health disorder;

(c) attestation by the applicant of their behavioral health disorder recovery program that includes long-term stable recovery for not less than 2 years and absent of any incarceration or hospitalization admittance related to psychiatric or substance use disorder.

(d) receipt of fingerprint and background results as reported to the board office by the Department of Justice within 90 days of making application;

(e) official transcripts or training certificates provided directly from the provider documenting completion of 40 hours of the peer support education, per ARM 24.219.903;

(f) *The structured peer support specialist education program shall include successful completion of an exam. Exam scores shall be submitted with the training program. Applicants whose education program does not include an exam may consider taking an exam by choosing from a list provided on the website.*

(g) a written agreement and training and supervision plan between the Certified Behavioral Health Peer Support Specialist and the qualified supervisor who will provide supervision once the certificate is issued. The contract shall include:

(h) the name and signatures of the CBHPSS and supervisor, including the supervisor's license type, license number, signature and the service delivery site;

(i) a work plan that complies with the supervision guidelines outlined in Arm 24.219.904(2)

(3) Individuals who have practiced as peer support specialists prior to October 1, 2017 shall complete all requirements in section ARM 24.219.901.

(a) Training hours may include peer support education hours completed in the past 5 years;

(b) On the job training does not qualify as approvable education hours.

(4) The certificate will be effective as of the date all requirements are met and the certificate is issued by the board office.

(5)An applicant shall not work as a certified behavioral health peer support specialist until the effective date of the certificate.

(6) If the applicant fails to satisfy the requirements for certification within one year of the date the application is determined by the department to be complete, the application will expire, the application fee will be forfeited, and a new completed application and application fee will be required.

NEW RULE 6 CBHPSS EDUCATION REQUIREMENTS (1) Applicants must provide documentation of completion of 40 hours of structured peer support specialist education.

(2) All training programs must be approved by the board and those approved programs shall be posted on the board's web site. All education programs must provide content in the following domains:

- a) SAMHSA core competencies
- b) Boundaries and Ethics
- c) Confidentiality
- d) Scope of Practice

- e) Communication Skills
- f) Self-Care
- g) Suicide Awareness
- h) Stages of Change
- i) Trauma informed care
- j) Cultural Awareness
- k) Pathways of Recovery
- l) Recovery Story
- m) Clinical supervision
- n) Accessing community resources
- o) Emotional Intelligence
- p) Supporting others in recovery
- q) One on one session skills
- r) Support group facilitation
- s) Recovery Planning

NEW RULE 7 BHPSS POST-CERTIFICATION CLINICAL SUPERVISION REQUIREMENTS (1)

For the purpose of meeting the on-going supervision requirement in (SB0062.03 SECTION 4, (6)) MCA, an applicant shall comply with the supervision guidelines as follows:

- (a) A supervisor must meet the requirements of 24.219.921.
- (b) A supervision agreement shall be in writing and on a form available on the board web site. The agreement shall include, but is not limited to:
 - (i) the Certified Behavioral Health Peer support Specialists' and supervisors' names, signatures, and dates;
 - (ii) terms of the agreement including the duties and obligations of the BHPSS and supervisor, under this rule, frequency and method of supervision, duration and termination provisions; and
 - (iii) a statement of compliance with applicable patient privacy laws.
- (c) The supervisor's relationship with the CBHPSS shall not be a conflict of interest, such as, but not limited to, being in a cohabitation or financially dependent relationship.
- (d) The supervisor shall not be the certification holder's parent, child, spouse, or sibling.
- (2) A record of supervision must be maintained by the Certified Behavioral Health Peer Support Specialist and must include:
 - (a) names of the certified BHPSS and supervisor, and signatures of both;
 - (b) date and length of supervision in increments of not less than 15 minutes;
 - (c) content that confirms that the CBHPSS has received a minimum of one hour of face-to-face supervision and consultation for every 20 hours of work experience. No more than 40 hours of work experience may transpire without receiving the required hours of supervision and/or consultation. Less frequent supervision may take place only with prior approval of the licensure board.
 - (d) content summary (excluding confidential information); and
 - (e) content demonstrating the CBHPSS's ongoing competence. Supervisory comments must indicate ongoing competence. (The forms will include a space with lines and check boxes.)
- (3) The supervisor must attest to (1) (b-d) and (2) (a-e) above under penalty of law. Falsification or misrepresentation of any of the above may be considered misrepresentation and a violation of professional ethics, which may result in discipline of the certificate holder or supervisor's license. Verification of supervision
- (4) All reports, written interpretations, and results sent to other public or private agencies that affect the current status of a client must be reviewed by and contain the approval and signature of the supervisor.
- (5) All interventions, results, and interpretations used in the planning and/or implementation of interventions shall be reviewed and preapproved by the supervisor on a continual and ongoing basis.

(6) All professional communications, both private and public, including advertisements, shall clearly indicate the certification status as a behavioral health peer support specialists.

(7) A Certified Behavioral Health Peer Support Specialist must provide an update to the board within 10 business days:

(a) if there is a substantial change in the CBHPSS's supervision plan; or

(b) prior to commencing supervised work experience under a new supervisor.

(8) An updated supervision plan or change in supervisor does not require additional board approval unless there is reason to believe the update does not conform to the board's training and supervision requirements.

(9) The CBHPSS and supervisors are responsible for ensuring that the certificate holder and supervisors comply with the requirements of this rule and the statutes, rules, and standards pertaining to the practice of peer support specialists.

(10) The CBHPSS must maintain the record of supervision, which must be maintained according to the requirements of this rule for a minimum of 7 years and may be requested by the board at any time.

NEW RULE 8 APPLICATION TO CONVERT AN ACTIVE STATUS CERTIFICATE TO AN INACTIVE STATUS CERTIFICATE AND CONVERSION FROM INACTIVE TO ACTIVE STATUS

(1) A certificate holder may place a certificate on inactive status by either indicating on the renewal form that inactive status is desired or by informing the board office in writing that an inactive status is desired. The certificate must have been active and in good standing prior to the first time it is placed on inactive status. It is the sole responsibility of the inactive certificate holder to keep the board informed as to any change of address during the period of time the certificate remains on inactive status.

Inactive certificate holders must pay the inactive certificate fee annually to maintain certification status.

(2) A certificate shall not be on inactive status for more than five consecutive years. At the end of the fifth year that a certificate has been on inactive status, the certificate must be converted to active status. If the certificate is not converted to active status, the provisions of 37-1-141, MCA, apply to the renewal, lapse, expiration, or termination of the certificate.

(3) An inactive status certificate does not entitle the holder to practice as a behavioral health peer support specialist in the state of Montana. Upon application and payment of the appropriate fee, the board may reactivate an inactive certificate if the applicant does each of the following:

(a) presents satisfactory evidence that the applicant has not been out of active practice for more than five years and that the applicant has attended 10 hours of continuing education per year of inactive status, with a maximum of 50 hours of continuing education, which comply with the continuing education rules, and

(b) submits certification from the behavioral health peer support licensing/certification jurisdictions where the applicant is licensed or certified or has practiced; that the applicant is in good standing and has not had any disciplinary action taken against the applicant's license; or if the applicant is not in good standing by that jurisdiction, an explanation of the nature of the violation(s) resulting in that status including the extent of the disciplinary treatment imposed.

NEW RULE 9 LICENSURE OF OUT-OF-STATE BHPSS APPLICANTS (1) Certification as a Behavioral Health Peer Support Specialist may be issued to the holder of an out-of-state peer support specialist provided the applicant meets the requirement of 24.219.901. Official written verification of such licensure/certification status must be received by the board directly from the other state(s) or jurisdiction(s).

NEW RULE 10 CODE OF ETHICS (1) Pursuant to 37-22-201 and 37-23-103, MCA, the board adopts the following professional and ethical standards for behavioral health peer support specialists to ensure their ethical, qualified, and professional practice for the protection of the general public. These standards supplement current applicable statutes and rules of the board. A violation of the following is considered unprofessional conduct as set forth elsewhere in rule, and may subject the certificate holder to such penalties and sanctions provided in 37-1-136, MCA.

(2) Behavioral health peer support specialists shall abide by the following code of professional ethics.

(a) All certificate holders shall:

(i) act in a way that encourages and promotes recovery for themselves and those they serve without placing judgment on the recovery path of others;

(ii) share their own recovery story in a manner that promotes recovery, instills hope, and is a benefit to those they are serving;

(iii) always use first person or recovery language and encourage this practice in others;

(iv) engage in resolving concerns in a respectful and professional manner;

(v) maintain high standards of personal and professional conduct; always acting in a way that represents peer support in a positive and beneficial light;

(vi) act as a positive role model in recovery;

(vii) conduct themselves in way that fosters their own recovery. Peer support specialists will take personal responsibility to seek support and manage their wellness;

(viii) provide clients with accurate and complete information regarding the extent and nature of the services available to them;

(ix) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;

(x) make every effort to keep scheduled appointments;

(x) notify clients promptly and seek the transfer, referral, or continuation of services pursuant to the client's needs and preferences if termination or interruption of services is anticipated;

(xi) attempt to make appropriate referrals pursuant to the client's needs;

(xi) obtain informed written consent of the client or the client's legal guardian prior to the client's involvement in any research project of the licensee that might identify the client or place them at risk;

(xii) obtain informed written consent of the client or the client's legal guardian prior to taping, recording, or permitting third-party observation of the client's activities that might identify the client or place them at risk;

(xiii) safeguard information provided by clients. Except where required by law or court order, a licensee shall obtain the client's informed written consent prior to releasing confidential information; and

(xiv) disclose to and obtain written acknowledgement from the client or prospective client as to the fee to be charged for professional service and/or the basis upon which the fee will be calculated.

(xv) respect and protect the confidentiality, rights, and dignity of those they serve;

(xvi) advocate for those they serve unless it would threaten the safety, security, or recovery of others;

(xvii) take proper and adequate measures to prevent, report and correct unethical conduct;

(xviii) follow all State and Federal laws including the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR part 2;

(xix) as mandatory reporters, report elder abuse and child abuse to appropriate authorities and supervisors;

(xx) disclose any pre-existing relationships, sexual or otherwise to immediate supervisor prior to providing services to that individual; and

(xxi) report risk of imminent harm to self or others to the proper authorities and to their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality.

(b) Licensees shall not:

(i) commit fraud or misrepresent services performed;

(ii) engage or offer advice on the matters of diagnosis, treatment or medications;

(iii) divide a fee or accept or give anything of value for receiving or making a referral;

(iv) violate a position of trust by knowingly committing any act detrimental to a client;

(v) engage in or promote behaviors or activities that would jeopardize the certificate holder's recovery or the recovery of those they serve;

(vi) participating in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Licensees who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship

(vii) exploit in any manner the professional relationships with clients or former clients, supervisees, supervisors, students, employees, or research participants;

(viii) engage in or solicit sexual relations with a client or commit an act of sexual misconduct or a sexual offense if such act, offense, or solicitation is substantially related to the qualifications, functions, or duties of the licensee;

(ix) enter into sexual or personal relationships with a client or the client's immediate family member;

(x) condone or engage in sexual harassment. Sexual harassment is defined as: "deliberate or refused comments, gestures, or physical contact of a sexual nature that are unwelcome by the recipient";

(xi) discriminate in the provision of services on the basis of race, creed, religion, color, sex, physical or mental disability, marital status, age, or national origin;

(xii) abuse, harass, demean or discriminate against others based on race, culture, religion, age, gender, gender identity, disability, nationality, sexual orientation, or economic condition;

(xiii) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services; or

(xiv) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading.

NEW RULE 11 CONTINUING EDUCATION HOURS AND CREDITS (1) each certificate holder shall earn 20 clock hours of accredited continuing peer support specialist education for each year. Clock hours or contact hours shall be the actual number of hours during which instruction was given.

(2) Any certificate holder may apply for an exemption from the continuing peer support specialist education requirements of these rules by filing a statement with the board setting forth good faith reasons why he or she is unable to comply with these rules, and an exemption may be granted by the board.

(3) CBHPSS certified before July 1 of the renewal year will be required to fulfill the 20-hour requirement. Those licensed after July 1 are required to obtain one-half of the 20-hour requirement; and those licensed after October 1 will not be required to obtain continuing education credits for renewal.

NEW RULE 12 CONTINUING EDUCATION STANDARDS (1) Continuing education for CBHPSS is training that:

(a) has significant intellectual or practical content and the primary objective is to increase the certificate holders professional competence as a CBHPSS; and

(b) constitutes an organized program of learning, dealing with matters directly related to the practice of peer support services, professional responsibility, or ethical obligations of CBHPSS. Academic credit may be used for continuing education hours.

(2) Certificate holders must maintain documentation of completed continuing education for four years and make the records available to the department if the certificate holder is selected for a random audit. The documentation must include a certificate of attendance, the agenda of the continuing education course, and the description of the course and the credentials of the presenters.

(3) Documentation for college credits shall include the course syllabi and an official transcript. One college quarter credit equals 10 hours and one college semester credit equals 15 hours.

(3) The Board Office shall maintain and make available a list of Board-approved programs and providers.

(4) Continuing education courses offered by providers not on the list will be accepted, if all criteria listed in (1) are met. The Board may delegate authority to staff to determine compliance with criteria.

NEW RULE 13 REPORTING REQUIREMENTS (1) At the time of renewal, certificate holders shall indicate compliance or noncompliance with continuing education requirements as required by the renewal process.

(2) If a certificate holder is unable to acquire sufficient continuing education credits, the CBHPSS may request a hardship exemption prior to renewing the license. All requests for exemptions will be evaluated by the board on an individual basis.

NEW RULE 14 CONTINUING EDUCATION NONCOMPLIANCE (1) In the event that a certificate holder fails to comply with these continuing education rules in any respect, the board shall promptly send a notice of noncompliance. The notice shall specify the nature of the noncompliance and state that unless the noncompliance is corrected or a request for a hearing before the board is made within 60 days, the statement of noncompliance shall be considered grounds for suspension or revocation.