

Chapter 246-XXX WAC, Behavioral Health Support Specialist

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246-XXX-010 Definitions (Note: Updated 3/1/24 based on Week 2 & 3 Workshops and written feedback)

The definitions in RCW 18.227.010 and in this section apply throughout this chapter unless the context clearly states otherwise:

- (1) “Behavioral health” is a term that encompasses mental health, substance use, and co-occurring disorders.
- (2) “Behavioral health support specialist” or “BHSS” means a person certified to deliver brief, evidence-based interventions with a scope of practice that includes behavioral health under the supervision of a Washington state credentialed provider who has the ability to assess, diagnose, and treat identifiable mental and behavioral health conditions as part of their scope of practice. A behavioral health support specialist does not have within their scope of practice the ability to make diagnoses, but does track and monitor treatment response and outcomes using measurement-based care.
- (3) “Brief, evidence-based intervention” means the process of building rapport with a patient, providing personalized care through short, 5- to 15-minute sessions, and using treatment tools based on the most

up-to-date research strategies focused on the reduction of symptom severity within a time frame congruent with the needs of the individual, provider, and treatment setting.

(4) “Client” means a recipient of behavioral health services. This term may be used interchangeably with “patient.”

(5) “Clinical supervisor” means a provider who meets the requirements of WAC 246-XXX-410 and provides oversight, supervision, and consultation to a certified BHSS working within their scope of practice.

(6) “Department” means the Department of Health.

(7) “Measurement-based care” means monitoring and measuring patient symptoms to evaluate how a patient responds to treatment and systematically adjusting treatment based on patient needs.

(8) “Practicum” means supervised experience that meets the requirements of WAC 246-XXX-200, completed for the purpose of becoming a certified BHSS. A practicum may be completed as part of a bachelor’s degree, post-baccalaureate education, or registered apprenticeship program and may be referenced in documentation as a practicum, internship, on-the-job training, or other similar term. Within this chapter, the terms “practicum” and “supervised experience” are used interchangeably.

(9) “Practicum supervisor” means a provider that meets the requirements of WAC 246-XXX-215, who provides oversight to a student completing a practicum.

(10) “Registered apprenticeship” means an apprenticeship program approved by the Washington State Apprenticeship and Training Council according to chapter 49.04 RCW.

(11) “Student” means an individual working toward completing BHSS education and practicum requirements, whether part of a bachelor’s degree program, post-baccalaureate education, or registered apprenticeship program.

246-XXX-020 Administrative proceedings and mandatory reporting (Note: Updated 3/1/24 based on Week 3 workshops)

(1) The department uses procedural rules contained in chapter 246-10 WAC, including subsequent amendments under chapter 246-10 WAC.

(2) The department enforces requirements for credentialed health care providers contained in chapter 246-12 WAC, including subsequent amendments under chapter 246-12 WAC.

~~(3) The department enforces standards of professional conduct for credentialed health care providers contained in chapter 246-16 WAC, including subsequent amendments under chapter 246-16 WAC.~~

246-XXX-025 Behavioral Health Support Specialist application requirements (Note: Updated 2/29/24 based on Week 3 workshops)

(1) An applicant for a behavioral health support specialist (BHSS) certificate shall submit to the department:

- (a) An application on forms provided by the department;
- (b) Official transcripts to verify completion of a bachelor’s degree;
- (c) Documentation to verify completion of an approved BHSS educational program and practicum under section (3) or (4) of this section; and
- (d) The fee required under WAC 246-XXX-990.

(2) Before issuance of a BHSS certificate, an applicant shall take and pass the jurisprudence examination under WAC 246-XXX-300.

(3) An applicant who completes BHSS education and experience requirements through approved college or post-baccalaureate coursework and practicum must submit:

- (a) Official transcripts verifying completion of competencies under WAC 246-XXX-100; and
 - (b) Documentation of completion of a practicum of any supervised experience completed under WAC 246-XXX-200. If an applicant completed supervised experience through multiple practicums or at multiple practicum sites, documentation should be submitted for each.
- (4) An applicant who completes BHSS education and experience requirements through an approved and registered BHSS apprenticeship must submit an apprenticeship certificate of completion.

246-XXX-100 BHSS educational program requirements (Note: Updated 3/1/24 based on written feedback)

- (1) To be eligible for certification as a behavioral health support specialist (BHSS), an applicant must complete a BHSS educational program approved by the department in addition to a bachelor degree. The approved BHSS educational program must be included as part of a:
- (a) bachelor degree program;
 - (b) post-baccalaureate BHSS continuing education program, or
 - (c) registered apprenticeship program.

(2) SEE OPTIONS BELOW:

Framework A:

- (2) The minimum amount of instruction for a BHSS credential is at least:
- (a) ___ quarter college credits;
 - (b) ___ semester college credits; or
 - (c) ___ hours of apprenticeship related/supplemental instruction.

Framework B:

- (2) The minimum amount of instruction for a BHSS credential is at least one calendar year.

Framework C:

- (2) The minimum amount of instruction for a BHSS credential is at least:
- (a) 1 year for a bachelor's degree in BHSS or another bachelor's degree with a BHSS endorsement/concentration/specialty; or
 - (b) _____ for a post-baccalaureate BHSS program.

Framework D:

- (2) The minimum amount of instruction spent in BHSS competencies is:
- (a) ___ hours in health equity;
 - (b) ___ hours in helping relationship;
 - (c) ___ hours in cultural responsiveness;
 - (d) ___ hours in team-based care and collaboration;
 - (e) ___ hours in screening and assessment;
 - (f) ___ hours in care planning and care coordination;
 - (g) ___ hours in intervention; and
 - (h) ___ hours in law and ethics.

- (3) Education must include instruction in each of the following competencies, consistent with current University of Washington behavioral health support specialist clinical training program guidelines:

- (a) Health equity, including:
 - (i) Recognizing the impact of health disparities on patient engagement; and
 - (ii) Practicing use of inclusive communication that supports healthcare equity;
- (b) The helping relationship, including:
 - (i) Developing a supportive and effective working alliance with patients and their support networks;
 - (ii) Engaging patients to enhance participation in care;
 - (iii) Facilitating group psychoeducation; and
 - (iv) Utilizing a trauma-informed care framework in all aspects of helping relationships;
- (c) Cultural responsiveness, including:
 - (i) Develop knowledge of patient's identity(ies);
 - (ii) Provide services responsive to patient's identity(ies);
 - (iii) Practice cultural humility in relationships; and
 - (iv) Strive to address own biases in work with patients.
- (d) Team-based care and collaboration, including:
 - (i) Integrating professional identity and scope of practice within a healthcare team;
 - (ii) Practicing interprofessional communication; and
 - (iii) Contributing to teams and teamwork;
- (e) Screening and assessment, including:
 - (i) Utilizing appropriate standardized screening tools to identify common behavioral health conditions;
 - (ii) Conducting a suicide risk assessment and providing appropriate intervention under supervision;
 - (iii) Conducting a patient-centered biopsychosocial assessment; and
 - (iv) Using measurement-based care to support stepped care approaches and adjusting the type and intensity of services to the needs of the patient;
- (f) Care planning and care coordination, including:
 - (i) Contributing to the development of a whole health care plan and stay well plan with the patient, the patient's support network, and healthcare team members;
 - (ii) Maintaining a registry to systematically track patient treatment response to interventions;
 - (iii) Ensuring the flow and exchange of information among patients, patients' support networks, and linked providers;
 - (iv) Facilitating external referrals to social and community-based services (housing assistance, food banks, vocational rehabilitation, substance use disorder treatment, etc.);
 - (v) Demonstrating accurate documentation of services provided and summaries of contact with linked providers in the patient record; and
 - (vi) Recognizing the interaction between behavioral health conditions, chronic health conditions, and their associated symptoms;
- (g) Intervention, including:
 - (i) Integrating motivational interviewing strategies into practice;
 - (ii) Providing psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the healthcare team;

- (iii) Employing distress tolerance strategies including problem-solving and relaxation techniques to reduce the impact of acute stress on patient mental and behavioral health;
 - (iv) Applying brief, evidence-based treatment for common mental health presentations including depression, based on behavioral activation principles;
 - (v) Applying brief, evidence-based treatment for common mental health presentations including anxiety, based on cognitive behavioral therapy (CBT) principles;
 - (vi) Using harm reduction strategies for substance use concerns including the delivery of screening, brief intervention and referral to treatment (SBIRT); and
 - (vii) Demonstrating a clear understanding of the evidence base for brief treatment that focuses on symptom reduction; and
- (h) Law and ethics, including:
- (i) Identifying and applying federal and state laws to practice;
 - (ii) Integrating foundations of interprofessional ethics into practice;
 - (iii) Utilizing supervision and consultation to guide practice; and
 - (iv) Engaging in ongoing reflective practice.

246-XXX-110 Approval process for education programs (Note: Updated 3/1/24 based on written feedback)

- (1) A BHSS educational program must be approved by the department and, if applicable, registered with the Department of Labor & Industries before its graduates are eligible for certification as a BHSS.
- (2) To apply for approval as a BHSS educational program, a college, university, technical school, apprenticeship program, or other entity must submit on forms provided by the department:
- (a) documentation of how its curriculum meets the requirements of WAC 246-XXX-100; and
 - (b) attestation by a [school BHSS program official] that the education program will confirm any clinical or counseling environment approved as a practicum site for students will meet the requirements of WAC 246-XXX-200 through WAC 246-XXX-215.
- (3) An approved BHSS educational program must:
- (a) reapply for approval every 7 years after initial approval; and
 - (b) inform the department of any substantial changes to BHSS curriculum.
- (4) The department may conduct audits to ensure an educational program continues to meet educational standards and, for good cause, may revoke a BHSS educational program's approval.

WAC 246-XXX-111 Legacy clause for programs operating prior to 2025 (Note: Updated 3/1/24 based on DOH research)
[Under construction]

Option A

- (1) The department recognizes that multiple colleges, universities, and technical colleges began implementing Behavioral Health Support Specialist education programs prior to the passage of 5189 in 2023. In recognition of the educational programs developed by these institutions and the achievement of their students, the department will consider for certification students who completed a BHSS education prior to January 1, 2025.
- (2) A student who graduated from a BHSS educational program prior to 2025 may apply for certification under WAC 246-XXX-025 if:

- (a) The BHSS educational program they graduated from was subsequently approved by the department;
- (b) The applicant submits documentation attesting that their education included competencies listed in WAC 246-XXX-100, signed by the educational program's BHSS program director or other representative; and
- (c) If the applicant completed a practicum of less than 240 hours, they submit supplementary documentation of subsequent supervised experience to make up the deficit. This may be attested to by the practicum supervisor, a practicum site director, or the educational program's BHSS program director or other representative.

Option B

The department may approve BHSS educational programs for periods of time prior to January 1, 2025 when the educational program submits evidence of substantially meeting the standards of this chapter.

246-XXX-200 General Supervised experience requirements (Note: Updated 2/23/24 based on written feedback and DOH research)

- (1) To be eligible for certification as a behavioral health support specialist, ~~an applicant a student~~ shall complete a BHSS practicum or BHSS apprenticeship on-the-job training that:
 - (a) provides practical instruction that reinforces BHSS competencies listed in WAC 246-XXX-100, consistent with University of Washington behavioral health support specialist clinical training program guidelines;
 - (b) allows BHSS students to participate in a clinical environment, observe providers treating clients, and provide care to clients under supervision; and
 - (c) is supervised by a practicum supervisor, consistent with WAC 246-XXX-210 and WAC 246-XXX-215.
- (2) A clinical environment is a practice setting where a student is supervised by a provider type listed in WAC 246-XXX-215. A clinical environment is not limited to a traditional clinic setting and may include outreach, co-response, crisis response, or other settings in which a clinical provider is providing behavioral health services.
- (3) The minimum amount of practicum or on-the-job experience for a Behavioral Health Support Specialist credential is at least 240 hours, completed over a period of at least 6 months.

246-XXX-210 Practicum supervision requirements (Note: Updated 3/1/24 based on Week 1-3 Workshops and written feedback)

- (1) All supervised experience required for BHSS certification must be completed under a practicum supervisor as defined in WAC 246-XXX-215.
- (2) Before the practicum begins or within the first month of the practicum, the student/supervisee must meet with the supervisor to:
 - (a) develop a written plan for ~~meeting competencies~~ developing clinical skills;
 - (b) set goals ~~for skills and expectations~~ for the duration of the practicum;
 - (c) ~~set deadlines for skills level review~~;
 - ~~(d)~~ establish a schedule for supervision; and
 - (d) identify an alternate supervisor, if possible, in case the primary supervisor is unavailable.
- (3) A practicum supervisor must provide supervision regularly, with at least bi-weekly monthly individual supervision and monthly group supervision meetings.

~~(4) A practicum supervisor must attest to the department that the supervisee has demonstrated competency in the areas listed in WAC 246-XXX-100 on forms provided by the department.~~

- (4) The practicum supervisor must attest, on forms provided by the department, that the supervisee has:
- (a) completed at least 240 practicum hours;
 - (b) completed at least 6 hours of individual supervision;
 - (c) completed at least **60** hours of direct client contact, including co-delivery of services with a supervisor and independent provision of services; and
 - (d) demonstrated at least one clinical skill in each competency listed in WAC 246-XXX-100.s including, but not limited to: ~~[insert list of clinical skills].~~

WAC 246-XXX-215 BHSS practicum supervisor requirements. (Note: Updated 2/16/24 based on Week 1 Workshops)

(1) A practicum supervisor must be licensed in the state of Washington, with no restrictions, as one of the following provider types:

- ~~(a) Advanced social worker or associate license under chapter 18.225 RCW;~~
- ~~(b) Independent clinical social worker or associate license under chapter 18.225 RCW;~~
- (b) Marriage and family therapist or associate license under chapter 18.225 RCW;
- (c) Mental health counselor or associate license under chapter 18.225 RCW;
- (d) Psychiatric Advanced Registered Nurse Practitioner under chapter 18.79 RCW; or
- (e) Psychologist or associate license under chapter 18.83 RCW; or
- (f) Other provider listed in WAC 246-XXX-410 who is competent to assess, diagnose, and treat behavioral health conditions and support a student BHSS appropriately.

(2) A practicum supervisor is not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the supervisee's primary behavioral health counselor in the past two years.

(3) A practicum supervisor or if unavailable, an alternative designated provider, must review and sign all prospective BHSS student clinical practicum documentation. Any alternative designated provider signing on behalf of the practicum supervisor must also meet the supervisor requirements of this section.

(4) A practicum supervisor is responsible for all clients assigned to the prospective BHSS student they supervise.

~~**246-XXX-250 Apprenticeship experience requirements**~~

~~[Deleted 2/23/24. See WAC 246-XXX-200 for apprenticeship OTJ]~~

246-XXX-300 Examination requirements

A behavioral health support specialist must take and pass a jurisprudence examination administered by the department that covers professional judgment, knowledge of state laws, and ethics pertaining to the behavioral health support specialist profession.

246-XXX-400 Professional standards for certified BHSS (Note: Updated 3/1/24 based on Week 2-3 Workshops and written feedback)

(1) A behavioral health support specialist:

(a) delivers brief, evidence-based interventions to treat individuals with behavioral health conditions, including mental health or substance use disorders, consistent with subsection (3) of this section; An intervention may include up to 25 sessions per event be provided intermittently over the course of three years

(b) tracks and monitors treatment response and outcomes using measurement-based care. Interventions should be adjusted based on patient response to find the most effective treatment;

(c) regularly confers with their clinical supervisor, who has the ability to assess, diagnose, and treat mental and behavioral health conditions;

(d) may provide care for a behavioral health crisis or condition which is impacting the client's quality of life; and

(e) refers clients to alternate health care or other resources when clients' needs exceed the behavioral health support specialist's scope of practice or competence.

(2) A behavioral health support specialist may not make diagnoses, but may provide symptom-based treatment within their scope of practice. Treatment may be based on the diagnosis of another provider or occur prior to diagnosis, based on screening and assessment.

(3) Brief, evidence-based interventions" means strategies focused on the reduction of symptom severity within a time frame congruent with the needs of the individual, provider, and treatment setting.

(a) The strategies are often informed by principles associated with cognitive behavioral, problem-solving, strategic, or solution-focused psychotherapies.

(b) If the duration of treatment involving a single intervention exceeds six months in duration, a new intervention ought to be considered or a referral to a setting and provider with a scope of practice matching the complexity of patient problems. The duration of treatment based on a single intervention should not exceed three years.

(4) If the need for treatment exceeds timeframes established in subsection (3), the BHSS must confer with their supervisor to determine whether referral to another provider is appropriate.

246-XXX-405 Ethical standards for certified BHSS (Note: Updated 3/1/24 based on Week 3 Workshops)

(1) The department enforces standards of professional conduct for credentialed health care providers contained in chapter 246-16 WAC, including subsequent amendments under chapter 246-16 WAC.

(2) A certified behavioral health support specialist shall never:

(a) engage, or attempt to engage, in the activities listed in WAC 246-16-100 (1) and (2) with a current or former client;

(b) engage, or attempt to engage, in a dual relationship with a current or former client. This includes, but is not limited to, pursuing a friendship, being roommates, having a landlord-tenant relationship, or having any other relationship that could be perceived to create a conflict of interest or imbalance of power.

(3) A BHSS shall follow all federal and state laws and regulations about privacy, including the Health Insurance Portability and Accountability Act (HIPAA) and Part 2 of Title 42 of the Code of Federal Regulations. If a BHSS encounters two different standards regarding client privacy, they shall follow the standard that offers the greatest protection to the client.

(4) When providing care or treatment to a client, a BHSS shall limit self-disclosure to maintain a professional, neutral environment, in order to keep treatment sessions focused on client needs.

246-XXX-410 Clinical supervisors (Note: Updated 2/16/24 based on Week 1 Workshops)

(1) To supervise a certified behavioral health support specialist, a provider must hold one of the following Washington state credentials:

- (a) Advanced social worker or associate license under chapter 18.225 RCW;
- (b) Physician licensed under chapter 18.71 RCW;
- (c) Independent clinical social worker or associate license under chapter 18.225 RCW;
- (d) Marriage and family therapist or associate license under chapter 18.225 RCW;
- (e) Mental health counselor or associate license under chapter 18.225 RCW;
- (f) Osteopathic physician license under chapter 18.57 RCW;
- (g) Physician assistant license under chapter 18.71A RCW;
- (h) Psychiatric Advanced Registered Nurse Practitioner license under chapter 18.79 RCW; or
- (i) Psychologist or associate license under chapter 18.83 RCW.

(2) Other providers may also be eligible to provide BHSS supervision if they:

- (a) Hold a Washington state credential issued by another agency; and
- (b) Have the ability to assess, diagnose, and treat identifiable mental and behavioral health conditions as part of their scope of practice.

(3) A clinical supervisor is responsible for:

- (a) Supervising a BHSS's practice and treatment of clients and ensuring they do not exceed their scope of practice;
- (b) Providing a level of supervision appropriate for the BHSS's training, education, and experience;
- (c) Ensuring quality of care for all clients assigned to the BHSS they supervise;
- (d) Providing competent supervision based on the supervisor's own level of training, education, and experience; and
- (e) Ensuring that additional professional behavioral health consultation is available to the BHSS if necessary, based on the supervisor's level of behavioral health knowledge.

WAC 246-XXX-420 Required client disclosure information (Note: Updated 2/23/24 based on Week 2 Workshops)

(1) A behavioral health support specialist must provide disclosure information to each client prior to the delivery of services. Disclosure information may be printed in a format of the provider's choosing or in a general format used by a state approved treatment facility.

(2) The following information must be printed on all disclosure statements provided to counseling clients in language that can be easily understood by the client:

- (a) Name of firm, agency, business, or other practice location.
- (b) Employment address, telephone number, and email address.
- (c) Name, credential, and credential number.
- (d) Clinical supervisor's name, credential, and credential number.
- (e) Clinical supervisor's employment address, telephone number, and email address, if different from the BHSS's.
- (f) Billing information, including:
 - (i) Client's cost per each counseling session;
 - (ii) Billing practices, including any advance payments and refunds.
- (g) A list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the Department of Health.

(3) The BHSS and the client must sign and date a statement indicating that the client has been given a copy of the required disclosure information, and the client has read and understands the information

provided. If a client is in acute crisis or is otherwise unable to read, understand, and sign the disclosure statement, it can be completed at a later session.

WAC 246-XXX-500 Continuing education requirements (Note: Updated 2/23/24 based on Week 2 Workshops)

A certified BHSS must complete 20 hours of continuing education every two years, either in person or through distance learning, including:

- (1) At least 2 hours of health equity education every 4 years that comply with requirements in WAC 246-12-800 through WAC 246-12-830;
- (2) Completion of at least a 3-hour training on suicide screening and referral listed on the department's model list every 4 years during their first CE cycle after certification, then every 6 years afterwards;
- (3) At least 2 hours of ethics every two years; and
- (4) The remaining hours in qualifying continuing education under WAC 246-XXX-510.

WAC 246-XXX-505 Additional training requirements (Note: Added 2/23/24 based on DOH research)

A certified BHSS who provides clinical services through telemedicine as defined in RCW 70.41.020 must complete a one-time telemedicine training that complies with RCW 43.70.495.

WAC 246-XXX-510 Qualifying continuing education and other professional development activities (Note: Updated 2/23/24 based on Week 2 Workshops)

- (1) Qualifying continuing education (CE) for behavioral health support specialists must:
 - (a) Be relevant to the profession; and
 - (b) Contribute to the advancement and enhancement of their professional competence.
- (2) Activities primarily designed to increase practice income or office efficiency are not eligible for CE credit.
- (3) Acceptable CE must be approved by an industry-recognized local, state, national, international organization or institution of higher learning under WAC 246-XXX-520.
- (4) Distance learning must require tests of comprehension upon completion to qualify as CE.
- (5) Qualifying activities that count toward continuing education requirements include programs, courses, seminars, and workshops.
- (6) All documentation must include the dates the continuing education activity took place, the number of hours of CE credit, and, if appropriate, the title of the course, the location of the course, and the name of the instructor. If the activity's relevance to the profession is not apparent based on the title, the BHSS must submit documentation describing the content.
- (7) A BHSS must maintain CE documentation for at least 6 years... [research pending]

WAC 246-XXX-520 Industry-recognized local, state, national, international organizations or institutions of higher learning. (Note: Updated 3/1/24 based on Week 2 & 3 Workshops and written feedback)

Local, state, national, and international organizations that are recognized in the behavioral health industry and institutions of higher learning include, but are not limited to, the following:

- (1) American Association for Marriage and Family Therapy (AAMFT) and Washington Association for Marriage and Family Therapy;
- (2) American Counseling Association and Washington Counseling Association;

- (3) American Mental Health Counselors Association (AMHCA) and Washington Mental Health Counselors Association;
- (4) American Psychological Association (APA);
- (5) Association of Social Work Boards (ASWB);
- ~~(4) Center for Credentialing & Education;~~
- (6) Clinical Social Work Association (CSWA);
- (7) Collaborative Family Healthcare Association;
- (8) National Association for Alcoholism and Drug Abuse Counselors (NAADAC) and Washington Association for Alcoholism and Drug Abuse Counselors (WAADAC);
- (9) National Association of Social Workers (NASW) and Washington chapter;
- (10) National Board for Certified Counselors (NBCC);
- (11) Society for Social Work Leadership in Health Care;
- (12) Washington State Society for Clinical Social Work; and
- (13) Institutions of higher learning that are recognized as accredited Postsecondary Education Institutions by the U.S. Department of Education.

246-XXX-900 Expired credential

If a BHSS certification is expired, the individual must meet the requirements of WAC 246-12-040 in order to return to active status.

246-XXX-990 Behavioral Health Support Specialist – Fees and renewal cycle

- (1) A behavioral health support specialist certificate must be renewed every year on the provider’s birthday as provided in chapter 246-12 WAC.
- (2) The following nonrefundable fees will be charged for a certified behavioral health support specialist:

Title of Fee	Fee
Application and initial certification	\$285*
Active renewal	\$285*
Active late renewal penalty	\$TBD
Expired certification reissuance	\$TBD
Duplicate certification	\$10.00
Verification of certificate	\$25.00

*Subject to change