

## Concise Explanatory Statement for Peer Specialists and Peer Specialist Trainees

The Department of Health (department) is adopting rules in new chapter 246-929 WAC to establish certification requirements for the Peer Specialist and Trainee certifications, new credentials created in 2023 by 2SSB 5555. Establishing certification requirements in rule allows the department to fairly and consistently enforce standards that protect patient safety.

The main purpose of the adopted rules is to implement the legislation above. This includes creating the new chapter 246-929 WAC which:

- Creates definitions for terms used in the chapter;
- Clarifies the credential is voluntary to provide peer support services but is title protected;
- Clarifies the scope of practice in statute and that peer specialists are not clinical providers;
- Establishes the requirements needed to obtain the credentials, including education and supervised experience;
- Establishes the requirements for peer specialists to become an approved supervisor for peer specialist trainees, including how to obtain joint supervision experience;
- Establishes methods for current peer counselors and peer supervisors to qualify for the new credential and become an approved supervisor based on previous experience obtained prior to the creation of the peer specialist certification;
- Outlines how peers credentialed in another state can qualify for the Washington credential, including national and international certifications;
- Enhances and defines the ethical practice of providing peer services, information to provide in a disclosure statement, and mandatory reporting requirements;
- Establishes the continuing competency program for continuing education requirements, approved continuing education providers, and specific coursework requirements such as suicide prevention and health equity;
- Establishes the fee set by statute and ancillary fees such as late renewals or duplicate certificates.

The adopted amendments to chapter 246-929 WAC will become effective on July 1, 2025. A copy of the adopted rules are attached.

The adopted rules are different from the text of the proposed rule as it was published in the Washington State Register 24-23-063. The following clarifying change was made to the proposed rule upon adoption:

- A. WAC 246-929-040 Scope of practice and limits for certified peer specialists and certified peer specialist trainees. In subsection (1), the department removed “case management” from the acceptable interventions allowed for peer specialists and peer specialist trainees. This was included based on feedback from interested parties at the public workshops, however the department learned that case management is not a billable service under the

peer specialist credentials and is considered a clinical service that is outside the scope of practice for the profession. The scope of practice is set in statute, and the department’s rule language cannot contradict or expand the scope of practice for the profession. Therefore, this language was removed for the final rule adoption.

The following table is a summary of all comments received and the department’s response:

<b>Testimony/Comments re: Behavioral Health Support Specialists</b>		
<b>Comment</b>	<b>WAC</b>	<b>Response</b>
A commenter requested the addition of drug testing as a condition of the credential and a pay increase or a minimum pay rate.	N/A	Because chapter 18.420 RCW does not require drug testing as a condition of certification, the department is unable to make this addition. However, an individual with less than 1 year in recovery may be required to participate in a substance use disorder monitoring program under RCW 18.130.175.  Payment rates are beyond the scope of the department’s authority.  <b>The adopted rules were not changed as a result of this comment.</b>
A commenter testified that training is becoming very expensive because of the new 80-hour training and the Gap training required for previous peers. Even if there is a training geographically near them, only a couple of people can attend at once from their crisis team. Any virtual training would be helpful, since they have many peers working for them.	WAC 246-929-130	The department cannot amend peer training requirements, as the law established these requirements and gives the Health Care Authority (HCA) authority over the trainings and curriculum. However, to help address costs of training, HCA provides the trainings for free and provides the Gap training course online, with one scheduled Zoom session for a skills check.  <b>The adopted rules were not changed as a result of this comment.</b>
A commenter testified about the Peer Code of Ethics and requested removal of a section that states “threats to harm themselves or others must be shared.” The commenter stated that harm to self is not included in the mandatory reporting rules, that reporting threats to self-harm could	WAC 246-929-210	While the rule language does have a section on ethics, it does not contain a requirement to report self-harm. The Peer Code of Ethics has not been proposed as enforceable rule language and was developed as a separate guidance document of best practices. The department will

<p>be detrimental to an individual’s health and well-being, and that this type of reporting could be coercive.</p>		<p>consider this feedback when finalizing the Peer Code of Ethics document.</p> <p><b>The adopted rules were not changed as a result of this comment.</b></p>
<p>A commenter stated they hoped that there was a process for redress, without going through their employer, if peers believe the rules are being broken.</p>	<p>N/A</p>	<p>Peers may file a <a href="#">complaint</a> against a provider or licensed behavioral health agency without going through their employer.</p> <p><b>The adopted rules were not changed as a result of this comment.</b></p>
<p>A commenter opposed several elements of the rules that create barriers and are not in alignment with the recommendations from SAMHSA for peer certifications. The commenter stated that requirements such as fees, length of training, and practice hours are barriers that prevent equity and put Washington out of pace with the national standards.</p>	<p>WAC 246-929-100 and WAC 246-929-990</p>	<p>The requirements for education, experience, and the fee are all set by the statute and not the rule. Because these requirements are based in <a href="#">law</a>, they are beyond the department’s authority to change. Fee rates are set by <a href="#">statute</a> for the first 5 years the credential is available. After that, fees will be set at a rate that is necessary to cover the costs of running the program and to issue the credential.</p> <p><b>The adopted rules were not changed as a result of this comment.</b></p>
<p>One organization strongly encouraged the department to conduct significant outreach and incorporate the input of BHAs when determining future recommendations for addressing the July 1, 2028 deadline for allowing behavioral health providers, as defined in RCW 71.24.025, to supervise peers specialist trainees. The organization stated that the team-based care model which operates in BHA settings and has allowed for the development of thousands of well-qualified peers does not align with the requirement that only peers may supervise other peers. Their members have voiced significant concerns that allowing only certified peer specialists</p>	<p>None</p>	<p>This comment does not address proposed rule language; it concerns the statutory requirement for the department to report to the legislature in December 2027 on the availability of peer specialists working as approved supervisors and if there are enough to provide supervision to the trainees. The department will consider this feedback when developing the report.</p> <p><b>The adopted rules were not changed as a result of this comment.</b></p>

to serve as approved supervisors in the long-term will have deeply detrimental impacts on the ability of BHAs to employ and supervise peers, and thus to provide much-needed peer services to their patient populations.		
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At the hearing, a few participants also asked questions about different aspects of the new peer specialist credentials. Those have been collected below to give a broader perspective of the new credentials. **No questions led to a change in the adopted rules.**

Question Posed	Answer Provided
How does the fee schedule work?	The fee schedule for peers is established in WAC 246-929-990. Under RCW 43.70.250, fees for peers are limited to \$100 for the first 5 years the credential is available. After that, fees will be set at a rate that is necessary to cover the costs of running the program and to issue the credential.
How does the peer credential interact with the Agency Affiliated Counselor (AAC) registration? What type of services may require an individual to hold both the peer specialist credential and AAC credential.	The new peer credential is replacing the AAC credential for peers. A peer does not need both credentials unless their job duties require them to provide services outside the peer scope of practice.
Who can operate a peer respite agency?	The answer depends on rules for licensed facilities, not on the peer professional rules. Please reach out to the certified peer specialist program or the behavioral health agency program for more information.
Is there any chance that “CPS” will not be the acronym for this credential? This acronym will cause confusion with the Certified Peer Specialist and Child Protective Services.	The legislature determined the name of the profession in statute, so this is not something the department has authority to change.  However, <a href="#">HB 1427</a> has proposed changing the name of the profession to “Certified Peer Support Specialist,” or “CPSS.” If new laws are passed that affect the peer profession, the department will begin rulemaking to align with statute.
Is the credential voluntary? Do you have to be certified to provide peer support services?	Under the <a href="#">law</a> , the peer credential is voluntary. An individual does not need the peer credential to provide peer services. This is repeated in the rules in WAC 246-929-030.  However, under HCA billing requirements, the peer credential is required for a peer to bill insurance or Medicaid.

Other changes made to the rules upon adoption as identified in this announcement are the result of internal staff review.

Any person may petition the adoption or amendment of these rules in accordance with RCW 34.05.330.

For more information regarding these rules, you may contact me by email at [ted.dale@doh.wa.gov](mailto:ted.dale@doh.wa.gov) or by phone at 360-236-2991.



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