

The Texas Certification Board

Grandfathering Application February 1, 2019-April 30, 2019

APPLICATION PACKAGE

March 2019

Texas Certification Board

**401 Ranch Road 620 South, Suite 310
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Certification Criteria and other information for:

Grandfathering Application

AS AUTHORIZED BY THE

**Health and Human Services Commission
Texas Administrative Code Title I, Part 15, Chapter 354 – Medicaid Services,
Subchapter N-Peer Specialist Services**

March 2019

**Originally Prepared by:
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Grandfathering

Statement of Purpose

The grandfathering credential standardizes qualifications of those working in Peer Services within the field of substance use, mental health, and/or co-occurring disorders. The following training entity credentialing guidelines have been developed by the **Texas Certification Board**.

Statutory Limitations

Texas Government Code §531.033, which provides the Executive Commissioner of HHSC with broad rulemaking authority, and Texas Human Resources Code §32.021 and Texas Government Code §531.021(a), which provides HHSC with the authority to administer the federal medical assistance (Medicaid) program in Texas.

The proposed rules implement Texas Government Code, Chapter 531, and Texas Human Resources Code, Chapter 32.

Authority

The authority of the Certification Board is derived from those persons who are dedicated to service as peer specialist and who are most affected by certification. This authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of this certification is voluntary. The credibility of this certification results from the standards that are maintained, the performance level established by the Certification Board, and most importantly, the competency and integrity of those holding the certification.

Grandfathering period is February 1, 2019 – April 30, 2019

Peer Specialist Minimum Qualifications:

(A) A peer specialist must:

1. be at least 18 years of age;
2. verify that they meet the following qualifications for the credential they are grandfathering to:
 - a. Mental Health Peer Specialist, for a person with lived experience in recovery from a mental health condition; or
 - b. Recovery Support Peer Specialist, for a person with lived experience in recovery from a substance use disorder.
3. have a high school diploma or General Equivalency Diploma (GED);
4. be willing to appropriately share his own recovery story with recipients;
5. be able to demonstrate current self-directed recovery; and
6. pass criminal history and registry checks (TCB may decide to verify background check)

(B) A person certified in Texas on the date this rule is initially effective may apply to a certification entity to be grandfathered into certification under this subchapter.

Recovery Support Peer Specialist (RSPS):

A person with a Peer Recovery Support Specialist certification in good standing with the Texas Certification Board, as of January 1, 2019, may apply to be grandfathered into peer specialist certification, with the designation of Recovery Support Peer Specialist (RSPS). A person requesting to be grandfathered under this paragraph is exempt from the initial certification and supervised work experience requirements.

Mental Health Peer Specialist (MHPS):

A person with a certification in good standing with Via Hope, as of January 1, 2019, may apply to be grandfathered into peer specialist certification, with the designation of Mental Health Peer Specialist (MHPS). A person requesting to be grandfathered in under this paragraph must submit documentation of at least 250 hours of supervised work experience. If the person does not have, or cannot document, at least 250 hours of supervised work experience, the certification entity may offer that person an initial 6-month certification. If the person cannot submit 250 hours, the applicant can get an initial 6-mo certification as an MHPS in order to complete their work experience in that time.

Fees for Certification

Original Application Fee\$60.00

\$20 additional fee if both certifications are requested.

**Incomplete applications will incur a \$25 processing fee. Money orders and checks for incomplete applications will receive a refund for the difference. **

SUBMISSION CHECKLIST

MHPS/ RSPS submission requirements:

- _____ Completed application form (including social security number)
- _____ Copy of current Via Hope Peer Recovery Specialist certification (if applying for MHPS) **OR** Copy of current Texas Certification Board Peer Recovery Support Specialist certification (if applying for RSPS) (include both certifications if applying for an MHPS and RSPS)
- _____ Results of Texas Department of Public Safety NCIC and TCIC Background Check or IdentoGO FBI History Check within 30 days of application based off of fingerprints. (Please do not send in fingerprint cards).
- _____ Documentation of 250 volunteer/ supervised work experience hours (see attached form) (If you currently hold a TCB PRSS you DO NOT have to submit again. Please note “on file”)
 - _____ a. Are you requesting a 6-month certification until your 250 work experience hours can be documented?
- _____ Signed Assurances and Releases form
- _____ Signed Code of Ethics form
- _____ Copy of state issued ID
- _____ Documentation of High School Diploma/GED or highest completed degree via transcript (If you already have certifications through TCB that required official transcripts you DO NOT have to send again. Please note: “on file”)

PSS submission requirements:

- _____ Proof of at least 2 years of experience supervising peer specialists, within the past 5 years. This can be documented by providing a letter on company letter head from your supervisor verifying your supervisory experience or supervisor training certificates from the past 2 years in a 5-year period. (If applying to supervise both RSPSs and MHPSs you must provide documentation for both types of supervisory experience)
- _____ Completed application form (including social security number)
- _____ Results of Texas Department of Public Safety NCIC and TCIC Background Check or IdentoGO FBI History Check within 30 days of application based off of fingerprints. (Please do not send in fingerprint cards).
- _____ Completion of the Peer Specialist Supervision Knowledge Assessment with a passing score of 70% or greater.
- _____ Signed Assurances and Releases form
- _____ Signed Code of Ethics form
- _____ Copy of state issued ID
- _____ Documentation of High School Diploma/GED or highest completed degree via transcript (If you already have certifications through TCB that required official transcripts you DO NOT have to send again. Please note: “on file”)

Application Fee for one certification \$60.00

\$20 fee for each additional certification

Incomplete applications will incur a \$25 processing fee. Money orders and checks for incomplete applications will receive a refund for the difference.

Payment Information

_____ I have enclosed a **Cashier's Check** or **Money Order** payable to TCB

Check No. _____

_____ I authorize TCB to charge my credit card in the amount of \$ _____

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card No. _____ Exp Date _____ CVC _____

Billing Zip _____ Cardholder Name _____

Cardholder Signature _____

Peer Specialist Supervision Knowledge Assessment **(Only for PSS Grandfathering applicants)**

- (1) John's plan of care states that John will attend Alcoholics Anonymous meetings at least three times per week. John tells his peer specialist that he only goes once per week, to the meeting closest to his apartment. The peer specialist should:
- (a) Report to the treatment team that John isn't following his plan of care.
 - (b) Tell John that he really needs to follow his plan of care if he plans to stay sober.
 - (c) Ask John for more information about how he made the decision to attend one per week instead of three times.
 - (d) All of the above.
- (2) Susan doesn't want to take the medication she has been prescribed for schizophrenia. She states that the side effects are horrible, and that she feels like she doesn't need the medicine anymore. On hearing this, her peer specialist should:
- (a) Immediately call Susan's psychiatrist.
 - (b) Tell Susan that she has to take that medicine, no matter what.
 - (c) Tell Susan about the choices that the peer specialist has made about taking medicine in the past, and what resulted from each of those choices.
 - (d) All of the above.
- (3) A peer specialist can be expected to do all of the following EXCEPT:
- (a) Group facilitation
 - (b) Medication management
 - (c) Crisis support
 - (d) Documentation or progress notes
- (4) During individual supervision with Mary, a peer specialist, she tells you that she's been severely depressed since her mother died two weeks ago, and that she's not feeling very motivated to reach out to the people on her workload. As her supervisor, you should:
- (a) Put her on administrative leave until she provides a note from her psychiatrist that she is fit to return to work.
 - (b) Since you are a clinician, invite her to talk more about her feelings.
 - (c) Talk to her about the importance of self-care as well as her responsibilities as an employee in this situation.
 - (d) All of the above.
- (5) When a new peer specialist is about to start working for you, it's acceptable practice to share that person's mental health or substance use history with the treatment team, so that they understand how to work with that person as a member of the team.
- (a) True.
 - (b) False.

Peer Specialist Supervision Knowledge Assessment

- (6) Clients of your organization need to understand that the peer specialist is a person of authority to be respected, and that they should follow any advice that the peer specialist offers.
- (a) True.
 - (b) False.
- (7) Peer specialists serve as examples of hope and recovery for clients, but they don't actually affect client outcomes.
- (a) True.
 - (b) False.
- (8) You must have lived experience with a mental health or substance use issue in order to be a good peer specialist. The right skills and training aren't enough.
- (a) True.
 - (b) False.
- (9) Peer specialists can be described as:
- (a) professional friends
 - (b) the best examples of recovery
 - (c) sources of support and advocacy
 - (d) all of the above
- (10) Peer specialists don't have any ethical requirements, since they aren't licensed professionals.
- (a) True.
 - (b) False.
- (11) As a supervisor, if a peer specialist is feeling stressed by hearing about other people's traumatic experiences, I should:
- (a) give the peer specialist different job responsibilities
 - (b) not discuss it, and refer the peer specialist back to his/her therapist
 - (c) talk to the peer specialist about secondary trauma and self-care
 - (d) offer the peer specialist after-hours therapy
- (12) Peers should only be supervised individually.
- (a) True.
 - (b) False.
- (13) Which of the following is NOT a common value of peer support?
- (a) self-determination
 - (b) dignity and respect
 - (c) peaceful coexistence
 - (d) equal relationships/mutuality

Peer Specialist Supervision Knowledge Assessment

- (14) Beverly is a peer specialist who has been working for you for about three months. She's a really nice woman who tries hard and is clearly committed to her work. At the same time, Beverly doesn't seem to grasp the work. You've reviewed her job description with her a couple of times, and authorized some job shadowing with a tenured peer specialist. However, these efforts don't seem to be having any effect on her job performance. You know her probation period is coming to an end, and are considering...
- (a) letting her go for poor job performance
 - (b) extending her probationary period, given that she's new to her job and, having a mental illness, probably needs more time to adjust to the job
 - (c) keeping her on, but changing her work away from direct services to supporting the clinical team by providing client transportation and doing clerical work
 - (d) calling her psychiatrist to see if he/she has any insight into what might work better to train and mentor Beverly
- (15) You've been supervising John, a peer specialist, for about 6 months, and he's a great asset to the agency. His work has been excellent and the people using services really like him a lot. Over the past few weeks, however, you've noticed a change. John seems to have lost his spunk, seems irritable and unenthused about his work. Other staff members have also commented on the changes and fear he is beginning to relapse. As his supervisor, you decide to...
- (a) set up a meeting with John to check in with him and ask if he's experiencing an increase in symptoms.
 - (b) set up a meeting with John to let him know you've noticed that he doesn't seem like his usual self, and you just wanted to check in.
 - (c) leave it alone. If he needs to let you know anything, it's up to him to bring it to you.
 - (d) confront John about being more professional at work and leaving his bad mood at home.
- (16) "Recovery" really only happens with substance use. A person can only manage the symptoms of a mental health condition.
- (a) True.
 - (b) False.
- (17) If you are a therapist with lived experience of a mental health or substance use condition, you can act as a person's therapist and peer specialist at the same.
- (a) True.
 - (b) False.
- (18) Peer specialists should do all of the following EXCEPT:
- (a) be available outside regular office hours
 - (b) let the client make his/her own choices about how to be in recovery
 - (c) support a client during a crisis
 - (d) model recovery for the client by doing things on behalf of the client

Peer Specialist Supervision Knowledge Assessment

- (19) Documentation of peer specialist supervision might include all of the following EXCEPT:
- (a) agenda for discussion
 - (b) outcomes and action plan
 - (c) update on peer specialist's recovery status
 - (d) areas for training/continuing education
- (20) A supervisor should be careful about giving a peer specialist any negative feedback or challenging them to grow, because you don't want to jeopardize the peer specialist's recovery.
- (a) True.
 - (b) False.

ASSURANCES AND RELEASES

TCB may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the TCB and staff to investigate my background as it relates to information contained in this application for certification. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCB, to officers, members, and staff of the aforementioned board.”

“I further agree to hold the TCB, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCB to issue certification.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

Applicant Signature

Date

Peer Specialist Code of Ethics

The principles in the following Code of Ethics guide Texas Certified Peer Specialists in their roles, relationships, and levels of responsibility in which they function professionally.

1. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all.
2. Certified Peer Specialists will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Certified Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Certified Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Certified Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Certified Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, gender identity, gender expression, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military status, or any other preference or personal characteristic, condition or state.
7. Certified Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Certified Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. Certified Peer Specialists will not engage in sexual/intimate activities with those to whom they are currently providing support, or have worked with in a professional role in the past two years.
12. Certified Peer Specialists will not provide services to another when under the influence of alcohol or when impaired by any substance, whether or not it is prescribed.
13. Certified Peers Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Certified Peer Specialists will not accept gifts of significant value from those they serve.

A peer specialist may not:

- a) practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions;
- b) engage in any service that requires a license;
- c) falsify any documentation related to application, training, testing, certification, or services provided under this subchapter;
- d) retaliate against any person who, in good faith, makes a complaint or files a grievance against the peer specialist regarding services provided under this subchapter;
- e) engage in conduct that is prohibited by state, federal, or local law, including those laws prohibiting the use, possession, or distribution of drugs or alcohol;
- f) participate in, condone, or promote discrimination on the basis of race, creed, color, national origin, gender, sexual orientation, religion, age, physical disability, or economic status in the performance of peer specialist services or training;
- g) delay or fail to report suspicion of abuse or neglect to the proper authority;
- h) violate law, rule, or policy related to a recipient's privacy and confidentiality;
- i) violate professional and personal boundaries, including having sexual contact with a recipient;
- j) have a dual relationship with a recipient.

PROCEDURE FOR CODE OF ETHICS COMPLAINTS

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB RSPS or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the RSPS or through the RSPS supervisor/employing agency. If this means fails or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

All matters of ethical violation and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against any member of the Association and/or certified individual. After appropriate study and necessary hearings assuring due process, the committee shall make its recommendations to the Certification Board for review and disposition. A written copy of the Code of Ethics and policies and procedures for grievance, complaints and hearings shall be made available to all members and to any other person requesting them.

Ethic complaints must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734.

I have read, understand and commit to the preceding Ethical Standards.

Signature _____ Date _____

Return Completed Application to:

401 Ranch Road 620 South, Suite 310, Austin,
TX 78734