Tennessee Department of Mental Health
and Substance Abuse Services

Certified Peer Recovery Specialist Program

Handbook of Guidelines, Standards, and Procedures

TN Department of Mental Health & Substance Abuse Services

June 2016

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TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Program

I. Introduction

Tennessee's Certified Peer Recovery Specialist program provides State certification for individuals who provide direct peer-to-peer support services to others who have mental illness, substance abuse, or co-occurring disorders. Because of their lived experience, Certified Peer Recovery Specialists (CRPS's) can, with specialized training and guidance, draw from their own journey of recovery to inspire hope and provide support to others who are facing similar situations. This document defines the role, purpose, functions, and responsibilities of the Certified Peer Recovery Specialist in Tennessee and establishes a fair methodology for evaluation of competency. The credential defines the minimum standards of competency, which are the knowledge and the skills required of the position.

This certification does not imply that Tennessee Certified Peer Recovery Specialists are qualified to diagnose an illness, prescribe medication, or provide clinical services. Tennessee Certified Peer Recovery Specialists do not provide treatment of any kind. Tennessee's Certified Peer Recovery Specialist program is not an offer of employment or job placement by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). Certification in no way guarantees employment. Each person certified as a Peer Recovery Specialist should apply for positions available in his or her community. Each Certified Peer Recovery Specialist must be under the supervision of a professional as defined by the State.

II. Certified Peer Recovery Specialist Definition

A Certified Peer Recovery Specialist (CPRS) is someone who has self-identified as being in recovery from mental illness, substance abuse, or co-occurring disorders of both mental illness and substance use disorder. In addition, a CPRS has completed specialized training recognized by the Tennessee Department of Mental Health and Substance Abuse Services on how to provide peer recovery services based on the principles of recovery and resiliency.

Certified Peer Recovery Specialists can provide support to others with mental illness, substance abuse, or co-occurring disorder and help them achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery.

Direct peer-to-peer services can include a variety of support services, such as:

- assisting in the development of strengths-based individual goals
- serving as an advocate, mentor, or facilitator for resolution of issues that a peer is unable to resolve on his or her own

- assisting in the development of rehabilitation goals
- developing community support
- providing information ways to maintain personal wellness and recovery
- providing information on behavioral health system navigation

A Tennessee Certified Peer Recovery Specialist who is:

1. Employed by an agency that is licensed by the Tennessee Department of Mental Health and Substance Abuse Services, **and**
2. Under the general supervision of a mental health or substance use disorder professional in accordance with acceptable guidelines and standards of practice as defined by the State

is authorized to provide Medicaid-reimbursable peer recovery services in outpatient and inpatient programs under the employer's contract with the health plans. A Tennessee Certified Peer Recovery Specialist is never authorized to provide peer recovery services on their own for pay or for reimbursement from a health plan and doing so constitutes unethical behavior and a violation of the scope of activities for a Certified Peer Recovery Specialist.

For information comparing Certified Peer Recovery Specialist roles with other behavioral health staff, see the following chart.

Peer Recovery Specialists and Role Comparisons

	12-Step Sponsor	Peer Recovery Specialist	Case Manager	Psychosocial and Recovery Staff	Substance Use Disorder Professional	Mental Health Professional
Planning Service	Reviews the meaning of the 12 Steps and emphasizes their importance.	Assists the individual in developing and monitoring a recovery plan.	Assists the individual in developing a service plan.	Assists the individual in developing an employment/housing plan.	Develops treatment plan with individual.	Develops treatment plan with the individual.
Resource Service	Accesses professional help if assistance outside the scope of the 12 Step Program is needed.	Teaches, role models, coaches how to use resources and navigate the mental health and/or substance use disorder systems.	Provides referral and linkage.	Identifies resources needed to implement plan.	Conducts clinical assessment.	Conducts clinical assessment.
Illness Management Service	Encourages the person to work with others in recovery as soon as possible and begins to take him or her on Twelfth Step calls.	Teaches, supports, coaches the acquisition and exercise of skills needed for management of symptoms.	Ensures individual has access, continuity of care throughout the mental health and primary healthcare system.	Assists the individual so that illness symptoms do not negatively impact employment and housing goals.	Provides clinical education and training regarding symptomatology and medication management.	Provides clinical education and training regarding symptomatology and medication management.
Medication Management Service	Refers the person to the literature that discusses medication. Encourages appropriate use of medication. Encourages the person to talk openly with their doctor about their symptoms and about being a person in recovery.	Encourages appropriate use of medication; holds the person accountable for his or her actions; teaches, models monitoring symptoms and/or medication reactions, effective communication with doctors, therapists.	Ensures individual has resources to acquire medication, has transportation for appointments, and attends appointments.	Educates employers, landlords on the treatment process, the role of medication, and symptoms in the management of the illness, as appropriate.	Provides clinical treatment to include individual and group therapy focusing on education of the role of medication in the recovery process.	Provides clinical treatment to include individual and group therapy focusing on education of the role of medication in the recovery process.
Employment/ Housing Services	Encourages personal responsibility, including getting a job and becoming a productive member of society.	Teaches, models, coaches skills and attributes needed to attain and maintain employment and housing.	Ensures individual has access to psychosocial rehab, supportive employment, and housing options.	Provides employment and housing support by facilitating opportunities for housing and job placement.	Provides clinical consultation and assessment.	Provides clinical consultation and assessment.
Education Services	Promotes awareness of 12 Step literature, scope of the 12 Steps, and the three Legacies (Recovery, Unity and Service)	Teaches recovery education such as WRAP®, BRIDGES, IMR, and/or 12 Steps for knowledge and skills needed to manage illness	Encourages individual to utilize community/natural supports to assist in illness management.	Teaches skills needed to maintain housing and employment.	Provides clinical support through individual or group therapy sessions.	Provides clinical support through individual or group therapy sessions.

III. CPRS Program Operation

The Tennessee Department of Mental Health and Substance Abuse Services' Office of Consumer Affairs and Peer Recovery Services operates Tennessee's Certified Peer Recovery Specialist Program with consultation from the CPRS Advisory Committee.

The Office of Consumer Affairs and Peer Recovery Services shall develop and reserves the right to make any necessary changes to CPRS Guidelines, Standards and Procedures without prior notification so that appropriate authority to grant certification and acceptable professional standards are established.

CPRS Advisory Committee

The CPRS Advisory Committee meets on an on-going basis and shall be made up of, but is not limited to, Certified Peer Recovery Specialists, behavioral health service providers, and the TDMHSAS. The CPRS Advisory Committee has the duty and responsibility to function in such a manner as to promote and protect the public's health, safety, and welfare. Thus, the Committee makes recommendations that include, but are not limited to, requirements of certification, training, and acceptable continuing education.

IV. Certification Guidelines

Each applicant must meet all minimum requirements as outlined by CPRS Guidelines, Standards and Procedures. After the TDMHSAS has reviewed the application, applicants will be sent an email confirming their status and will receive their certificate in the mail.

Certification Standards

To become certified as a Peer Recovery Specialist in the State of Tennessee, all applicants must meet the following minimum requirements:

1. Be at least age eighteen (18) years of age or older;
2. Hold a high school diploma or General Equivalency Degree (GED);
3. Have current or past mental illness, substance abuse, or co-occurring disorder;
4. Self-identify as a person who is in recovery from mental illness, substance abuse, or co-occurring disorder as part of his or her personal recovery process;
5. Have demonstrated self-directed recovery as described in the CPRS Training Application;
6. Provide documentation of successful completion of the state's Peer Recovery Specialist Certification Training within the past year. For information on the Peer Recovery Specialist Certification Training, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 1-800-560-5767 or visit the website at http://www.tn.gov/behavioral-health/topic/peer-recovery-services. If more than 1 year has passed since taking the training, it must be retaken.

7. Have successfully demonstrated competency through testing and evaluation as required by the state Certified Peer Recovery Specialist Training.
8. Have a minimum of 75 hours of supervised paid or volunteer work within the past year providing peer recovery services with individuals who have mental illness, substance abuse, or co-occurring disorders.
    - Sponsorship in 12-step programs does not qualify to meet this requirement, in part because of the supervision requirement.
    - No less than three hours of supervision from a behavioral health professional is required (one hour for every 25 hours of service provided).
    - Peer recovery services can include providing one-on-one support, leading support groups, and providing recovery education.
    - Examples of recovery education include stress management presentations, presenting tools to deal with triggers, and teaching the Wellness Recovery Action Plan (WRAP©), among many others.
9. Read, understand, and agree to the following:
    - Successful completion of the state's Peer Recovery Specialist Certification Training
    - Supervised employment or supervised volunteer work providing peer support services
    - The CPRS Scope of Activities
    - The CPRS Code of Ethics
10. Enclose all of the following documents prior to mailing the application packet:
    - Completed application
    - Copy of high school diploma or General Equivalency Degree (GED) (*verification upon request*)
    - Certificate of completion from the state's Peer Recovery Specialist Certification Training dated no more than 12 months prior to application receipt.
    - Signed acknowledgement of the CPRS Scope of Activities
    - Signed acknowledgement of the CPRS Code of Ethics
    - Three completed professional reference forms in sealed envelopes
        - Applicants should make two copies of the form and ask the three references to return the completed form to the applicant in a sealed envelope.
        - One of the three professional references may come from a Certified Peer Recovery Specialist.
        - Do not use family members, therapists, or psychiatrists as a professional reference.

Certification Procedure

It is the applicant's responsibility to ensure that all required documents are submitted and completed as accurately as possible. The completed application and other required documents are to be submitted by the applicant and mailed directly to:

Office of Consumer Affairs and Peer Recovery Services
CPRS Certification Program
Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, Tennessee 37243

Please allow fourteen business days for documents mailed to the Office of Consumer Affairs and Peer Recovery Services to be received. If Federal Express or special courier services are used, the Office of Consumer Affairs and Peer Recovery Services shall not be responsible for any charges incurred.

The Office of Consumer Affairs and Peer Recovery Services will discuss the application status with the applicant only. Please inform all others that updates must be obtained from the applicant. A status report will be mailed to the applicant at the address listed on the application.

The average application processing time is three weeks. Once complete, each application is reviewed and a certification determination made. Upon successful review, the applicant will receive an email and the certificates will be mailed.

NOTE: Everyone who is certified as a Peer Recovery Specialist must notify the Office of Consumer Affairs and Peer Recovery Services, in writing, within fourteen business days of the following:

- Change in name, address, email, or other contact information.
- Change in the agency staff person responsible for providing supervision (even if agency does not change). **Each Certified Peer Recovery Specialist must be under the supervision of a professional as defined by the State.**
- Violations to the CPRS Code of Ethics.

Failure to provide notification of any of these conditions may result in, but is not limited to, suspension of certification.

If the application is not complete upon receipt by the Office of Consumer Affairs and Peer Recovery Services, a deficiency letter will be emailed to the applicant. Supporting documentation requested in the letter must be received in the Office of Consumer Affairs and Peer Recovery Services ninety (90) calendar days from the date of the deficiency letter before the applicant can be certified. Applications not completed within ninety (90) calendar days after the date of the deficiency letter

will be closed. Once an incomplete file has been closed, all applicants must submit a new application and all required documentation.

To obtain a Tennessee Certified Peer Recovery Specialist Application, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767 or visit: http://www.tn.gov/behavioral-health/topic/peer-recovery-services

V. Grievance Procedure

When an applicant is denied certification or questions the results of the application review, or is subjected to an action by the Office of Consumer Affairs and Peer Recovery Services that he or she deems unjustified, the applicant may file a grievance. Grievances are reviewed by the CPRS Advisory Committee. The applicant must submit any grievance within thirty (30) calendar days of receipt of notice of denial or any other action deemed unjustified.

It is the applicant's responsibility to ensure that all required documents are submitted and completed as accurately as possible. The completed grievance form and any other documents required by the Office of Consumer Affairs and Peer Recovery Services must be mailed directly to:

Office of Consumer Affairs and Peer Recovery Services
CPRS Grievance
Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, Tennessee 37243

Allow 14 business days for documents sent to the Office of Consumer Affairs and Peer Recovery Services to be received and reviewed. If Federal Express or other special courier services are used, the Office of Consumer Affairs and Peer Recovery Services shall not be responsible for any charges incurred. If any grievance is not complete upon receipt by the Office of Consumer Affairs and Peer Recovery Services, a deficiency letter will be emailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs and Peer Recovery Services thirty (30) calendar days from the date of the deficiency letter. Any required documents not submitted within thirty (30) calendar days of the deficiency letter will not be considered.

The Office of Consumer Affairs and Peer Recovery Services will forward the grievance to the CPRS Advisory Committee for review. The Tennessee Department of Mental Health and Substance Abuse Services will only discuss the grievance with the applicant and any applicant-authorized person or agencies. A report will be mailed to the applicant at the address listed on the form within twenty-one (21) business days.

To obtain a grievance form, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767 or visit the website at http://www.tn.gov/behavioral-health/topic/peer-recovery-services

VI. Certification Renewal Guidelines

To maintain certification status, each Certified Peer Recovery Specialist must:

- Annually complete and submit a Renewal Application;
- Provide documentation of successful completion of continuing education hours as approved by TDMHSAS;
- Provide at minimum 25 hours of peer recovery services per year with a minimum of 1 hour of supervision from a mental health professional or qualified alcohol and drug abuse treatment professional (in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01), as evidenced by the supervisor's report in the Employment Summary or Volunteer Service Summary (part of the Renewal Application). See Section X. Supervision Requirement in this Handbook for more information on supervision.
- Submit any other documents required by the TDMHSAS Office of Consumer Affairs and Peer Recovery Services.

Certification Renewal Procedure

Each Tennessee Certified Peer Recovery Specialist is responsible for maintaining his or her certification and must submit his or her Renewal Application and all other required documentation at least fourteen (14) calendar days prior to the end of the recertification date. Unless renewed annually, the certification shall become inactive on the certification renewal date. Inactive certifications can be reactivated within twelve (12) months.

To obtain a Renewal Application, contact the Office of Consumer Affairs and Peer Recovery Services at 800-560-5767 or visit http://www.tn.gov/behavioral-health/topic/peer-recovery-services

VII. Inactive Status

Inactive status is only due to failure to review certification by the renewal deadline. CPRS's on inactive status cannot provide Peer Recovery Services for Medicaid (TennCare) services.

Reactivation of Certification Following Inactive Status

Each Tennessee Certified Peer Recovery Specialist is responsible for maintaining his or her certification and must submit his or her renewal application and all other required documentation at least fourteen (14) calendar days prior to the end of the recertification date. Unless renewed annually, the certification shall be inactive on the renewal date. Inactive certifications can be reactivated within 12 months from the renewal date.

For more information on the Procedure for Reactivation of Certification, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

VIII. Continuing Education Guidelines

Continuing education is an ethical obligation for all Certified Peer Recovery Specialists, as stated in the CPRS Code of Ethics:

> *Certified Peer Recovery Specialists will keep current with emerging knowledge relevant to recovery and will share this knowledge with other Certified Peer Recovery Specialists.*

Continuing education is required for each Certified Peer Recovery Specialist to maintain active certification and must be earned within the annual certification period.

- Continuing education trainings are not transferable to any other certification period.
- Educational trainings completed prior to obtaining certification as a Peer Recovery Specialist are not eligible for maintaining certification.

Continuing Education Standards

Certified Peer Recovery Specialists must complete ten (10) hours of continuing education trainings, seminars, workshops, or college courses per year.

- On-line trainings are limited to five (5) hours out of the 10 hours required and must be approved by TDMHSAS.
- A minimum of one (1) hour of continuing education per year must be in ethics.
- Continuing education focused on clinical treatment will not be accepted. It is a violation of the Code of Ethics for CPRS's to provide clinical treatment.
- Continuing education must be within, but not limited to, recovery in the fields of mental illness, substance abuse, or co-occurring disorders. For examples of appropriate CPRS continuing education topics, visit the website at http://www.tn.gov/behavioral-health/topic/peer-recovery-services

Continuing Education Verification Procedure

The information below is required to confirm successful completion of approved continuing education hours:

- Certificate of attendance or completion
  - Certified Peer Recovery Specialist's name
  - Certificate signed by the instructor, trainer, or supervisor
  - Training date
  - Number of continuing education hours

OR

- Provider agency in-service trainings as required by the Bureau of TennCare
  - Verification on official agency letterhead
  - Certified Peer Recovery Specialist's name
  - Letter signed by the immediate supervisor
  - Hours of attendance

- Training date
- Note: First aid, CPR, and Title VI trainings are not acceptable

OR

- College or university courses in behavioral-health related subjects
  - A syllabus signed by the professor with a copy of grades for the course.

To obtain a verification form, contact the Office of Consumer Affairs and Peer Recovery Services at 800-560-5767 or visit the website at http://www.tn.gov/behavioral-health/topic/peer-recovery-services

IX. Employment Standards for Reimbursable Services

If the delivery of the Certified Peer Recovery Specialist service is to be rendered as a Medicaid (TennCare) covered service, then the following guidelines must be met:

- Applicants must be employed to work in the role as a paid Certified Peer Recovery Specialist by an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program.
- Agencies that are licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program shall:
  - Establish criteria, under which they hire, train and retain Certified Peer Recovery Specialists.
  - Provide supervision for Certified Peer Recovery Specialists in accordance with acceptable guidelines and standards of practice as defined by the State and the Centers for Medicare and Medicaid Services.
- Each Certified Peer Recovery Specialist providing Medicaid-reimbursable services must be under the supervision of a mental health professional or qualified alcohol and drug abuse treatment professional as defined by the State. The mental health professional or qualified alcohol and drug abuse treatment professional must work for an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid program. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
  - "Mental Health Professional" means a board eligible or a board certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.
  - "Qualified Alcohol and Drug Abuse Treatment Personnel" means persons who meet the criteria described in subparagraphs (a), (b) and (c) as follows:

    (a) Currently meet one (1) of the following conditions:

    1. Licensed or certified by the State of Tennessee as a physician, registered nurse, practical nurse, psychologist, psychological examiner, social worker, substance abuse counselor, teacher, professional counselor, associate counselor or marital and family therapist, or if there is no applicable licensure or certification by the

State, has a bachelor's degree or above in a behavioral science or human development related area; or

2. Actively engaged in a recognized course of study or other formal process for meeting criteria of part (1) of subparagraph (a) above, and directly supervised by a staff person who meets criteria in part (1) of subparagraph (a) above, who is trained and qualified as described in subparagraph (b) and (c) below, and who has a minimum of two (2) years' experience in his/her area of practice; and

(b) Are qualified by education and/or experience for the specific duties of their position; and

(c) Are trained in alcohol, tobacco and/or other drug abuse specific information or skills. (Examples of types of training include, but are not limited to, alcohol or other drug abuse specific in-services, workshops, substance abuse schools, academic coursework and internships, field placement or residences).

X. Supervision Requirement

Certified Peer Recovery Specialists, either employed or volunteer, must be under the general supervision of a mental health professional or qualified alcohol and drug abuse treatment professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01, as follows:

"Mental Health Professional" means a board eligible or a board certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.

"Qualified Alcohol and Drug Abuse Treatment Personnel" means persons who meet the criteria described in subparagraphs (a), (b) and (c) as follows:

(a) Currently meet one (1) of the following conditions:

1. Licensed or certified by the State of Tennessee as a physician, registered nurse, practical nurse, psychologist, psychological examiner, social worker, substance abuse counselor, teacher, professional counselor, associate counselor or marital and family therapist, or if there is no applicable licensure or certification by the State, has a bachelor's degree or above in a behavioral science or human development related area; or

2. Actively engaged in a recognized course of study or other formal process for meeting criteria of part (1) of subparagraph (a) above, and directly supervised by a staff person who meets criteria in part (1) of subparagraph (a) above, who is trained and qualified as described in subparagraph (b) and (c) below, and who has a minimum of two (2) years' experience in his/her area of practice; and

(b) Are qualified by education and/or experience for the specific duties of their position; and

(c) Are trained in alcohol, tobacco and/or other drug abuse specific information or skills. (Examples of types of training include, but are not limited to, alcohol or other drug abuse specific in-services, workshops, substance abuse schools, academic coursework and internships, field placement or residences).

The amount, duration and scope of supervision of Certified Peer Recovery Specialists may range from direct oversight to periodic care consultation.

XI. Filing an Ethics Complaint

If a Certified Peer Recovery Specialist's performance or behavior is not acceptable and constitutes a probable ethics violation, a complaint may be filed by completing an Ethics Complaint Form. To obtain an Ethics Complaint Form, contact the Office of Consumer Affairs and Peer Recovery Services at 800-560-5767 or visit the website at http://www.tn.gov/behavioral-health/topic/peer-recovery-services. If an ethics complaint is filed against a CPRS, an investigation will occur. The CPRS will be notified by writing, provided with a copy of the complaint and given the opportunity to respond to the allegations. Certification may be suspended during the investigation, depending on the severity of the complaint, as determined by TDMHSAS in its sole discretion. If an ethics complaint is found to be substantiated, then disciplinary action may occur, which could include revocation of certification for a designated period of time.

While the TDMHSAS Office of Consumer Affairs and Peer Recovery Services cannot assist with civil or criminal matters and does not represent individuals, the CPRS Code of Ethics and the CPRS Scope of Activities will allow the Department to act on the behalf of all Tennesseans.

XII. Suspension of Certification

Suspension is the loss of certification. Length of suspension shall be determined by TDMHSAS in its sole discretion. In the event that an ethics complaint is filed against a CPRS, the certification of the CPRS may be suspended during the investigation, depending on the severity of the complaint, as determined by TDMHSAS in its sole discretion.

Reasons for Suspension

Reasons for Suspension may include but are not limited to:

- Failure to complete and submit an application for renewal within 12 months of the renewal date
- Failure to adhere to the CPRS Code of Ethics
- Failure to adhere to the CPRS Scope of Activities
- Deliberately providing false information on any document submitted to the Office of Consumer Affairs and Peer Recovery Services
- Violating the Code of Ethics
  Example: Prescribing clinical services
  - Advice about the types of prescription medications a person should use
  - Advice about the types of over the counter medications a person should use
  - Diagnosing an illness
  - Providing therapy

Reinstatement of Certification Following Suspension

Reinstatement of certification following suspension may be accomplished through submission of all documents required by TDMHSAS. Requirements for reinstatements can be obtained by TDMHSAS at the time of reapplication.

It is the responsibility of the Peer Recovery Specialist to ensure that all required documents are submitted and completed as accurately as possible. Only completed requests will be processed.

The applicant must submit his or her reinstatement application and all other required documentation at least thirty (30) calendar days prior to the end of the suspension date.

To obtain information on the reinstatement of certification following suspension, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

Appendix A:

Certification Application Packet

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Program

Application Process Checklist

Complete and submit the checklist below to verify that all required documents are enclosed with the application prior to mailing:

1. Completed Certified Peer Recovery Specialist Application ❑ YES ❑ NO
   - Do not alter the application from its original format.
   - Type or write legibly in only black or blue ink.
   - Do not use nicknames or abbreviated forms of your legal name.
   - Do not use staples or paper clips because your application will be scanned into a digital format
2. Employment Summary or Volunteer Service Summary completed and sent by supervisor to the Office of Consumer Affairs and Peer Recovery Services ❑ YES ❑ NO
3. Three completed Letters of Professional Reference ❑ YES ❑ NO
4. Signed CPRS Code of Ethics ❑ YES ❑ NO
5. Signed CPRS Scope of Activities ❑ YES ❑ NO
6. Signed Conservator Status Form ❑ YES ❑ NO
7. Certificate of Completion of Tennessee's Peer Recovery Specialist Certification Training. ❑ YES ❑ NO

The above-completed checklist verifies that this application packet has been completed prior to its submission.

Your signature _____ Date _____

Your printed name _____

Mail completed application packet to:

Office of Consumer Affairs and Peer Recovery Services
CPRS Certification Program
Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 5th floor
500 Deaderick Street
Nashville, Tennessee 37243

TDMHSAS Use Only: Date Received _____ Date Completed _____ ❑ approved ❑ denied ❑ pending

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Application

Type or write legibly in only black or blue ink.

Name _____ Date _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number _____

1. Certification requires a minimum of a high school diploma or a GED. Do you have a high school diploma or GED? ❑YES ❑NO
2. Are you employed or providing volunteer services in the behavioral health field under the general supervision of a professional in accordance in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01? If so, ask your immediate supervisor to complete the Employment Summary Form or Volunteer Service Summary Form and send it to the Office of Consumer Affairs and Peer Recovery Services. ❑YES ❑NO
3. Are you in recovery from mental illness, substance abuse, or co-occurring disorders? ❑YES ❑NO
4. Have you disclosed to peers, staff, or the general public that you have lived experience with mental illness, substance abuse, or co-occurring disorder? ❑YES ❑NO
5. Have you had a minimum of 24 consecutive months in self-directed recovery? ❑YES ❑NO
6. Have you successfully completed the State's Peer Recovery Specialist Certification Training? ❑YES ❑NO

7. Have you worked with individuals who have mental illness, substance abuse, or co-occurring disorders for at least 75 hours (paid or volunteer) providing peer recovery services? ❑YES ❑NO

Position _____

Agency/organization _____

Start Date _____ End Date _____ ❑ PAID ❑ VOLUNTEER

Total number of hours provided paid or volunteer peer recovery services_____

Supervisor's Name _____

Supervisor's Phone Number_____

Briefly describe your responsibilities:_____

_____

_____

_____

_____

_____

_____

_____

_____

Supervisor's Name _____

Supervisor's Phone Number_____

Attach more pages as needed for additional work or volunteer experience providing peer recovery services.

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature _____ Date _____

Your printed name _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Employment Summary

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. For Peer Recovery Specialists currently employed, the immediate supervisor should complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. Fax the completed Employment Summary to the Coordinator of Tennessee's Peer Recovery Specialist Certification Program at 615-253-3920. For questions, please contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

Applicant's name _____

Title of applicant's paid position _____

Is the applicant named above employed to provide peer recovery services? ❑ YES ❑ NO

Date of employment providing peer recovery services_____

Number of hours assigned to work in this position per week _____

A Certified Peer Recovery Specialist must be under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01. Please provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name _____Credentials _____

Title_____

Agency/Organization _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email_____

Describe the nature of the applicant's work responsibilities providing peer recovery services within your agency/organization:

_____

_____

_____

_____

_____

_____

Describe in detail the nature of your direct one-on-one supervision interactions with this applicant:

_____

_____

_____

_____

_____

_____

Describe in detail the professional development plan or goals for the applicant within the agency/organization:

_____

_____

_____

_____

_____

_____

My signature below affirms that all of the information contained in document is true.

Signature of Immediate Supervisor _____ Date _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Volunteer Service Summary

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. For Peer Recovery Specialists currently volunteering with your organization, the immediate supervisor should complete the following form regarding the applicant's volunteer service responsibilities and supervisory plan. Fax the completed Volunteer Service Summary to the Coordinator of Tennessee's Peer Recovery Specialist Certification Program at 615-253-3920. For questions, please contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

Applicant's name _____

Title of applicant's volunteer position (if applicable) _____

Has the applicant volunteered to provide peer recovery services with your organization? ❑ YES ❑ NO

Dates of volunteer service providing peer recovery services _____

Total number of hours volunteered in this position _____

A Certified Peer Recovery Specialist must be under the supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Please provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name _____Credentials _____

Title_____

Agency/Organization _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email_____

Describe the nature of the applicant's volunteer responsibilities providing peer recovery services within your agency/organization:

_____

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Describe in detail the nature of your direct one-on-one supervision interactions with this applicant:

_____

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_____

My signature below affirms that all of the information contained in document is true.

Signature of Immediate Supervisor _____ Date _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Professional Reference

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. You have been chosen by the applicant to provide a professional reference. Place the completed form in an envelope, seal the envelope and place your signature across the seal before you return the form to the applicant, who will include it in the application packet. If you have questions, please contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

Applicant's name _____

Describe the nature of your professional relationship with the applicant.

_____

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Describe your knowledge of the applicant's work (paid or volunteer) providing peer recovery services.

_____

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Describe your knowledge of the applicant's strengths that will make the applicant a good candidate for becoming a Certified Peer Recovery Specialist.

_____

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_____

Provide any additional information pertinent to this applicant.

_____

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_____

Reference Contact Information

Name _____Credentials _____

Title_____

Agency/Organization _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email_____

My signature below affirms that all of the information contained in document is true.

Signature of Reference_____ Date _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist
Scope of Activities

The scope of activities outlines the range of peer recovery services that a Certified Peer Recovery Specialist can provide to assist others in living their lives based on the principles of recovery and resiliency. Certification does not imply that the Certified Peer Recovery Specialist is qualified to diagnose an illness, prescribe medication, or provide clinical services and doing so constitutes at minimum a violation of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Certified Peer Recovery Specialist Code of Ethics.

1. Utilizing unique recovery experiences, the Certified Peer Recovery Specialist shall:
   a. Teach and model the value of every individual's recovery experience;
   b. Model effective coping techniques and self-help strategies;
   c. Encourage peers to develop a healthy independence; and
   d. Establish and maintain a peer relationship rather than a hierarchical relationship.

2. Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Recovery Specialist shall:
   a. Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
   b. Demonstrate and impart how to facilitate recovery dialogues through the use active listening and other evidence-based and/or best practice methods;
   c. Demonstrate and impart relevant skills needed for self-management of symptoms, relapse;
   d. Demonstrate and impart how to overcome personal fears, anxieties, urges, and triggers;
   e. Assist peers in articulating their personal goals and objectives for recovery and sobriety
   f. Assist peers in creating their personal recovery plans (e.g., WRAP®, Declaration for Mental Health Treatment, crisis plan, relapse prevention plan, etc.); and
   g. Appropriately document activities provided to peers in either their individual records or program records.

3. The Certified Peer Recovery Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, substance use disorders, co-occurring disorders, and peer recovery services by:
   a. Reading books, current journals, and other relevant material;
   b. Developing and sharing recovery-oriented material with other Certified Peer Recovery Specialists;
   c. Attending authorized or recognized seminars, workshops, and educational trainings.

4. The Certified Peer Recovery Specialist shall serve as a recovery agent by:
   a. Providing and promoting recovery-based services (e.g., BRIDGES, WRAP®, 12-Step Groups, etc.);
   b. Assisting peers in obtaining services that suit each peer's individual recovery needs;
   c. Assisting peers in developing empowerment skills through self-advocacy;
   d. Assisting peers in developing problem-solving skills so they can respond to challenges to their recovery;
   e. When appropriate sharing his or her unique perspective on recovery from mental illness and substance abuse disorders and co-occurring disorders with non-peer staff; and
   f. Assisting non-peer staff in a collaborative process in identifying programs and environments that are conducive to recovery.

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Acknowledgment of the Certified Peer Recovery Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Recovery Specialist Scope of Activities and all future amendments and modifications thereto. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Certified Peer Recovery Specialist most current Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Recovery Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Your signature _____ Date _____

Your printed name _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist
Code of Ethics

These principles will guide Tennessee Certified Peer Recovery Specialists in the various roles, relationships, and levels of responsibility in which they function professionally.

1. The primary responsibility of Certified Peer Recovery Specialists is to help peers achieve their own needs, wants, and goals.
2. Certified Peer Recovery Specialists will maintain high standards of personal and professional conduct.
3. Certified Peer Recovery Specialists will conduct themselves in a manner that fosters their own recovery.
4. Certified Peer Recovery Specialists will openly share with peers, other CPRS's and non-peers their recovery stories from mental illness, substance abuse, or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency.
5. Certified Peer Recovery Specialists at all times will respect the rights and dignity of those they serve.
6. Certified Peer Recovery Specialists will never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
7. Certified Peer Recovery Specialists will not practice, condone, facilitate, or collaborate in any form of discrimination or harassment based on ethnicity, race, color, pregnancy, creed, veteran's status, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other category protected by state and/or federal civil rights laws.
8. Certified Peer Recovery Specialists will promote self-direction and decision making for those they serve.
9. Certified Peer Recovery Specialists will respect the privacy and confidentiality of those they serve.
10. Certified Peer Recovery Specialists will promote and support services that foster full integration of individuals into the communities of their choice.
11. Certified Peer Recovery Specialists will be directed by the knowledge that all individuals have the right to live and function in the least restrictive and least intrusive environment.
12. Certified Peer Recovery Specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.
13. Certified Peer Recovery Specialists will never engage in sexual or other inappropriate activities with peers they serve.
14. Certified Peer Recovery Specialists will not use illegal substances, misuse alcohol, or other drugs (including prescription medications).
15. Certified Peer Recovery Specialists will keep current with emerging knowledge relevant to recovery and will share this knowledge with other Certified Peer Recovery Specialists.
16. Certified Peer Recovery Specialists will not accept gifts of significant value from those they serve.
17. Certified Peer Recovery Specialists will not provide services, either for employment or on a volunteer basis, without supervision from a behavioral health professional.
18. Certified Peer Recovery Specialists will not provide services beyond their qualifications. This includes diagnosing an illness, prescribing medications, or providing clinical services.
19. Certified Peer Recovery Specialists shall only provide services and support within the hours, days and locations that are authorized by the TDMHSAS-approved agency with which they work.

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Acknowledgment of the Certified Peer Recovery Specialist Code of Ethics

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Tennessee Certified Peer Recovery Specialist Code of Ethics and all future amendments and modifications thereto. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Tennessee Certified Peer Recovery Specialist most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Tennessee Certified Peer Recovery Specialist Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics. In the event that an ethics complaint is filed against me, I understand that my certification may be suspended during the investigation, depending on the severity of the complaint, as determined by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in its sole discretion.

Initials _____

Your signature _____ Date _____

Your printed name _____

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist
Conservator Status Form

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or who needs assistance in decision-making. It gives the conservator specific authority and duty to act on behalf of the individual in making decisions affecting the person's life. In Tennessee, the definition of a conservator is *a person appointed by the court to provide partial or full supervision, protection and assistance.* A conservator acts as the agent of the court.

Certified Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

By affixing my initials and signature below:

I confirm that I do **not** have a conservator. **Initials _____**

My signature below affirms that the information provided regarding conservator status is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Initials _____

Your signature _____ Date _____

Your printed name _____

TDMHSAS Use Only: Date Received _____ Date Completed _____ ❑ approved ❑ denied ❑ pending

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Renewal Application

Type or write legibly in only black or blue ink. Renewal Applications are due fourteen (14) calendar days prior to the recertification deadline.

Name _____ Date _____

Certification Number _____ Certification Date _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number _____

Continuing Education

Ten (10) hours of continuing education are required annually to maintain certification and must be earned within the certification period. Refer to Section VI, Continuing Education Guidelines, of the CPRS Handbook of Guidelines, Standards, and Procedures for continuing education requirements. For each training, include a copy of the certificate of attendance or completion. Note: TDMHSAS-approved on-line trainings are limited to five (5) hours out of the 10 hours required, and a minimum of one (1) hour of continuing education per year must be in ethics.

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Title of Training _____ Number of Hours_____

Total Number of Hours _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature _____ Date _____

Your printed name _____

Employment/Volunteer Service Summary

This section is to be completed by the supervising behavioral health professional. All Certified Peer Recovery Specialists must be under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01.

Supervisor _____Credentials _____

Title_____

Agency/Organization _____

Address_____

City, State, ZIP _____

Phone (with area code) _____

Email_____

CPRS's position within the agency _____

Number of hours per week (work or volunteer service) _____

OR

Total number of volunteer or work hours provided _____

My signature below affirms that all of the information contained in document is true.

Signature of Supervisor _____ Date _____

Appendix B:

Frequently Asked Questions

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Program
Frequently Asked Questions

1. **What is the purpose of Tennessee's Peer Recovery Specialist Certification program?**

   State certification as a Peer Recovery Specialist is intended to ensure that individuals who provide direct peer-to-peer services meet acceptable minimum standards.

2. **Who oversees Tennessee's Peer Recovery Specialist Certification program?**

   The Office of Consumer Affairs and Peer Recovery Services shall develop policies and procedures within Tennessee Department of Mental Health and Substance Abuse guidelines to grant certification and to ensure that acceptable professional minimum standards are established.

3. **Where can a Certified Peer Recovery Specialist work?**

   Programs in which Certified Peer Recovery Specialists can work include, but are not limited to: Peer Support Centers, Crisis Stabilization Units, licensed alcohol and drug abuse treatment centers, alcohol and drug abuse recovery support services centers, detoxification centers, psychosocial rehabilitation programs, inpatient hospital settings, community mental health agencies, and veteran's hospitals, among others.

4. **Does the Tennessee Department of Mental Health and Substance Abuse Services provide employment or job placement?**

   No. Tennessee's Peer Recovery Specialist Certification Program is not an offer of employment or job placement by the Tennessee Department of Mental Health and Substance Abuse Services.

5. **Who supervises Certified Peer Recovery Specialists?**

   Each Certified Peer Recovery Specialist, either employed or volunteer, must be under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01.02 (6) and 0940-05-01.16 (7).

6. **Do provider agencies hold Certified Peer Recovery Specialist employees to the same standards as other employees?**

   Yes. Provider agencies should maintain the same expectations for Certified Peer Recovery Specialist employees as for all other employees.

7. **Where is the Peer Recovery Specialist Certification Training offered? Is there a fee?**

   There is no fee for the training itself; however, each training participant is responsible for his or her own transportation, lodging, meals, snacks, and beverages. For training applications and dates of upcoming trainings, contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 1-800-560-5767 or visit http://www.tn.gov/behavioral-health/topic/peer-recovery-services

8. **How can provider agencies ensure that Certified Peer Recovery Specialist employees or volunteers maintain confidentiality?**

   Maintaining confidentiality and privacy of all individuals receiving services is a legitimate concern and a major issue to emphasize with all employees and volunteers, not just Certified Peer Recovery Specialists. All employees and volunteers should receive Title 33 training, Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2 training, and education on their duty to uphold confidentiality. Every employee should be aware that all information regarding a person's recovery and treatment status is confidential.

9. **How do I bill TennCare (Medicaid) for Certified Peer Recovery Specialist services?**

   Only agencies that have included peer recovery services in their contracts with the health plans, also called Managed Care Organizations (MCOs), can bill for a Certified Peer Recovery Specialist's services to TennCare members and only when deemed medically necessary. Individual Certified Peer Recovery Specialists cannot bill TennCare (Medicaid).

10. **Once certified, can I provide peer recovery services from my own home or office?**

    No. Peer recovery services, either for employment or volunteer, should be provided in a supervised environment with supervision from a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01.02 (6) and 0940-05-01.16 (7).