



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH**

CERTIFIED PEER SPECIALIST PROGRAM

GUIDELINES, STANDARDS AND PROCEDURE

APRIL 2010

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DEPARTMENT OF MENTAL HEALTH TENNESSEE CERTIFIED PEER SPECIALIST PROGRAM

I. INTRODUCTION

Tennessee's Certified Peer Specialist program provides State certification for individuals who provide direct peer-to-peer support services to others diagnosed with mental illness or co-occurring disorders. Because of their life experience with mental illness or co-occurring disorders, Tennessee Certified Peer Specialists (TCPS) can use their unique experiences to inspire hope and provide support to others who are likely facing similar situations and stigmas. This certification allows Peer Specialists to provide a level of service and support that professional training cannot replicate.

This certification does not imply that Tennessee Certified Peer Specialists are qualified to diagnose an illness, prescribe medication, or provide clinical services. Tennessee's Certified Peer Specialist program is not an offer of employment or job placement by the Tennessee Department of Mental Health (TDMH). The certification in no way guarantees employment. Each person that is certified as a Peer Specialist should apply for positions available in his or her community.

II. TCPS DEFINITION

A Tennessee Certified Peer Specialist (TCPS) is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has completed training recognized by the Tennessee Department of Mental Health on how to assist others in regaining control over their lives based on the principles of recovery and resiliency.

By inspiring the hope that recovery and resiliency are achievable goals, Certified Peer Specialists can assist others who are diagnosed with mental illness or co-occurring disorders to 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 their own
- assisting in the development of rehabilitation goals
- developing community support
- providing education on ways to maintain personal wellness and recovery
- providing education on mental health system navigation

Each Tennessee Certified Peer Specialist who is employed by an agency that is licensed by the Tennessee Department of Mental Health and who is under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State is authorized to participate in TennCare (Medicaid) and may provide reimbursable peer-to-peer support services in outpatient and inpatient programs.

III. TCPS PROGRAM OPERATION

The Tennessee Department of Mental Health, Office of Consumer Affairs (OCA) operates Tennessee's Certified Peer Specialist Program in conjunction with the TCPS Advisory Committee.

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

TCPS Advisory Committee

The TCPS 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 must review applications and determine whether the applicant meets all minimum requirements as outlined by the TCPS Guidelines, Standards and Procedures.

The TCPS Advisory Committee meets on an on-going basis and shall be made up of, but is not limited to, representatives from the Consumer Advisory Board (CAB), Certified Peer Specialists, and the TDMHDD Division of Mental Health Services. This core group provides specific recommendations that include, but are not limited to, requirements of certification, training, and acceptable continuing education.

- The Consumer Advisory Board advises the Office of Consumer Affairs and provides guidance from the consumer perspective on matters related to certification and the certification renewal procedure.
- The Division of Mental Health Services shall provide guidance related to funding and the Certified Peer Specialist roles within the service delivery system.

IV. CERTIFICATION GUIDELINES

Each applicant must meet all minimum requirements as outlined by TCPS Guidelines, Standards and Procedures. The average application processing time is six weeks. After the TCPS Advisory Committee has reviewed the application, applicants will be mailed a letter confirming their status.

A. Certification Standards

To become certified as a Peer 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 a primary diagnosis of mental illness or co-occurring disorder. A single, primary diagnosis of a substance use disorder does not meet certification requirements;
4. Self-identify as a person who has received or is receiving mental health or co-occurring services as part of his or her personal recovery process;
5. Have demonstrated a minimum of twelve consecutive months in self-directed recovery in the last two years. Self-directed recovery includes experience in leadership, advocacy, and peer support;
6. Provide documentation of successful completion of one of the four evidence-based or best practice Peer Specialist Training Programs recognized by the Tennessee Certified Peer Specialist program listed below:
 - (1) Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator (*this course is available in Tennessee at Peninsula*), **or**
 - (2) Illness Management and Recovery (IMR) taught by Jennifer Jones **plus** Introduction to Recovery & WRAP (WRAP I) taught by a certified WRAP trainer, **or**
 - (3) Wellness Recovery Action Plan (WRAP II) Facilitator Training by a certified WRAP Trainer, **or**
 - (4) All three (3) of the following trainings:
 - (a) BRIDGES Teacher Training (applicant must have taught at least one complete class annually since receiving certificate of completion), **and**
 - (b) BRIDGES Support Group Facilitator Training, **and**
 - (c) Peer Counselor Training Program (*this course is available in Tennessee at TMHCA*).
 - For information on recognized trainings and/or facilitators, contact the Office of Consumer Affairs toll-free at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.
 - Other evidence-based or best practice Peer Specialist Training Programs may be considered if appropriate documentation related to the program's curriculum, requirements and competencies are submitted to the TCPS Advisory Committee.
7. Have successfully demonstrated mastery of the following competencies through testing and evaluation as required by one the evidence-based or best practice Peer Specialist Training Programs recognized by the Office of Consumer Affairs:
 - An understanding of the basic skills and knowledge needed to provide direct peer-to-peer support services and the ability to apply basic skills to routine tasks.

- Knowledge of the structure of the State mental health system and how it works
 - A thorough understanding of the TCPS Scope of Activities
 - A thorough understanding of the TCPS Code of Ethics
 - Knowledge of the meaning and role of providing direct peer-to-peer support services as a TCPS
 - The ability to create and facilitate a variety of group activities that support and strengthen recovery
 - The ability to document activities related to delivery of direct peer-to-peer support services
 - The ability to help peers combat negative self-talk, overcome fears, and solve problems
 - The ability to help peers articulate, set, and accomplish goals
 - The ability to teach peers to create their own recovery plans
 - The ability to teach peers to work with mental health or co-occurring disorder professionals in order to obtain the services they want.
- An understanding of the recovery and resiliency process and the ability to use one's personal recovery story to help others, including:
 - The stages in the recovery process and what is helpful and not helpful at each stage
 - The role of direct peer-to-peer support at each stage of the recovery process
 - The ability to identify the power of a peer's beliefs and values and how they support or work against recovery
 - The basic philosophy and principles of psychosocial rehabilitation
 - The basic definition and dynamics of recovery
 - The ability to articulate what has been helpful and what has not been helpful in their own personal recovery
 - The ability to discern when and how much of one's personal recovery story to share and with whom
- An understanding of healing and collaborative relationships and the ability to establish such relationships with other peers.
 - The dynamics of power, conflict, and integrity in the workplace
 - The concept of "seeking out common ground"
 - The ability to ask open-ended questions that relate a person to his or her inner wisdom

- The ability to deal with conflict and difficult interpersonal relations in the workplace
 - The ability to participate in “healing communication”
 - The ability to interact sensitively and effectively with people of other cultures and beliefs
 - An understanding of the importance of taking care of oneself and the ability to do it.
 - The dynamics of stress and burnout
 - The role of a personal recovery plan
 - The ability to discuss one’s own tools for taking care of oneself
 - The ability to develop and utilize a personal support network related to both recovery and professional activities
8. Have a minimum of 75 hours paid or volunteer work with adults diagnosed with mental illness or co-occurring disorders in any or all of the following roles:
- Peer Counselor: a person age eighteen or older who has been trained to provide peer counseling that is nonjudgmental, nondirective support to a peer who is dealing with issues related to recovery from mental illness or co-occurring disorders. A peer counselor may or may not be a mental health professional.
 - Support Group Leader: a person age eighteen or older who has been trained to lead self-help groups with the goal of providing emotional support to the participants. These groups can be structured around specific support needs, such as support groups for peers with co-occurring disorders, women’s or men’s support groups, support groups for individuals who are working or wanting to work, etc.
 - Peer Educator: a person age eighteen or older who has been trained to provide information and education to other peers so they can make sound decisions about their recovery process and treatment. Examples include teaching the BRIDGES curriculum, teaching various educational topics at a Peer Support Center or psychosocial program, or providing peers with educational activities that promote rehabilitation and recovery.
9. Read, understand, and agree to the following:
- Successful completion of one of the four evidence-based or best practice peer support specialist training programs
 - The peer specialist training programs required competencies
 - Paid or volunteer employment experience

- The TCPS Scope of Activities
- The TCPS 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)*
- Certificates of completion from one of the four evidence-based or best practice peer specialist training programs recognized by TDMH
- Signed acknowledgement of the TCPS Scope of Activities
- Signed acknowledgement of the TCPS Code of Ethics
- Three completed professional reference forms *(Applicants should make two copies of the form and ask the three references to return the completed form to you in a sealed envelope).*

B. 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
TCPS Certification Program
Department of Mental Health & Developmental Disabilities
Cordell Hull Building, Third Floor
425 Fifth Avenue North
Nashville, Tennessee 37243

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

The Office of Consumer Affairs 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 six weeks. Once complete, each application is reviewed and a certification determination made. Upon successful review, applicants will be mailed their certificates.

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

- Change in name, address, or other contact information
- Change in the agency staff person responsible for providing supervision even if agency does not change
 - Each Certified Peer Support Specialist must be under the supervision of a mental health professional as defined by the State
- No longer provides direct peer-to-peer support services
- Violates the TCPS 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, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs thirty calendar days from the date of the deficiency letter.

Applications not completed within thirty calendar days 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 Specialist Application, contact the Office of Consumer Affairs toll-free at 1.800.560.5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.

V. CERTIFICATION RENEWAL GUIDELINES

To maintain certification status, each Certified Peer Specialist must:

- complete and submit annually an application for renewal;
- provide documentation of successful completion continuing education as approved by the TCPS Advisory Committee;
- have no reports of violation of the TCPS Code of Ethics;
- submit any other documents required by the Office of Consumer Affairs.

Certification Renewal Procedure

Each Tennessee Certified Peer Specialist is responsible for maintaining his or her certification and must submit his or her renewal application and all other required documentation at least forty-five calendar days prior to the end of the recertification date. Unless renewed annually, the certification shall expire on the certification date.

To obtain an application for Certification Renewal, contact the Office of Consumer Affairs at 1-800-560-5767 or visit the website at <http://www..tn.gov/mental/policy/oca1.html>.

VI. CONTINUING EDUCATION GUIDELINES

Continuing education is required for each Certified Peer 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 Support Specialist are not eligible for maintaining certification.

A. Continuing Education Standards

Certified Peer Specialists must complete 15 hours of continuing education trainings, seminars, workshops, or college courses within, but not limited to, the following categories (note: pre-approved on-line trainings must not exceed ten hours out of the 15 required):

- Recovery in the Fields of Mental Health and Co-Occurring Disorders

Examples:

- Crisis Management
- Mental Health Disorders
- The Impact of Diagnoses
- Understanding Mental Health Treatment
- Mental Health in Rural Settings

- Peer Support Services Promoting Recovery and Resiliency

Examples:

- Peer-Directed Recovery
- Illness Management and Recovery
- Wellness Recovery Action Plan
- Person-Centered Planning
- Relapse and Recovery

- Assisting Peers in Starting and Sustaining Self-Help Groups

Examples:

- Building Self-Esteem
- BRIDGES
- Recovery Stories
- Mental Illness and Substance Use
- Relapse Prevention

- Self-Directed Recovery and Resiliency

Examples:

- Stress Reduction
- Recognizing Workplace Burnout
- Identifying Relapse Triggers
- Conflict Resolution in the Workplace
- Coping with Transference of Feelings
- Cultural Competency, Grief and Spirituality

Examples:

- Culture Differences and Beliefs
- Grief and Loss
- Grief and Recovery
- Spirituality and Recovery
- The Impact of Beliefs and Values on Recovery

Certified Peer Specialists who are employed by an agency that is licensed by TDMH and authorized to participate in the Medicaid (TennCare) program may count provider agency in-service trainings as required by TennCare toward the 20 required hours, if pre-approved by the TCPS Advisory Committee.

Successful completion of one of the four evidence-based and/or best practice Peer Support Specialist Training Programs recognized by TDMH may count toward continuing education if it was not used to obtain initial certification.

B. Verification Procedure

Each Certified Peer Specialist must submit an continuing education verification form for each training event.

The information below is required to confirm successful completion of pre-approved continuing education trainings:

- Certificate of Attendance or Completion
 - Certified Peer Specialist Name
 - Certificate signed by the instructor or trainer
 - Training Date
 - Training Category

OR

- College or University Courses
 - A syllabus signed by the professor with a copy of grades for the course.

OR

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

To obtain a verification form, contact the Office of Consumer Affairs at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.

VII. 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 that he or she deems unjustified, the applicant may file a grievance. The applicant must submit any grievance within thirty 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 must be mailed directly to:

Office of Consumer Affairs
TCPS Grievance
Department of Mental Health and Developmental Disabilities
Cordell Hull Building, Third Floor
425 Fifth Avenue North
Nashville, Tennessee 37243

Please allow 14 business days for documents mailed to the Office of Consumer Affairs to be received and reviewed. Federal Express or any other special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, the Office of Consumer Affairs shall not be responsible for any charges incurred.

The Office of Consumer Affairs will discuss the grievance 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 form.

If any grievance is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs thirty calendar days from the date of the deficiency letter. Any required documents not submitted within thirty calendar days of the deficiency letter will not be considered.

To obtain a grievance form, contact the Office of Consumer Affairs toll-free at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.

VIII. EMPLOYMENT GUIDELINES

Certified Peer Specialists who are employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

A. Employment Standards for Non-Reimbursable Services

If the delivery of the Certified Peer Specialist service is not rendered as a Medicaid-covered service, then the following guidelines must be met:

Certified Peer Specialists who are employed by a provider agency must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

- The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
- A Mental Health Professional as defined by the State is 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.

B. Employment Standards for Reimbursable Services

If the delivery of the Certified Peer 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 Specialist by an agency that is licensed by TDMH and authorized to participate in the Medicaid (TennCare) program.
- Agencies that are licensed by TDMH and authorized to participate in the Medicaid (TennCare) program shall:
 - Establish criteria, under which they hire, train and retain Certified Peer Specialists.
 - Provide supervision for Certified Peer 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 Specialist providing Medicaid-reimbursable services must be under the supervision of a mental health professional as defined by the State. The mental health professional must work for an agency that is licensed by TDMH and authorized to participate in the Medicaid program. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
 - A Mental Health Professional as defined by the State is 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.

- Immediately have the direct supervisor verbally contact the Office of Consumer Affairs and follow-up in writing within fourteen business days of the following:
 - Any change in the Certified Peer Specialist's name, address, or other contact information
 - Any Change in the Certified Peer Specialist's employment or employment status
 - The immediate supervisor shall complete and mail the required Employment Summary Form to the Office of Consumer Affairs
 - Any change in the agency staff person responsible for providing supervision even if agency does not change
 - Each Certified Peer Specialist who is employed must be under the supervision of a mental health professional as defined by the State
 - Certified Peer Specialist no longer provides direct peer-to-peer support services
 - Certified Peer Specialist violates the TCPS Code of Ethics
- Ensure that all services rendered by a Certified Peer Specialist are under a comprehensive, individualized plan of care, which includes person-centered planning, regular progress reports, and specific measurable service and treatment goals.
- Ensure that each Peer Specialist is certified and meets all continuing education requirements.
 - Obtain a copy of the original and subsequent certifications and place documentation in personnel file.

IX. TERMINATION OF CERTIFICATION

Termination is the loss of certification. Length of termination shall be determined by the TCPS Advisory Committee and can last up to one calendar year.

A. Reasons for Termination

- Failure to provide required continuing education documentation prior to the annual certification date
- Failure to complete and submit an application for renewal
- Failure to submit any other documentation and/or information required by the Office of Consumer Affairs
- Failure to adhere to the TCPS Code of Ethics
- Failure to adhere to the TCPS Scope of Activities
- Deliberately providing false information on any document submitted to the Office of Consumer Affairs

- Prescribing clinical services

Examples:

- Advice about the types of prescription medications a person should use
- Advice about the types of over the counter medications a person should use

- Providing clinical services

Examples:

- Diagnosing an illness
- Providing therapy

B. Reinstatement of Certification

Reinstatement of certification may be accomplished through submission of all documents required by the Office of Consumer Affairs.

It is the responsibility of the Peer 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 45 calendar days prior to the end of the termination date.

To obtain information on the Reinstatement Procedure, contact the Office of Consumer Affairs toll-free at 1-800-560-5767.

X. INACTIVE STATUS

Any Certified Peer Specialist, due to an unforeseen circumstance, may request inactive status.

The Certified Peer Specialist shall be in good standing with the Office of Consumer Affairs and is unable to meet the required competencies and/or scope of activities requirements of certification due to, but not limited to, the following:

- A decline in physical health and/or mental health
- Extenuating personal circumstances

Examples:

- Death of a spouse, child, parent or close relative
- Prolonged illness of a spouse, child, parent or close relative
- Divorce or marriage
- Loss of or change in employment

- Initial certification prior to February 1, 2008
- Birth or adoption of a child
- Military deployment

Inactive status will not be granted for failure to comply with the Continuing Education Guidelines of certification or reported violations of the TCPS Code of Ethics.

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

The completed request for inactive status and any other required documents are to be submitted by the applicant and mailed directly to:

Office of Consumer Affairs
TCPS Inactive Request
Department of Mental Health and Developmental Disabilities
Cordell Hull Building, Third Floor
425 Fifth Avenue North
Nashville, TN 37243

Please allow 14 business days for documents mailed to the Office of Consumer Affairs to be received and reviewed. Federal Express or any other special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, the Office of Consumer Affairs shall not be responsible for any charges incurred.

The Office of Consumer Affairs will discuss the 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 request.

If the Inactive Status Request is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter shall be mailed, stating specific information needed for the request to be successfully processed. Any required documents not submitted within 30 business days of the deficiency letter will not be considered.

To obtain an Inactive Status Form, contact the Office of Consumer Affairs toll-free at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oaca1.html>.

Reactivation of Certification

Reactivation of certification may be accomplished through submission of all documents required by the Office of Consumer Affairs.

Upon receipt of the required documentation, any Peer Specialist whose certification was active prior to a decline in physical health and/or mental health or extenuating personal circumstances shall be allowed to renew their certification without penalty.

Any Peer Specialist whose certification has been expired for one year or less shall not be required to complete the Office of Consumer Affairs recognized continuing education for renewal of certification at that time.

Any Peer Specialist, whose certification has been expired for **more** than one year, shall be required to obtain one-half of the Office of Consumer Affairs recognized continuing education outlined under Continuing Education Standards for renewal of certification at that time. It is the applicant's responsibility to ensure that all required documents are submitted and completed as accurately as possible.

If the application is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs 30 calendar days from the date of the deficiency letter.

Applications not completed within 30 calendar days will be closed. Once an incomplete file has been closed, all applicants must submit a new application and all required documentation.

To obtain information on the Procedure for Reactivation of Certification, contact the Office of Consumer Affairs toll-free at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.

XI. FILING A COMPLAINT

If a Certified Peer Specialist's performance or behavior is not acceptable, a complaint may be filed by contacting the Coordinator of Tennessee's Peer Specialist Certification Program in the Office of the Consumer Affairs toll-free at 1-800-560-5767.

While the Tennessee Department of Mental Health Office of Consumer Affairs cannot assist with civil or criminal matters and does not represent individuals, the TCPS Code of Ethics and the TCPS Scope of Activities will allow the Department to act on the behalf of all Tennesseans.

APPENDIX A



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH**

TENNESSEE CERTIFIED PEER SPECIALIST

APPLICATION PACKET

CERTIFIED PEER SPECIALIST APPLICATION PROCESS CHECKLIST

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

	Yes	No
1) Completed Certified Peer Specialist Application	_____	_____
<ul style="list-style-type: none"> • Do not alter the application from its original format. • Write legibly in only black or blue ink. • Do not use nicknames or abbreviated forms of your legal name. 		
2) Employment Summary completed and sent by employer to the Office of Consumer Affairs (<i>applicable only to applicants who are employed by a provider agency</i>)	_____	_____
3) Three completed Professional References	_____	_____
4) Signed TCPS Code of Ethics	_____	_____
5) Signed TCPS Scope of Activities	_____	_____
6) Certificates of completion from one of the four evidence-based and/or best practice Peer Specialist Training Programs recognized by TDMH listed below:		
<ul style="list-style-type: none"> • Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator (<i>this course is available in Tennessee at Peninsula</i>), or Illness Management and Recovery (IMR) taught by Jennifer Jones plus Introduction to Recovery & WRAP (WRAP I) taught by a certified WRAP trainer, or • Wellness Recovery Action Plan (WRAP II) Facilitator Training by a certified WRAP Trainer, or • All three (3) of the following trainings: <ul style="list-style-type: none"> ○ BRIDGES Teacher Training (applicant must have taught at least one complete class annually since receiving certificate of completion), and 	_____	_____
	_____	_____
	_____	_____

- BRIDGES Support Group Facilitator Training, **and**
- Peer Counselor Training Program (*this course is available in Tennessee at TMHCA*).

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

Signature of Applicant

Date



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED PEER SPECIALIST APPLICATION

Name (*please print*) _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Work (_____) _____

Email _____

- 1) The Office of Consumer Affairs requires a minimum of a high school diploma or GED. Do you have a high school diploma or GED?

Yes No

- 2) Are you employed by a provider agency and under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

Yes No

If yes, please have your immediate supervisor complete and send the attached Employment Summary Form to the Office of Consumer Affairs.

- 3) Have you been diagnosed with a mental illness or co-occurring disorder by a physician or psychologist?

Yes No

- 4) Have you been diagnosed with only a substance use disorder by a physician or psychologist?

Yes No

5) Have you self-disclosed that you are a person who has received or is receiving mental health or co-occurring disorder services?

Yes No

6) In the last two years, have you demonstrated a minimum of 12 consecutive months in self-directed recovery that shows experience in leadership, advocacy, and peer support?

Yes No

7) Have you demonstrated successful completion of at least one of the evidence-based and/or best practice Peer Support Specialist Training Programs recognized by TDMH?

Yes No

8) If you successfully completed the BRIDGES Teacher Training and received a certificate of completion, have you taught at least one complete class annually?

Yes No

If yes, date of the last class taught _____

9) Have you worked with adults diagnosed with mental illness or co-occurring disorders for at least 75 hours (paid or volunteer) as a peer counselor, support group leader or peer educator?

Yes No

10) Indicate below the paid (P) or volunteer (V) experiences you have had in working with other adult peers who are recipients of mental health or co-occurring disorder services:

a) **Peer Counselor** P / V

Start date _____ End date _____

Number of total hours _____

Agency _____

Phone Number (_____) _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____

b) **Support Group Leader** P / V

Start date _____ End date _____

Number of total hours _____

Agency _____

Phone Number (_____) _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____

c) **Peer Educator** P / V

Start date _____ End date _____

Number of total hours _____

Agency _____

Phone Number (_____) _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (_____) _____

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.

Applicant's Signature _____ Date _____



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED PEER SPECIALIST EMPLOYMENT SUMMARY

The applicant named below is applying for certification as a Peer Specialist with the State of Tennessee. For Peer Specialists currently employed, the immediate supervisor should complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. Send the completed Employment Summary to the Coordinator of Tennessee's Peer Specialist Certification Program at the address above or fax it to 615-253-3920. If you have questions, please contact the Office of Consumer Affairs toll-free at 1-800-560-5767.

- 1) Prospective Certified Peer Specialist:

(Applicant's name)

- 2) Is the applicant named above employed to work in the role as a paid Peer Specialist?

Yes

No

- 3) **Title of Applicant's paid position within the agency**

Date of employment as a Peer Specialist _____

- 4) Number of hours assigned to work in this position per week: _____

- 5) A Certified Peer 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. Please provide the following information regarding the agency staff that provides direct supervision:

Name _____

Job Title _____

Credentials _____

Agency _____

Phone (____) _____

Email _____

Address _____

City _____ State _____ ZIP _____

- 6) Please describe the nature of the applicant's work responsibilities in the position and role as a paid Peer Specialist within the agency:

- 7) Please describe in detail the nature of your direct one-on-one clinical supervision interactions with this applicant:

- 8) Please describe in detail the professional development plan or goals for this individual within the agency:

My signature below affirms that all of the information contained in this document is true, and that I support this applicant without reservation.

Signature of
Immediate Supervisor _____ Date _____



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TENNESSEE CERTIFIED PEER SPECIALIST PROFESSIONAL REFERENCE

The applicant named below is completing an application to be certified as a Peer Specialist with the Office of Consumer Affairs. All applicants must submit three professional references of support in order to complete the application process. You have been chosen by the applicant to provide a reference for this purpose. Once the professional reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. If you have questions, please contact the Coordinator of Tennessee's Peer Specialist Certification Program toll-free at 1-800-560-5767.

1) Prospective Certified Peer Specialist:

(Applicant's name)

2) Please describe your knowledge of the applicant's work in the role of a Peer Specialist:

3) Please describe the nature of your professional relationship with the applicant:

- 4) Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Peer Specialist:

Reference Contact Information

(Please Print)

Name _____

Agency _____

Address _____

City, State, ZIP _____

Email _____

Work Phone (_____) _____

My signature below affirms that all of the information contained in this document is true, and that I support this applicant without reservation.

Signature of Reference

Date



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TENNESSEE CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Specialist can perform to assist others in regaining control over their own lives based on the principles of recovery and resiliency. Certification does not imply that the Certified Peer Specialist is qualified to diagnose an illness, prescribe medication, or provide clinical services.

- 1) Utilizing unique recovery experiences, the Certified Peer 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 independent behavior that is based on choice rather than compliance;
 - 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 Specialist shall:
 - a) Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
 - b) Lead as well as teach how to facilitate recovery dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
 - c) Teach relevant skills needed for self management of symptoms;
 - d) Teach others how to overcome personal fears and anxieties;
 - e) Assist peers in articulating their personal goals and objectives for recovery;
 - f) Assist peers in creating their personal recovery plans (e.g., WRAP, Declaration for Mental Health Treatment, crisis plan, etc.);
 - g) Assist peers in setting up and sustaining self-help groups;
 - h) Appropriately document activities provided to peers in either their individual records or program records.

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

- 4) The Certified Peer Specialist shall serve as a recovery agent by:
 - a) Providing and promoting recovery-based services (e.g., BRIDGES, WRAP, 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) Sharing his or her unique perspective on recovery from mental illness with non-peer staff;
 - f) Assisting non-peer staff in identifying programs and environments that are conducive to recovery.



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ACKNOWLEDGEMENT OF THE TENNESSEE CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

By initialing and signing below, you understand that you are required follow the professional standards detailed in the Certified Peer Specialist Scope of Activities. 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 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 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 _____

Print Full Name

Date

Signature



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TENNESSEE CERTIFIED PEER SPECIALIST CODE OF ETHICS

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

- 1) The primary responsibility of Certified Peer Specialists is to help peers achieve their own needs, wants, and goals.
- 2) Certified Peer Specialists will maintain high standards of personal and professional conduct.
- 3) Certified Peer Specialists will conduct themselves in a manner that fosters their own recovery.
- 4) Certified Peer Specialists will openly share with peers, other TCPSs and non-peers their recovery stories from mental illness or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency.
- 5) Certified Peer Specialists at all times will respect the rights and dignity of those they serve.
- 6) Certified Peer 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 Specialists will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.
- 8) Certified Peer Specialists will promote self-direction and decision making for those they serve.
- 9) Certified Peer Specialists will respect the privacy and confidentiality of those they serve.
- 10) Certified Peer Specialists will promote and support services that foster full integration of individuals into the communities of their choice.
- 11) 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.
- 12) Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.
- 13) Certified Peer Specialists will never engage in sexual or intimate activities with peers they serve.
- 14) Certified Peer Specialists will not use illegal substances under any circumstances.
- 15) Certified Peer Specialists will keep current with emerging knowledge relevant to recovery and will share this knowledge with other certified peer specialists.
- 16) Certified Peer Specialists will not accept gifts of significant value from those they serve.



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ACKNOWLEDGEMENT OF THE TENNESSEE CERTIFIED PEER 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 Specialist Code of Ethics. 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 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 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.

Initials _____

Print Full Name

Date

Signature



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TENNESSEE CERTIFIED PEER SPECIALIST CERTIFICATION RENEWAL APPLICATION

Please Print

Renewal Application PART I – Applicant Contact Information and Verification of Status

Full Name _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email: _____

Circle:

- I have successfully completed 15 hours of recognized continuing education. Yes No
- I certify that I have not committed any violations to the TCPS Code of Ethics; in addition I have no reports of violation to the TCPS Code of Ethics. Yes No

If you circled "No" on any of the statements above, please explain: _____

Renewal Application PART II – Verification of Continuing Education

Twenty (15) hours of continuing education are required annually to maintain active certification and must be earned within the annual certification period. Please refer to Section VI of the TCPS Handbook for Continuing Education requirements.

List the title and date of the training, the sponsoring organization, and the number of hours for each training attended. Submit this application with a copy of the Certificate of Attendance or Completion for each training listed.

1)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
2)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
3)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
4)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date

Total Number of Hours

My signature below affirms that all of the information attached to and contained in this certification renewal application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds for termination of certification.

Signature of Applicant

Date

Note: The Certification Renewal Application and all required documentation must be submitted at least 45 calendar days prior to the end of the current certification period.

Currently working as a TCPS
If no, omit part III of the application.

Yes

No

Renewal Application PART III – Employment Summary – Completed by the supervising mental health professional and faxed to the Office of Consumer Affairs at 1-615-253-3920. Maybe omitted if not currently working as a TCPS.

A Tennessee Certified Peer Specialist (TCPS) who is employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name: _____

Credentials: _____ Position: _____

Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ ext. _____

Email: _____

TCPS's Name: _____

TCPS's job title within the agency: _____

Full-time / part-time (circle one) Number of hours worked per week: _____

Certification number: _____ Certification Date: _____

- | | Circle: | |
|---|---------|----|
| • The applicant is employed by this agency. | Yes | No |
| • The applicant is under my general supervision. | Yes | No |
| • The applicant performs duties specified in the TCPS Scope of Activities. | Yes | No |
| • The applicant has successfully completed 20 hours of recognized continuing education. | Yes | No |
| • I certify that I have not committed any violations to the TCPS Code of Ethics; in addition I have had no reports of violation to the TCPS Code of Ethics. | Yes | No |

If you circled "No" on any of the statements above, please explain: _____

I verify that all of the information contained in this document is true and correct to the best of my knowledge and that the above-named applicant is employed by this agency.

Signature of Supervising Mental Health Professional

Date

Do Not Write Below This Line

Internal TDMH OCA Use Only

Date received: _____

Date reviewed: _____ Approved _____ Not-approved _____

Date letter of findings mailed to applicant: _____

Date information recorded in database: _____

Notes: _____

Processed by: _____



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TENNESSEE CERTIFIED PEER SPECIALIST INACTIVE STATUS REQUEST

A Tennessee Certified Peer Specialist who is in good standing with the Office of Consumer Affairs and his or her employer may request inactive status if he or she is unable to meet the requirements of certification due to an unforeseen circumstance.

Inactive status will not be granted for failure to comply with the Continuing Education Guidelines of certification or reported violations of the TCPS Code of Ethics.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

1) Name (*please print*): _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____ - _____ Email: _____

2) Are you currently employed and under the general supervision of a mental health professional?

Yes _____ No _____

If yes, please provide the following employment information:

Employer: _____

City: _____ State: _____ ZIP: _____

Supervisor's Name: _____

Telephone Number: (____) _____ - _____

- 3) Please briefly describe the extenuating circumstance(s) that renders you unable to meet the required competencies and/or scope of activities requirements of certification:

My signature below affirms that all of the information contained in this verification form is true and correct to the best of my knowledge. I understand while on inactive status, I will not present myself as a Certified Peer Support Specialist, and nor will I engage in or perform any activity for which a Peer Support Specialist certification is required.

I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Applicant

Date

Do Not Write Below This Line

Internal TDMH – OCA Use Only

Date received: _____

Date reviewed: _____ Approved _____ Not-approved _____

Date letter of findings mailed to applicant: _____

If approved, date inactive status letter mailed to agency: _____

Date information recorded in data-base: _____

Notes:

Processed by: _____

APPENDIX B



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH**

TENNESSEE CERTIFIED PEER SPECIALIST

FREQUENTLY ASKED QUESTIONS



APRIL 2011

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND
OFFICE OF CONSUMER AFFAIRS
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TENNESSEE CERTIFIED PEER SPECIALIST FREQUENTLY ASKED QUESTIONS

1) What is a Certified Peer Specialist?

A Certified Peer Specialist is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has undergone training recognized by the Office of Consumer Affairs on how to assist others in regaining control over their own lives based on the principles of recovery and resiliency.

2) Why are direct “peer-to-peer” services important?

Peer-to-peer services can be used to assist other individuals diagnosed with mental illness or co-occurring disorders to combat societal stigma, negative self-images or self-stigma by providing support, by advocating for change, and by offering positive images of peers to non-peers. By providing positive images of persons diagnosed with mental illness or co-occurring disorders, Peer Specialists can also have a positive impact on the negative attitudes sometimes found among mental health service providers.

3) What is the purpose of Tennessee’s Peer Specialist Certification program?

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

4) Who oversees Tennessee’s Peer Specialist Certification program?

The Office of Consumer Affairs shall develop policies and procedures within the Tennessee Department of Mental Health guidelines to grant certification and to ensure that acceptable professional minimum standards are established. In addition, the TCPS Advisory Committee has the duty and responsibility to review applications and determine whether the applicant meets all minimum requirements as outlined by the TCPS Guidelines, Standards and Procedures.

5) Where can a Certified Peer Specialist work?

Programs in which Certified Peer Specialists can work include, but are not limited to, peer support centers, crisis stabilization units, case management, psychosocial rehabilitation, and inpatient hospital settings.

6) What types of services can a Certified Peer Specialist provide?

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 their own
- assisting in the development of rehabilitation goals
- developing community support
- providing education on ways to maintain personal wellness and recovery
- providing education on mental health system navigation

7) Does the Tennessee Department provide employment or job placement?

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

8) Who will supervise the Certified Peer Specialist and how?

Each Certified Peer 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.

9) Should provider agencies hold Certified Peer Specialist employees to the same standards as other employees?

Yes. Provider agencies should maintain the same expectations for Certified Peer Specialist employees as for all other employees and expect all employees to take responsibility for their actions.

10) Where are Peer Specialist trainings offered and is there a fee?

For information on recognized trainings or facilitators, contact the Office of Consumer Affairs toll-free at 1-800-560-5767 or visit the website at <http://www.tn.gov/mental/policy/oca1.html>.

11) How can provider agencies ensure that Certified Peer Specialist employees maintain confidentiality?

Maintaining confidentiality and privacy of all individuals receiving services is a legitimate concern and a major issue to emphasize with all employees, not just Certified Peer Specialist employees.

All employees should receive Title 33 training, Health Insurance Portability and Accountability Act (HIPAA) 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.

12) Are Certified Peer Specialist services Medicaid-billable services?

Yes. The requirements of the specific job duties and payor contracts will determine service reimbursement.