

Wales Education Services, PLLC.

Texas Peer Specialist
Certification Board



Mental Health Peer Specialist Application Package

January 2019

Certification Criteria and Information for:

Mental Health Peer Specialist



As Authorized By The

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

January 2019

The Mental Health Peer Specialist Application is intended for those seeking to be certified to provide peer support services in the area of mental health under the Medicaid standards.

Mental Health Peer Specialist Requirements (MHPS)

Mental Health Peer Specialist Qualifications:

The minimum requirements for certification of a MHPS shall include academic achievement and adherence to a code of ethics, including the following:

1. Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED). (*Complete the enclosed formal education form and include official documentation*).
2. Proof of initial online assessment
3. Proof of core training
4. Proof of core training knowledge assessment
5. Supplemental training which is verification of at least 40 education hours specific to the MHPS approved certified MHPS trainer or training entity.
6. Verification of a successful score on MHPS knowledge assessment.
7. Sign and agree to comply with the ethical standards pertaining to Mental Health Peer Specialist (*see attached*).
8. 250 hours of Volunteer or paid work experience specific to MHPS work will be required to maintain the certification and must be obtained and submitted to WES within 6 months of issue of this certificate.
9. Documentation of criminal background check through the Texas Department of Public Safety or IdentoGo within 30 days of application.

Certification Fees

\$60 | Original Application Fee
(*fee is non-refundable*)

Mental Health Peer Specialist (MHPS)

Certification Application

Name: _____

First

Middle

Last

Address: _____

City/State/Zip: _____ SS No. _____

Primary Phone: _____ Secondary phone: _____

Email: _____ DOB: _____ Gender: _____

Ethnic Origin: African American American Indian
 Asian American Caucasian
 Hispanic Other _____

State License/Certifications:

Type _____	Number _____	Expires _____
Type _____	Number _____	Expires _____
Type _____	Number _____	Expires _____
Type _____	Number _____	Expires _____

Have you ever undergone disciplinary action for violation of any Code of Ethics?

Yes ___ No ___ (If yes, you must submit a letter of explanation)

Education

High School Degree:	Type _____	Date awarded: _____
Associate's Degree:	Type _____	Date awarded: _____
Undergraduate Degree:	Type _____	Date awarded: _____
Graduate Degree:	Type _____	Date awarded: _____
Doctorate Degree:	Type _____	Date awarded: _____

Submission Checklist

MHPS/ RSPS Submission Requirements:

- Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED). (*Complete the enclosed formal education form and include official documentation*).
- Documentation of initial online assessment
- Documentation of core training
- Documentation of core training knowledge assessment
- Documentation of supplemental training which is verification of at least 40 education hours specific to the MHPS approved certified MHPS trainer or training entity certified by WES: Those already certified by Via Hope on or before December 31, 2018 will meet this requirement. Provide copies of training certificates by approved training entities or certified instructor.
- Documentation of a successful score on MHPS knowledge assessment.
- Sign and agree to comply with the ethical standards pertaining to Mental Health Peer Specialist (*see attached*).
- Documentation of 250 hours of volunteer or paid work experience specific to MHPS work will be required to maintain the certification and must be obtained and submitted to WES within 6 months of issue of this certificate.
- Documentation of criminal background check through the Texas Department of Public Safety or Identogo within 30 days of application.
- Signed Releases and Disclaimers form (*see attached*)

Payment Options and Information:

- I have enclosed a **Cashier's Check** or **Money Order** payable to *Wales Education Services*
- I authorize *Wales Education Services* to charge my credit card in the amount of \$ _____
- Visa MasterCard American Express Discover
- Card No. _____ Exp Date _____ CVC _____ Billing Zip _____
- Cardholder Name (*print*): _____ Signature: _____

- Paid Online Reference #: _____

Certification Fees

\$60 | Original Application Fee
(*fee is non-refundable*)

Supervised Volunteer and/or Work Experience

Have a supervisory staff complete this form to document the 250 hours of supervised volunteer and/or work experience required. Please make copies of this form if additional space is needed. *You may also submit a letter verifying completion of 250 work experience hours from your supervisor on company letter head in place of this form.*

Applicant Name: _____

Employer: _____ Address: _____

Phone Number: _____

Date: _____ Hours: _____ Initials: _____

Topics: _____

Date: _____ Hours: _____ Initials: _____

Topics: _____

Date: _____ Hours: _____ Initials: _____

Topics: _____

Date: _____ Hours: _____ Initials: _____

Topics: _____

I, _____ verify the above named applicant has completed
Supervisor's Name the hours documented on this form.

Supervisor Signature: _____ **Date:** _____

Formal Education

List below all formal education (*high school, college, university*) you have received.

You are also required to provide an official transcript for the highest level of education earned.

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL/ HIGH SCHOOL EQUIVALENCY			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
COLLEGE OR UNIVERSITY (GRADUATE)			
COLLEGE OR UNIVERSITY (POST-GRADUATE)			

Releases and Disclaimers

- ___ I affirm that the information provided in this application packet is correct and that I believe myself to be eligible and qualified for the certification i am seeking.
- ___ I give permission for WES to review and further investigate my information as it pertains to my background check and any information requested for the certification I am seeking. I understand that providing intentionally false or misleading information or intentional omissions, will result in denial or revocation of certification.
- ___ I understand that WES may request additional information from persons listed in my application packet in order to verify employment, training, etc. Additional information obtained will not be shared with others outside of WES without separate written consent to disclose.
- ___ I consent to the information in my application and data collected as part of my certification process to be reviewed by the employees, board and officers of WES.
- ___ I agree to hold WES and its, officers, board members, and employees free from civil liability for damages or complaints realted to the duties they perform in connection with this application process, assessments or denial of certification issuance.

Applicant Signature

Date

Peer Specialist Code of Ethics

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

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

A peer specialist may not:

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

Procedure For Code of Ethics Complaints

If a person (a “complainant”) has a substantial complaint about a person holding a certification as a peer specialist, peer supervisor, trainer or training entity, the complainant may submit a formal grievance in writing, via certified mail (or other delivery service offering delivery confirmation).

If a person wishes to submit an ethics complaint they may do so by including:

- The full name, mailing address, phone number, and e-mail contact information for the person filing the grievance
- The signature of the person filing the grievance
- A description of the nature of the grievance, including the desired resolution
- Name and role of the person the complaint is regarding

Ethics complaints should be addressed to the WES CPS Oversight Officer at this address:
2000 East Lamar Blvd, Suite 530, Arlington Texas 76006

The CPS Oversight Officer will ensure that the grievance is reviewed, within 15 business days of receipt of the grievance and reply in a written letter to the complainant outlining what, if anything, will be done to address or resolve the grievance or explain why WES considers the grievance to be unfounded.

Decisions may be appealed via the established process and will also need to be submitted in writing to the above address.

I have read, understand and commit to the preceding Peer Specialist Code of Ethics as it applies to my role.

Signature

Date

Return Completed Application to:

2000 E Lamar Boulevard, Suite 530
Arlington, TX 76006

Legislative Context

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

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

Responsibility

The Texas Peer Specialist Certification Board, a division of Wales Education Services partners with HHSC, the Texas Certification Board and the community of peers, supervisors, trainers and instructors to ensure the standards are executed with integrity and respect for the valuable impact of peer support.