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APPROVED

**IDAPA 16  
TITLE 07  
CHAPTER 19**

**16.07.19 - BEHAVIORAL HEALTH CERTIFICATION OF PEER SUPPORT SPECIALISTS  
AND FAMILY SUPPORT PARTNERS**

**000. LEGAL AUTHORITY.**

Under Title 39, Chapter 31, Idaho Code, the Idaho Legislature has delegated to the Department of Health and Welfare as the state behavioral health authority the establishment, maintenance, and oversight of the state of Idaho's behavioral health services. Section 39-3140, Idaho Code, authorizes the Department to promulgate and enforce rules to carry out the purposes and intent of the Regional Behavioral Health Services Act. Under Sections 56-1003, 56-1004, Idaho Code, the Director of the Department is authorized to adopt and enforce rules to supervise and administer mental health programs. (1-1-17)T

**001. TITLE AND SCOPE.**

**01. Title.** The title of these rules is IDAPA 16.07.19, "Behavioral Health Certification of Peer Support Specialists and Family Support Partners." (1-1-17)T

**02. Scope.** These rules establish the minimum qualifications and requirements for certification of peer support specialists and family support partners in Idaho including enforcement actions. (1-1-17)T

**002. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of these rules, or to the documentation of compliance with these rules. These documents are available for public inspection as described in Sections 005 and 006 of these rules. (1-1-17)T

**003. ADMINISTRATIVE APPEALS.**

Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (1-1-17)T

**004. INCORPORATION BY REFERENCE.**

There are no documents incorporated by reference in this chapter of rules. (1-1-17)T

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- INTERNET WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (1-1-17)T

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (1-1-17)T

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State St., Boise, Idaho 83702. (1-1-17)T

**04. Telephone.** The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (1-1-17)T

**05. Internet Website.** The Department's internet website at <http://www.healthandwelfare.idaho.gov>. (1-1-17)T

**06. Mental Health Services Website.** The Mental Health Services internet website at <http://www.mentalhealth.idaho.gov>. (1-1-17)T

**006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUEST.**

**01. Confidentiality of Records.** Records relating to an inquiry into an individual's fitness to be granted or retain a behavioral health certification will be released in compliance with Section 74-106(9), Idaho Code,

and IDAPA 16.05.01, "Use and Disclosure of Department Records." These records will otherwise be provided in redacted form as required by law or rule. (1-1-17)T

**02. Public Records.** The use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." Unless otherwise exempted by state or federal law, all public records in the custody of the Department are subject to disclosure. (1-1-17)T

**007. -- 009. (RESERVED)**

**010. DEFINITIONS.**

For the purposes of these rules, the following terms apply. (1-1-17)T

**01. Behavioral Health Program.** A behavioral health program refers to an organization offering mental health or substance use disorders treatment services that includes the organization's facilities, management, staffing patterns, treatment, and related activities. (1-1-17)T

**02. Certificate.** A certificate issued by the Department to an individual who is a behavioral health peer support specialist or a family support partner who the Department deems to be in compliance with these rules. (1-1-17)T

**03. Department.** The Idaho Department of Health and Welfare, or its designee. (1-1-17)T

**04. Director.** The Director of the Department of Health and Welfare, or designee. (1-1-17)T

**05. Family Support Partner.** An individual who has lived experience raising a child who has a behavioral health disorder diagnosis, mental illness, or mental illness with a co-occurring substance use disorder, has specialized training related to such care, and who has successfully navigated the various systems of care. (1-1-17)T

**06. Family Support Partner Services.** Family-to-family services are non-clinical support services provided by family support partners who have participated in mental health services, and who have received training in how to share their experiences with others facing similar challenges. (1-1-17)T

**07. Lived Experience.** Life experiences of an individual who has received behavioral health services or has raised a child who is living with a behavioral health diagnosis, mental illness, or mental illness with a co-occurring substance use disorder, and has at least one (1) year of lived experience navigating the behavioral health systems. (1-1-17)T

**08. Peer Support Services.** Non-clinical services are provided by peer support specialists who are on their own recovery journey, and who have received training in supporting others who are actively involved in their own recovery process. (1-1-17)T

**09. Peer Support Specialist.** An individual in recovery from mental illness or mental illness with a co-occurring substance use disorder who uses lived experience and specialized training to assist other individuals in recovery. (1-1-17)T

**011. -- 099. (RESERVED)**

**100. APPLICATION FOR CERTIFICATION.**

An applicant for any certification by the Department must furnish the following information prior to any certification being issued. (1-1-17)T

**01. Completed Application.** Each applicant must complete and sign an application for certification on forms approved by the Department. (1-1-17)T

**02. Verification of Education, Training, and Experience.** Each applicant must provide verification to the Department of the following: (1-1-17)T

a. A copy of his high school diploma, GED certificate, or a Bachelor's degree in a human services field; (1-1-17)T

b. Documentation of successful completion of training required for the certification being sought according to the requirements in Sections 200 and 300 of these rules; and (1-1-17)T

c. A summary of work or volunteer experience, including documentation of supervised hours. (1-1-17)T

**03. Code of Ethics Acknowledgment.** Each applicant must submit a signed and dated Code of Ethics Acknowledgment. (1-1-17)T

**101. -- 109. (RESERVED)**

**110. TYPES OF CERTIFICATION.**

**01. Peer Support Specialist.** (1-1-17)T

**02. Family Support Partner.** (1-1-17)T

**111. DURATION OF CERTIFICATION.**

**01. Six-Month Certification.** A six (6) month certification applies to an applicant that has completed the requirements in Sections 200 and 300 of these rules for initial certification, but may be lacking work or volunteer experience and supervised hours. (1-1-17)T

**02. Full Certification.** A full certification applies to an applicant that has completed all requirements in Sections 200 and 300 of these rules for certification, including work or volunteer experience and supervised hours. Full certification is valid for one (1) year. (1-1-17)T

**112. RENEWAL OF CERTIFICATION.**

**01. Submit Renewal Application.** Each certified peer support specialist or certified family support partner who is seeking certification renewal must submit a completed renewal application prior to expiration of current certificate. (1-1-17)T

**02. Continuing Education.** Each certified peer support specialist or certified family support partner must provide documentation of a minimum of ten (10) hours of continuing education as follows: (1-1-17)T

a. Continuing education must be obtained in competency areas listed in training requirements germane to the type of certification being renewed; and (1-1-17)T

b. At least one (1) hour of continuing education for each renewal period must be in ethics. (1-1-17)T

**03. Code of Ethics Acknowledgment.** Each certified peer support specialist or certified family support partner must submit a signed and dated Code of Ethics Acknowledgment. (1-1-17)T

**113. -- 119. (RESERVED)**

**120. RECIPROCITY.**

An applicant for a peer support specialist or a family support partner certificate must be a holder of a current and active license or certificate at the level for which certification is sought, and be in good standing in the profession, and with the other state who is the authorizing regulatory entity for licensure or certification. (1-1-17)T

**01. Completed Application.** Each applicant must complete and sign an application for reciprocity on forms approved by the Department. (1-1-17)T

**02. Provide Verification of Education, Training, and Experience.** Each applicant seeking reciprocity must provide the Department with the following: (1-1-17)T

- a. Education experience summary; (1-1-17)T
- b. Continuing education/training hours received since certification; (1-1-17)T
- c. Statement of personal experience; and (1-1-17)T
- d. Work or volunteer experience summary form with documentation of supervised hours. (1-1-17)T

**03. Code of Ethics Acknowledgment.** Each applicant seeking reciprocity must submit a signed and dated Code of Ethics Acknowledgment. (1-1-17)T

**04. Documentation From Other State.** Documentation of licensure or certification must be received from the other state's issuing regulatory agency. The other state's licensing or certification requirements must be substantially equivalent to, or higher than, those required in this chapter of rules. (1-1-17)T

**121. -- 149. (RESERVED)**

**150. INACTIVE STATUS.**

A certified peer specialist or certified family support partner, in good standing, may request an inactive status due to an inability to meet recertification requirements related to a decline in physical, mental health, or extenuating circumstances. (1-1-17)T

**01. Request for Inactive Status.** An individual who is certified must submit a request in writing to the Department asking for inactive status. (1-1-17)T

**02. Inactive Certification Status.** The Department may grant inactive status to a certified individual for up to one (1) year. (1-1-17)T

**03. Reactivation of Certification.** When the individual desires to reactivate status, a new application and documentation of fulfillment of continuing education requirements for the previous twelve (12) months must be submitted to the Department. (1-1-17)T

**151. -- 199. (RESERVED)**

**200. PEER SUPPORT SPECIALIST -- CERTIFICATION QUALIFICATIONS AND REQUIREMENTS.**

Each applicant must be at least eighteen (18) years of age and meet the minimum qualifications and requirements listed below to be certified as a Peer Support Specialist in Idaho. (1-1-17)T

**01. Educational Requirements.** Each applicant for a peer support specialist certification must have, at a minimum, a high school diploma or GED certificate. (1-1-17)T

**02. Training Requirements.** Each applicant must complete a minimum of forty (40) hours of training that, at a minimum, includes the following Peer Support Specialist competency areas: (1-1-17)T

- a. Motivation and empowerment; (1-1-17)T
- b. The stages of recovery and the role peers play within it; (1-1-17)T
- c. The state behavioral health system and the role peers play within it; (1-1-17)T
- d. Advocacy for recovery programs and for the peers they serve; (1-1-17)T
- e. The practice of recovery values: authenticity, self-determination, diversity, and inclusion;

- (1-1-17)T
- f. How to tell your recovery story and use your story to help others; (1-1-17)T
  - g. Ethics; (1-1-17)T
  - h. The awareness of risk factors in participants' behaviors and the ability to access appropriate services; (1-1-17)T
  - i. The use of interpersonal and professional communication skills; (1-1-17)T
  - j. Stages of change; (1-1-17)T
  - k. Work place dynamics and processes; (1-1-17)T
  - l. The Certified Peer Support Specialist's roles and duties on the job; (1-1-17)T
  - m. Relationship building; (1-1-17)T
  - n. Family dynamics; (1-1-17)T
  - o. The effects of trauma and use of a trauma informed approach; (1-1-17)T
  - p. Wellness and natural supports; (1-1-17)T
  - q. Boundaries and self-care; (1-1-17)T
  - r. Cultural sensitivity; (1-1-17)T
  - s. Recovery plans; and (1-1-17)T
  - t. Local, state, and national resources. (1-1-17)T
- 03. Work or Volunteer Experience Requirements.** Each applicant must obtain supervised experience providing peer support services. A six (6) month certification may be granted according to Section 111 of these rules to an applicant who lacks the required experience. (1-1-17)T
- a. An applicant who holds a bachelor's degree in a human services field must document one hundred (100) hours of peer support specialist experience. (1-1-17)T
  - b. An applicant who does not hold a bachelor's degree in a human support services field must document two hundred (200) hours of peer support specialist experience. (1-1-17)T
  - c. An applicant must document at a minimum twenty (20) hours of supervised peer support services work or volunteer experience. (1-1-17)T
- 04. Supervision Requirements.** A six (6) month certification may be granted according to Section 111 of these rules to an applicant who lacks the required work or volunteer supervision hours required in Subsection 200.03 of this rule. (1-1-17)T
- 05. Person Self-Identified with Lived Experience.** Each applicant must identify as an individual with lived experience in recovery from mental illness or mental illness with a co-occurring substance use disorder. (1-1-17)T
- 201. -- 249. (RESERVED)**
- 250. PEER SUPPORT SPECIALISTS -- CODE OF ETHICS AND PROFESSIONAL CONDUCT.**

- 01. Peer Support.** Peer Support is a helping relationship between mental health clients and Certified Peer Support Specialists. The primary responsibility of Certified Peer Support Specialists is to help those they serve achieve self-directed recovery. They believe that every individual has strengths and the ability to learn and grow. (1-1-17)T
- 02. Certified Peer Support Specialists.** Certified peer support specialists are committed to providing and advocating for effective recovery-based services for the people they serve in order for these individuals to meet their own needs, desires, and goals. (1-1-17)T
- 03. Certified Peer Support Specialist Professional Conduct.** A certified peer support specialist must:
- a.** Seek to role-model recovery; (1-1-17)T
  - b.** Respect the rights and dignity of those they serve; (1-1-17)T
  - c.** Respect the privacy and confidentiality of those they serve; (1-1-17)T
  - d.** Openly share their personal recovery stories with colleagues and those they serve; (1-1-17)T
  - e.** Maintain high standards of personal conduct and conduct themselves in a manner that fosters their own recovery; (1-1-17)T
  - f.** Never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefits to those they serve; (1-1-17)T
  - g.** Not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability; (1-1-17)T
  - h.** Never engage in sexual/intimate activities with colleagues or those they serve; (1-1-17)T
  - i.** Not accept gifts of significant value from those they serve; (1-1-17)T
  - j.** Not enter into dual relationships or commitments that conflict with the interests of those they serve; (1-1-17)T
  - k.** Not abuse substances under any circumstances while they are employed as a Certified Peer Support Specialist; (1-1-17)T
  - l.** Work to equalize the power differentials that may occur in the peer support/client relationship; (1-1-17)T
  - m.** Ensure that all information and documentation provided is true and accurate to the best of their knowledge; (1-1-17)T
  - n.** Keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues and those they serve; (1-1-17)T
  - o.** Remain aware of their skills and limitations, and do not provide services or represent themselves as expert in areas for which they do not have sufficient knowledge or expertise; and (1-1-17)T
  - p.** Not hold a clinical role nor offer primary treatment for mental health issues, prescribe medicine, act as a legal representative or provide legal advice, participate in the determination of competence, or provide counseling, therapy, social work, drug testing, or diagnosis of symptoms and disorders. (1-1-17)T

**04. Ethics Training.** A certified peer support specialist must complete ethics training at least once per year, and maintain personal documentation of completed ethics training. (1-1-17)T

**05. Comply with Code of Ethics.** A certified peer support specialist must understand and comply with these rules and Idaho's Certified Peer Support Specialists Code of Ethics and Professional Conduct. (1-1-17)T

**251. -- 299. (RESERVED)**

**300. FAMILY SUPPORT PARTNER -- CERTIFICATION QUALIFICATIONS AND REQUIREMENTS.**

Each applicant must be at least eighteen (18) years of age and meet the minimum qualifications and requirements listed below to be certified as a family support partner in Idaho. (1-1-17)T

**01. Educational Requirements.** Each applicant for a family support partner certification must have, at a minimum, a high school diploma or GED certificate. (1-1-17)T

**02. Training Requirements.** Each applicant must complete a minimum of forty (40) hours of training that includes, at a minimum, the following Family Support Partner competency areas: (1-1-17)T

- a.** Overview of mental illness and substance use disorders and their effects on the brain; (1-1-17)T
- b.** Advocacy skills used in multiple systems (children's behavioral health system, education and special education system, child welfare system, and juvenile court system); (1-1-17)T
- c.** Ethics; (1-1-17)T
- d.** The awareness of risk factors in participants' behaviors and the ability to access appropriate services; (1-1-17)T
- e.** The use of interpersonal and professional communication skills; (1-1-17)T
- f.** Stages of change; (1-1-17)T
- g.** Motivation and empowerment; (1-1-17)T
- h.** Parenting special needs children and family dynamics; (1-1-17)T
- i.** The recovery process; (1-1-17)T
- j.** The effects of trauma and use of a trauma-informed approach; (1-1-17)T
- k.** Wellness and natural supports; (1-1-17)T
- l.** Family-centered planning; (1-1-17)T
- m.** Boundaries and self-care; (1-1-17)T
- n.** Cultural sensitivity; (1-1-17)T
- o.** The children's mental health system; (1-1-17)T
- p.** How to tell your story and use your story to help others; (1-1-17)T
- q.** The child and family team and how to be a team player; (1-1-17)T
- r.** Work place dynamics and process; (1-1-17)T

- s. The Certified Family Support Partner's role and duties on the job; (1-1-17)T
  - t. Relationship building; (1-1-17)T
  - u. Recovery plans; and (1-1-17)T
  - v. Local, state, and national resources. (1-1-17)T
- 03. Work or Volunteer Experience Requirements.** Each applicant must obtain supervised experience providing family support services. A six (6) month certification may be granted according to Section 111 of these rules to an applicant who lacks required experience. (1-1-17)T
- a. An applicant that holds a bachelor's degree in a human services field must document one hundred (100) hours of family support partner experience. (1-1-17)T
  - b. An applicant that does not hold a bachelor's degree in a human support services field must document two hundred (200) hours of family support partner experience. (1-1-17)T
  - c. An applicant must document at a minimum twenty (20) hours of supervised family support services work or volunteer experience. (1-1-17)T
- 04. Supervision Requirements.** A six (6) month certification may be granted according to Section 111 of these rules to an applicant who lacks the required work or volunteer supervision hours required in Subsection 300.03 of this rule. (1-1-17)T
- 05. Person Self-Identified with Lived Experience.** Each applicant must identify as an individual with lived experience as a parent or adult caregiver who is raising a child or has raised a child who lives with a mental illness or mental illness with a co-occurring substance use disorder. (1-1-17)T
- 301. -- 349. (RESERVED)**
- 350. FAMILY SUPPORT PARTNERS -- CODE OF ETHICS AND PROFESSIONAL CONDUCT.**
- 01. Family Support Principles.** These family support principles are intended to serve as a guide for certified family support partners and those who are working toward full certification in their everyday professional conduct that includes various roles, relationships, and levels of responsibilities within their jobs. (1-1-17)T
- 02. Certified Family Support Partner Integrity.** In order to maintain high standards of competency and integrity, a certified family support partner must: (1-1-17)T
- a. Apply the principles of resiliency, wellness and recovery, or both, family-driven approach, youth-guided or youth-driven approach, consumer-driven approach, and peer-to-peer mutual-learning principles in every day interactions with family members; (1-1-17)T
  - b. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs; (1-1-17)T
  - c. Promote the family members' voices and the articulation of their values in planning and evaluating children's behavioral health related issues; (1-1-17)T
  - d. Teach, mentor, coach, and support family members to articulate goals that reflect each family member's current needs and strengths; (1-1-17)T
  - e. Demonstrate respect for the cultural-based values of the family members engaged in peer support; (1-1-17)T
  - f. Communicate information in ways that are both developmentally and culturally appropriate;

- (1-1-17)T
- g.** Empower family members to be fully informed in preparing to make decisions and understand the implications of these decisions; (1-1-17)T
  - h.** Maintain high standards of professional competence and integrity; (1-1-17)T
  - i.** Abstain from discriminating against or refusing services to anyone on the basis of race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status, or disability; (1-1-17)T
  - j.** Only assist family members whose concerns are within one's competency as determined by one's education, training, experience, and on-going supervision or consultation; (1-1-17)T
  - k.** Abstain from establishing or maintaining a relationship for the sole purpose of financial remuneration to self or the agency with which one is associated; and (1-1-17)T
  - l.** Terminate a relationship when it becomes reasonably clear that the peer relationship is no longer the desire of the family member. (1-1-17)T
- 03. Certified Family Support Partner Safety.** In order to maintain the safety of all family members involved with family support services, a certified family support partner must: (1-1-17)T
- a.** Comply with all laws and regulations applicable to the jurisdiction in which the peer support services are provided, including confidentiality; (1-1-17)T
  - b.** Maintain confidentiality in personal and professional communication and ensure that family members have authorized the use or release of any and all information about themselves or family members for whom they have legal authority, including verbal statements, writings, or re-release of documents; (1-1-17)T
  - c.** Respect the privacy of partner agencies and not distribute internal or draft documents or share private, internal conversations; (1-1-17)T
  - d.** When complying with laws and regulations involving mandatory reporting of harm, abuse, or neglect, make every effort to involve the family members in the planning for services and ensure that no further harm is done to family members as the result of the reporting; (1-1-17)T
  - e.** Discuss and explain to family members the rights, roles, expectations, benefits, and limitations of the peer support process; (1-1-17)T
  - f.** Avoid ambiguity in the relationship with family members and ensure clarity of the certified family support partner's role at all times; (1-1-17)T
  - g.** Maintain a positive relationship with family members, refraining from premature or unannounced ceasing of the relationship until a reasonable alternative arrangement is made for continuation of similar peer support services; (1-1-17)T
  - h.** Abstain from engaging in intimate, emotional, or physical relationships with family members engaged in a peer support relationship; (1-1-17)T
  - i.** Neither offer nor accept gifts, other than token gifts, related to the professional service of peer support, including personal barter services, payment for referrals, or other remunerations; and (1-1-17)T
  - j.** Abstain from engaging in personal financial transactions with family members engaged in a peer support relationship. (1-1-17)T
- 04. Certified Family Support Partner Professional Responsibility.** Through educational activities,

supervision and personal commitment, a certified family support partner must: (1-1-17)T

**a.** Stay informed and up-to-date with regard to the research, policy, and developments in the field of parent/peer support and children's emotional, developmental, behavioral (including substance use), or mental health which relates to one's own practice area and children's general health and wellbeing; (1-1-17)T

**b.** Engage in helping relationships that include skills-building, not exceeding one's scope of practice, experience, training, education, or competence; (1-1-17)T

**c.** Perform or hold oneself out as competent to perform only peer services not beyond one's education, training, experience, or competence; (1-1-17)T

**d.** Seek appropriate professional supervision/consultation or assistance for one's personal problems or conflicts that may impair or affect work/volunteer performance or judgment; (1-1-17)T

**e.** File a complaint with the certification body for Family Support Partners when one has reason to believe that another family support partner is, or has been, engaged in conduct that violates the law or these rules. Making a complaint to the certification body for Family Support Partners is an additional requirement, not a substitute for, or alternative to, any duty of filing reports required by statute or regulation; (1-1-17)T

**f.** Refrain from distorting, misusing, or misrepresenting one's experience, knowledge, skills, or research findings; (1-1-17)T

**g.** Refrain from financially or professionally exploiting a colleague or representing a colleague's work, associated with the provision of peer support or the profession of peer support, as one's own; (1-1-17)T

**h.** In the role of a supervisor/consultant, be responsible for maintaining the quality of one's own supervisory/consultation skills and obtaining supervision/consultation for work as a supervisor/consultant; (1-1-17)T

**i.** In the role of a researcher, be aware of and comply with federal and state laws and regulations, agency regulations, and professional standards governing the conduct of research, including ensuring the participants' complete informed consent for participating or declining to participate in a study; and (1-1-17)T

**j.** In the role as a volunteer, member, or employee of an organization, give credit to persons for published or unpublished original ideas, take reasonable precautions to ensure that one's employer or affiliate organization promotes and advertises materials accurately and factually. (1-1-17)T

**05. Ethics Training.** A certified family support partner must complete ethics training at least once per year, and maintain personal documentation of completed ethics training. (1-1-17)T

**06. Comply with Code of Ethics.** A certified family support partner must understand and comply with these rules and Idaho's Certified Family Support Partners Code of Ethics. (1-1-17)T

**351. -- 399. (RESERVED)**

**400. SUPERVISOR FOR PEER SUPPORT SPECIALIST OR FAMILY SUPPORT PARTNER -- QUALIFICATIONS AND REQUIREMENTS.**

An individual must meet the following requirements to provide supervision to a peer support specialist or family support partner. (1-1-17)T

**01. Bachelor's Degree or Higher.** In order to supervise a peer support specialist or family support partner, an individual must hold a bachelor's degree or higher in a human services field. (1-1-17)T

**02. Supervisory Position.** An individual must be in a supervisory position and work in that capacity within the agency. (1-1-17)T

**401. -- 499. (RESERVED)**

**500. COMPLAINTS.**

A complaint is an informal process to address the concerns of an individual. Any individual may file a written complaint or concern with the Department regarding a certified peer support specialist, certified family support partner, or a behavioral health program. (1-1-17)T

**01. Complaint Content.** A complaint must include: (1-1-17)T

**a.** The full name, mailing address, phone number, and email contact for the person reporting the complaint; (1-1-17)T

**b.** A description of the nature of the complaint, including the desired outcome. (1-1-17)T

**02. Department Response to Complaint.** The Department will respond to the complaint within thirty (30) days of receipt of the complaint. This process may include gathering additional information from involved parties, including the complainant. (1-1-17)T

**501. -- 509. (RESERVED)**

**510. GRIEVANCES.**

A grievance is a type of complaint about the certification decision that has been made following application to the Department. When an applicant is denied certification, questions the results of the application review process, or is subject to an action that he deems unjustified, the applicant may submit a written grievance to the Department. (1-1-17)T

**01. Grievance Content.** The grievance must include: (1-1-17)T

**a.** The full name, mailing address, phone number, and email contact for the person reporting the grievance; and (1-1-17)T

**b.** A detailed explanation of the decision that is being contested, from the perspective of the complainant, including any steps already taken to resolve the issue. (1-1-17)T

**02. Department Response to Grievance.** The Department will respond within sixty (60) days of receipt of the grievance. This process may include gathering additional information from involved parties. (1-1-17)T

**511. -- 519. (RESERVED)**

**520. DENIAL, REVOCATION, OR SUSPENSION OF CERTIFICATION.**

The Department may deny, suspend, or revoke an individual's application, certification, or recertification as a peer support specialist or family support partner for noncompliance with these rules. (1-1-17)T

**521. -- 524. (RESERVED)**

**525. IMMEDIATE DENIAL, REVOCATION, OR SUSPENSION.**

The Department may deny, revoke, or suspend a certification or recertification, without prior notice, when conditions exist that endanger the health and safety of any participant. (1-1-17)T

**526. -- 529. (RESERVED)**

**530. REASONS FOR DENIAL, REVOCATION, OR SUSPENSION.**

An individual may have a certification denied, revoked, or suspended for any one (1) of the reasons listed below. (1-1-17)T

**01. Failure to Comply.** Failure to comply with these rules and the code of ethics described in Sections 250 and 350 of these rules. (1-1-17)T

**02. Failure to Provide Information.** Failure to provide information requested by the Department.

(1-1-17)T

**03. Failure to Perform.** Inadequate knowledge or performance that is demonstrated by repeated substandard peer or quality assurance reviews. (1-1-17)T

**04. Misrepresentation of Information Provided.** Misrepresentation by the applicant in an application, or in documents required by the Department for certification. (1-1-17)T

**05. Conflict of Interest.** Conflict of interest in which a certified individual exploits his position as a Certified Peer Support Specialist or a Certified Family Support Partner for personal benefit. (1-1-17)T

**06. Negligent Performance or Fraud.** A criminal, civil, or administrative determination that a certified individual has committed fraud or gross negligence in his capacity as a Certified Peer Support Specialist or Certified Family Support Partner. (1-1-17)T

**07. Failure to Correct.** Failure to correct within thirty (30) days of written notice, any unacceptable conduct, practice, or condition as determined by the Department. (1-1-17)T

**531. -- 534. (RESERVED)**

**535. APPEAL OF DEPARTMENT DECISION.**

An applicant or certificate holder may appeal a Department decision to deny, suspend, or revoke a certification according to IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (1-1-17)T

**536. -- 539. (RESERVED)**

**540. REAPPLICATION FOR CERTIFICATION.**

Following a denial, suspension, or revocation of certification or recertification, the same applicant may not reapply for certification for a period of six (6) months after the effective date of the action. (1-1-17)T

**541. -- 999. (RESERVED)**

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