



PROPOSED RULE MAKING

CR-102 (June 2024)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 29, 2025

TIME: 9:58 AM

WSR 25-20-073

Agency: Health Care Authority

☒ **Original Notice**

☐ **Supplemental Notice to WSR** _____

☐ **Continuance of WSR** _____

☒ **Preproposal Statement of Inquiry was filed as WSR 25-14-022 ; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR** _____; or

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW** _____.

Title of rule and other identifying information: (describe subject) 182-115-0100 - Certified peer counselor; 182-115-0300 - Peer support specialist supervisor training; 182-116-0100 - Certified peer support specialist and certified peer support specialist trainee-General; and 182-116-0200 - Certified peer support specialist and certified peer support trainee - Application, training, examination, and authority approval.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
November 4, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, you must register in advance : https://us02web.zoom.us/webinar/register/WN_klyJXQreTC2C-q7UNWCPOg If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: Not sooner than November 5, 2025 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email arc@hca.wa.gov

Fax 360-586-9727

Other

Beginning (date and time) September 30, 2025, 8:00 AM

By (date and time) November 4, 2025_by 11:59 PM

Assistance for persons with disabilities:

Contact Jessica Nguyen

Phone 360-725-1174

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email arc@hca.wa.gov

Other

By (date) October 17, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending the supervision requirements in Chapter 182-116 WAC and updating the titles for certified support peer specialists and certified support peer specialist trainees to align with RCW 18.420.010 and the Department of Health's proposed rules filed as [WSR #25-15-161](#).

Reasons supporting proposal: See Purpose

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160, RCW 18.420.010

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:			
Federal Law?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, CITATION:			
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None			
Name of proponent: (person or organization)			
Type of proponent: <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.			
Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting	Melinda Froud	PO Box 42716, Olympia, WA 98504-2716	360-725-1408
Implementation	Maureen Bailey	PO Box 55543, Olympia, WA 98504-5543	360-725-9997
Enforcement	Maureen Bailey	PO Box 55543, Olympia, WA 98504-5543	360-725-9997
Is a school district fiscal impact statement required under RCW 28A.305.135?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, insert statement here: N/A			
The public may obtain a copy of the school district fiscal impact statement by contacting: <div style="margin-left: 20px;"> Name Address Phone Fax TTY Email Other </div>			
Is a cost-benefit analysis required under RCW 34.05.328?			
<input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: <div style="margin-left: 20px;"> Name Address Phone Fax TTY Email Other </div>			
<input checked="" type="checkbox"/> No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.			
Regulatory Fairness Act and Small Business Economic Impact Statement			
Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.			
(1) Identification of exemptions:			
This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA . Please check the box for any applicable exemption(s):			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description:			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.			

- ☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input checked="" type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g)
(i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |
- ☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#). (Does not affect small businesses).
- ☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.
Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: *Check one.*

- ☒ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.
- ☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- ☐ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- ☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. _____
- ☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

Date: September 29, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



AMENDATORY SECTION (Amending WSR 25-08-033, filed 3/26/25, effective 7/1/25)

WAC 182-115-0100 Certified peer counselor. (1) A certified peer counselor may provide medicaid-reimbursable peer services only:

- (a) Through December 31, 2026;
 - (b) Under the clinical supervision of a mental health professional, or substance use disorder professional, or both:
 - (i) Who understands rehabilitation and recovery; and
 - (ii) Whose expertise aligns with the needs of the populations served by the certified peer counselor;
 - (c) When the services are provided in a licensed community behavioral health agency, as defined in WAC 246-341-0200; and
 - (d) When the certified peer counselor is credentialed as an agency-affiliated counselor under chapter 18.19 RCW.
- (2) On January 1, 2027, the profession of certified peer support specialist, as defined in RCW 18.420.010, will supersede certified peer counselors. On and after that date, only certified peer support specialists and peer support specialist trainees may provide medicaid-reimbursable peer services.

AMENDATORY SECTION (Amending WSR 25-08-033, filed 3/26/25, effective 7/1/25)

WAC 182-115-0300 Peer support specialist supervisor training. Only certified peer counselors or certified peer support specialists may qualify to take the authority's training to become recognized by the department of health as an approved supervisor.

Chapter 182-116 WAC
CERTIFIED PEER SUPPORT SPECIALIST

AMENDATORY SECTION (Amending WSR 25-08-033, filed 3/26/25, effective 7/1/25)

WAC 182-116-0100 Certified peer support specialist and certified peer support specialist trainee—General. (1) A certified peer support specialist or certified peer support specialist trainee credentialed by the department of health who provides medicaid-reimbursable peer support services must meet the requirements in WAC 182-116-0200.

(2) Certified peer support specialists or certified peer support specialist trainees who provide services to people enrolled in medicaid must practice:

(a) Under the clinical supervision of a ~~((behavioral health provider as defined in RCW 71.24.025 or a certified peer specialist supervisor as defined in RCW 18.420.010))~~ mental health professional or a substance use disorder professional who understands rehabilitation and recovery. The clinical supervisor's expertise must be aligned with the needs of the populations served by the certified peer support specialist or certified peer support specialist trainee; and

(b) In a community behavioral health agency licensed, certified, or subject to an approved tribal attestation by the department of health.

AMENDATORY SECTION (Amending WSR 25-08-033, filed 3/26/25, effective 7/1/25)

WAC 182-116-0200 Certified peer support specialist and certified peer support trainee—Application, training, examination, and authority approval. (1) People applying with the authority for peer support specialist training must:

(a) Be age 18 or older; and

(b) Attest on the authority's application that they self-identify as:

(i) A person with one or more years of recovery from behavioral health experiences/challenges; or

(ii) The parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services.

(2) After a person meets the training requirements and passes the authority's examination, the authority issues a letter stating the person has met the ~~((training))~~ educational requirements needed to apply for the credential of certified peer support specialist or certified peer support specialist trainee through the department.