

Chapter 246-821 WAC
BEHAVIORAL HEALTH SUPPORT SPECIALIST

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WAC

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GENERAL

WAC 246-821-010 Definitions. The definitions in RCW 18.227.010 and in this section apply throughout this chapter unless the context clearly states otherwise.

(1) "Approved educational program" means a program that has been fully approved, provisionally approved, or legacy approved by the department under WAC 246-821-810 and 246-821-811 and, if applicable, registered with the department of labor and industries.

(2) "Behavioral health" is a term that encompasses mental health, substance use, and co-occurring disorders.

(3) "Behavioral health support specialist" or "BHSS" means a person certified under chapter 18.227 RCW to deliver brief, evidence-based interventions with a scope of practice that includes behavioral health under the supervision of a Washington state credentialed provider who has the ability to assess, diagnose, and treat identifiable mental and behavioral health conditions as part of their scope of practice. A behavioral health support specialist does not have within their scope of practice the ability to make diagnoses, but does track and monitor treatment response and outcomes using measurement-based care.

(4) "Brief, evidence-based intervention" means strategies focused on the reduction of symptom severity within a time frame congruent with the needs of the patient, provider, and treatment setting.

(5) "Client" means a recipient of behavioral health services. This term may be used interchangeably with "patient."

(6) "Clinical supervisor" means a provider who meets the requirements of WAC 246-821-410 and provides oversight, supervision, and consultation to a certified BHSS working within their scope of practice.

(7) "Measurement-based care" means the application of valid assessments to monitor and measure patient symptoms, evaluate how a patient responds to treatment, and systematically adjust treatment based on patient needs.

(8) "Practicum" means supervised experience that meets the requirements of WAC 246-821-200, completed for the purpose of becoming a certified BHSS. A practicum may be completed as part of a bachelor degree, post-baccalaureate education, or registered apprenticeship program and may be referenced in documentation as a practicum, internship, on-the-job training, or other similar term. Within this chapter, the terms "practicum" and "supervised experience" are used interchangeably.

(9) "Practicum supervisor" means a provider that meets the requirements of WAC 246-821-215, who provides oversight to a student completing a practicum.

(10) "Registered apprenticeship" means an apprenticeship program approved by the Washington state apprenticeship and training council according to chapter 49.04 RCW.

(11) "Student" means an individual working toward completing BHSS education and practicum requirements, whether part of a bachelor degree program, post-baccalaureate education, or registered apprenticeship program.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-010, filed 10/16/24, effective 1/1/25.]

WAC 246-821-020 Administrative procedures and requirements. (1)

The department uses the procedural rules in chapter 246-10 WAC to govern adjudicative proceedings.

(2) A certified BHSS must follow requirements for credentialed health care providers in chapter 246-12 WAC.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-020, filed 10/16/24, effective 1/1/25.]

WAC 246-821-025 Behavioral health support specialist application requirements. (1) An applicant for a behavioral health support specialist (BHSS) certificate shall submit to the department:

(a) An application on forms provided by the department;

(b) Official transcripts to verify completion of a bachelor degree;

(c) Documentation to verify completion of an approved BHSS educational program and practicum under subsection (2) or (3) of this section; and

(d) Applicable fee(s) required under WAC 246-821-990.

(2) An applicant who completes BHSS education and experience requirements through an approved educational program that is not a registered BHSS apprenticeship shall submit to the department:

(a) Official transcripts verifying completion of education requirements under WAC 246-821-100; and

(b) Documentation on forms provided by the department of any supervised experience completed under WAC 246-821-200. If an applicant completed supervised experience through multiple practicums or at multiple practicum sites, documentation should be submitted for each one.

(3) An applicant who completes BHSS education and experience requirements through an approved and registered BHSS apprenticeship shall submit to the department an apprenticeship certificate of completion.

(4) Before issuance of a BHSS certificate, an applicant shall take and pass the jurisprudence examination under WAC 246-821-300.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-025, filed 10/16/24, effective 1/1/25.]

EDUCATION

WAC 246-821-100 BHSS required education. To be eligible for certification as a behavioral health support specialist, an applicant shall:

(1) Graduate from a bachelor's degree program.

(2) Successfully complete a BHSS educational program approved by the department, which must be included as part of a:

(a) Bachelor degree program;

(b) Post-baccalaureate continuing education program; or

(c) Registered apprenticeship program.

(3) Successfully complete at least the following amount of instruction in a behavioral health curriculum:

(a) Forty-five quarter college credits;

(b) Thirty semester college credits; or

(c) Four hundred fifty hours of apprenticeship related/supplemental instruction.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-100, filed 10/16/24, effective 1/1/25.]

WAC 246-821-110 BHSS competencies and clinical skills. (1) Consistent with University of Washington behavioral health support specialist clinical training program guidelines, behavioral health support specialist competencies and clinical skills include, but are not limited to:

(a) Health equity, including:

(i) Recognizing the impact of health disparities on patient engagement; and

(ii) Practicing use of inclusive communication that supports health care equity;

(b) The helping relationship, including:

(i) Developing a supportive and effective working alliance with patients and their support networks;

(ii) Engaging patients to enhance participation in care;

- (iii) Facilitating group psychoeducation; and
- (iv) Utilizing a trauma-informed care framework in all aspects of helping relationships;
- (c) Cultural responsiveness, including:
 - (i) Developing knowledge of patient's identity(ies);
 - (ii) Providing services responsive to patient's identity(ies);
 - (iii) Practicing cultural humility in relationships; and
 - (iv) Striving to address own biases in work with patients;
- (d) Team-based care and collaboration, including:
 - (i) Integrating professional identity and scope of practice within a health care team;
 - (ii) Practicing interprofessional communication; and
 - (iii) Contributing to teams and teamwork;
- (e) Screening and assessment, including:
 - (i) Utilizing appropriate standardized screening tools to identify common behavioral health conditions;
 - (ii) Conducting a suicide risk assessment and providing appropriate intervention under supervision;
 - (iii) Conducting a patient-centered biopsychosocial assessment; and
 - (iv) Using measurement-based care to support stepped care approaches and adjusting the type and intensity of services to the needs of the patient;
- (f) Care planning and care coordination, including:
 - (i) Contributing to the development of a whole health care plan and stay well plan with the patient, the patient's support network, and health care team members;
 - (ii) Maintaining a registry to systematically track patient treatment response to interventions;
 - (iii) Ensuring the flow and exchange of information among patients, patients' support networks, and linked providers;
 - (iv) Facilitating external referrals to social and community-based services (housing assistance, food banks, vocational rehabilitation, substance use disorder treatment, etc.);
 - (v) Demonstrating accurate documentation of services provided and summaries of contact with linked providers in the patient record; and
 - (vi) Recognizing the interaction between behavioral health conditions, chronic health conditions, and their associated symptoms;
- (g) Intervention, including:
 - (i) Integrating motivational interviewing strategies into practice;
 - (ii) Providing psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the health care team;
 - (iii) Employing distress tolerance strategies including problem-solving and relaxation techniques to reduce the impact of acute stress on patient mental and behavioral health;
 - (iv) Applying brief, evidence-based treatment for common mental health presentations including depression, based on behavioral activation principles;
 - (v) Applying brief, evidence-based treatment for common mental health presentations including anxiety, based on cognitive behavioral therapy (CBT) principles;
 - (vi) Using harm reduction strategies for substance use concerns including the delivery of screening, brief intervention and referral to treatment (SBIRT); and

- (vii) Demonstrating a clear understanding of the evidence base for brief treatment that focuses on symptom reduction; and
- (h) Law and ethics, including:
 - (i) Identifying and applying federal and state laws to practice;
 - (ii) Integrating foundations of interprofessional ethics into practice;
 - (iii) Utilizing supervision and consultation to guide practice;
- and
- (iv) Engaging in ongoing reflective practice.

(2) The behavioral health support specialist competencies and clinical skills described in subsection (1) of this section shall not be construed to permit a BHSS to practice beyond the scope of their practice as defined in RCW 18.227.010(4) and WAC 246-821-400.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-110, filed 10/16/24, effective 1/1/25.]

EXPERIENCE REQUIREMENTS

WAC 246-821-200 Supervised experience requirements. (1) To be eligible for certification as a behavioral health support specialist, a student shall complete a BHSS practicum or BHSS apprenticeship on-the-job training that:

- (a) Provides practical instruction that reinforces BHSS competencies and clinical skills listed in WAC 246-821-110;
- (b) Allows the student to participate in a clinical environment, observe providers treating clients, and provide direct client care under supervision; and
- (c) Is supervised by a practicum supervisor, consistent with WAC 246-821-210 and 246-821-215.

(2) A clinical environment is a practice setting where a student is supervised by a provider eligible under WAC 246-821-215. A clinical environment is not limited to a traditional clinic setting and may include outreach, co-response, crisis response, or other settings in which a clinical provider is providing behavioral health services.

(3) The minimum amount of practicum or on-the-job experience for a BHSS credential is at least 240 hours, completed over a period of at least five months.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-200, filed 10/16/24, effective 1/1/25.]

WAC 246-821-210 Practicum supervision requirements. (1) All supervised experience required for behavioral health support specialist certification must be completed under a practicum supervisor as defined in WAC 246-821-215.

(2) Before the practicum begins or within the first month of the practicum, the student shall meet with the supervisor to:

- (a) Develop a written plan for developing clinical skills, including graduated participation in facilitating clinical encounters;
- (b) Set goals and expectations for the duration of the practicum;
- (c) Establish a schedule for supervision, which may include group supervision in addition to required individual supervision; and

(d) Identify an alternate supervisor, if possible, in case the primary supervisor is unavailable.

(3) A practicum supervisor shall provide supervision regularly, with at least biweekly individual or triadic supervision, and at least one in-person supervision session per quarter.

(4) Under the supervision of the practicum supervisor, a BHSS student shall:

(a) Complete at least 240 practicum hours;

(b) Complete at least 12 hours of individual or triadic supervision;

(c) Complete at least 60 hours of direct client contact, including co-delivery of services with a supervisor or other certified or licensed behavioral health provider or substance use disorder professional; and

(d) Demonstrate at least one clinical skill from each of the eight competency domains listed in WAC 246-821-110.

(5) On forms provided by the department, the practicum supervisor shall attest to the student's completion of practicum requirements listed in subsection (4) of this section.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-210, filed 10/16/24, effective 1/1/25.]

WAC 246-821-215 BHSS practicum supervisor requirements. (1) A behavioral health support specialist practicum supervisor must be licensed in the state of Washington, with no restrictions, as one of the following provider types:

(a) Independent clinical social worker or associate licensed under chapter 18.225 RCW;

(b) Marriage and family therapist or associate licensed under chapter 18.225 RCW;

(c) Mental health counselor or associate licensed under chapter 18.225 RCW;

(d) Psychiatric advanced practice registered nurse licensed under chapter 18.79 RCW;

(e) Psychologist or associate licensed under chapter 18.83 RCW; or

(f) Other credentialed provider listed in WAC 246-821-410 who is competent to assess, diagnose, and treat behavioral health conditions and support a student BHSS appropriately.

(2) A practicum supervisor may not be a blood or legal relative, significant other, cohabitant of the student, or someone who has provided behavioral health counseling to a student in the past two years.

(3) A practicum supervisor or, if unavailable, an alternative designated provider shall review and sign all BHSS student clinical practicum documentation. Any alternative designated provider signing on behalf of the practicum supervisor shall also meet the supervisor requirements of this section.

(4) A practicum supervisor is responsible for all clients treated by a BHSS student they supervise.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-215, filed 10/16/24, effective 1/1/25.]

EXAMINATION

WAC 246-821-300 Examination requirements. (1) A behavioral health support specialist applicant shall take and pass a jurisprudence examination administered by the department that covers professional judgment, knowledge of state laws, and ethics pertaining to the BHSS profession.

(2) An applicant who fails the test is eligible to retake it immediately.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-300, filed 10/16/24, effective 1/1/25.]

PROFESSIONAL REQUIREMENTS FOR CERTIFIED BEHAVIORAL HEALTH SUPPORT SPECIALIST

WAC 246-821-400 Professional standards for certified BHSS. (1) A behavioral health support specialist provides treatment for a behavioral health condition which is impacting a client's quality of life by:

(a) Delivering brief, evidence-based interventions to treat individuals with behavioral health conditions, including mental health or substance use disorders, consistent with subsection (3) of this section;

(b) Tracking and monitoring treatment response and outcomes using measurement-based care. Interventions should be adjusted based on patient response to find the most effective treatment;

(c) Regularly conferring with their clinical supervisor;

(d) Consulting with their clinical supervisor about a client whose symptoms fail to improve; and

(e) Referring a client to alternate health care providers or other resources when the client's needs exceed the BHSS's scope of practice or competence.

(2) A BHSS may not make diagnoses, but may provide symptom-based treatment within their scope of practice. Treatment may be based on the diagnosis of another provider or may occur prior to a diagnosis from another provider, based on screening and assessment. A BHSS adjusts interventions to the intensity of the client's symptoms, whether mild to moderate or acute.

(3) Brief, evidence-based interventions are strategies focused on the reduction of symptom severity within a time frame congruent with the needs of the patient, provider, and treatment setting. The strategies are often informed by principles associated with cognitive behavioral, problem-solving, strategic, or solution-focused psychotherapies.

(4) When the duration of treatment involving a single intervention exceeds six months, the BHSS must confer with their supervisor to determine appropriate next steps, which should include whether a new intervention or a referral to a setting and provider with a scope of practice matching the complexity of patient problems is appropriate.

(5) If the BHSS' supervisor elects to continue the intervention after six months, the BHSS must confer with their supervisor every six

months to determine appropriate next steps consistent with subsection (4) of this section.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-400, filed 10/16/24, effective 1/1/25.]

WAC 246-821-405 Ethical standards. (1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to behavioral health support specialists, except WAC 246-16-100 (4) and (5).

(2) A BHSS shall never engage, or attempt to engage in:

(a) The activities listed in WAC 246-16-100 (1) and (2) with a former client or former key party; or

(b) A nontreatment relationship with a former client or former key party that could be perceived to create a conflict of interest or imbalance of power.

(3) A BHSS shall follow all federal and state laws and regulations about confidentiality and privacy including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R., Part 2, as well as chapter 70.02 RCW.

(4) When providing care or treatment to a client, a BHSS shall limit self-disclosure to maintain a professional, neutral environment, in order to keep treatment sessions focused on client needs.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-405, filed 10/16/24, effective 1/1/25.]

WAC 246-821-410 Clinical supervisors. (1) To supervise a certified behavioral health support specialist, a provider shall hold one of the following Washington state credentials:

(a) Advanced social worker or associate license under chapter 18.225 RCW;

(b) Independent clinical social worker or associate license under chapter 18.225 RCW;

(c) Marriage and family therapist or associate license under chapter 18.225 RCW;

(d) Mental health counselor or associate license under chapter 18.225 RCW;

(e) Osteopathic physician license under chapter 18.57 RCW;

(f) Physician license under chapter 18.71 RCW;

(g) Physician assistant license under chapter 18.71A RCW;

(h) Psychiatric advanced practice registered nurse license under chapter 18.79 RCW; or

(i) Psychologist or associate license under chapter 18.83 RCW.

(2) Other providers may also be eligible to provide BHSS supervision if they:

(a) Hold a Washington state credential issued by another state agency; and

(b) Have the ability to assess, diagnose, and treat identifiable mental and behavioral health conditions as part of their scope of practice.

(3) A clinical supervisor is responsible for:

(a) Supervising a BHSS's treatment of clients and ensuring the BHSS does not exceed their scope of practice;

- (b) Providing regular, outcome-focused supervision appropriate for the BHSS's training, education, and experience;
- (c) Providing competent supervision based on the supervisor's own level of training, education, and experience; and
- (d) Ensuring that behavioral health consultation is available to the BHSS if necessary.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-410, filed 10/16/24, effective 1/1/25.]

WAC 246-821-420 Required client disclosure information. (1) A behavioral health support specialist shall provide disclosure information to each client prior to the delivery of services. Disclosure information may be provided in a format of the provider's choosing or in a general format used by a state-approved treatment facility.

(2) The following information must be included on all disclosure statements provided to counseling clients in a language that can be easily understood by the client, and in a format accessible to the client:

- (a) Name of firm, agency, business, or other practice location;
- (b) Employment address, telephone number, and email address;
- (c) Name, credential, and credential number;
- (d) Clinical supervisor's name, credential, and credential number;
- (e) Clinical supervisor's employment address, telephone number, and email address, if different from the BHSS's;
- (f) Billing information, including:
 - (i) Client's cost per each counseling session;
 - (ii) Billing practices, including any advance payments and refunds;
- (g) A list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the department of health of the health systems quality assurance complaint intake unit.

(3) The BHSS and the client must sign and date a statement indicating that the client has been given a copy of the required disclosure information, and the client has read and understands the information provided. If a client is in acute crisis or is otherwise unable to read, understand, and sign the disclosure statement, it can be completed at a later session.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-420, filed 10/16/24, effective 1/1/25.]

CONTINUING EDUCATION REQUIREMENTS

WAC 246-821-500 Continuing education requirements. A certified behavioral health support specialist shall complete 20 hours of continuing education every two years, either in person or through distance learning, including:

- (1) At least two hours of health equity education every four years that comply with requirements in WAC 246-12-800 through 246-12-830;

(2) Completion of at least a three-hour training on suicide assessment, including screening and referral, listed on the department's model list. A BHSS must complete this training during their first continuing education cycle after certification, then every six years afterwards;

(3) At least three hours of law and ethics every two years; and

(4) The remaining hours in qualifying continuing education under WAC 246-821-510.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-500, filed 10/16/24, effective 1/1/25.]

WAC 246-821-505 Additional training requirements. A certified behavioral health support specialist who provides clinical services through telemedicine as defined in RCW 70.41.020 shall complete a one-time telemedicine training that complies with RCW 43.70.495.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-505, filed 10/16/24, effective 1/1/25.]

WAC 246-821-510 Qualifying continuing education and other professional development activities. (1) Qualifying continuing education (CE) for a behavioral health support specialist must:

(a) Be relevant to the profession; and

(b) Contribute to the advancement and enhancement of their professional competence.

(2) Activities primarily designed to increase practice income or office efficiency are not eligible for CE credit.

(3) Acceptable CE must be approved by an industry-recognized local, state, national, or international organization or institution of higher learning under WAC 246-821-520.

(4) Distance learning must require tests of comprehension upon completion to qualify as CE.

(5) Qualifying activities that count toward CE requirements include programs, courses, seminars, and workshops.

(6) All documentation must include the dates the continuing education activity took place, the number of hours of CE credit, and, if appropriate, the title of the course, the location of the course, and the name of the instructor. If the activity's relevance to the profession is not apparent based on the title, the BHSS shall submit documentation describing the content.

(7) A BHSS shall maintain CE documentation for at least six years.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-510, filed 10/16/24, effective 1/1/25.]

WAC 246-821-520 Industry-recognized organizations or institutions of higher learning. Local, state, national, and international organizations that are recognized in the behavioral health industry and institutions of higher learning include, but are not limited to, the following:

(1) American Association for Marriage and Family Therapy (AAMFT) and Washington Association for Marriage and Family Therapy;

- (2) American Counseling Association and Washington Counseling Association;
- (3) American Mental Health Counselors Association (AMHCA) and Washington Mental Health Counselors Association;
- (4) American Psychological Association (APA);
- (5) Association of Social Work Boards (ASWB);
- (6) Clinical Social Work Association (CSWA);
- (7) Collaborative Family Healthcare Association;
- (8) Association for Addiction Professionals (NAADAC) and the Voice for Washington State Addiction Professionals (WAADAC);
- (9) National Association of Social Workers (NASW) and Washington chapter (NASW-WA);
- (10) National Board for Certified Counselors (NBCC);
- (11) Society for Social Work Leadership in Health Care;
- (12) Substance Abuse and Mental Health Services Administration (SAMHSA);
- (13) Washington State Society for Clinical Social Work; and
- (14) Institutions of higher learning that are recognized as accredited Postsecondary Education Institutions by the U.S. Department of Education.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-520, filed 10/16/24, effective 1/1/25.]

EDUCATIONAL PROGRAM REQUIREMENTS

WAC 246-821-800 Standards for educational programs. (1) A behavioral health support specialist educational program must be approved by the department and, if applicable, registered with the department of labor and industries before its graduates are eligible for BHSS certification.

(2) The minimum amount of behavioral health instruction required for a BHSS curriculum is at least:

- (a) Forty-five quarter college credits;
- (b) Thirty semester college credits; or
- (c) Four hundred fifty hours of apprenticeship related/supplemental instruction.

(3) Education must include instruction in all competencies and clinical skills listed in WAC 246-821-110, consistent with University of Washington behavioral health support specialist clinical training program guidelines.

(4) An educational program may grant a student credit for previously completed, relevant course instruction, up to 15 quarter or 10 semester credits.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-800, filed 10/16/24, effective 1/1/25.]

WAC 246-821-810 Approval process for educational programs. (1) Program application process. A behavioral health support specialist educational program must be approved by the department and, if applicable, registered with the department of labor and industries before its graduates are eligible for BHSS certification.

(a) To apply for approval, a college, university, technical school, apprenticeship program, or other entity shall submit on forms provided by the department:

(i) Documentation of how its curriculum meets the requirements of WAC 246-821-100, 246-821-110, and 246-821-800, along with any supporting documentation;

(ii) Attestation by an educational program representative that the educational program has confirmed any clinical or counseling environment approved as a practicum site meets the requirements of WAC 246-821-200 through 246-821-215; and

(iii) Additional information as requested by the department.

(b) After the receipt of the completed application, the department shall consider the application, determine whether the educational program fulfills the requirements of this subsection, and notify the applicant of the department's decision. The department's decision may result in the educational program being fully approved, provisionally approved, legacy approved, or denied.

(c) If the department decides the educational program cannot be approved, the notice shall include the reasons for denial.

(2) Provisional approval.

(a) The department provisionally approves an educational program if:

(i) The educational program has BHSS curriculum categorized as "most aligned" with 29 out of 34 competencies listed in WAC 246-821-110, using the current gap analysis tool provided by the department and the University of Washington, made available on the department website for the BHSS profession; and

(ii) Submits an attestation under subsection (1)(a)(ii) of this section.

(b) During the three-year provisional approval period:

(i) The educational program must continue working to achieve full compliance with these requirements; and

(ii) Graduates from the program will be considered eligible for certification as a BHSS.

(c) The educational program must apply for, and be granted, full program approval under subsection (1)(a) of this section before the expiration of the provisional approval in order to ensure graduates from the program remain eligible for certification as a BHSS beyond the provisional approval period.

(3) Full approval. When an educational program complies with the requirements of WAC 246-821-100, 246-821-110, and 246-821-800, the department fully approves the educational program. A fully approved educational program must:

(a) Continue to comply with the standards of this chapter; and

(b) Reapply for approval every seven years after initial approval following the application process in subsection (1)(a) of this section.

(4) Required updates. An educational program approved under subsection (2) or (3) of this section shall report to the department within 60 days substantial changes to the educational program's curriculum, practicum sites, accreditation status if applicable, and financial solvency.

(5) Program audits. The department may conduct audits to ensure an educational program continues to meet educational standards in this chapter.

(6) Enforcement. If the department receives evidence the educational program is not meeting the criteria for approval under chapter

18.225 RCW and this chapter, then the department will provide the program with a written statement of deficiencies that will include instructions and time frames for submission of a plan of correction. The educational program shall submit a plan of correction within the stated time frame. The department may accept or reject the proposed plan of correction. If the plan of correction is rejected, the program will be provided an opportunity to submit a revised plan of correction within a time period identified by the department. The department may accept or reject the revised proposed plan of correction.

(a) The educational program shall correct the deficiencies listed on the plan of correction:

(i) By the time frame agreed upon by the educational program and the department representative; or

(ii) Immediately if the department determines health and safety concerns require immediate corrective action.

(b) Should the program not make required changes, or should further deficiencies develop after the statement of deficiencies is issued, then the department may revoke the approval of the educational institution. The program's students are ineligible for BHSS certification from the date that the program's approval is revoked.

(7) Appeal. An educational program whose approval is denied or revoked may request a brief adjudicative proceeding under chapter 34.05 RCW and chapter 246-10 WAC. A request for a brief adjudicative proceeding must be filed with the department within 28 days of receipt of the department's notice.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-810, filed 10/16/24, effective 1/1/25.]

WAC 246-821-811 Legacy clause for programs operating prior to 2025. (1) The department recognizes that multiple colleges, universities, and technical colleges began implementing behavioral health support specialist educational programs prior to the establishment of chapter 18.227 RCW in 2023. In recognition of the educational programs and the achievements of their students, the department may approve BHSS educational programs for academic years prior to January 1, 2025. To apply for legacy status and to permit a program's pre-2025 graduates to apply for certification, the educational program must apply for program approval using the process established under WAC 246-821-810.

(2) If the program did not require 240-hour practicums during the pre-2025 time period, an individual BHSS applicant may supplement their application with documentation of additional supervised experience to make up the deficit.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-811, filed 10/16/24, effective 1/1/25.]

FEES

WAC 246-821-900 Expired credential. If a behavioral health support specialist certification is expired, the individual shall meet the requirements of WAC 246-12-040 in order to return to active status.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-900, filed 10/16/24, effective 1/1/25.]

WAC 246-821-990 Behavioral health support specialist—Fees and renewal cycle. (1) A behavioral health support specialist certificate must be renewed every year on the provider's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged for a certified BHSS:

Title of Fee	Fee
Application and initial certification	\$285.00
Active renewal	\$285.00
Active late renewal penalty	\$145.00
Expired certification reissuance	\$145.00
Duplicate certification	\$10.00
Verification of certificate	\$25.00

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-990, filed 10/16/24, effective 1/1/25.]