

Multiple Agency Fiscal Note Summary

Bill Number: 5555 S SB	Title: Certified peer specialists
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Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	0	0	2,070,000	0	0	1,220,000	0	0	1,220,000
Department of Health	0	0	0	0	0	5,527,000	0	0	3,126,000
Total \$	0	0	2,070,000	0	0	6,747,000	0	0	4,346,000

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	5.2	6,435,000	6,435,000	8,505,000	5.2	3,336,000	3,336,000	4,556,000	5.2	3,336,000	3,336,000	4,556,000
Office of Insurance Commissioner	.1	0	0	142,958	.1	0	0	33,493	.0	0	0	0
Department of Health	4.7	1,033,000	1,033,000	1,033,000	18.2	52,000	52,000	4,059,000	15.2	0	0	3,504,000
Total \$	10.0	7,468,000	7,468,000	9,680,958	23.5	3,388,000	3,388,000	8,648,493	20.4	3,336,000	3,336,000	8,060,000

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner	.0	0	0	.0	0	0	.0	0	0
Department of Health	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

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Prepared by: Arnel Blancas, OFM	Phone: (360) 000-0000	Date Published: Final 3/ 2/2023
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Individual State Agency Fiscal Note

Bill Number: 5555 S SB	Title: Certified peer specialists	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2	1,460,000	610,000	2,070,000	1,220,000	1,220,000
Total \$	1,460,000	610,000	2,070,000	1,220,000	1,220,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	5.2	5.2	5.2	5.2	5.2
Account					
General Fund-State 001-1	4,767,000	1,668,000	6,435,000	3,336,000	3,336,000
General Fund-Federal 001-2	1,460,000	610,000	2,070,000	1,220,000	1,220,000
Total \$	6,227,000	2,278,000	8,505,000	4,556,000	4,556,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 02/20/2023
Agency Preparation: Joseph Cushman	Phone: 360-725-5714	Date: 02/24/2023
Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 02/24/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/27/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	4,767,000	1,668,000	6,435,000	3,336,000	3,336,000
001-2	General Fund	Federal	1,460,000	610,000	2,070,000	1,220,000	1,220,000
Total \$			6,227,000	2,278,000	8,505,000	4,556,000	4,556,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	5.2	5.2	5.2	5.2	5.2
A-Salaries and Wages	346,000	346,000	692,000	692,000	692,000
B-Employee Benefits	123,000	124,000	247,000	248,000	248,000
C-Professional Service Contracts	5,594,000	1,644,000	7,238,000	3,288,000	3,288,000
E-Goods and Other Services	8,000	8,000	16,000	16,000	16,000
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	156,000	156,000	312,000	312,000	312,000
9-					
Total \$	6,227,000	2,278,000	8,505,000	4,556,000	4,556,000

III. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Fiscal Analyst 3	65,000	1.2	1.2	1.2	1.2	1.2
IT Business Analyst- Journey	101,000	1.0	1.0	1.0	1.0	1.0
Medical Assistance Program Specialist 3	83,000	1.0	1.0	1.0	1.0	1.0
Medical Program Specialist 2	81,000	2.0	2.0	2.0	2.0	2.0
Total FTEs		5.2	5.2	5.2	5.2	5.2

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: 5555 SSB Certified Peer Specialists

HCA Request #: 23-162

Part II: Narrative Explanation

AN ACT Relating to addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists.

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This Substitute contains no impactful differences from the original bill.

Sec 1 adds language to eliminate financial barriers to professional CPC licensing.

Sec 4(h) recommends the HCA consider the feasibility of a 2-phase certification program as advised by the advisory committee.

Sec. 4 – Establishes a certified peer specialist Advisory committee: Department and the Health Care Authority (HCA), are encouraged to advise, assist, and recommend (as appropriate).

Sec. 8(2) HCA shall administer written exams to each applicant to be sure the applicant possesses the minimum skill and knowledge necessary to practice competently.

Sec 8(3) Exam materials, all grading of materials and practical work must be preserved for at least one year after HCA has made and published decisions. Exams must be conducted wholly, fairly and impartially.

Sec. 8(4) Any applicant failing to make the required 'grade' in the first written examination may take up to three written exams with a fee amount established by HCA, which must be pre-paid by the applicant. If the fourth attempt of the written exam is failed, HCA may invalidate the original application and require remedial education before allowing further testing.

Sec. 8(5) HCA may approve a written exam prepared or administered by a private organization that credentials and renews credentials for peers or an association – for use by an applicant in meeting the credentialing requirements.

Sec. 11 (1)(a) By January 1, 2025, the authority must develop a course (curriculum) of instruction for certified peer specialists, under chapter 18. ---(new chapter created in section 19 of this act). The course must be 80 hours and based off the current Certified Peer Counselor (CPC) curriculum. Additionally, instruction of recovery coaching & suicide prevention. The authority shall establish peer engagement process to receive suggestions regarding subject to be covered in the 80-hour curriculum (beyond what is already available in the current 40-hour CPC training, Recovery coaching and suicide prevention), including cultural appropriateness. The course may be offered by HCA with the frequency, to accommodate the demand for training to increase and supplement the workforce demands. HCA must establish multiple configurations for offering the training, including offering it as uninterrupted with longer class hours held consecutively, as an extended course with reduced daily class hours, multiple days between classes (to accommodate student with other commitments). Same expectations apply of passing oral and written exams.

HCA Fiscal Note

Bill Number: 5555 SSB Certified Peer Specialists

HCA Request #: 23-162

Sec. 11(1)(b) HCA shall develop an expedited training of instruction that consists of only those portions of the curriculum required under (a) of this subsection which exceeds the HCA's current CPC training as it exists on the effective date of this section (Jan. 1, 2025), to meet the education requirements for certification.

Sec. 11(2) By January 1, 2025, HCA must develop a training for certified peer specialists. providing supervision to certified peer specialist trainees.

Sec. 11(3)(a) By July 1, 2025, HCA shall offer a 40-hour specialized training for crisis response services. (This has already been done for all peers working in Crisis settings as of June 2022) who are working as Peer Crisis Responders and shall incorporate best practices responding to 988 Behavioral Health (BH) crisis line calls as well as co-response with law enforcement.

Sec. 11(4) By July 1, 2025, HCA shall offer a course designed to inform behavioral health organizations of the benefits of incorporating certified peer specialists and certified peer specialist trainees to their staff and the best practices for incorporating these changes. (This is already being done for Providers/Agencies through the Operationalizing Peer Support program technical assistance). HCA shall encourage entities to hire certified peer specialists (and trainees), including licensed or certified behavioral health agencies, hospitals, primary care offices, and other entities and to have appropriate staff attend the training by making it available in multiple formats.

Sec. 11(5)

(a) Hire clerical, administrative, investigative and other staff as needed to implement this section to serve as practical oral or written examinations and assure examiners are trained to administer exams in a culturally appropriate manner and represent the diversity of applicants being tested. (We have several contractors and subcontractors that are black, indigenous, and people of color, including women and individuals who are LGBTQIA+ - this work is already happening.)

(b) HCA shall adopt procedures to allow for appropriate accommodations for individuals with a learning disability, other disabilities and other needs and assure that staff involved in exams are aware of these procedures. (This is also already happening and has been a part of policy and procedures for a very long time now.)

(c) Prepare, grade, and administer or supervise the grading and administration of written exams for obtaining a certificate.

(d) Approve entities to provide the curriculums required by this section and approve entities to prepare, grade and administer written exams. Establish approval criteria, the authority shall consider recommendations of the WA State Peer specialist advisory committee; and

(e) Develop exam preparation materials, making them available to students enrolled in the training course (in multiple formats), including specialized examination preparation support for students with higher barriers.

HCA Fiscal Note

Bill Number: 5555 SSB Certified Peer Specialists

HCA Request #: 23-162

II. B - Cash Receipts Impact

II. B - Estimated Cash Receipts to:

ACCOUNT	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029
General Fund-Medicaid 001-C	1,460,000	610,000	610,000	610,000	610,000	610,000
Totals	\$ 1,460,000	\$ 610,000	\$ 610,000	\$ 610,000	\$ 610,000	\$ 610,000

Currently, HCA uses its federal behavioral health block grants to support existing peer counseling certification activities. However, the majority of the funding for these activities comes from the Covid Enhancement awards which end September 30, 2023 and will result in a cut in funding to the current levels of peer counseling certification activities. The block grants would be unable to sustain the additional obligations identified in this fiscal note. Therefore, HCA assumes these costs would need to be covered using state funds with an appropriate amount of Medicaid federal administrative dollars.

II. C – Expenditures

This proposed bill significantly expands HCA’s Peer Support training and certification program.

The total fiscal impact of this bill is:

- FY2024: \$6,277,000 (\$4,767,000 GF-State)**
- FY2025: \$2,278,000 (\$1,668,000 GF-State)**
- FY2026: \$2,278,000 (\$1,668,000 GF-State)**
- FY2027: \$2,278,000 (\$1,668,000 GF-State)**
- FY2028: \$2,278,000 (\$1,668,000 GF-State)**

HCA requests several staff to fulfill the needs of this bill.

Administrative Need

Medical Program Specialist (MPS) 2

These staff will have the primary responsibility of developing, issuing, and adjudicating an request for proposal (RFP) to develop and implement new curricula for CORE training (Section 11(1)(a)), expedited training for existing CPC (11(1)(b)), supervisory training (11(2)), and the peer crisis response training (11(3)(a)). These positions will guide the development and will support the curricula after development. They will also coordinate with other new program staff to support the provisions of Section 11(5) to ensure the curricula, examinations, and preparatory materials are coordinated appropriately.

- FY2024: 2.0 FTE
- FY2025: 2.0 FTE
- FY2026: 2.0 FTE
- FY2027: 2.0 FTE
- FY2028: 2.0 FTE

- **Medical Assistance Program Specialist (MAPS) 3**

These staff will have the primary responsibility of developing, issuing, and adjudicating an RFP to develop and implement new oral and written examination and the corresponding preparatory materials for CORE training, expedited training, supervisory training, and the peer crisis response training. These positions will guide the development and will support the examinations after development. They will also coordinate with other new program staff to ensure the curricula,

HCA Fiscal Note

Bill Number: 5555 SSB Certified Peer Specialists

HCA Request #: 23-162

examinations, and preparatory materials are coordinated appropriately. These positions will need to work with equity and diversity specialists within the agency to ensure the curricula and the examinations include culturally appropriate content and are administered in a manner that accommodates persons with disabilities. After the development of the examinations and preparatory materials, HCA will continue to evolve and maintain the content using feedback from the CPC community and employing providers.

FY2024: 1.0 FTE
FY2025: 1.0 FTE
FY2026: 1.0 FTE
FY2027: 1.0 FTE
FY2028: 5.0 FTE

- **IT Business Analyst**

HCA expects this bill will drive a growing need to ensure appropriate data is available and exchanged between HCA, DOH, and Behavioral Health Agencies to support this program. This position shall provide the data management and governance needs driven by the bill which include sections 11(1)(b) and 11(3)(b), as well as other sections not entirely directed toward HCA (such as Sections 3, 4, and 6). In addition, this position will support the collection and storage of testing results and the communication of those results to participants and DOH.

FY2024: 1.0 FTE
FY2025: 1.0 FTE
FY2026: 1.0 FTE
FY2027: 1.0 FTE
FY2028: 1.0 FTE

- **Support Staff**

In addition to the roles directly support the provisions of this bill, HCA anticipates there are a number of supporting roles that will be needed. These roles will be supported by an admin rate of \$39,000 per direct FTE and include administrative assistants, fiscal support, contract and procurement specialists, human resource specialists, legal staff, etc.

FY2024: 1.2 FTE
FY2025: 1.2 FTE
FY2026: 1.2 FTE
FY2027: 1.2 FTE
FY2028: 1.2 FTE

FTEs required to support the program requirements are estimated at 5.2 FTE amounting to \$633,000 per FY.

In addition to FTE's HCA anticipates added program costs to include:

- Creation of an 80-hour CPC training one time set up \$250,000:
- Creation of Gap Training & Testing one time set up \$100,000:
- Updating current CPCs to new standards \$3,250,000:

HCA Fiscal Note

Bill Number: 5555 SSB Certified Peer Specialists

HCA Request #: 23-162

- Cost of training will increase by \$800 to \$1800 per applicant and assuming a 15% increase in applicants equates to \$1,284,000:
- Supervisor Training (40 hours) one time set up \$250,000:
- Ongoing Training of workforce for 180 new applicants totals \$180,000:
- CPC Crisis Training (40 hours) for 180 new applicants totals \$180,000:
- CPC Testing preparation, material development, and training at one time cost of \$100,000.

Amounts total \$5,594,000 for 1st year and \$1,644,000 for 2nd year on going.

II. C - Operating Budget Expenditures

Account	Account Title	Type	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029
001-1	General Fund	State	4,767,000	1,668,000	1,668,000	1,668,000	1,668,000	1,668,000
001-C	General Fund	Medicaid	1,460,000	610,000	610,000	610,000	610,000	610,000
Totals			\$ 6,227,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000

II. C - Expenditures by Object Or Purpose

		FY- 2024	FY- 2025	FY- 2026	FY- 2027	FY- 2028	FY- 2029
FTE		5.2	5.2	5.2	5.2	5.2	5.2
A	Salaries and Wages	346,000	346,000	346,000	346,000	346,000	346,000
B	Employee Benefits	123,000	124,000	124,000	124,000	124,000	124,000
C	Professional Service Contracts	5,594,000	1,644,000	1,644,000	1,644,000	1,644,000	1,644,000
E	Goods and Other Services	8,000	8,000	8,000	8,000	8,000	8,000
T	Intra-Agency Reimbursements	156,000	156,000	156,000	156,000	156,000	156,000
Totals		\$ 6,227,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000	\$ 2,278,000

II. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation.

Job title	Salary	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029
FISCAL ANALYST 3	65,000	1.2	1.2	1.2	1.2	1.2	1.2
IT BUSINESS ANALYST - JOURNEY	101,000	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	83,000	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL PROGRAM SPECIALIST 2	81,000	2.0	2.0	2.0	2.0	2.0	2.0
Totals		5.2	5.2	5.2	5.2	5.2	5.2

Part IV: Capital Budget Impact

None

Part V: New Rule Making Require

None

Individual State Agency Fiscal Note

Bill Number: 5555 S SB	Title: Certified peer specialists	Agency: 160-Office of Insurance Commissioner
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	0.1	0.1	0.1	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	0	142,958	142,958	33,493	0
Total \$	0	142,958	142,958	33,493	0

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 02/20/2023
Agency Preparation: Jane Beyer	Phone: 360-725-7043	Date: 02/21/2023
Agency Approval: Michael Wood	Phone: 360-725-7007	Date: 02/21/2023
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/23/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Section 14 requires the Office of Insurance Commissioner (OIC), by January 1, 2026, to make recommendations to health carriers regarding the appropriate use of certified peer specialists and certified peer specialist trainees, network adequacy for certified peer specialists and certified peer specialist trainees, and steps to incorporate certified peer specialists and certified peer specialist trainees into commercial provider networks. The OIC may adopt any rules related to recommendations developed pursuant to this section.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Section 14 requires the Office of Insurance Commissioner (OIC), by January 1, 2026, to make recommendations to health carriers regarding the appropriate use of certified peer specialists and certified peer specialist trainees, network adequacy for certified peer specialists and certified peer specialist trainees, and steps to incorporate certified peer specialists and certified peer specialist trainees into commercial provider networks. The OIC may adopt any rules related to recommendations developed pursuant to this section.

As a health insurance regulatory agency, the OIC does not have clinical expertise among its staff. OIC will need to contract with a clinical expert to develop recommendations to health carriers related to use of certified peer specialists and certified peer specialist trainees in their commercial provider networks. The contractor will need expertise in how peers are currently used as care team members, likely relying in part upon use of peers by Medicaid managed care organizations and community behavioral health agencies in different care team models in Washington and other states. The contractor will be responsible for providing technical expertise for the appropriate steps carriers can take to incorporate these newly certified providers into their provider networks. It is anticipated the consultant contract would begin January 1, 2025, and end June 30, 2025. It is anticipated the consultant will need 20 hours per week to research the matter, work with interested organizations, develop recommendations, and present findings to OIC. This totals 480 hours of consultant time (20 hours x 24 weeks) in FY2025. Based on an average of the past few OIC contracts, the assumed hourly rate for the contractor is \$250 requiring a total of \$120,000 (480 hours x \$250) for professional services contracting. Additionally, the Provider Network Oversight Manager and a Functional Program Analyst 4 (FPA4) will spend 9 hours per week managing the contract and working with the consultant requiring a total of 216 hours (9 hours x 24 weeks) of a Provider Network Oversight Manager (168 hours) and a FPA4 (48 hours) in FY2025.

Section 14 authorizes rulemaking related to recommendations developed under this section. OIC assumes 'normal' rulemaking, in FY2026, will be required to clarify areas including appropriate use of certified peer specialists and certified peer specialist trainees, network adequacy, and steps to incorporate certified peer specialists and certified peer specialist trainees into commercial provider networks.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
138-1	Insurance Commissioners Regulatory Account	State	0	142,958	142,958	33,493	0
Total \$			0	142,958	142,958	33,493	0

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.1	0.1	0.1	
A-Salaries and Wages		14,008	14,008	20,313	
B-Employee Benefits		4,358	4,358	6,481	
C-Professional Service Contracts		120,000	120,000		
E-Goods and Other Services		4,592	4,592	6,699	
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	142,958	142,958	33,493	0

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Functional Program Analyst 4	80,952		0.0	0.0	0.0	
Provider Network Oversight Manager	115,788		0.1	0.1		
Senior Policy Analyst	108,432				0.1	
Total FTEs			0.1	0.1	0.1	0.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 14 authorizes rulemaking related to recommendations developed under this section. OIC assumes 'normal' rulemaking, in FY2026, will be required to clarify areas including appropriate use of certified peer specialists and certified peer specialist trainees, network adequacy, and steps to incorporate certified peer specialists and certified peer specialist trainees into commercial provider networks.

Individual State Agency Fiscal Note

Bill Number: 5555 S SB	Title: Certified peer specialists	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
Health Professions Account-State 02G-1				5,527,000	3,126,000
Total \$				5,527,000	3,126,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	2.9	6.4	4.7	18.2	15.2
Account					
General Fund-State 001-1	339,000	694,000	1,033,000	52,000	0
Health Professions Account-State 02G-1	0	0	0	4,007,000	3,504,000
Total \$	339,000	694,000	1,033,000	4,059,000	3,504,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 02/20/2023
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 02/21/2023
Agency Approval: Stacy May	Phone: (360) 236-4532	Date: 02/21/2023
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/24/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

This substitute adds the ability for the certified peer specialist advisory committee to give advice and guidance on the feasibility and design of a two-phase certification program and give recommendations on strategies to eliminate financial barriers to licensing in section 4. There are no changes in fiscal impact from senate bill 5555 as a result of these changes in this substitute bill.

This bill adds a new chapter to Title 18 RCW (Businesses and Professions) creating the profession of certified peer specialists.

Section 2: Defines the “practice of peer support services” as the provision of interventions by a person in recovery from a mental health condition or substance use disorder, a parent or legal guardian of a youth receiving or has received behavioral health services, or both.

Section 3: Gives the Secretary of Health (secretary) the authority to establish a program for certified peer specialists and certified peer specialist trainees. The department will provide staffing and administrative support to the Peer Specialist Advisory Committee (advisory committee) and assist them with the review of peer counselor apprenticeship program applications.

Section 4: Creates the advisory committee under the department. The advisory committee shall consist of 11 members. The department and the Health Care Authority, as appropriate, must adopt recommendations by the advisory committee on topics related to certified peer specialists. Gives the advisory committee the ability to assist and make recommendations regarding the written and oral examination to become a certified peer specialist, provide advice on long-term planning and growth for the future advancement of the profession as well as recommendations on recruitment and retention in the profession. Additionally, the advisory committee is given the ability to review existing policies related to peer counselors and provide advice on approving additional education, training, and testing entities.

Section 5: Establishes an individual may not use the title certified peer specialist unless the individual holds this credential.

Section 6: Beginning July 1, 2025 the secretary shall issue a 2-year renewable certificate to engage in the practice of peer support services to any qualified applicant. No person may engage in the practice of peer support services without a certificate issued by the department beginning July 1, 2025.

Section 7: The secretary shall issue a license to engage in the practice of peer support services as a licensed peer specialist trainee to any qualified applicant. This license is valid for one year and may only be renewed four times.

Section 9: The secretary shall establish, by rule, the requirements and fees for renewal of a certificate issued to a peer specialist or peer specialist trainee. Fees must be established in accordance with RCW 43.70.110 and RCW 43.70.250.

Section 10: Establishes the peer specialist certification program governed under the authority of chapter 18.130 RCW (Uniform disciplinary act).

Section 13: Establishes a person who is a registered agency-affiliated counselor who engages in the practice of peer support services and whose agency bills medical assistance for those services must hold a certificate as a certified peer specialist or certified peer specialist trainee no later than January 1, 2027.

Section 15: Amends RCW 18.130.040 (Regulation of Health Professions - Uniform Disciplinary Act - Application to certain professions - Authority of secretary - Grant or denial of licenses - Procedural rules) adding certified peer specialists and

certified peer specialist trainees to the list of professions under the secretary's authority.

Section 17: Amends RCW 18.130.175 (Regulation of Health Professions – Uniform Disciplinary Act – Temporary practice permits – Penalties) adding certified peer specialists, and certified specialist trainees.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Current law, RCW 43.70.250, requires that health professions be fully self-supporting and that sufficient revenue collected through fees to fund expenditures in the Health Professions Account. The calculation of specific fees will happen during rulemaking and a fee proposal presented as part of the rules package.

For the purpose of this fiscal note, a biennial license fee is estimated between \$465 and \$515 for certified peer specialists and \$75 and \$125 for certified peer specialist trainees to cover the regulation of peer specialists. During the rulemaking process, a fee study will be prepared with proposed fees and provided for stakeholder input. The department will monitor the fund balance and will adjust fees over a six (6) year period to ensure that fees are sufficient to cover all program expenditures. Revenue collection will start July 1, 2025 and renewals are paid biennially.

Assumption: Revenue estimates are based on the assumption that the department will receive general fund-state (GF-S) for all implementation costs. Implementation costs include rulemaking (FY 2024 & FY 2025), customer service staff onboarding and training (FY 2025), program implementation (FY 2024 & FY 2025) and system configuration (FY 2026). If GF-S is not appropriated for implementation, then the fees may range between \$500 and \$550 for certified peer specialists and \$75 and \$125 for certified peer specialist trainee in order to recover the implementation costs over a six-year horizon.

ASSUMPTIONS:

- * Revenue collection for the new credentials will begin July 1, 2025 (FY 2026).
- * There are currently at least seven (7) training pathways in Washington state for individuals seeking to become peer counselors in the behavioral health field, including training provided by the Health Care Authority (HCA).
- * Based on information received from the HCA, the department assumes 100% of their 5,300 certified peers will apply for the Certified Peer Specialist (CPS) and 100% of their 1,300 approved certified peer applicants waiting to be trained will apply for the certified peer specialist trainee (CPST) in the first year (FY 2026).
- * The department assumes that those not trained and certified through HCA will be offset by those that are and choose not to seek certification with the department.
- * The department estimates annual growth of 960 new applications for the Certified Peer Specialist Trainee (CPST), based on the low end of the average number of new applications received by HCA each month (80-110).
- * The department assumes a 25% renewal rate for trainees as their required 1,000 supervisor hours are likely to be obtained in the first year of certification.
- * Based on the rate of substance use disorder trainees becoming fully certified, the department assumes that 18% of CPST's will apply for the full certification in the year following their certification as a trainee.
- * The Health Care Authority does not believe that Agency Affiliated Counselors (AAC) will be impacted by this bill, therefore the department is not identifying any reduction in revenue for this profession.

Washington Administrative Code (WAC) 246-12-020 (3) states the initial credential will expire on the practitioner's birthday, except for faculty or postgraduate education credentials authorized by law. Initial credentials issued within ninety days of the practitioner's birthday do not expire until the practitioner's next birthday. Based on the WAC, the department assumes a standard 25 percent of first-year applications will need to renew their credential in the first year as their birthday will fall outside of ninety days from issuance of initial credential.

Based on similar professions, the department assumes a renewal rate of 98.5% for CPS's and 25.0% for CPST's.

Peer Specialists and Peer Specialist Trainees:

FY 2026: \$3,374,000 (6,600 applications; 1,386 renewals)
FY 2027: \$2,153,000 (1,194 applications; 4,159 renewals)
FY 2028: \$948,000 (1,133 applications; 1,756 renewals)
FY 2029: \$2,178,000 (1,133 applications; 4,267 renewals)
FY 2030: \$1,020,000 (1,133 applications; 1,904 renewals)

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

ASSUMPTIONS:

- * The Health Care Authority does not believe that Agency Affiliated Counselors (AAC) will be impacted by this bill, therefore the department is not identifying any reduction in expenses for this profession.
- * Due to the estimated size of the program and based on the departments experience with counseling professions, the department assumes that office of customer service staff will be onboarded prior to the anticipated July 1, 2025 effective date to ensure staff are properly trained and equipped.

RULEMAKING

Sections 3, 4, 6, 7, 9: The department will develop and adopt rules to establish the peer specialist certification program, fees, and minimum education and experience requirements. Per the authority of the advisory committee outlined in the bill, the advisory committee will be involved in rulemaking providing recommendations regarding the written and oral examinations, criteria for apprenticeship programs, and all other areas needed to set up the program. Based on the departments experience with rules, the department anticipates rulemaking to be complex and potentially controversial. Rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. The department will conduct extensive community engagement to identify and reach out to specific groups that have historically experienced barriers to participation in rulemaking. The process will include six listening sessions and workshops with interested parties in addition to one formal rules hearing, all held virtually, and will take approximately 24 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), the development and publication of a one-pager, interpretive and translation services, and Office of Attorney General support in the amount of \$38,000.

FY 2024, costs will be 0.8 FTE and \$113,000 (GF-S)
FY 2025, costs will be 0.8 FTE and \$114,000 (GF-S)

HEALTH TECHNOLOGY SOLUTIONS

Sections 6 and 7: Implementation of this bill will require the department to modify the Healthcare Enforcement and Licensing Modernization System (HELMS). Work will include creating two new applications and credentials for the certified peer specialist and certified peer specialist trainee, as well as creating multiple reports, user defined fields, workflows, and database support.

FY 2026 costs will be 0.4 FTE and \$52,000 (GF-S)
FY 2027 and ongoing, costs will be 0.1 FTE and \$15,000 (02G)

OFFICE OF CUSTOMER SERVICE (OCS)

Sections 6 and 7: OCS staff will create new certification credentials to be issued for the new credentials certified peer

specialist and certified peer specialist trainee. The new credentials will generate additional calls to the call center for assistance with applying for the new credential. The new credential will increase the number of payments processed by the revenue unit and renewals processed by the renewal unit.

FY 2025 costs will be 3.7 FTE and \$359,000 (GF-S)

FY 2026 costs will be 8.2 FTE and \$812,000 (02G)

FY 2027 costs will be 2.8 FTE and \$292,000 (02G)

FY 2028 and ongoing, costs will be 2.7 FTE and \$277,000 (02G)

WASHINGTON STATE CERTIFIED PEER SPECIALIST ADVISORY COMMITTEE

Section 3 and 4: Creates the advisory committee consisting of 11 members. This bill requires the department to adopt committee recommendations. Department staff will recruit, and the secretary will appoint the 11 committee member positions in FY 2023. Costs related to the first 24 months of advisory committee members participating in rulemaking are identified in the rulemaking section above. Once rulemaking is completed, costs for ongoing committee work will start in FY 2026. Committee members will be paid \$50 per day for committee meetings and reimbursed for travel expenses. Due to the board like authority given to the committee, the department assumes the committee will meet every other month either online or in person.

FY 2026 and ongoing, costs will be 0.3 FTE and \$18,000 (02G)

PROGRAM IMPLEMENTATION AND ADMINISTRATION

Section 3 and 4: The department will require a team to support the advisory committee and manage the peer specialist program. Due to the authority given to the advisory committee, the department assumes this team will consist of one full-time program manager, one half-time program support staff member, and time from the executive director and administrative assistant. This team will participate in every meeting, conduct research and analysis, coordinate with the health care authority and other entities as needed, and prepare written advice and recommendations on behalf of the committee for communication. Additional work related to these meetings and general program management will include but are not limited to prepping information related to rules, discipline, public outreach, continuing education, certification requirement, and equity. Work with OCS to develop a new profession webpage, frequently asked questions, fee structure, and all necessary visual and written aids. Work with OCS to develop a new written online application packet. Answer inquiries by phone and through e-mail, and ongoing questions regarding continuing education units, renewals and examination requirements.

FY 2024 costs will be 1.9 FTE and \$226,000 (GF-S)

FY 2025 costs will be 1.9 FTE and \$221,000 (GF-S)

FY 2026 and ongoing, costs will be 2.1 FTE and \$240,000 (02G)

DISCIPLINE

Sections 10 and 15: Based on the substance use disorder professional program, the department assumes a complaint rate of 4.2% for peer specialists and peer specialist trainees. Based on this complaint rate, the department estimates 277 complaints each year starting in FY 2026.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the person complained about, and help assess whether an investigation is needed. In more than half the cases, investigation is needed. The investigator obtains information about the complaint and the respondent and prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general and other staff work to develop the legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process.

If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. The Office of the Attorney General (OAG) will represent the department at hearing and may provide advice throughout the disciplinary process. In coordination with the OAG, the department assumes \$24,000 per year starting in FY 2026.

Assuming the above, cost estimates for the complaint response process associated with this bill were calculated using the department’s Disciplinary Workload Staffing Model.

FY 2026 costs will be 9.8 FTE and \$1,170,000 (02G)
 FY 2027 and ongoing, costs will be 10.1 FTE and \$1,202,000 (02G)

TOTAL COST TO IMPLEMENT THE PEER SPECIALIST CERTIFICATION PROGRAM:

FY 2024: 2.7 FTE and \$339,000 (GF-S)
 FY 2025: 6.4 FTE and \$694,000 (GF-S)
 FY 2026: 20.7 FTE and \$52,000 (GF-S) and \$2,240,000 (02G)
 FY 2027: 15.4 FTE and \$1,767,000 (02G)
 FY 2028 and ongoing: 15.3 FTE and \$1,752,000 (02G)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	339,000	694,000	1,033,000	52,000	0
02G-1	Health Professions Account	State	0	0	0	4,007,000	3,504,000
Total \$			339,000	694,000	1,033,000	4,059,000	3,504,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	2.9	6.4	4.7	18.2	15.2
A-Salaries and Wages	181,000	409,000	590,000	2,603,000	2,258,000
B-Employee Benefits	74,000	172,000	246,000	1,031,000	880,000
E-Goods and Other Services	50,000	66,000	116,000	205,000	178,000
G-Travel	12,000	12,000	24,000	18,000	18,000
J-Capital Outlays	9,000		9,000		
T-Intra-Agency Reimbursements	13,000	35,000	48,000	202,000	170,000
Total \$	339,000	694,000	1,033,000	4,059,000	3,504,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
ADMINISTRATIVE ASST 3	50,592	0.1	0.1	0.1	0.3	0.3
Board Member FTE @ 50 per day		0.3	0.3	0.3	0.3	0.3
Fiscal Analyst 2	53,000	0.5	0.9	0.7	2.8	2.4
FISCAL TECHNICIAN 2	43,800				0.3	0.2
FISCAL TECHNICIAN LEAD	46,980				0.1	
FORMS & RECORDS ANALYST 1	45,852		0.6	0.3	0.8	0.2
HEALTH CARE INVESTIGATOR 3	78,900				3.3	3.3
HEALTH CARE INVESTIGATOR 4	87,144				0.6	0.6
HEALTH SERVICES CONSULTAN 1	55,872		1.1	0.6	2.0	1.0
HEALTH SERVICES CONSULTAN 2	66,420	0.5	1.0	0.8	1.4	1.2
HEALTH SERVICES CONSULTAN 3	75,120		0.6	0.3	1.1	0.9
HEALTH SERVICES CONSULTAN 4	82,896	1.1	1.1	1.1	1.1	1.1
Health Svcs Conslt 1	53,000	0.3	0.6	0.5	1.8	1.5
HEARINGS EXAMINER 3	96,156				1.3	1.3
IT APPLICATION DEVELOPMENT SENIOR/SPECIALIST	115,824				0.1	
IT DATA MANAGEMENT - SENIOR/SPECIALIST	110,292				0.1	
IT SYSTEM ADMINISTRATION - JOURNEY	105,060				0.1	
LEGAL ASSISTANT 3	55,872				0.3	0.3
PARALEGAL 2	71,520				0.1	0.1
WMS02	114,360	0.1	0.1	0.1	0.6	0.3
WMS03	129,336				0.1	0.2
Total FTEs		2.9	6.4	4.7	18.2	15.2

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

The department will adopt rules in Title 246 WAC (Department of Health) as necessary to implement this bill.