

BEFORE THE BOARD OF BEHAVIORAL HEALTH
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the adoption New) NOTICE OF PUBLIC HEARING ON
Rules I through XIV pertaining to) PROPOSED ADOPTION
certification of behavioral health peer)
support specialists (CBHPSS))

TO: All Concerned Persons

1. On November 3, 2017, at 9:00 a.m., a public hearing will be held in Basement Conference Room #B07, 301 South Park Avenue, Helena, Montana, to consider the proposed adoption of the above-stated rules.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Behavioral Health (board) no later than 5:00 p.m., on October 27, 2017, to advise us of the nature of the accommodation that you need. Please contact L'Joy Griebenow, Board of Behavioral Health, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2258; Montana Relay 1 (800) 253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; or dlibsdbbh@mt.gov (board's e-mail).

3. GENERAL STATEMENT OF REASONABLE NECESSITY: The 2017 Montana Legislature enacted Chapter 127, Laws of 2017 (Senate Bill 62), an act providing for certification and regulation of behavioral health peer support specialists, establishing certification requirements, and providing rulemaking authority for the board to implement the bill. The bill was signed by the Governor on March 31, 2017, and will become effective on October 1, 2017. Therefore, the board is adopting new rules to further implement the legislation. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule.

4. The proposed new rules are as follows:

NEW RULE I DEFINITIONS (1) "Behavioral health disorder" means a wide range of mental health conditions or disorders that affect mood, thinking, and behavior that impair the individual's ability to build or maintain satisfactory interpersonal relationships and to manage daily functioning.

(2) "Behavioral health disorder recovery" or "recovery from a behavioral health disorder" means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(3) "CBHPSS" means a certified behavioral health peer support specialist.

(4) "Exploitation" means the manipulation or use, or the attempted manipulation or use, of a professional relationship with a client for a CBHPSS's

emotional, financial, romantic, sexual, or personal advantage, or for the advancement of the CBHPSS's personal, religious, political, or business interests.

(5) "Sexual contact" includes but is not limited to sexual intercourse, either genital or anal, cunnilingus, fellatio, or the handling of the breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.

(6) "Supervision plan" means a plan, in a form approved by the board that describes the type, structure, and amount of supervision that a CBHPSS must have in order to satisfy the requirements for the certification.

(7) "Supervisor," when used to refer to a person who supervises the work of a CBHPSS, means a person who meets the criteria set forth in [NEW RULE IV].

AUTH: 37-1-131, Chap. 127, sections 2 and 4, L. of 2017, MCA

IMP: 37-1-131, Chap. 127, sections 2 and 4, L. of 2017, MCA

NEW RULE II FEE SCHEDULE FOR BEHAVIORAL HEALTH PEER SUPPORT SPECIALISTS

(1) Application fee	\$125.00
(2) Renewal fee (based on annual renewal)	110.00
(3) Renewal fee (inactive to active)	55.00
(4) Inactive certificate fee (based on annual renewal)	55.00
(5) Additional standardized fees are specified in ARM 24.101.403.	

AUTH: Chap. 127, section 4, L. of 2017, MCA

IMP: Chap. 127, section 4, L. of 2017, MCA

REASON: The board determined it is reasonably necessary to adopt this new rule and set fees to further implement the 2017 legislation. The board is statutorily required to set fees related to its program area that provides the amount of money usually needed for the operation of the board for services per 37-1-134, MCA. The legislation requires the board to certify and regulate behavioral health peer support specialists and the proposed fees will enable the board to meet this mandate.

The board is setting fees for each type of certificate contemplated by the legislation to cover the board's expenses for the initial certificate processing of an estimated 200 applicants. The annual renewal fee is proposed at \$110, which will be charged beginning in fiscal year 2018. It is estimated that the new fees will affect approximately 200 individuals and result in approximately \$25,000 of board revenue for fiscal year 2018 and an approximate average of \$30,606 in annual revenue thereafter through fiscal year 2022.

NEW RULE III MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for certification as a behavioral health peer support specialist.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:

- (a) United States Armed Forces;
- (b) United States Reserves;

- (c) state national guard; or
- (d) military reserves.
- (3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as a behavioral health peer support specialist. Satisfactory evidence includes:
 - (a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);
 - (b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and
 - (c) any other documentation as required by the board.
- (4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements.

AUTH: 37-1-145, MCA
IMP: 37-1-145, MCA

REASON: The 2013 Montana Legislature enacted House Bill 259 and Senate Bill 183, acts requiring the professional and occupational licensing boards and programs to accept satisfactory evidence of relevant military education, training, or service to satisfy licensing or certification requirements. The bill was signed by the Governor and became effective on April 26, 2013, and is codified at 37-1-145, MCA.

The statute requires each licensing board to adopt rules providing that certification or licensure requirements of the board may be met by relevant military training, service, or education, completed as a member of the armed forces or reserves of the United States, a state's national guard, or the military reserves. In consulting with the bill sponsors regarding the rulemaking, it was clarified that the sponsor received input on the bill draft from Montana military personnel and the U.S. Department of Defense. The sponsor was assured that the bill language, as reflected in this proposed rule, is intended to include relevant military training, service, or education received while serving in all branches of the military and reserves, including the U. S. Coast Guard. It is reasonably necessary for the board to adopt New Rule III to further implement the statute regarding behavioral health peer support specialists.

NEW RULE IV SUPERVISOR QUALIFICATIONS (1) An individual supervising post-certification employment of a CBHPSS shall have the minimum qualifications set forth in this rule. The supervisor must be a physician licensed under Title 37, chapter 3, MCA; a psychologist licensed under Title 37, chapter 17, MCA; a social worker licensed under Title 37, chapter 22, MCA; a professional counselor licensed under Title 37, chapter 23, MCA; an advanced practice registered nurse, as provided for in 37-8-202, MCA, with a clinical specialty in psychiatric mental health nursing; a marriage and family therapist licensed under Title 37, chapter 37, MCA; or a licensed addiction counselor licensed under Title 37, chapter 35, MCA.

- (2) The supervisor must hold an active and current license in good standing, issued by the licensing board or other officially recognized licensing body.
- (3) The supervisor must have:
 - (a) three years of licensed experience working in the supervisor's respective discipline; or
 - (b) board-approved training in clinical supervision, which shall consist of a minimum of:
 - (i) one semester credit of post-licensure board-approved graduate education; or
 - (ii) 20 clock hours of board-approved training in clinical supervision.

AUTH: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

NEW RULE V CBHPSS APPLICATION PROCEDURES (1) Any person seeking certification as a CBHPSS must apply on the board's official forms, which may be obtained through the department or from the board web site. All requirements must be met at the time of application. Incomplete applications will not be considered by the board.

- (2) Completed applications must include:
 - (a) payment of an application fee;
 - (b) attestation by the applicant of the applicant's diagnosed behavioral health disorder;
 - (c) attestation by the applicant of the applicant's behavioral health disorder recovery that does not include any period of incarceration, or hospitalization or any inpatient admission related to a behavioral health disorder that exceeds 72 hours, within the two years immediately preceding application;
 - (d) receipt of fingerprint and background results as reported to the board office by the Department of Justice within 90 days of making application;
 - (e) official transcripts or training certificates provided directly from the provider documenting completion of 40 hours of the training course in behavioral health peer support, per [NEW RULE VI]; and
 - (f) a written agreement and supervision plan between the applicant and the qualified supervisor who will provide supervision once the certificate is issued. The agreement shall include:
 - (i) the name and signatures of the applicant and supervisor, including the supervisor's license type, license number, signature, and the service delivery site; and
 - (ii) a work plan that complies with the supervision guidelines outlined in [NEW RULE VII].
- (3) Individuals who have practiced as behavioral health peer support specialists prior to October 1, 2017, shall complete all requirements of this rule.
 - (a) Training hours may include peer support specialist education hours completed in the past five years.
 - (b) On-the-job training does not qualify as approvable education hours.
- (4) The certificate will be effective as of the date all requirements are met and the certificate is issued by the board office.

(5) An applicant shall not work as a CBHPSS until the effective date of the certificate.

(6) If the applicant fails to satisfy the requirements for certification within one year of the date the application is determined by the department to be complete, the application will expire, the application fee will be forfeited, and a new completed application and application fee will be required.

AUTH: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

NEW RULE VI CBHPSS EDUCATION REQUIREMENTS (1) Applicants must provide documentation of completion of 40 hours of a training course in behavioral health peer support.

(2) All training programs must be approved by the board and those approved programs shall be posted on the board's web site. All education programs must provide content in the following domains:

- (a) Substance Abuse and Mental Health Administration core competencies;
- (b) boundaries and ethics;
- (c) confidentiality;
- (d) scope of practice;
- (e) communication skills;
- (f) self-care;
- (g) suicide awareness;
- (h) stages of change;
- (i) trauma-informed care;
- (j) cultural awareness;
- (k) pathways of recovery;
- (l) recovery story;
- (m) clinical supervision;
- (n) accessing community resources;
- (o) emotional intelligence;
- (p) supporting others in recovery;
- (q) one-on-one session skills;
- (r) support group facilitation; and
- (s) recovery planning.

(3) The training course in behavioral health peer support shall include successful completion of an exam. Exam scores shall be submitted with the training course.

AUTH: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

NEW RULE VII CBHPSS POST-CERTIFICATION CLINICAL SUPERVISION REQUIREMENTS (1) For the purpose of meeting the ongoing supervision requirement in [Chap. 127, section 4, L. of 2017], MCA, a CBHPSS shall comply with the supervision guidelines as follows:

- (a) A supervisor must meet the requirements of [NEW RULE IV].

(b) A supervision agreement shall be in writing and on a form available on the board web site. The agreement shall include, but is not limited to:

(i) the CBHPSS's and supervisor's names, signatures, and dates of supervision;

(ii) the duties and obligations of the CBHPSS and supervisor per this rule, frequency and method of supervision, and duration and termination provisions; and

(iii) a statement of compliance with applicable patient privacy laws.

(c) The supervisor's relationship with the CBHPSS shall not be a conflict of interest, such as, but not limited to, being in a cohabitation or financially dependent relationship.

(d) The supervisor shall not be the certificate holder's parent, child, spouse, or sibling.

(2) A record of supervision must be maintained by the CBHPSS and must include:

(a) names of the CBHPSS and supervisor, and signatures of both;

(b) date and length of supervision in increments of not less than 15 minutes;

(c) content that confirms that the CBHPSS has received a minimum of one hour of face-to-face supervision and consultation for every 20 hours of work experience. No more than 40 hours of work experience may transpire without receiving the required hours of supervision and/or consultation. Less frequent supervision may take place only with prior approval of the licensure board;

(d) content summary (excluding confidential information); and

(e) content demonstrating the CBHPSS's ongoing competence. Supervisory comments must indicate ongoing competence and any areas in need of improvement.

(3) The supervisor must attest to (1)(b) through (d) and (2)(a) through (e) under penalty of law. Falsification or misrepresentation of any of the above may be considered misrepresentation and a violation of professional ethics, which may result in discipline of the certificate holder or supervisor's license.

(4) All reports, written interpretations, and results sent to other public or private agencies that affect the current status of a client must be reviewed by and contain the approval and signature of the supervisor.

(5) All interventions, results, and interpretations used in the planning and/or implementation of interventions shall be reviewed and preapproved by the supervisor on a continual and ongoing basis.

(6) All professional communications, both private and public, including advertisements, shall clearly indicate the certification status as a CBHPSS.

(7) Upon a change of supervisor:

(a) the CBHPSS must notify the board prior to beginning work; and

(b) the CBHPSS's previous supervisor must provide the record of supervision to the board.

(8) For any other substantial change in the CBHPSS's supervision plan, the CBHPSS must notify the board within ten business days.

(9) The CBHPSS and supervisor are responsible for ensuring that the CBHPSS and supervisor comply with the requirements of this rule and the statutes, rules, and standards pertaining to the practice of a CBHPSS.

(10) The CBHPSS must maintain the record of supervision, which must be maintained according to the requirements of this rule for a minimum of seven years and may be requested by the board at any time.

AUTH: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

NEW RULE VIII APPLICATION TO CONVERT AN ACTIVE STATUS CERTIFICATE TO AN INACTIVE STATUS CERTIFICATE AND CONVERSION FROM INACTIVE TO ACTIVE STATUS

(1) A CBHPSS may place a certificate on inactive status by either indicating on the renewal form that inactive status is desired or by informing the board office in writing that an inactive status is desired. The certificate must have been active and in good standing prior to the first time it is placed on inactive status. It is the sole responsibility of the inactive CBHPSS to keep the board informed as to any change of address during the period of time the certificate remains on inactive status. Inactive CBHPSSs must pay the inactive certificate fee annually to maintain certification status.

(2) A certificate shall not be on inactive status for more than five consecutive years. At the end of the fifth year that a certificate has been on inactive status, the certificate must be converted to active status. If the certificate is not converted to active status, the provisions of 37-1-141, MCA, apply to the renewal, lapse, expiration, or termination of the certificate.

(3) An inactive status certificate does not entitle the holder to practice as a CBHPSS in the state of Montana. Upon application and payment of the appropriate fee, the board may reactivate an inactive certificate if the applicant does each of the following:

(a) presents satisfactory evidence that the applicant has not been out of active practice for more than five years and that the applicant has attended 10 hours of continuing education per year of inactive status, with a maximum of 50 hours of continuing education, which comply with the continuing education rules; and

(b) submits certification from the jurisdictions where the applicant is licensed, certified, or has practiced that the applicant:

(i) is in good standing and without any disciplinary action against the applicant's license or certificate; or

(ii) if not in good standing, an explanation of the nature of the violation(s) resulting in that status including any disciplinary treatment imposed.

AUTH: 37-1-319, MCA

IMP: 37-1-302, 37-1-319, MCA

NEW RULE IX CERTIFICATION OF OUT-OF-STATE APPLICANTS

(1) Certification as a CBHPSS may be issued to the holder of an out-of-state peer support specialist license or certificate, provided the applicant meets the requirements of [NEW RULE V]. Official written verification of such licensure or certification status must be received by the board directly from the other state(s) or jurisdiction(s).

AUTH: 37-1-131, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, 37-1-304, Chap. 127, section 4, L. of 2017, MCA

NEW RULE X CODE OF ETHICS (1) Pursuant to 37-1-319 and 37-22-201, MCA, the board adopts the following professional and ethical standards for CBHPSSs to ensure their ethical, qualified, and professional practice for the protection of the general public. These standards supplement current applicable statutes and rules of the board. A violation of the following is considered unprofessional conduct as set forth elsewhere in rule, and may subject the CBHPSS to such penalties and sanctions provided in 37-1-136, MCA.

(2) All CBHPSSs shall:

- (a) act in a way that encourages and promotes recovery for themselves and those they serve without placing judgment on the recovery path of others;
- (b) share their own recovery story in a manner that promotes recovery, instills hope, and is a benefit to those they are serving;
- (c) always use first person or recovery language and encourage this practice in others;
- (d) engage in resolving concerns in a respectful and professional manner;
- (e) maintain high standards of personal and professional conduct, always acting in a way that represents peer support in a positive and beneficial light;
- (f) act as a positive role model in recovery;
- (g) conduct themselves in a way that fosters their own recovery. CBHPSSs shall take personal responsibility to seek support and manage their wellness;
- (h) provide clients with accurate and complete information regarding the extent and nature of the services available to them;
- (i) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;
- (j) make every effort to keep scheduled appointments;
- (k) notify clients promptly and seek the transfer, referral, or continuation of services pursuant to the client's needs and preferences if termination or interruption of services is anticipated;
- (l) attempt to make appropriate referrals pursuant to the client's needs;
- (m) obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to the client's involvement in any research project of the CBHPSS that might identify the client or place the client at risk;
- (n) obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to taping, recording, or permitting third-party observation of the client's activities that might identify the client or place the client at risk;
- (o) safeguard information provided by clients. Except where required by law or court order, a CBHPSS shall obtain the client's informed written consent prior to releasing confidential information;
- (p) disclose the estimated fees and/or the method of fee calculation to the client or prospective client, and obtain written acknowledgement of the disclosure;
- (q) respect and protect the confidentiality, rights, and dignity of those they serve;

(r) advocate for those they serve unless it would threaten the safety, security, or recovery of others;

(s) take proper and adequate measures to prevent, report, and correct unethical conduct;

(t) follow all state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR part 2;

(u) as mandatory reporters, report elder abuse and child abuse to appropriate authorities and supervisors;

(v) disclose any pre-existing relationships, sexual or otherwise, to immediate supervisor prior to providing services to that individual; and

(w) report risk of imminent harm to self or others to the proper authorities and to their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality.

(3) A CBHPSS shall not:

(a) commit fraud or misrepresent services performed;

(b) engage or offer advice on the matters of diagnosis, treatment, or medications;

(c) divide a fee or accept or give anything of value for receiving or making a referral;

(d) violate a position of trust by knowingly committing any act detrimental to a client;

(e) engage in or promote behaviors or activities that would jeopardize the CBHPSS's recovery or the recovery of those they serve;

(f) participate in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. A CBHPSS who accepts goods or services from a client as payment for professional services assumes the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship;

(g) exploit in any manner the professional relationships with clients or former clients, supervisees, supervisors, students, employees, or research participants;

(h) engage in or solicit sexual contact with a client or commit an act of sexual misconduct or a sexual offense if such act, offense, or solicitation is substantially related to the qualifications, functions, or duties of the CBHPSS;

(i) enter into sexual or personal relationships with a client or a client's immediate family member;

(j) condone or engage in sexual harassment. Sexual harassment is defined as deliberate or refuted comments, gestures, or physical contact of a sexual nature that are unwelcome by the recipient;

(k) discriminate in the provision of services on the basis of race, creed, religion, color, sex, physical or mental disability, marital status, age, or national origin;

(l) abuse, harass, demean, or discriminate against others based on race, culture, religion, age, gender, gender identity, disability, nationality, sexual orientation, or economic condition;

(m) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services; or

(n) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading.

AUTH: 37-1-131, 37-1-136, 37-1-319, Chap. 127, section 5, L. of 2017, MCA
IMP: 37-1-131, 37-1-136, 37-1-316, Chap. 127, section 5, L. of 2017, MCA

NEW RULE XI CONTINUING EDUCATION HOURS AND CREDITS

(1) Each CBHPSS shall earn 20 clock hours of accredited continuing education for each year. Clock hours or contact hours shall be the actual number of hours during which instruction was given.

(2) CBHPSSs may apply for exemption from the continuing education requirements of these rules by filing a statement with the board setting forth good faith reasons why the CBHPSS is unable to comply with these rules, and an exemption may be granted by the board.

(3) CBHPSSs certified before July 1 of the renewal year will be required to fulfill the 20-hour requirement. Those certified July 1 through October 1 are required to obtain one-half of the 20-hour requirement. Those certified after October 1 will not be required to obtain continuing education credits for renewal.

AUTH: 37-1-319, Chap. 127, section 4, L. of 2017, MCA
IMP: 37-1-306, 37-1-319, Chap. 127, section 4, L. of 2017, MCA

NEW RULE XII CONTINUING EDUCATION STANDARDS (1) Continuing

education for a CBHPSS is training that:

(a) has significant intellectual or practical content and the primary objective is to increase the certificate holder's professional competence as a CBHPSS; and

(b) constitutes an organized program of learning, dealing with matters directly related to the practice of peer support services, professional responsibility, or ethical obligations of a CBHPSS. Academic credit may be used for continuing education hours.

(2) CBHPSSs shall maintain documentation of completed continuing education for four years and make the records available to the department if the CBHPSS is selected for a random audit. The documentation must include a certificate of attendance, the agenda of the continuing education course, and the description of the course and the credentials of the presenters.

(3) Documentation for college credits shall include the course syllabi and an official transcript. One college quarter credit equals ten hours and one college semester credit equals 15 hours.

(4) The board office shall maintain and make available a list of board-approved programs and providers.

(5) Continuing education courses offered by providers not on the list will be accepted if all criteria listed in (1) are met. The board may delegate authority to staff to determine compliance with criteria.

AUTH: 37-1-319, Chap. 127, section 4, L. of 2017, MCA
IMP: 37-1-306, 37-1-319, Chap. 127, section 4, L. of 2017, MCA

NEW RULE XIII REPORTING REQUIREMENTS (1) CBHPSSs will be required to indicate an understanding of the continuing education requirements at the time of renewal as required by the renewal process.

(2) If a CBHPSS is unable to acquire sufficient continuing education credits, the CBHPSS may request a hardship exemption prior to renewing the certificate. All requests for exemptions will be evaluated by the board on an individual basis.

(3) CBHPSSs must submit a clinical supervision summary report from their supervisor at the time of renewal.

AUTH: 37-1-131, 37-1-319, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, 37-1-306, Chap. 127, section 4, L. of 2017, MCA

NEW RULE XIV CONTINUING EDUCATION NONCOMPLIANCE (1) In the event that a CBHPSS fails to comply with these continuing education rules in any respect, the board shall promptly send a notice of noncompliance. The notice shall specify the nature of the noncompliance and state that unless the noncompliance is corrected or a request for a hearing before the board is made within 60 days, the statement of noncompliance shall be considered grounds for suspension or revocation.

AUTH: 37-1-131, 37-1-136, 37-1-319, Chap. 127, section 4, L. of 2017, MCA

IMP: 37-1-131, 37-1-136, 37-1-306, 37-1-321, Chap. 127, section 4, L. of 2017, MCA

5. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Behavioral Health, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or e-mail to dlibsdbbh@mt.gov, and must be received no later than 5:00 p.m., November 13, 2017.

6. An electronic copy of this notice of public hearing is available at www.bbh.mt.gov (department and board's web site). Although the department strives to keep its web sites accessible at all times, concerned persons should be aware that web sites may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing a web site do not excuse late submission of comments.

7. The board maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all board administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Behavioral Health, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; faxed to the office at (406) 841-2305; e-

mailed to dlibsdbbh@mt.gov; or made by completing a request form at any rules hearing held by the agency.

8. The bill sponsor contact requirements of 2-4-302, MCA, apply and have been fulfilled. The primary bill sponsor was contacted on April 10, 2017, by postal mail, April 11, 2017, by telephone, and April 12, 2017, by electronic mail.

9. Regarding the requirements of 2-4-111, MCA, the board has determined that the adoption of NEW RULES I through XIV will not significantly and directly impact small businesses.

Documentation of the board's above-stated determination is available upon request to the Board of Behavioral Health, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2258; facsimile (406) 841-2305; or to dlibsdbbh@mt.gov.

10. L'Joy Griebenow, executive officer, has been designated to preside over and conduct this hearing.

BOARD OF BEHAVIORAL HEALTH
DR. PETER DEGEL, LCPC
CHAIRPERSON

/s/ DARCEE L. MOE
Darcee L. Moe
Rule Reviewer

/s/ GALEN HOLLENBAUGH
Galen Hollenbaugh, Acting Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State October 2, 2017.