



**BOARD OF BEHAVIORAL HEALTH  
DEPARTMENT OF LABOR AND INDUSTRY**

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**NOTICE OF ADOPTION**

**MAR NOTICE NO. 2025-197.2**

**Summary**

Implementing House Bill (HB) 76 pertaining to licensure of certified family peer support specialists

**Previous Notice(s) and Hearing Information**

On October 10, 2025, the Board of Behavioral Health (agency) published MAR Notice No. 2025-197.1 regarding the public hearing on the proposed changes to the agency's rules, in the 2025 Montana Administrative Register, Issue No. 19.

On October 30, 2025, a public hearing was held on the proposed changes to the rules via the videoconference and telephonic platform. Comments were received by the comment deadline.

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**Final Rulemaking Action – Effective December 6, 2025**

**ADOPT AS PROPOSED**

The agency has adopted the following rule as proposed:

**NEW RULE 1 (24.219.915) CFPSS TRAINING COURSES**

**AMEND AS PROPOSED**

The agency has amended the following rules as proposed:

**24.219.301 DEFINITIONS**

#### **24.219.401 FEE SCHEDULE**

#### **24.219.422 GENERAL SUPERVISION AND RECORDKEEPING REQUIREMENTS**

#### **24.219.430 INACTIVE STATUS AND CONVERSION TO ACTIVE STATUS – LCSW, LMSW, LBSW, LCPC, LMFT, LAC, CBHPSS, AND CFPSS**

#### **24.219.907 CBHPSS AND CFPSS REQUIREMENTS**

#### **24.219.2301 UNPROFESSIONAL CONDUCT AND CODE OF ETHICS – LCSW, LMSW, LBSW, LCPC, LMFT, LAC, CBHPSS, CFPSS, AND LCSW, LMSW, LBSW, LCPC, LMFT, AND LAC CANDIDATES**

### **AMEND WITH CHANGES**

The agency has amended the following rule with the following changes from the original proposal, stricken matter interlined, new matter underlined:

#### **24.219.421 SUPERVISOR QUALIFICATIONS**

- (1) Licensure candidates, CBHPSS, and CFPSS must be supervised per the requirements of this rule and ARM 24.219.504, 24.219.604, 24.219.704, and 24.219.5008.
- (2) Except as provided below, all supervisors must:
  - (a) have an active license in good standing in the jurisdiction in which the supervision is occurring; and
  - (b) meet one of the below criteria:
    - (i) have been licensed in their respective disciplines for at least three years, excluding any period of licensure as a candidate; or
    - (ii) have taken board-approved training consisting of a minimum of one semester credit graduate education focused on supervision or 20 hours of board-approved training in supervision.
- (3) LCSW, LCPC, and LMFT candidates must be supervised by an LCSW, LCPC, LMFT, licensed psychologist, or licensed and board-certified psychiatrist.
- (4) LMSW candidate supervisors must be licensed as an LCSW or LMSW.
- (5) LBSW candidate supervisors must have an active license in good standing in the jurisdiction in which the supervision is occurring as an LCSW, LMSW, or LBSW. If the supervisor is an LBSW the supervisor must have been licensed for at least three years as an LBSW. An LBSW may not take supervision courses to qualify to supervise LBSW candidates.

- (6) LAC candidate supervisors must be:
  - (a) licensed as an LAC and have an active license in good standing in the jurisdiction in which the supervision is occurring with a minimum of three years post-licensure experience in a qualified treatment setting as defined in ARM 24.219.5010; or
  - (b) trained in a related field. If trained in a related field:
    - (i) the supervisor must have taken board-approved training consisting of a minimum of one semester credit graduate education focused on supervision or 20 hours of board-approved training in supervision; and
    - (ii) the supervisor must have training equivalent to that described in ARM 24.219.5006(2)(b).
- (7) CBHPSS and CFPSS supervisors must have an active license in good standing in the jurisdiction in which the supervision is occurring as a mental health professional as defined by 37-39-102, MCA.
- (8) A supervisor shall not:
  - (a) be the candidate's, CBHPSS's, or CFPSS's parent, child, spouse, or sibling; or
  - (b) have a conflict of interest such as, but not limited to, being in a cohabitation or financially dependent relationship.

**Authorizing statute(s):** 37-1-131, 37-39-201, MCA

**Implementing statute(s):** 37-1-131, 37-39-202, 37-39-307, 37-39-308, 37-39-309, 37-39-310, 37-39-311, 37-39-312, MCA

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### Statement of Reasons

The agency has considered the comments and testimony received. A summary of the comments received, and the agency's responses are as follows:

Comment 1: One commenter requested the department create a process to allow incarcerated individuals to gain their peer support certification.

Response 1: This request is outside the scope of this rulemaking process. However, the department does not create peer support training, either for certified behavioral health or family peer support specialists. Nothing in the board's rules or regulations limit training to nonincarcerated individuals. However, the board's current rule to achieve certification requires two years of recovery, which may not include periods of incarceration.

Comment 2: One commenter suggested the board amend ARM 24.219.421 to require supervisors to have been licensed at least three years and take a supervision course.

Response 2: When the board originally adopted the requirements for supervisors in 2011, it elected to require three years of practice or 20 hours of training. The board indicated locating qualified supervisors could be difficult in a rural state such as Montana, and did not wish to impose an extra burden on practitioners seeking to work in rural areas. While the board cannot make the change as part of this proposal, it agrees with the commenter and is working on a new rules project.

Comment 3: One commenter noted the word “not” is missing from ARM 24.219.421(8)(b).

Response 3: The board agrees with the commenter and inserts the word “not” so the rule reads: (b) have a conflict of interest such as, but not limited to, being in a cohabitation or financially dependent relationship.

Comment 4: One commenter asked for clarification on whether an employer/supervisor would be in a financially dependent relationship with an employee/supervisee.

Response 4: The board does not believe a regular employer/employee relationship constitutes a financially dependent relationship and does not believe clarification is needed.

Comment 5: Two commenters expressed concern that mental health professionals would be supervising peers working with stand-alone physical health conditions.

Response 5: The legislature has stated that licensees of this board may supervise family peer support specialists, who support parents or guardians of children who may have significant physical needs. Peer support specialists are limited to providing support, mentoring guidance, and advocacy to parents or guardians. Peer support specialists and supervisors are responsible for understanding the limits of their education, training, and experience in providing the support. No peer support specialists should be making decisions regarding the medical needs of the child, and the child is not the client or the patient of either the peer support specialist or the supervisor. Rather, the peer support specialist is focused on the parent/guardian’s needs, including referring to medical professionals as needed.

Comment 6: Several commenters were concerned about the amount of face-to-face supervision required, stating that one hour of supervision for every 20 hours of work was not financially feasible for organizations. The commenters suggested one hour of supervision for 20 hours of direct patient work.

Response 6: The board has not previously drawn distinctions between patient care and other functions of a peer support specialist. The board believes the current level of supervision is necessary to protect public safety. The board does allow licensees to request less frequent supervision and encourages the commenters to take advantage of that provision, rather than setting more complicated hour requirements in rule.

Comment 7: One commenter noted that the board is the only board with DUI convictions listed in its unprofessional conduct rule and requests the board strike that provision.

Response 7: The board retains discretion to determine whether a specific DUI conviction constitutes unprofessional conduct under its rules. There is no automatic discipline on a license for receiving a DUI. The board may consider this in a future rulemaking project.

Comment 8: One commenter notes that, in relation to ARM 24.219.2301(2)(k), screening for autism is a psychological assessment.

Response 8: The board appreciates all comments made during the rulemaking process.

Comment 9: One commenter asked if family peer support specialists could be evaluated and treated as certified behavioral health peer support specialists for purposes of billing Medicaid.

Response 9: This question is beyond the scope of this rulemaking project. The board has no jurisdiction over insurance billing questions and may only make administrative rules within the statutes enacted by the legislature. The board recommends the commenter contact the Department of Public Health and Human Services (DPHHS).

Comment 10: One commenter requested APRNs with psychiatric mental health care training, MDs, and master's level social workers, professional counselors, and marriage and family therapists be added to the list of professionals who may supervise an addiction counselor candidate.

Response 10: The board has long accepted non-LAC supervisors who demonstrate adequate training in addiction under ARM 24.219.421(6)(b).

Comment 11: One commenter requested clarification on how the board approves training programs, and what the requirements for training courses under the new rule are.

Response 11: Entities wishing to provide relevant training submit the course content to the board for review. The board reviews the course content during a board meeting. Specifically, all trainings must be at least 40 hours in length, covering the topics listed, and must include an examination to be passed as part of the course.

Comment 12: One commenter expressed frustration that the board did not publicly notice the rules proposal, noting that the commenter did not receive an email notice.

Response 12: The board complied with all public notice requirements, including sending notice of the proposal to the board's interested parties list. The board encourages all interested persons to sign up for the interested parties list at <https://dli.mt.gov/rules> and to confirm their email addresses are correct on the interested parties list. Rules hearings are also listed at [dli.mt.gov/rules](https://dli.mt.gov/rules).

Comment 13: Several commenters requested family peer support specialists be billed to Montana Medicaid if done by telehealth appointment.

Response 13: The board does not have the ability to regulate Medicaid. The commenter needs to consult DPHHS for proper insurance billing practices.

Comment 14: Several commenters asked if peer support specialists need to remain in the agency that trains them, or if peer support specialists can work for different agencies.

Response 14: The board's requirements set out the need for supervision of the peer support specialist. Whether that occurs in one agency or several agencies is up to the individual peer support specialist and their supervisor. Additionally, training may be provided by entities other than agencies who employ peer support specialists. If a peer support specialist transfers agencies, the peer support specialist and supervisors must update the supervisory relationship with the board.

Comment 15: Several commenters requested the board use the recovery-based model of peer support, and also allow peer support specialists to assist in filling out applications for services or waivers in every community setting in Montana.

Response 15: The legislature has set the scope of practice for family peer support specialists. The board has proposed areas of education necessary to fulfill that scope of practice. The legislature did not indicate that family peer support specialists needed to be in recovery, but rather that they have the lived experience necessary to support another parent or guardian in a similar situation. The individual peer supporter and their supervisor should determine which tasks, within the scope of practice, are best suited to the peer supporter's skills, education, and experience.

Comment 16: Several commenters requested supervision be offered by those who are accredited in mental health supervision.

Response 16: The legislature set the requirement that family peer support specialists be supervised by a mental health professional, as that term is defined in statute.

Comment 17: Several commenters requested the board set specific tasks and time limits and outline them for peer supporters, supervisors, consumers, and families.

Response 17: The legislature set the scope of practice. The board recognizes that every family situation is different, and as long as the services provided by peer support specialists fall within the scope of practice as set by the legislature, the board believes the peer supporter and the supervisor have the responsibility of communicating what services are available to consumers and parents.

Comment 18: Several commenters noted that supervisors should have knowledge of counseling techniques and various disciplines, but have experience with recovery models and lived experience paradigms that family peer support specialists will be providing.

Response 18: The board thanks the commenters for the suggestions. The board's supervisor qualifications are set out in ARM 24.219.421 and in 37-39-102, MCA. If a licensee chooses to supervise, the board expects the licensee to be minimally competent to provide sufficient supervision.

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**Contact**

Department of Labor and Industry  
(406) 444-5466  
laborlegal@mt.gov  
Montana Relay: 711

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**Rule Reviewer**

Jennifer Stallkamp

**Approval**

Sarah Swanson, Commissioner

**Approval**

Annette Beaudry, LCSW, Chair, Board of Behavioral Health