

# Frequently Asked Questions: Changes in Peer Support Certification

\*This document was developed in collaboration with the Department of Behavioral Health, Developmental & Intellectual Disabilities, Department of Medicaid Services, and the Board of Alcohol and Drug Counselors

## ACRONYMNS USED IN THIS DOCUMENT:

- AODE: Alcohol and Other Drug Entity (type of organization that is licensed)
- BHSO: Behavioral Health Service Organization
- CDTC: Chemical Dependency Treatment Center
- CMHC: Community Mental Health Center
- CPSS: Certified Peer Support Specialist
- DBHDID: Department for Behavioral Health, Developmental, & Intellectual Disabilities
- DMS: Department for Medicaid Services
- FQHC: Federally Qualified Health Center
- IC & RC: International Certification and Reciprocity Consortium
- KBADC: Kentucky Board of Alcohol & Drug Counselors
- RADPSS: Registered Alcohol & Drug Peer Support Specialist
- RHC: Rural Health Clinic
- SUD: Substance Use Disorder
- TRADPSS: Temporary Registered Alcohol & Drug Peer Support Specialist
- TRIS: Training Records Information System

## GENERAL QUESTIONS RELATED TO CERTIFICATION:

**Q: Which agencies provide oversight and credentialing to peer support specialists?**

A: DBHDID oversees CPSS (adult, family, and youth).  
KBADC oversees the TRADPSS and RADPSS.

**Q: Why can't there be just one credentialing agency covering APSS and RADPSS?**

A: KRS 222.233 mandates that peer support specialists working in SUD programs be licensed as an AODE or BHSO must be a RADPSS. RADPSS may bill Medicaid/insurance for work in SUD programs that are licensed as AODE or BHSO (Tier 1 BHSOs are not AODE-licensed and cannot bill Medicaid for RADPSS services). Certification remains required for peer support specialists to bill Medicaid/insurance in other programs.

**Q: When do the changes related to the TRADPSS/ RADPSS take effect? Is there a grace period for AODE & BHSO agencies to come into compliance?**

A: The changes, as specified in KRS 222.233, are effective **January 1, 2026**, and there is not a grace period. Peers working in an AODE or BHSO settings must become a TRADPSS or RADPSS through the KBADC by **January 1, 2026**, to continue providing services.

**Q: Do these changes affect the Youth or Family Certified Peer Support Specialist requirements?**

A: No, these changes do not impact requirements for the Youth or Family CPSS.

**Q: If a CPSS works in FQHCs or RHC and are able to bill insurance, do they need to get the RADPSS registration?**

A: If the CPSS is working in a SUD treatment program under an AODE or BHSO license, then yes, they must become RADPSS. Peer support is not currently available in FQHCs. In RHCs, if substance use peer support services are provided, it must be by a RADPSS.

**Q: Can a peer support specialist be both a CPSS & RADPSS?**

A: Yes, a peer support specialist can be both. In this case, the peer would need to meet the requirements for both credentials.

**Q: What if a peer support specialist is providing peer support services for individuals with a co-occurring mental health illness and substance use disorder?**

A: If working in an AODE/BHSO environment, the peer will need to be both a RADPSS (for SUD) and CPSS (mental health). A single PSS may provide services with both credentials, or the SUD services can be provided by one (1) RADPSS, and the MH services can be provided by one (1) CPSS.

**Q: What are examples of Community-Based Organizations (CBO)?**

A: These are organizations not licensed as an AODE or BHSO. KRS 222.233 does not impact them.

**Q: Will there be reciprocity with other states for persons who received credentials from Kentucky's CPSS or the RADPSS?**

A: RADPSS are registered under IC&RC criteria and have reciprocity with other 50 other US states and territories, three (3) Native American Regions, all branches of the US military, and 11 international regions.

#### **QUESTIONS RELATED TO TRAINING, WORK REQUIREMENT, & SUPERVISION RELATED:**

**Q: Is there a grandfathering period if you need to take additional classes for the PSS training you need if it is different from what you already have?**

A: No, there is no grandfathering period. KBADC is accepting a Kentucky CPSS's 30 hours of training toward the RADPSS training requirements, plus an additional 21 hours of training.

**Q: Will KBADC accept training that was completed during the process to become a CPSS?**

A: If the training was completed in the past two (2) years, the KBADC will accept the 30 hours of training toward the requirement of meeting their 51 hours. Documentation of the CPSS' 30 hours of training must be provided.

**Q: Will sessions to prepare for the IC&RC test be offered, or is a study guide available?**

A: Yes, a study guide is available on the IC&RC website (<https://internationalcredentialing.org>).

**Q: How do these changes affect the supervision requirements for peer support specialists?**

A: The CPSS will continue to follow the supervisory requirements outlined in 908 KAR 2:220(6). For a RADPSS, the supervisor and the supervisory agreement must be approved by KBADC before supervision begins. At the time of application for temporary credentials, the applicant will submit the Supervisory Agreement as part of the online application (note: the KBADC-approved supervisor must sign the agreement prior to submitting it).

**QUESTIONS RELATED TO MEDICAID & BILLING:**

**Q: If KRS 222.233 (4) states: “Require that a temporary certified alcohol and drug counselor under the clinical supervision of a certified alcohol and drug counselor, a licensed alcohol and drug counselor, or a licensed clinical alcohol and or drug counselor be a reimbursable service provider in alcohol and other drug treatment entities and behavioral health service organizations;”**

**(1) Is the Department of Medicaid Services (DMS) honoring this statute?**

A: No. Medicaid does not reimburse temporary certifications.

**(2) If DMS is honoring the language in KRS 222.233, and a TCADC is reimbursable, will a TRADPSS also become reimbursable?**

A: Medicaid does not reimburse temporary certifications.

**Q: Are there updated codes or regulations that providers need to follow?**

A: Not at this time.

**Q: Will TRADPSSs be reimbursed at the same rates as RADPSS as it states in the regulation?**

**KRS 222.233 (2) states: “Permit a registered temporary alcohol and drug peer support specialist to provide the same services and be reimbursed at the same rates as a registered alcohol and drug peer support specialist.”**

A: Medicaid does not reimburse temporary certifications.

**Q: Will there continue to be a cap on the amount of peer support services that can be provided and/or billed to Medicaid per day/week/month? If so, what is the cap?**

A: Providers must check with each MCO for their requirements for Peer Support Services and prior authorization. Refer to the agency’s specific provider type regulation(s).

**Q: Will the hiring agency have to show Medicaid/insurance companies that peer support specialists are certified or registered according to statute/regulations? If so, what documentation would be required?**

A: During prior authorization, MCOs will require documentation that the provider is a CPSS or RADPSS. MCOs may verify through TRIS or the KBADC any licensure verification.

Q: Will a BHSO Tier 1 also require a RAPDSS?

A: Tier 1 BHSOs are not AODE-licensed and cannot bill Medicaid for RADPSS services. A CPSS should provide these services and may bill for those services.

<b>BHSO Tier</b>	<b>CPSS</b>	<b>RADPSS</b>	<b>Comment</b>
<b>I: Mental Health OP</b>	X		If working with co-occurring individuals, both certifications are necessary.
<b>II: SUD OP</b>		X	
<b>III: SUD Residential</b>		X	

## HB 505 FAQs

**Q: Do I have to have had a problem with alcohol and/or drugs?**

A: Yes, lived experience is required, as outlined in KRS 309.0831 states: “Attest to being in recovery for a minimum of twelve (12) consecutive months from a substance-related disorder.”

**Q: What about family and youth peer supports?**

A: No, you are not eligible to be a RADPSS unless you meet the requirements for a RADPSS or TRADPSS, per KRS 309.0831, the KBADC Board has two designations for peer support specialists - the temporary registered alcohol and drug peer support specialist and the registered alcohol and drug peer support specialist. Applicants must meet the criteria for one of those two credentials. Family and Youth PSS are credentialed through 908 KAR 2:230 - 240 and the DBHDID.

**Q: Can I use my adult peer support credential moving forward?**

A: All persons working in AODE licensed programs or BHSO licensed programs must be credentialed by the KBADC as either a Temporary Registered Alcohol and Drug Peer Support Specialist or Registered Alcohol and Drug Peer Support Specialist.

\*This applies to residential facilities, which must also be licensed as an AODE or CDTC.

**Q: Will any of my previous training hours count toward my credential?**

A: The KBADC will accept previous training hours for peer support specialist credentials toward the 51 hours required for the RADPSS credential. This exception will expire on June 1, 2026, after which the ADC Board must approve all training hours.

CPSSs who have completed the 30-hour training are eligible for inclusion in this decision but must complete an additional 21 hours to be in compliance with the RADPSS/TRADPSS requirements.

**Q: Can I still have my supervisor?**

A: TRADPSS and RADPSS must be supervised by KBADC-approved supervisors, as outlined in KRS 309.0831. If a RADPSS already has a Board-approved supervisor, they may keep that supervisor. Billing supervision for Medicaid reimbursement must follow 907 KAR 15:005.

**Q: Will my work hours as a peer support specialist be accepted toward becoming a RADPSS?**

A: Tasks that have been performed as a peer support specialist (including time accrued if a CPSS) that apply to the KBADC’s four (4) domains will be considered toward the 500-hour work requirement. The KBADC will look closely at tasks performed rather than job titles or descriptions.