



Medi-Cal Peer Support Specialist Training Provider Guide

2025



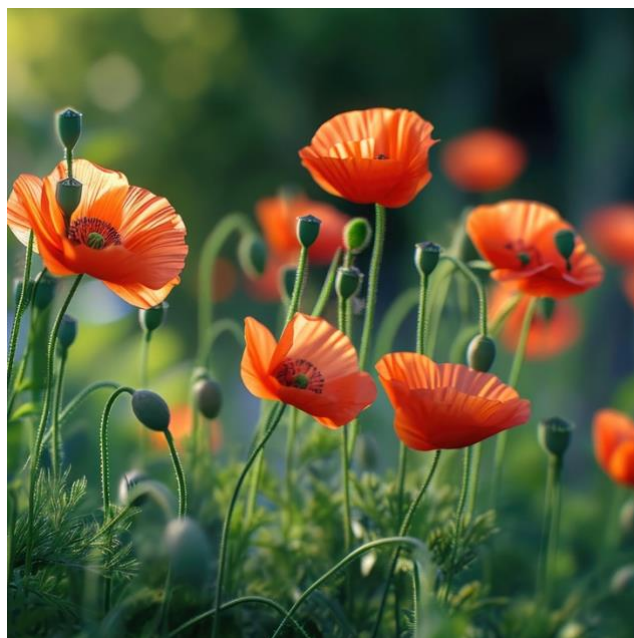
Table of Contents

Welcome	4
General Information	5
Application Cycles	5
Trainings in Spanish Language	5
Training Provider Approval Period	5
Pre-Application Considerations.....	6
Contract Agreement.....	6
Copyright Material	6
Required Naming for Courses	7
Application Information	8
Applications	8
Fees.....	8
Processing and Review Time	8
Quality Assurance.....	8
Renewals	9
Directions for Submitting Application	10
Overview of Process	10
Step-by-Step Process.....	10
Step 1 – Submission of Applications	10
Step 2 - Submission of Training Content – Dropbox (Required)	11
Step 3 – Review of Complete Application	12
Step 4 – Application Status	12
Step 5 – Contract Agreement.....	12
Appendix.....	13
Document Requirement Guidelines.....	13
Training Curriculum Requirements	13
1. Medi-Cal Peer Support Specialist Training (80 hours)	13
2. Continuing Education (CE) Course (varies)	13
3. Area of Specialization (40 hours).....	15
Certificates of Attendance Requirements.....	15
Course Evaluation Requirements.....	15

Provider/Agency biography for Certification Website Requirements	16
Advertisement/Promotional Material of Training Courses	16
Glossary of Terms	17
Application Checklist	19
Revision Log.....	21

WELCOME

The California Mental Health Services Authority (CalMHSA) serves as the certifying body for Medi-Cal Peer Support Specialist certification in California. Our responsibilities encompass certification, examination, and enforcement of professional standards. Additionally, we oversee the California Certification Registry for certified professionals, handle consumer complaints, and administer disciplinary actions for violations of the Code of Ethics. As the certifying entity, we approve training providers to ensure compliance with quality standards in peer support education.



CalMHSA collaborates with its Stakeholder Advisory Council and County Behavioral Health Plans to ensure that the voices of peers are duly represented in our certification program. Our certification process adheres to state standards outlined in Chapter 7, Part 3, Article 1.4, Division 9 of the Welfare and Institutions Code.

We are thrilled by your interest in becoming an approved training provider for the CalMHSA Medi-Cal Peer Support Specialists Certification Program. This guide furnishes crucial details for achieving approval as a training provider — facilitating professional development and progress in peer support. By reviewing this application, you embark on the initial phase of joining esteemed CalMHSA-training providers dedicated to delivering top-tier training and bolstering the behavioral health workforce within Medi-Cal programs.

The Training Provider Application Guide furnishes prospective training providers with comprehensive information on the process of becoming a CalMHSA-approved provider. For additional information, please visit the certification website www.capeercertification.org



General Information

APPLICATION CYCLES

Training applications are accepted during the following annual cycles:

- **January 1 – 31:** Continuing Education (CE) Training (varies)
- **July 1 – 31:** Medi-Cal Peer Support Specialist Training (80 hours)

Application cycles for training in areas of specialization are not currently open. The open application cycles are to be determined.

- Parent, Caregiver, Family Member (40 hours)
- Peer Services in Crisis Care (40 hours)
- Peer Services for Unhoused (40 hours)
- Peer Services for Justice Involved (40 hours)

Applications must be submitted electronically through the certification website portal. An application must be completed for each training type and language for which you are applying.

A separate application fee is required for each application being submitted. For example, if a training provider is interested in applying for two training areas, they must submit two separate applications and pay fees for each application.

TRAININGS IN SPANISH LANGUAGE

Applications for Spanish language trainings are accepted **during the open annual cycles**. All participant material must be written in Spanish (i.e., policies, evaluations, certificates, etc.).

TRAINING PROVIDER APPROVAL PERIOD

Application Review:

- CalMHSA will review the application and make an approval decision within 90 days of receiving a completed application.

Approval and Contract Execution:

- If the application is approved, training providers have up to 12 months from the approval date to execute a contract with CalMHSA.
- The contract must be signed within this 12-month period.

Recognition Period:

- Upon executing the agreement, training providers will be recognized as a CalMHSA-approved training provider for up to 2 years.
- This recognition period starts from the end of the initial 90-day review period.

PRE-APPLICATION CONSIDERATIONS

- Prospective training providers are highly encouraged to read the application in its entirety before applying to become training providers. Prospective providers are expected to submit all required information to avoid processing delays.
- Only electronic applications will be accepted through the CalMHSA certification website. A completed application includes: 1) online application, 2) associated fees, and 3) training materials within the approved timeframe.
- Applications that do not meet the required timeframes will be denied. Please make note of application processing times prior to applying to avoid any processing delays.

CONTRACT AGREEMENT

CalMHSA requires a fully executed contract between the training provider and CalMHSA before the commencement of training is permitted. Prospective training providers **may not** begin training or advertisement for training courses until written approval is received from CalMHSA.

COPYRIGHT MATERIAL

CalMHSA cannot accept any training material or supplemental training material that is subject to copyright. If your agency wishes to use training material developed by a different organization, written proof of copyright permission must accompany the training application.

REQUIRED NAMING FOR COURSES

To ensure clarity and consistency across all training programs, it is imperative that the titles and language used strictly adhere to the appropriate naming conventions for the approved course(s). This uniformity must be maintained in course material, including but not limited to, course titles, training materials, marketing materials, and certificate of completion. Non-compliant training materials will not be acceptable.

The following naming conventions must be followed:

- Medi-Cal Peer Support Specialist Training
- Parent, Caregiver, and Family Member Peer
- Peer Services in Crisis Care
- Peer Services for Unhoused
- Peer Services for Justice Involved

Application Information

APPLICATIONS

Applications are submitted on the CalMHSA certification website application portal. An application must be completed for each training type for which you wish to apply.

FEES

A non-refundable training provider application fee must accompany this application. **Fee must be paid at the time of application submission or no later than 72 hours from the submission of the application.** An application must be completed, and a fee is required for each training type for which you wish to apply. *The non-refundable application fee is considered an administrative fee.*

PROCESSING AND REVIEW TIME

CalMHSA will process complete applications within 90 days of receipt. It is the training provider's responsibility to make necessary revisions in a timely manner to avoid processing delays. Applications exceeding the 90-day review are subject to denial.

Incomplete applications will be held for three business days from the date submitted. Applications that remain incomplete will be voided, fees will be forfeited, and will require a new application. The training provider bears responsibility to provide a complete application.

QUALITY ASSURANCE

Site Visit. A CalMHSA representative may conduct periodic visits to an approved training provider site. CalMHSA will provide reasonable notice to the training provider in advance of the visit.

Quality Assurance Review. CalMHSA may review the training provider's training records, including training content, participant records, marketing material, and other related materials to monitor compliance with the guidelines and contractual agreements.

Data Collection. Training providers are required to collect and maintain the following data for training participants, including, but not limited to:

1. Contact information including: legal name, telephone number, and email address.
2. Dates of training registration/enrollment.

3. Language(s) in which the training was delivered.
4. Format or modality of training (in-person, asynchronous, online, and/or hybrid).
5. Course completion statistics, including non-completions.
6. All reasonable accommodation(s) requested and/or provided, if applicable.

Please note: Data collection is subject to change based on updated guidelines by the Department of Health Care Services.

RENEWALS

Renewal applications must be submitted prior to expiration of contract agreement. Renewal applications follow the same requirements and process as initial applications, with the exception of any curriculum changes, which will require completing the [Training Curriculum Modification Request Template](#) to notify CalMHSA of changes or modifications to the previously approved training curriculum.

Directions for Submitting Application

Complete applications must be submitted electronically. Hard copy or handwritten submissions will not be accepted. Only complete applications will be reviewed. Electronic applications must be submitted through the CalMHSA certification website application portal. Training providers must complete one application per interested training. For example, if a training provider is interested in applying for two training areas, then they must submit two separate applications and payment of fees for each application.

To apply, please use the register/login button located on the top right of the website to register and [create an account](#). Only complete applications will be reviewed.

OVERVIEW OF PROCESS

1. Training provider submits a complete application and payment. (CalMHSA will send an email confirmation of application).
2. CalMHSA will provide a Dropbox link for submitting training material. The entire training material must be submitted within 72 hours in PDF format.
3. CalMHSA will begin the application review (“90-day processing period”).
4. CalMHSA will notify training providers via email of the status of their application.
5. Contracting phase begins for approved training providers.

STEP-BY-STEP PROCESS

Step 1 – Submission of Applications

Training providers are required to provide the following information at the time of submission.

1. Submit a complete Training Provider Application and payment. Applications must be accompanied with the following information:
 - Training provider information
 - CA Business License Number/non-profit number/exception ID
 - Name and contact information of the dedicated training coordinator
 - Proposed training fee/cost for course
 - Proposed yearly training schedule with published dates and times
 - Language(s) in which the training will be delivered

- Total training hours of the course (minimum hour requirement must be met)
- Training modality: In-person, hybrid, asynchronous (self-paced) and/or online
- A 150-word or less biography of your agency to be added to the CalMHSA certification website, upon approval
- A file with your agency's logo: transparent .jpg or .png format
- Instructor(s) information/qualifications (include CV, resume, biography, etc.)

2. Policies and Procedures:

- A documented enrollment/registration process and procedures
- Documented course completion information, including make-up of assignments and quizzes, etc.
- A documented process for issuance of certificate of attendance or completion
- A digital sample of certificate of attendance or completion (must meet requirements set below)
- A documented process for evaluation of training course and trainer(s)
- A digital sample of the evaluation form (must meet requirements set below)
- A documented course refund/cancellation process. The policy must have a mechanism for refunds.
- A documented leave of absence request process
- A documented reasonable accommodation (ADA) policy
- A documented anti-discrimination and anti-harassment policy
- A documented complaints process to address complaints against the program, trainer, and/or institution and resolution procedures including process timelines.
- A documented record retention policy. (Training providers are required to maintain participant records for a minimum of 3 years unless a longer period of records retention is stipulated under Agreement with CalMHSA.)
- Sample training and marketing content. Note, marketing or training prior to receiving CalMHSA approval and Agreement is not permitted.

Step 2 - Submission of Training Content – Dropbox (Required)

Submitting Training Content:

1. Training providers must submit a complete single, combined PDF file, of the training course using the Dropbox link provided within 72 business hours from the time of the request.

2. All training content submitted must be accompanied by the appropriate CalMHSa crosswalk for specific training materials required, depending on each application submission. This crosswalk is used by program staff to navigate the training material submitted; therefore, no exceptions will be granted for this requirement.

Step 3 – Review of Complete Application

CalMHSa will begin the application review process. Please note, this will start the 90-day processing period. If revisions are requested by CalMHSa, it is the training provider's responsibility to provide timely revisions, as applicable.

Step 4 – Application Status

CalMHSa will notify training providers via email of the status of their application.

Step 5 – Contract Agreement

Training providers are required to have a fully executed contract between themselves and CalMHSa before training may commence.

Appendix

DOCUMENT REQUIREMENT GUIDELINES

The following section provides detailed information on requirements for documents being requested for submission with the application. Each document has its own requirements that must be present at the time of submitting the application. To avoid delays in processing, please refer to the following information to ensure all documents being submitted meet these minimum requirements.

TRAINING CURRICULUM REQUIREMENTS

The information below provides specific information for each of the training areas.

1. Medi-Cal Peer Support Specialist Training (80 hours)

Please review the “Examination Content” and “Blueprint” sections of the [Exam Preparation Guide](#) as well as the detailed information on core competencies from the [Peer Certification Landscape Analysis Report](#).

- Training content must cover all 17 core competency areas and the course must be at least 80 training hours.
- All training content submitted must be accompanied by the [“CalMHSA Curriculum Crosswalk” document](#). The crosswalk document serves as a guide and reference between your agency’s training content and the CalMHSA training requirements. For example, the crosswalk would reference what training material (i.e., module, chapter, vignette, etc.) is used to meet the core competency training area.

2. Continuing Education (CE) Course (varies)

A single course is required to be submitted with your application.

Acceptable continued education courses for Certified Medi-Cal Peer Support Specialists must incorporate one or more of the following:

- Courses fundamental to the understanding or practice of peer support
- Courses of the discipline of peer support in which significant recent developments have occurred

- Courses of other disciplines that enhance the understanding of the practice of peer support specialists
- Courses related to the treatment of the client population being served (e.g., theoretical frameworks of recovery and wellness, intervention techniques with individuals, families, and systems of care)
- Courses that cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, supervision training)

Course Syllabus

- Detailed Course Outline: Provide a comprehensive outline for each section of the training course.
- Educational Goals: Clearly articulate the overarching educational goals for your course.
- Measurable Learning Objectives: Specify the measurable learning objectives, ensuring clarity and precision. For example, "At the conclusion of this course, participants will demonstrate the ability to identify five core principles of peer support."

Complete Course Curriculum

- Submit **only one complete** training course for approval that exemplifies the quality and effectiveness of your training.
- The training course **must** be a minimum of one hour of instruction and maximum eight hours. One hour of direct educational training instruction is equal to one hour of continuing education (CE), excluding any breaks.

Approval of CE Training Course

Once approved, any subsequent course developed by your agency may be eligible for CE hours, provided it meets CMPSS training standards and is offered in the language of the original approved course.

These eligible CE courses should promote professional development, aiming to enhance the quality of care provided within the Medi-Cal Peer Support Specialist's scope of practice.

*Specification: Approved agencies will be issued a unique continuing education provider identification number. **Rights to use the CE provider identification are exclusively***

reserved for CalMHSA-approved CE training providers and may be used in accordance with the agreed upon standards.

3. Area of Specialization (40 hours)

Each area of specialization training requires a separate application.

- Training content must be 40 hours of instructional training covering all core competencies.
- Training content must cover the core competencies for the specialization for which the training provider is seeking approval.
 - [Parent, Caregiver, Family Member](#)
 - [Peer Services in Crisis Care](#)
 - [Peer Services for Unhoused](#)
 - [Peer Services for Justice Involved](#)

CERTIFICATES OF ATTENDANCE REQUIREMENTS

The following must be included in the certificate of attendance that will be issued to training participants who complete the course.

1. Participant's full legal name
2. Name of approved training agency
3. Date of the course completion
4. Number of training hours (ensure minimum training hour requirements must be met, as applicable)
5. Signature of the course instructor, provider, or provider designee
6. Course title with the following naming convention based on your application type:
 - "Medi-Cal Peer Support Specialist Training"
 - "Parent, Caregiver, and Family Member Peer"
 - "Peer Services in Crisis Care"
 - "Peer Services for Unhoused"
 - "Peer Services for Justice Involved"

COURSE EVALUATION REQUIREMENTS

The following must be included on the program evaluation form:

1. Learning objectives
2. Course appropriateness to participants' education and experience level
3. Relevance to practice
4. Effectiveness of the course
5. Suitability and/or usefulness of instructional materials
6. Currency and accuracy of the information
7. Instructor's knowledge of the subject matter and clarity of delivery
8. Instructor's responsiveness to participants
9. Technology support was adequate - i.e., questions or problems were addressed effectively and in a timely manner (asynchronous or hybrid modalities)
10. Technology was user-friendly (asynchronous or hybrid modalities)
11. Location, facilities, and administration of the program.
12. Additional feedback

PROVIDER/AGENCY BIOGRAPHY FOR CERTIFICATION WEBSITE REQUIREMENTS

The training provider information will be posted on the CalMHSA certification website. To ensure accuracy of information, please provide a write-up about your agency that includes the following (maximum of 150 words).

1. Mission and values: A concise explanation of the provider's purpose and overall intention
2. Training modality: In-person, hybrid, online, or asynchronous
3. Training length: The required number of training hours (varies on training)
4. Training registration (link): The link to your website for training course registration
5. Program's GENERAL contact information

ADVERTISEMENT/PROMOTIONAL MATERIAL OF TRAINING COURSES

Training providers shall ensure information publicizing a CalMHSA-approved training course is accurate and may include the following:

1. Course name (exact naming convention requirement must be met)
2. Name of approved training agency
3. Agency's logo
4. Number of training hours for course

5. Duration of training (i.e., 4 weeks, 3 weeks + hand on experience)
6. Course description
7. Learning objectives
8. Training date(s) (i.e., rolling registration, cohort style begins each month)
9. Training modality (in-person, online, and/or hybrid)
10. The instructor's name and credentials, including relevant expertise in program content
11. Fee schedule for training course, inclusive of any additional fees
12. Optional: CalMHSA logo (if requested, must use logo provided by CalMHSA)

GLOSSARY OF TERMS

1. **California Mental Health Services Authority (CalMHSA)** is the certifying entity for the certification of Medi-Cal Peer Support Specialists in California. As the certifying entity, CalMHSA also approves training providers to ensure training curriculum is met.
2. **Continuing Education (CE)** refers to the education a CMPSS receives to further develop their professional knowledge around best practices, updated laws, and/or specialized training.
3. **Continuing Education (CE) Approved Provider** refers to the approved training providers who are recognized by the certifying entity for continuing education courses. Approved providers are issued a unique CE provider identification number. Rights to use the CE provider identification number is exclusively reserved for approved CE training providers.
4. **Continuing Education (CE) Source** refers to the varying types of sources from which certified professionals may obtain continuing education hours to meet the education requirements for renewal of certification.
5. **Continuing Education (CE) Hour(s) Calculation** One hour of direct educational training instruction is equal to one hour of continuing education (CE), excluding any breaks.
6. **Certified Medi-Cal Peer Support Specialist (CMPSS)** Is an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as a parent or family member of the consumer, and who has been granted certification under a county Medi-Cal Peer Support Specialist certification program.

7. **Training Provider** may be an individual person or agency(s). An individual is a person who independently offers training as a sole instructor and must be applying for themselves, not on behalf of a group (2 or more instructors) or organization.
8. **In-person** are courses taught onsite at scheduled course times so that students can interact with their instructor and classmates in person.
9. **Online** are courses that can be viewed on a computer, tablet, or mobile device.
10. **Hybrid** are courses that combine onsite in-person activities with online work or instructions. These courses split time between in-person and virtual environments. Peers attend in-person courses at designated times plus engage in virtual learning activities, which may be either synchronous or asynchronous.
11. **Asynchronous** are courses that are self-paced, allowing an individual to learn on their own schedule, within a certain time period. Peers can use provided asynchronous learning elements like online audio and video and discussion forums at the time and place of their choosing.

APPLICATION CHECKLIST

Checklist for Training Provider Application Submission.

Note: Applications for Spanish language trainings must include participant-informing material in Spanish (e.g., policies, evaluations, certificates, etc.).

1. Application Information:

- ☐ Completed Training Provider Application form via online website.

General Information:

- ☐ CA Business License Number, non-profit number, or exception ID provided.
- ☐ Contact information of the dedicated training coordinator included.
- ☐ Proposed training fee/cost for the course specified.
- ☐ Proposed yearly training schedule with published dates and times provided.
- ☐ Language in which the training will be delivered.
- ☐ Total training hours of the course specified (must meet minimum requirements).
- ☐ Training modality (in-person, hybrid, asynchronous, online) selected.
- ☐ Agency biography (150 words or fewer) using the [Agency Bio Template](#)
- ☐ Agency logo provided (transparent .jpg or .png format).
- ☐ Instructor(s) information/qualifications provided (CV, resume, biography, etc.).

Policies and Procedures (in the language in which the training will be delivered):

- ☐ Documented enrollment/registration process and procedures.
- ☐ Documented course completion information provided.
- ☐ Process for issuance of certificate of attendance.
- ☐ A digital sample of certificate of attendance or completion (must meet requirements).
- ☐ Process for evaluation of training course and trainer(s) documented.
- ☐ A digital sample of the evaluation form (must meet requirements set below).
- ☐ Course refund/cancellation process.
- ☐ Leave of absence request process.
- ☐ Reasonable accommodations (ADA) policy.
- ☐ Anti-discrimination and anti-harassment policy.
- ☐ Documented complaints process.

- ☐ Record retention policy documented.
- ☐ Sample advertisement publicizing the training course.

Payment:

- ☐ Submit payment for application fee.

2. Training Curriculum (one training type and language per application):

- ☐ Submit a single, combined PDF file of the training course via Dropbox.

Medi-Cal Peer Support Specialist Training (80 hours) must include:

- ☐ Training content covering all 17 core competency areas with the course being a minimum of 80 training hours.
- ☐ CalMHSA Curriculum Crosswalk document included.

Continuing Education (CE) Training (varies) must include:

- ☐ Course syllabus, including detailed course outline, educational goals, and measurable learning objectives.
- ☐ One training course, minimum one hour instruction time.

Area of Specialization (40 hours) must include:

- ☐ Training content covers core competencies for the specified area of specialization.
- ☐ Total instructional training hours meet the 40-hour requirement.
- ☐ CalMHSA Curriculum Crosswalk document included.

REVISION LOG

Date	Page	Section	Change
11.25.2024	6	Trainings in Spanish Language	Added that Spanish trainings are accepted during open annual cycles.
	8	Required Naming for Courses	New section about required course names.
	8	Approval of CE Training Course	Added that subsequent CE courses must be in the language of the original approved course.
	9	Quality Assurance	Separated site visit from QA review paragraph.
	19	Glossary	Added CE approved provider and CE source definitions
	21	Application Checklist	Updated Language requirement and formatting.



Website: CAPeerCertification.org

Email: peer certification@calmhsa.org

CaIMHSA
California Mental Health Services Authority