

## Community Health Workers

Community health workers (CHWs) are front-line public health workers with a close relationship with the communities they serve, which may include shared lived experience and a strong understanding of community resources. They work in clinical settings, public health departments, and community-based organizations like libraries, resource centers, schools, and shelters. They typically provide culturally relevant information, coaching, systems navigation, case management, and advocacy/outreach work. They do not provide any clinical treatment.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMS	Payer
HB850, a bill to set up licensing standards for CHWs, was vetoed by Governor during 2025 legislature.	No Montana requirements yet. National Community Health Worker Association may promote specific training standards.  Two trainings of 65+ hours each exist through the Montana University System.	No Montana requirements. The MT CHW Committee, under the University of Montana and Montana State University, created workforce requirements which informed HB850.	No Montana requirements. The Montana CHW committee has recommended the following in alignment with national standards: <ul style="list-style-type: none"> <li>• Cultural mediation</li> <li>• Health coaching</li> <li>• Case management/referrals</li> <li>• Advocacy and capacity building</li> <li>• Assessments, Outreach, and research</li> </ul> A more detailed scope of practice is available on the Montana CHW Association website.	None	Grants  Medicare CHI codes  Medicaid CHI codes

## Behavioral Health Peer Support Specialists

Behavioral health peer support specialists (BHPSS) must have a behavioral health condition and be in recovery. In Montana, BHPSS have a severe or disabling mental illness or substance use diagnosis and serve only individuals with those conditions.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMS	Payer
MT Board of Behavioral Health	Complete 40-hour training that meets board requirements as listed in 24.219.912 <a href="#">Administrative Rules of Montana (mt.gov)</a>	Required training. Supervision agreement. Background report. Diagnosis of severe or disabling mental illness or substance use disorder and two years of recovery. One hour of face-to-face supervision for every 20 hours worked.	Recovery support, mentoring, professional responsibility, advocacy, and socialization  A more detailed scope of practice <u>is</u> available through the <a href="#">Montana Peer Network</a> .  Typically work only with individuals with behavioral conditions, diagnosed or undiagnosed.	ARM sub-chapter <a href="#">24.219.9</a>	Grants  Medicaid Certified Behavioral Health Peer Support Specialist reimbursement  Medicare PIN-PS codes  Medicaid PIN-PS codes

## Family Peer Support Specialist

Certified Family peer support specialists (CFPS)S are caregivers of children with physical, developmental, or behavioral health conditions who provide support to other caregivers raising children with similar needs. Family peer support specialists can work in the community and clinical settings and can serve families prior to the birth of a child with a health condition.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
MT Board of Behavioral Health	40 hour training approved by Board of BH	Caregiver of a child with a behavioral, developmental or physical health condition. Must be at least 21 years old. Must have one year of navigating the system with a child with health needs.	Family-centered support empowerment and education  Professional responsibility advocacy	ARM 24.219.301	Grants- primarily Title V Maternal Child Health Block Grant and BHSFG pilot funds.  Potential Medicaid and Medicare through CHI and PIN-PS codes

## Licensed Doulas

Doulas typically work with pregnant, birthing, and postpartum individuals. They do not provide clinical support. The Department of Public Health and Human Services (DPHHS) has supported doula training, particularly Indigenous doula training. Many doulas in Montana are in private practice and not employed by health care systems. Some healthcare systems in Montana employ recovery doulas, a BHPSS/doula hybrid.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
The licensure is overseen by DLI and not by a representative board.  This licensure is required for all practicing doulas by January 2027.  Traditional Healing Practitioners are not required to be meet these requirements.	Training requirements include: CPR certification; completion of 40 hours of training under a licensed doula that includes two unique perinatal experiences or; successful completion of 20 hours of training provided by an entity approved by the department. The training must cover; perinatal support and education, labor and birth education, lactation and feeding support, anatomy, advocacy and communication, ethics, perinatal mental health, grief and loss support, trauma informed care, cultural safety.	Must meet the training requirements and renew annually to maintain licensure. If the Doula does not meet those requirements there are two other licensure paths: limited licensure and two years of experience immediate to application date and a minimum of 5 clients served.	A doula's scope of practice includes:  "Emotional support" means offering reassurance, encouragement, and a calming presence to reduce stress and anxiety for the client and includes support for developing perinatal plan.  "Informational support" means providing reliable, unbiased information about pregnancy, labor, birth, lactation, infant care, emotional and physical recovery from childbirth, and related postpartum issues that promote a client's informed decision making.  "Physical support" includes comfort techniques such as hands-on comfort measures, positioning, breathing exercises, and assistance with mobility, hydration, and basic comfort needs during pregnancy, labor, birth, and postpartum periods.	MCA 37-1-401 and 53-6-101.  ARM 24.139	Out-of-pocket payments  Medicaid reimbursement is authorized by MCA 53-6-101 but not been implemented as of 2.2026.  Potentially through Medicaid and Medicare CHI codes.

## Prevention Specialists

Prevention specialists (PS), as funded through the Substance Abuse and Mental Health Services Administration block grants, provide prevention services and activities in communities. Prevention Specialists (PS) do not provide direct services to individuals. PS engage in community capacity building, assessment, advocacy, and research and evaluation.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
Prevention Board is a non-profit board with community and DPHHS representation. The board is not associated with DLI.	Complete 120 hours of training in specific areas such as substance use prevention, ethics, and public health as detailed in the <a href="#">Standard Certification Requirements – Montana Prevention Certification Board (mtpreventioncertificationboard.org)</a>	Must work 51% of the time in Montana, be at least 18 years old, and have a high school or equivalent.  To become certified, PSs must have 2000 documented hours of prevention-related experience in six domains and 120 supervised hours with 10 supervised hours in each domain.  Pass a 150-question exam.	Nothing in the statute/ARM.  The Prevention Board website states the six prevention domains are the core functions determined by the International Certification and Reciprocity Consortium. Those domains are planning and evaluation, prevention education and service delivery, communication, community organization, public policy and environmental change, professional growth, and responsibility.  Further details on these domains can be found <a href="#">here</a> .	No known MCA/ARM	Grant funds through DPHHS/BHDD

## Targeted Case Management (Behavioral Health)

Targeted case management describes a service type, not a profession. The Social Security Act, § 1915(g)(2), defines targeted case management services as those assisting individuals eligible under the state insurance plan in gaining access to needed medical, social, educational and other services. Case management services do not include the direct delivery of an underlying medical, educational, social or other service for which an eligible individual has been referred. Targeted case management does not prioritize having a connection to the population that is served, as CHWs do. Targeted case management connects individuals to services such as coaching, health education and skill building, but do not provide those services directly.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
None	Medicaid reimbursement requires a bachelor's degree, and depending on the type/population served, there may be additional knowledge or skill requirements	Medicaid will only reimburse this service at specific organizations depending on the population served- for BH that includes mental health centers and substance use	Targeted case management is defined in the Code of Federal Regulations and includes the following services: assessment of the eligible individual to determine service needs, development of a specific care plan, referral, and related activities to help the individual obtain needed services, monitoring, and follow-up.  Medicaid pays for targeted case management for the following populations: Children with a social-emotional disorder; adults with a severe or disabling mental illness or substance use disorder; Individuals 16 years or older olds with a DD; Individuals on the Developmental Disabilities 0208 waiver; and certain populations of high-risk pregnant woman and children with special health needs who meet the medical eligibility criteria.	<a href="#">Children's Mental Health Bureau Medicaid Manual</a> ,  Developmental Disabilities Bureau and Treatment Bureau Medicaid manuals  ARM: <a href="#">Children and Youth with special Health Care Needs</a>	Medicaid: Pays for targeted case management for individuals with specific conditions. The Medicaid rates and regulations may be different per population.

	centers that are state approved.	Service for youth with social-emotional disorders has additional requirements for caregiver engagement.	ARM <a href="#">Pregnant Women</a>	
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## Tenancy Support Services

Similar to targeted case management, Tenancy Support Services (TSS) describes a service type, not a profession. TSS includes three categories: Assessment and Planning; Pre-tenancy services support individuals with identifying, preparing for and maintaining stable housing; and Tenancy-sustaining services assist individuals with finding housing, supporting move-in, working with landlords, and providing additional housing-related outreach and education to tenants.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
None	Associate degree in human services, social services, public health, or related field from an accredited college or university or a HS/Hi-set degree and one year of experience.	Medicaid will only reimburse at hospitals, mental health centers, state-approved SUD facility, FQHCs, RHC, or tribal I.H.S facility. Other provider requirements are listed within the Adult Medicaid <a href="#">BHDD manual</a> .	No scope of practice as this is not a profession, but the services have a very detailed set of requirements that must be followed. Individuals served must have a diagnosis of severe or disabling mental illness or substance use disorder and meet several layers of eligibility.	ARM 37.27.902 and 37.88.101	Medicaid via HEART waiver

## Crisis Worker

DPHHS has invested in Crisis Worker Training and Certification designed for Crisis Now-responding programs, including the 988 crisis line, mobile crisis response teams and crisis receiving and serving programs, and the final requirements and standards of crisis worker certification are in development. CHWs with experience in behavioral health crisis interventions may qualify to be part of a mobile crisis team that responds to emergency calls involving behavioral health. Community health workers may have training in some or all the currently required areas and may be a cost-effective workforce to implement 14-day post-intervention care coordination services, as defined in Medicaid.

Board	Training Requirements	Workforce Requirements	Abbreviated Scope of Practice	Applicable MCA/ARMs	Payer
None	University of Montana is currently developing the training in partnership with DPHHS and crisis response SMEs.	New certification standards are in process. The current Medicaid manual requires training in trauma-informed care, de-escalation strategies, harm-reduction suicide awareness, and CPR. The mobile crisis team may consist of clinical mental health professional and one paraprofessional with experience in behavioral health crisis intervention.	Mobile crisis response services provide integrated, on-site, short-term crisis response, stabilization, and intervention for community members experiencing a mental health or substance use crisis. Identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the individual in crisis or others. Make or arrange for referrals to outpatient care and follow up to ensure the crisis is resolved. Care coordination services may be provided for up to 14 days post-intervention.	<a href="#">BHDD Adult MH Medicaid Manual</a>	Medicaid Crisis Diversion Grants