#### **Peer Certification Transition FAQ**

#### 1. Do I need to do anything at this time?

No, there is no action that you will need to take at this time.

#### 2. Why is this change happening?

Although peer certification has fallen under OhioMHAS' purview since 2016, the credentialing process would be more appropriately managed by a professional licensing board that is equipped to provide the necessary professional applications, renewals, protections, benefits, and continued ethical oversight.

The Ohio Chemical Dependency Professionals Board has agreed to be a partner in this exploration process because of their established infrastructure and experience managing and administering multiple licenses and endorsements.

#### 3. When will the Peer Certification transition take place?

The planning process will take place over the next 12-18 months. No changes will be made to the management of the peer certification process until Fiscal Year 2026 (July 2025).

#### 4. Who will be assisting with this transition?

During this exploratory phase, OhioMHAS will engage a consultant to help us identify the opportunities, challenges, and needed requirements to facilitate such a change. The transition will include regular engagement and feedback sessions with you and other stakeholders, the Governor's office, the Ohio Department of Medicaid, and other state agencies as needed, current certified peers, and the General Assembly.

# 5. Will this change impact the peer support rule and/or the cost of peer support certification?

During this transition, the exploration process will include a review of any needed legislative and rule changes, as well as fiscal impacts.

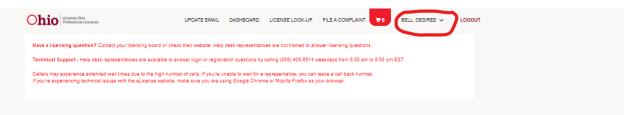
## 6. How can I engage in the transition process?

Once a consultant is on board, we will reach out to begin scheduling informational and discussion sessions.

## 7. How will I be notified of any changes?

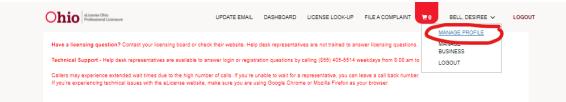
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# Desiree Bell

abcd@mha.ohio.gov

#### Personal Information

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#### Tifle First Name Last Name Suffix Mrs. Desiree Bell -Middle Name Maiden Name Regina Email abcd@mha.ohio.gov Phone Number Alt. Phone Number Fax 1234567890 Social Security Number \*\*\*\*\*1263 Birth Date 01/01/1900 Birth City Birth State or Province Birth Country ABCDE Alaska United States Gender Female Ethnicity Black or African American Aliases

DB Desiree Bell	
	First Name Middle Name Last Name
Personal Information	Desiree Regina Bell
To add or revise your personal information, click the EDIT THIS INFORMATION link. Once you have made the desired updates, click the SAVE button. Note that fields with (*) are required.	Suffix Maiden Name
Please be advised, should you change your email address this will also become your user ID. On future attempts to log into the eLicense portal the new email address will need to be entered into the Email field under the Existing User Login section.	Title Mrs.
When an email address change is saved, you will be prompted to complete the change by clicking on a link that will be sent to your NEW email inbox. You must click on the link within the next 72 hours for the email change to be processed.	Alt. Phone     Fax
RESET YOUR PASSWORD	Birth Date  * 01/01/1900
	Birth City     Birth State or Province     Birth Country       *     ABCDE     *     Alaska     V
	Gender * Female
	Ethnicity  * Black or African American
	Aliases
	CANCEL SAVE

Thank you,

The Peer Certification Transition Team

PeerTransition@mha.ohio.gov

