
How to complete the Culturally and Linguistically Specific Services Application

How to apply for the Medicaid enhanced rate for providing Culturally and Linguistically Specific Services
July 2023

Helpful links

- The [Culturally and Linguistically Specific Service Application](#)
- Oregon Administrative Rules for Culturally and Linguistically Specific Behavioral Health Services: [Chapter 309, Division 65](#)
- OHA's [Behavioral Health Rates Increase](#) or [Behavioral Health Equity Team](#) page for:
 - Information about the Culturally and Linguistically Specific Services enhanced rate
 - List of providers eligible for receiving the enhanced rate
 - Previous webinar slides and recordings
 - FAQs
 - Billing guidance

How to complete the Culturally and Linguistically Specific Services Application

STEP BY STEP INSTRUCTIONS

Step 1: Enter your name and contact information

- **Organization, Program or Provider Name:** Enter the name of your organization, program or individual business (this should align with your application type).
- **Oregon Medicaid ID number:** Enter the ID number for Organization, Program or Individual that bills for the Culturally and Linguistically Specific Services services.
 - If you are an Individual Bilingual or Sign Language provider whose services are billed by a program or organization, use the program or organization's ID number.
- **Contact Name:** Enter your organization's contact for this application.
- **Contact Email Address:** Enter the primary email address OHA should send correspondence related to this application.
- **Physical Address:** Enter the physical address of where services are provided.
- **County:** Enter the county or counties you serve. If you serve more than one county, please separate them with a comma).

Culturally and Linguistically Specific Services Application

Requirement for eligibility of enhanced payment

Organization, Program or Provider Name *

MMIS Medicaid Number *

Phone Number *

Contact Name *

Contact Email Address *

Address Where Services Are Provided *

Fill in the street address.

City *

State *

Zip Code *

County *

Step 2: Describe your program, organization or practice

- **Provide number of people on staff:** Enter the number of people who work in the program or organization as of the date of the application. If you are an individual provider, please type “1.”
- **Number of people served:** Enter the number of people you serve annually.
- **Are you a Rural Provider:** Mark whether you are a rural provider or not based on the definition listed here.
- **Distinct minoritized culturally specific community:** Describe the culturally and/or linguistically specific community you serve.
- **Language Spoken as bilingual provider:** Enter the language(s) you will be providing language proficiency assessment or narrative for.

Provide number of people on staff *

Number of people served annually *

Are you a rural provider *

Rural is defined as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more.

Yes

No

Enter the distinct minoritized cultural community served *

(if you are applying for eligibility as bilingual or sign language provider, please enter none)

If you are applying as a bilingual provider, enter the language spoken *

(if you are applying for eligibility as culturally specific organization, program, or individual provider, please enter none)

Step 4: Choose your Qualification Type

- **Culturally and Linguistically Specific Services Organization:** An outpatient entity or institution that is structured to provide culturally and linguistically specific behavioral health services in its entirety as evidenced by its organizational mission.
- **Culturally and Linguistically Specific Services Program:** A division or associated component of an organization that provides culturally and linguistically specific behavioral health services as evidenced by the program mission, that exists within the subset of services provided by an organization whose mission does not focus on a distinct minoritized community.
- **Culturally and Linguistically Specific Services Individual Provider:** An independently licensed and Medicaid eligible clinician that provides culturally and linguistically specific behavioral health services and is in private practice rather than employed by an agency.
- **Individual Bilingual Provider:** An individual who delivers direct care behavioral health services in a language other than English.
- **Individual Sign Language Provider:** An individual who delivers direct care behavioral health services in sign language.

Qualification Type - (Narrative element questions to follow) *

Must be able to bill for Culturally and Linguistically Specific services or bilingual services, or direct sign language services

- Culturally and Linguistically Specific Services Organization (460)
- Culturally and Linguistically Specific Services Program (459)
- Culturally and Linguistically Specific Services Individual Provider (461)
- Individual Bilingual Provider (462)
- Individual Sign Language Provider (463)

Step 5: Answer the narrative questions

- Once you choose your Qualification Type, a new box will open with the questions you must answer.
- If you are unsure about which Qualification Type you are or what questions you must answer:
 - Please refer to the Culturally and Linguistically Specific Services rules [Chapter 309, Division 65](#), or
 - Reach out to BHEquity@odhsoha.oregon.gov for technical assistance.
- When completing the narrative questions:
 - Please use a separate document to record your answers to these questions.
 - You will upload one PDF document into the application that includes:
 - Your answers to the questions
 - Any additional optional supporting documentation

Step 5: Answer the narrative questions

If you chose Culturally and Linguistically Specific Services Organization, your screen should look like this.

Organization Narrative Element Questions (OAR 309-065-0020):

A Culturally and Linguistically Specific Behavioral Health Organization means an outpatient entity or institution that is structured to provide culturally and linguistically specific behavioral health services in its entirety as evidenced by its organizational mission. OAR 309-065-0010(2).

Applicants must demonstrate the ability to serve the distinct minoritized culturally specific community identified in the application and as outlined in OAR 309-065-0020.

To ensure that these requirements are met, you must include documentation of the organization's mission statement, vision statement, or other public-facing document that demonstrates its culturally specific focus AND answer the five questions below (OAR 309-065-0020(3)). It is strongly encouraged to keep your responses to 500 words or less to each question. In addition to the required documentation mentioned above, you may include, attach or link the following information in your answers to the five questions:

- Your organization's detailed policies and procedures,
 - A list of staff training requirements and any resulting certifications,
- and/or
- A narrative that details the organization's strategic plan or history and experience, including specific examples, without identifying any individual client.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Describe how your Culturally and Linguistically Specific Services Organization is either (OAR 309-065-0020(1)(d) and (e):

(A) primarily led and staffed by people that have extensive experience working with or being immersed in the same distinct minoritized community they serve;

or

(B) has a history of at least five years primarily serving the distinct minoritized cultural community in a behavioral health setting.

2. Describe and provide examples of the diverse lived experiences held by the distinct minoritized cultural community served and its impact on the community's collective mental health and wellbeing that your organization is aware of. This may include but is not limited to any of the following (OAR 309-065-0020(2)(a)):

- structural racism
- individual racism
- minoritization
- discrimination
- other lived experience

3. Describe and provide examples of behavioral health inequities experienced by the distinct minoritized cultural community served which may be addressed by your culturally and linguistically specific services (OAR 309-065-0065(2)(b)). This may include but is not limited to any of the following:

- education
- healthcare access
- economic stability
- neighborhood & built environment
- social and community context

4. Describe and provide examples of how your organization supports and affirms cultural and language practices for the distinct minoritized cultural community served (OAR 309-065-0065(2)(c)). This may include but is not limited to any of the following:

- Health and safety beliefs, or practices
- Positive cultural identity, pride, or resilience
- Immigration dynamics
- Spiritual/Religious beliefs
- Other cultural and language practices

5. Describe and provide examples of how your organization supports and affirms clients experiencing intersectional oppression in the provision of your services (OAR 309-065-0065(2)(d)). This may include but is not limited to any of the following:

- Established collaboration with other culturally specific providers,
- Dedicated spaces or groups provided for clients experiencing intersectional oppression,
- Other supportive and affirming practices.

6. Does your organization have a plan to support members of the distinct minoritized cultural community you serve who do not have insurance. If so, please describe that plan.

***Note: This answer will not impact your eligibility. This question was requested by community partners who have asked for providers to consider this.**

Step 5: Answer the narrative questions

If you chose Culturally and Linguistically Specific Services Program, your screen should look like this.

Program Narrative Element Questions (OAR 309-065-0025)

A Culturally and Linguistically Specific Behavioral Health Program means a division or associated component of an organization that provides culturally and linguistically specific behavioral health services as evidenced by the program mission, that exists within the subset of services provided by an organization whose mission does not focus on a distinct minoritized community (OAR 309-065-0010(3)).

Applicants must demonstrate the ability to serve the culturally specific community identified in the application and as detailed in OAR 309-065-0025.

To ensure that these requirements are met, you must include documentation of the program's mission statement, vision statement, or other public-facing document that demonstrates its culturally specific focus AND answer the five questions below. (OAR 309-065-0025(3)) It is strongly encouraged to keep your responses to 500 words or less to each question. You may include, attach or link the following information in your answers to the five questions:

- Your program's detailed policies and procedures,
 - A list of staff training requirements and any resulting certifications,
- and/or
- A narrative that details the program's strategic plan or history and experience, including specific examples, without identifying any individual client.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Describe how your Culturally and Linguistically Specific Services Program is either (OAR 309-065-0025(1)(d) and (e)):

(A) primarily led and staffed by people that have extensive experience working with or being immersed in the same distinct minoritized community served;

or

(B) have a history of at least five years primarily serving the distinct minoritized cultural community in a behavioral health setting.

2. Describe and provide examples of the diverse lived experiences held by the distinct minoritized cultural community served and its impact on the community's collective mental health and wellbeing that your program is aware of. (OAR 309-065-0025(2)(a)) This may include but is not limited to any of the following:

- structural racism
- individual racism
- minoritization
- discrimination
- other lived experience

3. Describe and provide examples of behavioral health inequities experienced by the distinct minoritized cultural community served which may be addressed by your culturally and linguistically specific services. (OAR 309-065-0025(2)(b)) This may include but is not limited to any of the following:

- education
- healthcare access
- economic stability
- neighborhood & built environment
- social and community context

4. Describe and provide examples of how your program supports and affirms cultural and language practices for the distinct minoritized cultural community served. (OAR 309-065-0025(2)(c)) This may include but is not limited to any of the following:

- Health and safety beliefs, or practices
- Positive cultural identity, pride, or resilience
- Immigration dynamics
- Spiritual/Religious beliefs
- Other cultural and language practices

5. Describe and provide examples of how your program supports and affirms clients experiencing intersectional oppression in the provision of your services. (OAR 309-065-0025(2)(d)) This may include but is not limited to any of the following:

- Established collaboration with other culturally specific providers,
- Dedicated spaces or groups provided for clients experiencing intersectional oppression,
- Other supportive and affirming practices.

6. Does your program have a plan to support members of the distinct minoritized cultural community you serve who do not have insurance. If so, please describe that plan. If not, do intend to have a plan in the near future?

***Note: This answer will not impact your eligibility. This question was requested by community partners who have asked for providers to consider this.**

Step 5: Answer the narrative questions

If you chose **Culturally and Linguistically Specific Services Individual Provider**, your screen should look like this.

Individual Provider Narrative Element Questions

A Culturally and Linguistically Specific Behavioral Health individual provider means an independently licensed and Medicaid payment eligible clinician that provides culturally and linguistically specific behavioral health services and is in private practice rather than employed by an agency/organization. (OAR 309-065-0010(4))

Applicants must demonstrate the ability to serve the culturally specific community identified in the application and as detailed in OAR 309-065-0030.

To ensure that these requirements are met, please answer the five questions below. (OAR 309-065-0030(3)) It is strongly encouraged to keep your responses to 500 words or less to each question. You may include, attach or link the following information in your answers to the five questions:

- A resume or curriculum vitae detailing academic credentials, relevant course work or certifications

and/or

- A narrative that details the individual applicant's strategic plan or professional history and experience, including specific examples, without identifying clients to answer these questions.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Describe how you as an individual provider have either (OAR 309-065-0030(2)(e)):

(A) extensive experience working with or being immersed in the same distinct minoritized culturally specific community served;

or

(B) at least five years primarily serving the distinct minoritized culturally specific community.

2. Describe and provide examples of the diverse lived experiences held by the distinct minoritized cultural community served and its impact on the community's collective mental health and wellbeing that you are aware of. (OAR 309-065-0030(2)(a)) This may include but is not limited to any of the following:

- structural racism
- individual racism
- minoritization
- discrimination
- other lived experience

3. Describe and provide examples of behavioral health inequities experienced by the distinct minoritized cultural community served which may be addressed by your culturally and linguistically specific services. (OAR 309-065-0030(2)(b)) This may include but is not limited to any of the following:

- education
- healthcare access
- economic stability
- neighborhood & built environment
- social and community context

4. Describe and provide examples of how you support and affirm cultural and language practices for the distinct minoritized cultural community served. (OAR 309-065-0030(2)(c)) This may include but is not limited to any of the following:

- Health and safety beliefs, or practices
- Positive cultural identity, pride, or resilience
- Immigration dynamics
- Spiritual/Religious beliefs
- Other cultural and language practices

5. Describe and provide examples of how you support and affirm clients experiencing intersectional oppression in the provision of your services. (OAR 309-065-0030(2)(d)) This may include but is not limited to any of the following:

- Established collaboration with other culturally specific providers,
- Dedicated spaces or groups provided for clients experiencing intersectional oppression,
- Other supportive and affirming practices.

6. Do you have a plan to support members of the distinct minoritized cultural community you serve who do not have insurance. If so, please describe that plan. If not, do intend to have a plan in the near future?

***Note: This answer will not impact your eligibility. This question was requested by community partners who have asked for providers to consider this.**

Step 5: Upload Language Proficiency Assessment or Narrative

If you chose Bilingual Provider, your screen should look like this.

Bilingual Services Provider

Bilingual service providers deliver direct care services in a language other than English. They may work independently or as part of a larger organization or program that is not culturally and linguistically specific. (OAR 309-065-0040(1)) Please note that only direct care services are eligible for enhanced payment. Interpreting services are not eligible. (OAR 309-065-0040(1))

Applicants must demonstrate proficiency in the language other than English that they will be providing direct care services in as detailed in OAR 309-065-0040. You must complete either 1 or 2 below.

1. Please attach certification of advanced language proficiency received within the last three years from one of the following (OAR 309-065-0040(2)(c)(A)):

- An OHA approved testing center for language proficiency
- Language Line Solutions
- Language Testing International (both Speaking & Listening)
- OHA approved national organizations for certification
- National Board for Certification for Medical Interpreters
- Certification Commission for Health Care Interpreters
- American Council on the Teaching of Foreign Languages

More information can be found here. (<https://www.oregon.gov/oha/ei/pages/hci-training.aspx>)

2. Currently language proficiency tests are available in more than 145 languages. **If no language proficiency assessment is available for the language that you speak**, you may submit a detailed narrative of how you achieved an advanced level of proficiency in that language for consideration. (OAR 309-065-0040(2)(c)(B))

Step 5: Upload Sign Language Certification or Narrative

If you chose Sign Language Provider, your screen should look like this.

Sign Language Provider:

Sign language service providers deliver direct care services in sign language. They may work independently or as part of a larger organization or program that is not culturally and linguistically specific. Please note that only direct care services are eligible for enhanced payment. Interpreting services are not eligible. (OAR 309-065-0040(1))

Applicants must have demonstrate proficiency in sign language interpreter certification as detailed in OAR 309-065-0040. You must complete either 1 or 2 below.

1. Please attach sign language certification received within the last three years from an OHA approved sign language interpreter testing center. (OAR 309-065-0040(2)(d)(A)).

More information can be found here. (<https://www.oregon.gov/oha/ei/pages/hci-training.aspx>)

2. If you believe you have advanced proficiency in sign language and do not intend to apply for sign language certification, you may submit a detailed narrative of how you achieved an advanced level of proficiency in that language for consideration and further evaluation. (OAR 309-065-0040(2)(d)(B))

Step 6: Upload your narrative questions and optional documents

- Once you have completed your narrative and compiled any documents you may want to add, you will upload it them as **one** document.
- ***For Programs and Organizations:** you must include documentation of the program's mission statement, vision statement, or other public-facing document that demonstrates your culturally specific focus AND answer the five questions Please attach your **one** document here.
- OHA recommends that you scan all the documents you wish to include in **one** PDF document.

Attach Documents Here

You must answer all essay questions in full and/or upload relevant certifications.

Drag and drop files here or [browse files](#)

Step 7: Attest and submit

- Please attest to the statements in the last section by checking the “I understand” box and entering the name of the applying program/organization/individual provider.
- If you would like a copy of your application via email, mark “Send me a copy of my responses.”
- Click the **Submit** button to send OHA your application.

Privacy Statement

Information submitted to OHA by applicants for Culturally and Linguistically Specific Services enhanced payment eligibility is considered to be a public record under Oregon’s Public Records Law. This does not necessarily mean that all of the information you submit would be subject to disclosure if OHA received a public records request. Some of the information you submit may be protected from disclosure because it falls within the personal privacy exemption under the Public Records Law. OHA is committed to complying with Oregon’s Public Records Law, and is also committed to protecting the personal privacy of individuals that are required to submit information to OHA, to the extent permitted by the law. In addition, OHA could be required to disclose information you submit if legally required to do so by a subpoena or court order.

Name of the person who is attesting to the information submitted *

1. The information provided on the application is valid and complete;
2. The agency will comply with the Oregon Administrative Rules that govern these services;
3. If applicable, the agency is compliant with all other licensing or accreditation entities that apply, i.e., Department of Human Services, Drug Enforcement Administration (DEA), etc.

Check the box attesting to all submitted information in the application

I understand and attest that the information I submit to Oregon Health Authority is true accurate and complete. *

Send me a copy of my responses

Submit

Thank you!

- Thanks for your interest in becoming eligible for enhanced payments for delivering **Culturally and Linguistically Specific Services** .
- If you have any questions or need technical assistance, please reach out to the Behavioral Health Equity and Community Partnerships team at BHEquity@odhsoha.oregon.gov.