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PERMANENT ADMINISTRATIVE ORDER

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BHS 2-2025
CHAPTER 309
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

FILING CAPTION: Expanding (CLS) Services to include residential substance use disorder providers.

EFFECTIVE DATE: 03/01/2025

AGENCY APPROVED DATE: 02/27/2025

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RULES:
309-065-0000, 309-065-0010, 309-065-0050

AMEND: 309-065-0000

NOTICE FILED DATE: 12/27/2024

RULE SUMMARY: Clarify the rules process for purposes and scope.

CHANGES TO RULE:

309-065-0000
Purpose and Scope/
(1) These rules establish processes and procedures for outpatient behavioral health providers and residential substance use disorder (SUD) providers, delivering services that are culturally and linguistically specific, to receive enhanced payment for patients on the Oregon Health Plan. Organizations, programs and individuals that are reimbursed outside OHP's fee schedule for behavioral health services such as but not limited to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Care Providers (IHCPs) are not eligible for enhanced fee schedule reimbursement because these services are reimbursed at a clinic-specific encounter rate." There is a small subsection of services that are outside of this clinic-specific encounter rate that are eligible to receive the enhanced payment.¶
(2) Whether or not an organization, program or individual qualifies for enhanced payments through this program, all providers of behavioral health services are encouraged to provide culturally and linguistically specific services if they have that expertise.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: HB 5202 (2021)

AMEND: 309-065-0010

NOTICE FILED DATE: 12/27/2024

RULE SUMMARY: update rules, to create clarity.

CHANGES TO RULE:

309-065-0010
Definitions/
(1) "Culturally and linguistically specific behavioral health services" means quality mental health, substance use, problem gambling, and other behavioral health prevention, treatment, and recovery supports and services that are designed specifically for a distinct minoritized cultural community, developed based on the languages used and cultural values of the distinct minoritized cultural community and designed to elevate their voices and experiences, and that have the aim of enhancing emotional safety, belonging, and a shared collective cultural experience for healing and recovery among the distinct cultural community served.¶
(2) "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.¶
(3) "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.¶
(4) "Culturally and linguistically specific behavioral health individual provider" means 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.¶
(5) "Minoritized cultural community" is a community that has experienced historical and contemporary discrimination and oppression primarily on the basis of race, ethnicity, gender identity, sexual and affectional orientation, ability status, and/or migration history.¶
(6) "Substance Use Disorders Treatment and Recovery Services" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.¶
(7) "Indian Health Care Provider (IHCP)" means a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).¶
(8) "Rural area" is an area greater than 10 miles from the center of an urban area. County with extreme access considerations: County with a population density of 10 or fewer people per square mile.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: HB 5202 (2021)

ADOPT: 309-065-0050

NOTICE FILED DATE: 12/27/2024

RULE SUMMARY: New rules, being adopted for SUD requirements

CHANGES TO RULE:

309-065-0050
Culturally and Linguistically Specific Residential SUD Provider Qualifications
(1) Except as provided in subsection (4) below, in order to qualify for culturally and linguistically specific behavioral health services enhanced payments as a residential SUD provider, they must:¶
(a) Be enrolled as a residential SUD Medicaid Behavioral Health provider with the Oregon Health Authority (OHA) that is not prohibited by law from receiving the enhanced payment;¶
(b) Submit a complete application to the Oregon Health Authority (OHA);¶
(c) Demonstrate the ability to serve a distinct minoritized cultural community; and¶
(d) Be primarily led and staffed by people that have extensive experience working with or being immersed in the same minoritized cultural community they serve; or¶
(e) Have a history of at least five years primarily serving the specified minoritized cultural community in a behavioral health setting.¶
(2) To demonstrate the ability to serve a distinct minoritized cultural community under section (1) (c) of this rule an organization must provide information that shows the following: ¶
(a) Comprehensive knowledge of diverse lived experiences held by the minoritized cultural community being served including, but not limited to, their experiences of structural and individual racism, minoritization or discrimination that may have an impact on the community's collective mental health and wellbeing.¶
(b) Knowledge of specific behavioral health inequities documented in the minoritized cultural community being served, which may be addressed by the culturally and linguistically specific service organization.¶
(c) A practice of supporting and affirming cultural and language practices for the community being served, such as but not limited to:¶
(A) Health and safety beliefs, or practices; (B) Positive cultural identity, pride, or resilience;¶
(B) Immigration dynamics; or¶
(C) Religious beliefs.¶
(d) A demonstrated ability to support and affirm clients experiencing intersectional oppression in the provision of services. The ability to support and affirm the unique needs of clients experiencing intersectional oppression may be evidenced through details of established collaboration with other culturally specific providers, details of dedicated spaces or groups provided for clients experiencing intersectional oppression, or any other supporting information.¶
(3) The information required to be provided under section (1)(b) through (e) and (2) of this rule must include documentation of the organization's culturally specific focus demonstrated in a mission statement, vision statement, or other public-facing document. Supporting information can also include but is not limited to:¶
(a) Documentation detailing policies and procedures.¶
(b) Documentation of staff training requirements and any resulting certifications.¶
(c) A narrative that details the organization or program's strategic plan or history and experience, including specific examples, without identifying any individual clients.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: HB 5202 (2021)