CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES APPLICATION RUBRIC

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PROVIDER		
Provider's Name		
Qualification's Type		☐ **Urban** ☐ **Rural**

REVIEWER		
☐ **Alfonso Ramirez**	☐ **Daniel Garcia**	☐ **Roberto Osorio**
☐ **Brittany Wake**	☐ **Dishanta Kim**	☐ **Sahand Kianfar**

REVIEW DATES & STATUS								
1ˢᵗ Click or tap to enter a date.			2ⁿᵈ Click or tap to enter a date.			3ʳᵈ Click or tap to enter a date.		
☐ Approved	☐ Denied	☐ Pending	☐ Approved	☐ Denied	☐ Pending	☐ Approved	☐ Denied	☐ Pending

Final Acceptance Status		Final Decision Date
☐ **Approved**	☐ **Denied**	Click or tap to enter a date.

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INSTRUCTIONS FOR REVIEWERS
❖ Complete all information on the provider, qualification type, reviewer, review dates and status
❖ Each question with a checked equals 1 point
❖ Applicants must receive all 5 points to become eligible for enhanced payment
❖ All denials must go through a team review to confirm that applicant does not qualify
❖ Complete "rationale" and "clarification" areas when needed
❖ Upload all completed rubrics in the CLSS Teams folder

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REQUIREMENTS FROM APPLICANTS
Bilingual Providers: Must demonstrate proficiency in the language other than English that they will be providing direct care services in as detailed in OAR 309-065-040. **Applicants must attain advanced or intermediate-advanced equivalent proficiency.** Language proficiency testing by an employer does not qualify. Applicants can submit non-OHA approved language proficiency tests but will require Division of Equity and Inclusion approval. If an application is submitted and there is no language proof, refer to the team for review. If no language proficiency assessment is available through OHA approved testing centers, the applicant must detail how proficiency in the language was acquired and this must be approved through the Division of Equity and Inclusion. Attach proof of OHA approved language proficiency assessment (https://www.oregon.gov/oha/EI/Pages/HCI-training.aspx).
Individual Providers: May include and reference a resume or curriculum vitae detailing academic credentials, relevant course work or certifications; and/or a narrative that details the applicant's strategic plan or professional history and experience, including specific examples, without identifying clients to answer these questions.
Organizations and Programs Providers: Although not required, they may include and reference their organization's detailed policies and procedures, a list of staff training requirements; and/or a narrative that details the organization's strategic plan or history and experience, including specific examples, without identifying any individual client.
Sign Language Providers: Must have sign language certification as detailed in OAR 309-065-040. If the person is not pursuing interpretation but believes they have advanced sign language skills, refer to Bridges Oregon for review. Attach proof of OHA approved sign language interpretation certification (https://www.oregon.gov/oha/EI/Pages/HCI-training.aspx).

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DEFINITIONS
Health inequities are differences in (health) status or in the distribution of (health) resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization).
Intersectionality: Intersectionality is the interconnected nature of social categorizations such as race, class, gender identity, sexual identity, and disability as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Pharoah Bolding, Outside In - quoting Kimberly Crenshaw -https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later).
Minoritized community or communities are those that have 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, as per OAR 309-065-0010(5).
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. https://www.oregon.gov/boli/workers/Pages/minimum-wage.aspx.

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ORGANIZATIONS AND PROGRAMS	
BEFORE SCORING THE APPLICATION ❖ If yes to **all:** Proceed with review ❖ If no to **any:** Stop review and staff with the BH Equity & Community Partnership Team	
☐ Y ☐ N	The application provides a Medicaid number of the organization that is billing for their services
☐ Y ☐ N	The provider is serving a culturally specific community
☐ Y ☐ N	The culturally specific community is a minoritized community
☐ Y ☐ N	They have submitted a mission statement, vision statement, or other public-facing document (such as website)

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Point ☐	Question 1
Meets Eligibility	Application describes how as a Program / Organization they have either:
☐	(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) A history of at least five years primarily serving the distinct minoritized cultural community in a behavioral health setting.
Comments	

Point ☐	Question 2
Meets Eligibility	Application describes and provides 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. This may include any of the following:
☐	**Lived Experience:** Personal knowledge about the world gained through direct, firsthand involvement in everyday events rather than through representations constructed by other people. (Suicide Prevention Resource Center). This is the lived experiences of the clients being served.
☐	**Structural Racism:** It refers to racial bias among institutions and across society. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. (Race Forward)
☐	**Individual (interpersonal) Racism:** Interpersonal racism (personally mediated) occurs between individuals. This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions. (Race Forward)
☐	**Minoritization:** The impact to communities that have experienced historical and contemporary racism, trauma, and social, political, and economic injustices
☐	**Discrimination:** The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation. That's the simple answer. But explaining why it happens is more complicated. (American Medical Association)
Comments	

Point ☐	Question 3
Meets Eligibility	Application describes and provides examples of behavioral health inequities experienced by the distinct minoritized cultural community served which may be addressed by your culturally and linguistically specific services. This may include any of the following:
☐	**Education**
☐	**Healthcare Access**
☐	**Economic Stability**
☐	**Neighborhood & Built Environment**
☐	**Social & Community Contexts**
Comments	

Point ☐	Question 4
Meets Eligibility	Application describes and provides examples of how the Program / Organization supports and affirms cultural and language practices for the distinct minoritized cultural community served. This may include any of the following:
☐	**Health & Safety Beliefs or Practices**
☐	**Positive Cultural Identity, Pride, or Resilience**
☐	**Immigration Dynamics**
☐	**Spiritual / religious Beliefs**
☐	**Other Cultural & Language Practices**
Comments	
Point ☐	Question 5
Meets Eligibility	Application describes and provides examples of how the Program / Organization supports and affirms clients experiencing intersectional oppression in the provision of your services. This may include 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**
Comments	

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RATIONALE: If the applicant did not qualify, please provide rationale including the date and outcome of the team review, if applicable:	
☐ **Incomplete Application**	☐ **Medicaid Inactivity**
☐ **Does not serve a culturally specific community**	☐ **Does not meet application criteria as a culturally and linguistically program / organization**
☐ **Other** (specify if needed)	
	☐ Direct knowledge of lived experiences of the community served
	☐ Knowledge of specific inequities
	☐ Ability to support and affirm cultural practices for the community served
	☐ Ability to support and affirm intersectional identities
	☐ Being primarily staffed by people with extensive experience working with or being immersed in the community served or have at least five years primarily serving the community in a behavioral health setting
CLARIFICATION: If clarifying information is needed for any of the questions above, complete the following:	
Individual(s) Contacted	
Date(s) of Contact	
Date(s) of Response	
Response / Clarification sufficient? ☐ Y ☐ N	
Response / Clarification Provided:	