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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SIGN LANGUAGE PROVIDERS	
WHEN SCORING THE APPLICATION ❖ 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, or they are an individual provider with their own Medicaid number.
☐ Y ☐ N	• There is proof of having sign language interpretation certification by an OHA approved testing center <u>OR</u> • Have passed an in-person sign language proficiency evaluation <table><tr><td>**Approved National Organizations for Certification**</td><td>**Approved Training Programs**</td></tr><tr><td>• National Board of Certification for Medical Interpreters • Certification Commission for Health Care Interpreters</td><td>• ALTA Medical Interpreter Training: Breaking Boundaries in Healthcare • Culture Advantage, Medical Interpreter Training • Interpreters Associates, Inc. • Language Line Testing and Training: Advanced Medical Training • One Voice Associates LLC • Oregon Health Care Interpreters Association (OHCIA) • Oregon State University Spanish-English Health Care Interpreter Training • Spanish Healthcare Interpreter Training program through Linfield University • Svetlana's Training for Interpreters</td></tr></table>

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**
☐ **Proof of sign language proficiency certification missing**	☐ **Other** (specify if needed)
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:	