

## **Problem Statements: Licensing/Certification/Credentialing**

*In breakout sessions, we will be asking workgroup members to formulate recommendations for the top problems and key issues, summarized from past conversations.*

Top problems for this topic:

- A: Licensing requirements between behavioral health boards lack standardization and alignment.
- B: Licensing and Certification reciprocity is complicated and creates barriers.
- C: The CCO credentialing process reduces treatment accessibility for OHP members.
- D: There are unnecessary licensing requirements and other pitfalls that cause workforce issues.

### **Problem A: Licensing requirements between behavioral health boards lack standardization and alignment.**

Key Issues:

- Issue 1 – Lengthy and variable time for licensure application processing (e.g., can take upwards of 2-3 months in some cases).
- Issue 2 – While hours requirements for Associates have been lessened, the required wait time (3 years) has not been reduced.
- Issue 3 – Undefined practice level and scope for bachelor's-level practitioners; Scope of practice/billing for non-licensed designations are not uniform (i.e., QMHA can bill in some settings/capacities but not others).
- Issue 4 – There are many practice designations within Oregon (QMHA and QMHP), making service roles confusing to navigate; Too many designations and certification levels can result in a “watering down” of the workforce.

- Issue 5 – Differences in education and training requirements for various disciplines (hours, education, etc.); can certifications (i.e., for mobile crisis) close this gap?
- Issue 6 - Differences in requirements for supervision across licensed disciplines; Supervision paperwork can be burdensome and difficult to complete.

**Problem B: Licensing and Certification reciprocity is complicated and creates barriers.**

**Key Issues:**

- Issue 1 – Professional licenses do not transfer easily across states, with differences between states in terms of required hours, supervision, etc.
- Issue 2 – International applicants often have a challenging time with prior education, credentials, and experience being recognized, encountering hurdles during the licensure process.
- Issue 3 – Licensure does not confer competence (e.g., a practitioner can become licensed within Oregon and conduct certain clinical activities despite never having had formal training in those activities); licensure may not necessarily map onto current job skills required for practice.
- Issue 4 – Balancing clinical quality and public protection with considerations of being overly restrictive/prohibitive with licensure/certification requirements.

**Problem C: The CCO credentialing process reduces treatment accessibility for OHP members.**

**Key Issues:**

- Issue 1: Lack of reciprocity between CCO regions for providers/clients.

- Issue 2: The approval process can be lengthy.
- Issue 3: CCOs being divided by network areas can cause burdens for client access.
- Issue 4: Inconsistency in Reimbursement models (i.e., value-based vs. fee-for-service).
- Issue 5: Administrative burdens (e.g., documentation for services out-of-network).
- Issue 6: No uniform credentialing process (i.e., see Oregon Common Credentialing Program).

**Problem D: There are unnecessary licensing requirements and other pitfalls that cause workforce issues.**

**Key Issues:**

- Issue 1 – Internships are required as a part of licensure for many disciplines but are often difficult to obtain and/or unpaid.
- Issue 2 – Developing different certification levels can create an inequitable workforce, since not everyone can afford extra exams and fees (i.e., differential impact on CLSS providers due to fees and other barriers).
- Issue 3 – Background checks can be prohibitive for certain certifications/designations, creating inequitable access.
- Issue 4 – More equal distribution of workload across different providers while still billing for services (e.g., peer providers billing for part of initial assessment; bachelor's level workforce providing billable activities; QMHA performing tasks that typically require a QMHP due to regulations).
- Issue 5 – Licensure/certification does not take into account important characteristics like lived experience, history, and other valuable/relevant factors, but instead prioritizes academic learning.
- Issue 6 – CEU costs and requirements can be prohibitive.