



**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**BHS 15-2020**

CHAPTER 309  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

**FILED**

12/17/2020 3:08 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Restores QMHP and QMHA qualifications.

EFFECTIVE DATE: 12/18/2020 THROUGH 06/15/2021

AGENCY APPROVED DATE: 12/17/2020

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**NEED FOR THE RULE(S):**

The Division needs to amend these rules immediately to correct inadvertent errors to Mental Health Intern and QMHI/QMHP/QMHA qualifications made in the previous permanent rule filing.

**JUSTIFICATION OF TEMPORARY FILING:**

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s):  
Confusion with scope of practice, roles and billing would result from an absence of qualifications for these two occupations.

(2) Who would suffer these consequences:  
Agencies, organizations, providers, and clients.

(3) Why or how failure to immediately take rulemaking action would cause these consequences:  
Without the correct qualifications, there would be confusion regarding required qualifications for QMHP/As and Mental Health Interns related to scope of practice and also a discrepancy between definitions within OARs and State Medicaid Plan with provider that must adhere to both.

(4) How the temporary action will avoid or mitigate those consequences:  
Restoring the qualifications will mitigate any confusion about required provider qualifications.

**DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:**

Past version of OAR 309-019-0125 language effective 11/12/2020.  
<https://secure.sos.state.or.us/oard/viewReceiptPDF.action?filingRsn=46039>

AMEND: 309-019-0125

RULE SUMMARY: In a recent permanent filing, the portions of this rule regarding Mental Health Intern, QMHP and QMHA qualifications were inadvertently removed. This filing restores those qualifications.

CHANGES TO RULE:

309-019-0125

Specific Staff Qualifications and Competencies ¶¶

Program staff shall meet the following qualifications, credentialing, or licensing standards and competencies:¶¶

(1) Program administrators and program directors shall demonstrate competence in leadership, program planning and budgeting, fiscal management, supervision of program staff, personnel management, program staff performance assessment, use of data, reporting, program evaluation, quality assurance, and developing and coordinating community resources.¶¶

(2) Clinical supervisors in all programs shall demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, assessment, person-centered treatment planning, case management and coordination, and utilization of community resources; group, family, and individual therapy or counseling; documentation and rationale for services to promote intended outcomes; and implementation of all provider policies.¶¶

(3) Clinical supervisors in mental health programs shall meet QMHP requirements and have completed two years of post-graduate clinical experience in a mental health treatment setting.¶¶

(4) Clinical supervisors in substance use disorders treatment programs shall be certified or licensed by a health or allied provider agency as follows:¶¶

(a) For supervisors holding a certification or license in substance use counseling, qualifications for the certificate or license shall have included at least:¶¶

(A) 4000 hours of supervised experience in substance use counseling;¶¶

(B) 300 contact hours of education and training in substance use related subjects; and¶¶

(C) Successful completion of a written objective examination or portfolio review by the certifying body.¶¶

(b) For supervisors holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the supervisor shall possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders:¶¶

(A) Oregon Medical Board;¶¶

(B) Board of Psychologist Examiners;¶¶

(C) Board of Licensed Social Workers;¶¶

(D) Board of Licensed Professional Counselors and Therapists; or¶¶

(E) Oregon State Board of Nursing.¶¶

(c) Additionally, clinical supervisors in substance use disorders programs shall have one of the following qualifications:¶¶

(A) Five years of paid full-time experience in the field of substance use disorders counseling; or¶¶

(B) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience; or¶¶

(C) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience.¶¶

(5) Clinical supervisors in problem gambling treatment programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment programs and have completed ten hours of training specific to problem gambling within six months of designation as a problem gambling services supervisor.¶¶

(6) Peer Delivered Services Supervisors shall be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year of experience in behavioral health treatment services.¶¶

(7) Substance use disorders treatment staff shall:¶¶

(a) Demonstrate competence in treatment of substance- use disorders including individual assessment, to include identification of health and safety risks to self or others; individual, group, family, and other counseling techniques; program policies and procedures for service delivery and documentation, and identification; implementation and coordination of services identified to facilitate intended outcomes; and¶¶

(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide substance use treatment within two years of the first hire date, and shall make application for certification no later than six months following the first hire date:¶¶

(A) Clinical supervision shall document progress toward certification; and¶¶

(B) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. the change in employment does not initiate a new two-year period. The person's two-year window for securing certification or licensure remains the same;¶¶

(c) For treatment staff holding certification in substance use counseling, qualifications for the certificate shall have included at least:¶¶

(A) 1000 hours of supervised experience in substance use counseling;¶¶

(B) 150 contact hours of education and training in substance use related subjects; and¶¶

(C) Successful completion of a written objective examination or portfolio review by the certifying body.¶¶

(d) For treatment staff holding a health or allied provider license, the license or registration shall have been issued by one of the following state bodies, and the individual shall possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment:¶¶

(A) Oregon Medical Board;¶¶

(B) Board of Psychologist Examiners;¶¶

(C) Board of Licensed Social Workers;¶¶

(D) Board of Licensed Professional Counselors and Therapists; or¶¶

(E) Oregon State Board of Nursing.¶¶

(8) Problem Gambling treatment staff shall:¶¶

(a) Demonstrate competence in treatment of problem gambling including individual assessment to include identification of health and safety risks to self or others; individual, group, family, and other counseling techniques; program policies and procedures for service delivery and documentation, and identification; implementation and coordination of services identified to facilitate intended outcomes;¶¶

(b) Be certified or licensed by a health or allied provider agency, as defined in these rules, to provide problem gambling treatment within two years of the first hire date and shall make application for certification no later than six months following the first hire date.¶¶

(A) Clinical supervision shall document progress toward certification; and¶¶

(B) If, during the first two years of employment, the person has not yet been certified or licensed, and the person ends employment with the provider and becomes re-employed with the same provider or another provider, the person's two-year window for securing certification or licensure remains the same. The person is not requirement to begin a new two-year period by virtue of having re-initiated or changed employment;¶¶

(c) For treatment staff holding certification in ~~problem~~ gambling addiction counseling, qualifications for the certificate shall include at least:¶¶

(A) 500 hours of supervised experience in gambling addiction counselor domains;¶¶

(B) 60 contact hours of education and training in problem gambling;¶¶

(C) 24 hours of face-to-face, telephone, email or other electronic communication, of ~~clinical supervision from a qualified problem treatment certification clinical supervisor~~ certification consultation from an certification consultant; and¶¶

(D) Successful completion of a written objective examination or portfolio review by the certifying body.¶¶

(d) For treatment staff holding a health or allied provider license, the license or registration shall be issued by one of the following state bodies, and the individual shall possess documentation of at least 60 contact hours of

academic or continuing professional education in problem gambling treatment:¶¶

(A) Oregon Medical Board;¶¶

(B) Board of Psychologist Examiners;¶¶

(C) Board of Licensed Social Workers;¶¶

(D) Board of Licensed Professional Counselors and Therapists; or¶¶

(E) Oregon State Board of Nursing.¶¶

(9) QMHAs shall demonstrate the ability to communicate effectively; understand mental health assessment, treatment, and service terminology; and apply each of these concepts, implement skills development strategies, and identify, implement, and coordinate the services and supports identified in a person-centered treatment plan.

In addition, QMHAs shall meet the following minimum qualifications:¶¶

(a) Bachelor's degree in a behavioral science field; or¶¶

(b) A combination of at least three years of relevant work, education, training, or experience; or¶¶

(c) A qualified Mental Health Intern, as defined in OAR 309-019-0105.¶¶

(10) QMHPs shall demonstrate the ability to conduct an assessment including identifying precipitating events, to include health and safety risks to self or others; gather histories of mental and physical health, substance use, past mental health services, and criminal justice contacts; assessing family, cultural, social, and work relationships; conducting a mental status examination; complete a DSM diagnosis; develop a safety plan; write and supervise the implementation of a person-centered treatment plan; and provide individual, family, or group therapy within the scope of their training. In addition, QMHPs shall meet the following minimum qualifications:¶¶

(a) Bachelor's degree in nursing and licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;¶¶

(b) Bachelor's degree in occupational therapy and licensed by the State of Oregon;¶¶

(c) Graduate degree in psychology;¶¶

(d) Graduate degree in social work;¶¶

(e) Graduate degree in recreational, art, or music therapy;¶¶

(f) Graduate degree in a behavioral science field; or¶¶

(g) A qualified Mental Health Intern, as defined in 309-019-0105.¶¶

(11) Peer support specialists and peer wellness specialists, including family and youth support and wellness specialists, shall meet the requirements in OAR 410-180-0300 to 0380 for certification and continuing education, and shall demonstrate:¶¶

(a) The ability to support others in their recovery or resiliency; and¶¶

(b) Personal life experience and tools of self-directed recovery and resiliency¶¶

(12) Program staff, contractors, volunteers, and interns providing treatment services or Peer Delivered Services in substance use disorders, problem gambling, or mental health treatment programs shall be trained in and familiar with strategies for delivery of trauma informed and culturally responsive treatment services. All treatment services shall be provided in a trauma informed and culturally responsive manner.

Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 430.640

Statutes/Other Implemented: ORS 430.254 - 430.640, 430.850 - 430.955, 743A.168, ORS 428.205 - 428.270, 430.010, ~~430.205 - 430.210~~