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PERMANENT ADMINISTRATIVE ORDER

BHS 18-2026

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

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FILING CAPTION: Requires Board Registered Associates work in organizations with a Certificate of Approval to bill Medicaid

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RULES:
309-019-0125, 309-019-0130

AMEND: 309-019-0125

RULE TITLE: Staff Qualifications

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: Requires Board Registered Associates to work in organizations with a Certificate of Approval from the Behavioral Health Division to bill Medicaid. Updating rules to match chapter 410.

RULE TEXT:
Provider must ensure that staff in the following positions meet applicable qualifications, credentialing, andlicensing/certification standards and competencies, including those set forth in these rules:
(1) Program staff as identified in (21)(a-u) of this rule, providing treatment services and/or supports in mental health treatment programs, substance use disorders treatment programs, or problem gambling treatment programs must be trained in and familiar with strategies for the delivery of trauma informed and culturally responsive treatment services and supports in compliance with the program's respective policies. All treatment services and supports must be provided

in a trauma informed and culturally responsive manner. All Program staff must meet one of the following:
(a) Be licensed in Oregon by a Division recognized Oregon board:
(A) Oregon Medical Board;
(B) Oregon Board of Nursing;
(C) Oregon Board of Psychology;
(D) Oregon Board of Licensed Professional Counselors and Therapists;
(E) Oregon Board of Licensed Social Workers;
(F) Oregon Occupational Therapy Licensing Board;
(b) Be an Associate registered by a Division recognized Oregon board as identified in (1)(D-E) of this rule and be physically present in Oregon at the time of providing services or supports.
(c) Effective July 1, 2027, be under the outpatient (OAR 309, Division 019) certificate of approval (COA) if providing services to individuals under Medicaid;
(d) Be credentialed by an OHA approved entity and
(e) Be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate; or.
(f) Credentialed as a QMHP or a QMHA as identified in (14) or (15) of this rule, and credentialed by the specific OHA-certified behavioral health program the individual is employed by, consistent with the program's policy, and be physically present in Oregon.
(2) Program administrators and program directors must demonstrate competence in leadership, cultural responsiveness, 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.
(3) Medical Directors must be licensed under ORS 677 or 685 and may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of medicine, including but not limited to:
(a) Administering, dispensing, or writing prescriptions for medications;
(b) Recommending the use of specific and appropriate over-the-counter pharmaceuticals;
(c) Ordering diagnostic tests; and
(d) Perform tasks required by OAR 309-019-0200.
(4) Clinical supervisors in all programs must demonstrate competence in leadership, cultural responsiveness, oversight and evaluation of services, staff development, assessment, person-centered treatment planning, case management and coordination, 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.
(5) Clinical supervisors in mental health programs must meet, at a minimum, Qualified Mental Health Professional (QMHP) requirements and have completed two years equivalent of post-graduate clinical experience in a mental health treatment setting. All clinical supervisors must:
(a) Be licensed in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule: or
(b) Be certified as a Qualified Mental Health Professional (QMHP) by an OHA approved entity, or per policy as described in (1)(d) of this rule, and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate.
(6) Clinical supervisors in substance use disorders treatment programs must be:
(a) Licensed in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule and be physically present in Oregon at the time of providing services, supports, and/or clinical supervision, under the outpatient (OAR 309, Division 019) certificate, or
(b) Be certified by a Division approved entity and be physically present in Oregon at the time of providing services, supports, and/or clinical supervision, under the outpatient (OAR 309, Division 019) certificate.
(c) For clinical supervisors holding a certification through an OHA approved entity in substance use disorder counseling, qualifications for the certification must 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 professional psychometric examination by a an OHA approved entity. A substantively equivalent portfolio evaluation by an OHA approved entity may be accepted in lieu of a professional psychometric examination as approved by the Division.
(d) Clinical supervisors not holding a certification in substance use disorder counseling must have a health or allied provider license. The license must have been issued in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule and the supervisor must possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of substance use disorders.
(e) Additionally, clinical supervisors in substance use disorders programs must 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 or co-occurring disorders counseling experience.
(7) Clinical supervisors in problem gambling treatment programs must meet the requirements for clinical supervisors in either mental health or substance use disorders treatment programs and have completed twelve hours of gambling specific training within six months of designation as a problem gambling services supervisor.
(8) Peer Delivered Services Supervisors must be a certified Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) with at least one year experience as a PSS or PWS in behavioral health treatment services and must:
(a) Be licensed in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule; or:
(b) Be an Associate registered by a Division recognized Oregon board as identified in (1)(D-E) of this rule and be physically present in Oregon at the time of providing services or supports.
(c) Be certified by an OHA approved entity and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate.
(9) Substance use disorders treatment staff must:
(a) Be licensed in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule;
(b) Be an Associate registered by a Division recognized Oregon board as identified in (1)(D-E) of this rule and be physically present in Oregon at the time of providing services or supports.
(c) Effective July 1, 2027, be under the outpatient (OAR 309, Division 019) certificate of approval (COA) if providing services to individuals under Medicaid;
(d) Be certified by OHA approved entity and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate.
(e) Demonstrate competence in the use of The ASAM Criteria, Third Edition, 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; development of a safety plan; implementation and coordination of services identified to facilitate intended outcomes; and
(f) Receive clinical supervision that documents progress towards certification and recertification; or
(g) At the date of first hire to provide substance use disorder treatment, if the program staff is not certified to provide substance use disorder treatment, they must register with the Division recognized credentialing body within 30 days of hire and obtain professional substance use disorder treatment certification within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed;
(h) For program staff holding certification in substance use disorder counseling, qualifications for certification must 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 professional psychometric examination by an OHA approved entity. A substantively equivalent portfolio evaluation by an OHA approved entity may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.
(i) Program staff not holding certification/credential from an OHA approved entity in substance use disorder counseling must be licensed in Oregon by an Oregon board as identified in (1)(A-F) and at least 60 contact hours of academic or continuing professional education in the treatment of substance use disorders. (10) Problem Gambling treatment staff must:
(A) Be licensed in Oregon by a Division recognized Oregon board as identified in (1)(A-F) of this rule; or
(B) Be an Associate registered by a Division recognized Oregon board as identified in (1)(D-E) of this rule and be physically present in Oregon at the time of providing services or supports.
(C) Effective July 1, 2027, be under the outpatient (OAR 309, Division 019) certificate of approval (COA) if providing services to individuals under Medicaid; or
(D) Be certified by an OHA approved entity and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate.
(j) Demonstrate competence in the following areas: treatment of problem gambling and gambling disorder 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, implementation and coordination of services identified to facilitate intended outcomes and cultural responsiveness;
(k) Complete a minimum of two hours every two years or three hours every three years of training in suicide risk screening, suicide risk assessment, treatment and management;
(l) Receive clinical supervision that documents progress towards certification and recertification;
(m) At the date of first hire to provide problem gambling treatment, if the program staff is not certified to provide problem gambling treatment, they must register with the Division recognized credentialing body within 30 days of hire and obtain professional problem gambling treatment certification within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed;
(n) For program staff holding certification in gambling addiction counseling, qualifications for certification must include at least:
(A) 500 hours of supervised experience in gambling addiction counselor domains;
(B) 30 contact hours of education and training in problem gambling;
(C) 24 hours of face-to-face, telephone, or video conferencing communication, of certification consultation from a problem gambling approved certification consultant; and
(D) Successful completion of a professional psychometric examination by a Division recognized credentialing body or a substantively equivalent portfolio evaluation by a Division recognized credentialing body may be accepted in lieu of a professional psychometric examination using procedures approved by the Division.
(E) Program staff not holding a certification/credential in gambling addiction counseling by an OHA approved entity must have at least 30 contact hours of academic or continuing professional education in the treatment of gambling addiction. The license or registration must be issued in Oregon by a Division approved Oregon board as identified in (1)(A-F) of this rule.
(10) Rehabilitative Behavioral Health Service Providers, including medical treatment staff, must demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660.
(11) Behavioral health clinicians must have one of the following corresponding license or designation:
(a) A licensed psychiatrist;
(b) A licensed psychologist;
(c) A licensed nurse practitioner with a specialty in psychiatric mental health;
(d) A licensed clinical social worker;
(e) A licensed professional counselor or licensed marriage and family therapist;
(f) A professional counselor associate

(g) A marriage and family therapist associate
(h) A certified clinical social work associate (CSWA);
(i) A Mental Health Intern as described in (14)(a-g) of this rule;
(j) A psychology resident who is working under a board-approved supervisory contract in a clinical mental health field;
(k) A Qualified Mental Health Practitioner (QMHP); or
(l) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.
(12) A Board Registered Associate must:
(a) Be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate;
(b) Be an Associate registered by a Division recognized Oregon board as identified in (1)(D-E) of this rule and be physically present in Oregon at the time of providing services or supports.
(c) Effective July 1, 2027, be under the outpatient (OAR 309, Division 019) certificate of approval (COA) if providing services to individuals under Medicaid;
(d) Provide services consistent with the QMHP scope of work;
(e) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, suicide and other risk assessments and interventions, creating and monitoring safety plans, completion of bio-psycho-social assessments and additional assessments, updating assessments when clinical circumstances change, generating a differential DSM-5-TR diagnosis, prioritizing health, wellness, and recovery needs, writing measurable service objectives, creating, monitoring and revising service plans, delivery of mental health and recovery treatment services in individual, group and family formats within their scope, gathering and recording data that measures progress toward the service objectives and documenting services, supports, and other information supportive of the service plan;
(f) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services program if billing or rendering services under Medicaid; and
(g) Document a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training.
(13) Qualified Mental Health Associates (QMHA) program staff must:
(a) Be credentialed by an OHA approved entity and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate; or
(b) Be credentialed as a QMHA by the specific OHA-certified behavioral health program the individual is employed by, consistent with the program's policy and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate;
(c) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, assist in the gathering and compiling of information to be included in the assessment, screen for suicide and other risks, and implement timely interventions, teach skill development strategies, case management, and transition planning;
(d) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services provider; and
(e) Must meet the following minimum qualifications:
(A) Bachelor's degree in psychology, social work, or behavioral science field and documentation of a minimum of two hours every two years or three hours every three years of suicide risk screening, Intervention, and management training;

(B) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider and documentation of a minimum of two hours every two years or three hours every three years of suicide risk screening, Intervention and management training; or
(C) A combination of at least three years of relevant work, education, training, or experience and documentation of a

minimum of two hours every two years or three hours every three years of suicide risk screening, Intervention and management training.
(f) Receive clinical supervision that documents progress towards certification and recertification.
(14) Qualified Mental Health Professional QMHP program staff must:
(a) Be credentialed by an OHA approved entity and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate; or
(b) Be credentialed as a QMHP by the specific OHA-certified behavioral health program the individual is employed by, consistent with the program's policy and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate;
(c) Demonstrate the following minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and intra-agency collaboration, working alliances with individuals, suicide and other risk assessments and interventions, creating and monitoring safety plans, completion of bio-psycho-social assessments and additional assessments, updating assessments when clinical circumstances change, generating a differential DSM-5-TR diagnosis, prioritizing health, wellness and recovery needs, writing measurable service objectives, creating, monitoring and revising service plans, delivery of mental health and recovery treatment services in individual, group and family formats within their scope, gathering and recording data that measures progress toward the service objectives and documenting services, supports and other information supportive of the service plan.
(d) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services program;
(e) Document a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training;
(f) 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, social work, recreational art or music therapy, or behavioral science field;
(D) An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies
(g) Receive clinical supervision that documents progress towards certification and recertification.
(15) Mental Health Intern (MHI) program staff must:
(a) Be currently enrolled in a graduate program for a master's degree in psychology, social work, or related field of behavioral science;
(b) Have a collaborative educational agreement between the provider and the graduate program for the student;
(c) Be physically present in Oregon while providing services or supports;
(d) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning; and
(e) Work within the scope of practice and competencies identified by collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider and the graduate program;
(f) Document of a minimum of two hours every two years or three hours every three years of suicide risk screening, suicide risk assessment, treatment and management training.
(16) Student Intern program staff must:
(a) Be physically present in Oregon while providing services or supports;
(b) Be currently enrolled in an educational program for an undergraduate degree in a behavioral health field; or
(c) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter- and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning;

(d) Have a collaborative education agreement between the Division certified provider and the educational institute for the student;
(e) Work within the scope of practice and competencies identified by the collaborative educational agreement and the policies and procedures for the credentialing of clinical staff as established by the provider; and
(f) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services.
(17) Intern program staff must:
(a) Render services and supports under the direct supervision of a qualified supervisor employed by the provider of services, within the scope of practice and competencies identified by the collaborative educational agreement.
(b) Be physically present in Oregon at the time of providing services or supports.
(c) Be working towards obtaining a behavioral health credential;
(d) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services; and
(e) Demonstrate cultural responsiveness, effective communication and competence in care coordination, development of working alliances with individuals, inter-and intra-agency collaboration, and the rendering of services and supports within their scope and in accordance with the service plan, including transition planning.
(18) Peer Support Specialists, Peer Wellness Specialists, Youth Support Specialists, and Family Support Specialists working or volunteering in health treatment programs must be certified by OHA's Equity and Inclusion Division and be physically present in Oregon at the time of providing services or supports under the outpatient (OAR 309, Division 019) certificate of approval.
(19) Behavioral Health program staff include, but are not limited to:
(a) Licensed Medical Professional (LMP);
(b) Licensed Practical Nurse (LNP);
(c) Registered Nurse (RN);
(d) Advanced Practice Nurse including Clinical Nurse Specialist and Certified Nurse Practitioner licensed by the Oregon Board of Nursing;
(e) Psychologist licensed by the Oregon Board of Psychology;
(f) Professional Counselor (LPC) or Marriage and Family Therapist (LMFT) licensed by the Oregon Board of Licensed Professional Counselors and Therapists;
(g) Clinical Social Worker (CSW) licensed by the Oregon Board of Licensed Social Workers;
(h) Licensed Master Social Worker (LCSW) licensed by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105;
(i) Licensed Psychologist Associate granted independent status as described in OAR 858-010-0039;
(j) Licensed Occupational Therapist licensed by the Oregon Occupational Therapy Licensing Board;
(k) Board registered associates, including:
(A) Psychologist Associate Residents as described in OAR 858-010-0037;
(B) Licensed Psychologist Associate under continued supervision as described in OAR 858-010-0038;
(C) Professional Counselor Associate or Marriage and Family Therapist Associate registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR 833-050-0011;
(D) Certificate of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR 877-020-0009;
(E) Registered Bachelor of Social Work issued by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105.
(l) Qualified Mental Health Professional (QMHP) as defined in OAR 309-019-0105;
(m) Qualified Mental Health Associate (QMHA) as defined in OAR 309-019-0105;
(n) Mental health intern as defined in OAR 309-019-0105;
(o) Student intern as defined in OAR 309-019-0105;

(p) Problem Gambling treatment staff registered with an OHA approved entity include:
(A) Certified Gambling Addiction Counselor-Registered (CGAC-R);
(B) Certified Gambling Addiction Counselor-I (CGAC-I); Certified Gambling Addiction Counselor-II (CAGC-II).
(q) SUD Treatment Staff credentialed/registered by an OHA approved entity include:
(A) Certified Alcohol and Drug Counselor-Registered (CADC-R);
(B) Certified Alcohol and Drug Counselor-I (CADC-I);
(C) Certified Alcohol and Drug Counselor-II (CADC-II);
(D) Certified Alcohol and Drug Counselor-III (CADC-III).
(r) Behavioral Health treatment Staff credentialed by the OHA Equity and Inclusion Division include:
(A) Peer Wellness Specialist
(B)Youth Support Specialist
(C) Family Support Specialist

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 428.205-428.270, 430.010, 430.254-430.640, 430.850-430.955, 743A.168

AMEND: 309-019-0130

RULE TITLE: Personnel Documentation, Training, and Supervision

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: RULE SUMMARY: Requires Board Registered Associates to work in organizations with a Certificate of Approval from the Behavioral Health Division to bill Medicaid. Align the rules with those of chapter 410.

RULE TEXT:
(1) All program staff who render services and supports or bill for services and supports and all personnel who have access to protected health information that are associated with the Certificate must be identified on the provider's organizational chart through a hierarchical chart or through a spreadsheet. If utilizing a spreadsheet, must also indicate reporting structure that demonstrates who is supervising the position. Information must include the individuals:
(a) Full legal name;
(b) Licensure and/or credential (based on their certification);
(c) Position title;
(d) Full-time or part-time status;
(e) Remote, Office, or Hybrid
(2) Providers must maintain personnel records for each program staff that contains all of the following documentation:
(a) The results of a criminal records check applicable to the current position or title, and:
(A) For personnel who render mental health services or have access to mental health protected health information such as service records or billing information, the program must use The Oregon Criminal Records Check and those processes and procedures required by OAR 943-007-0001 through 0501; and
(B) For personnel who render only substance use disorder treatment services or have access to only substance use disorder protected health information such as service records or billing information, the program must use national and state-wide criminal records check processes.
(b) A current job description that includes applicable competencies;
(c) Copies of relevant licensure or certification, registration for licensure or certification, diploma, or certified transcripts from an accredited college, indicating that the program staff meets applicable qualifications;
(d) Documentation of Employment Eligibility Verification, form I-9;
(e) Documentation of a minimum of two hours every two years or three hours every three years of training in suicide risk screening suicide risk assessment, treatment and management;
(f) Periodic performance appraisals;
(g) Program orientation documentation;
(h) Disciplinary documentation;
(i) Documentation of trainings required by this or other applicable rules; and
(j) Documentation of clinical supervision.
(3) Program Orientation: Providers must ensure that program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The Provider must document that the following orientation was completed for each program staff providing or supervising services or supports within 30 days of the hire date, unless otherwise specified. At a minimum, program orientation and training for all program staff must include but not be limited to:
(a) A review of crisis prevention and response procedures;
(b) A review of emergency evacuation procedures;
(c) A review of program policies and procedures, including the procedures for each certified ASAM Level of Care for substance use disorder treatment program staff;
(d) A review of rights for individuals receiving services and supports;
(e) A review of mandatory abuse reporting procedures;

(f) A review of confidentiality policies and procedures;
(g) A review of Fraud, Waste and Abuse policies and procedures;
(h) A review of care coordination policies and procedures;
(i) A review of and agreement to abide by the Code of Conduct;
(j) Substance use disorders treatment staff and substance use disorders clinical supervisors must complete a training on The ASAM Criteria within the first three months of employment rendering substance use disorder services or supports or have it documented as completed within the most recent two years; and
(k) For Enhanced Care Services, positive behavior support training.
(4) Clinical Supervision is required for all program staff. providing direct services or supports and must receive documented clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services. Staff licensed by an Oregon Board must be clinically supervised by another individual licensed by an Oregon Board. Unlicensed staff must be clinically supervised by an individual who is licensed by an Oregon Board and who is is physically present in Oregon at the time of clinical supervision, or a QMHP that qualifies as a clinical supervisor and who is physically present in Oregon at the time the services and supports are provided, and while providing clinical supervision. Part time staff must receive supervision no less than, half the total supervision hours required for full time staff. Individual face-to face contact may include real time, two-way audio or audio-visual conferencing, and:
(a) Documentation must include:
(A) The date;
(B) Amount of time per session; and
(C) A brief description of the topics addressed.
(b) Clinical Supervision must be provided to assist staff to:
(A) Increase their skills within their scope of practice;
(B) Improve quality of services to individuals; and
(C) Ensure understanding, application and compliance with the code of conduct and program policies and procedures.
(c) Documentation must demonstrate the following minimum hours of clinical supervision for full-time staff per month:
(A) Non-licensed program staff, including Board Registered Associates, must receive at least two hours per month of clinical supervision. The two hours must include at minimum one hour of individual face-to-face supervision, and may include one hour of group supervision;
(B) Mental Health Interns and Student Interns must receive one-hour of individual clinical supervision per week; and
(C) When available, a qualified Peer Delivered Services Supervisor must provide one of the two hours of required monthly supervision to program staff providing direct Peer Delivered Services. Remaining hours of supervision must be provided by a qualified clinical supervisor.
(d) Mental Health Interns and Student Interns must render services and supports under the active supervision of a qualified supervisor, as defined in these rules; and
(e) Individualized non-clinical supervision must be utilized as needed and documented.

STATUTORY/OTHER AUTHORITY: ORS 161.390, 413.042, 430.256, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 109.675, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 743A.168