



PERMANENT ADMINISTRATIVE ORDER

BHS 13-2023

CHAPTER 309

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

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FILING CAPTION: Eligibility requirements for enhanced rate increases for Culturally and Linguistically Specific Services (currently Medicaid only).

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CONTACT: Alfonso Ramirez
503-580-1511
alfonso.ramirez@oha.oregon.gov

500 Summer St NE
Salem, OR 97301

Filed By:
Kalina Bathke
Rules Coordinator

RULES:

309-065-0000, 309-065-0010, 309-065-0020, 309-065-0025, 309-065-0030, 309-065-0040

ADOPT: 309-065-0000

REPEAL: Temporary 309-065-0000 from BHS 21-2022

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes purpose of 309-065 Culturally and Linguistically Specific Services program

CHANGES TO RULE:

309-065-0000

Purpose and Scope/

(1) These rules establish processes and procedures for outpatient behavioral health providers, delivering services that are culturally and linguistically specific, to receive enhanced payment for patients on the Oregon Health Plan. Organizations, programs and individuals that are reimbursed outside OHP's fee schedule for behavioral health services such as but not limited to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Care Providers (IHCPs) are not eligible for enhanced fee schedule reimbursement because these services are reimbursed at a clinic-specific encounter rate."

(2) Whether or not an organization, program or individual qualifies for enhanced payments through this program, all providers of behavioral health services are encouraged to provide culturally and linguistically specific services if they have that expertise.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: HB 5202 (2021)

ADOPT: 309-065-0010

REPEAL: Temporary 309-065-0010 from BHS 21-2022

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes definitions for 309-065 Culturally and Linguistically Specific Services

CHANGES TO RULE:

309-065-0010

Definitions/

(1) "Culturally and linguistically specific behavioral health services" means quality mental health, substance use, problem gambling, and other behavioral health prevention, treatment, and recovery supports and services that are designed specifically for a distinct minoritized cultural community, developed based on the languages used and cultural values of the distinct minoritized cultural community and designed to elevate their voices and experiences, and that have the aim of enhancing emotional safety, belonging, and a shared collective cultural experience for healing and recovery among the distinct cultural community served. ¶

(2) "Culturally and linguistically specific behavioral health organization" means an outpatient entity or institution that is structured to provide culturally and linguistically specific behavioral health services in its entirety as evidenced by its organizational mission. ¶

(3) "Culturally and linguistically specific behavioral health program" means a division or associated component of an organization that provides culturally and linguistically specific behavioral health services as evidenced by the program mission, that exists within the subset of services provided by an organization whose mission does not focus on a distinct minoritized community. ¶

(4) "Culturally and linguistically specific behavioral health individual provider" means an independently licensed and Medicaid eligible clinician that provides culturally and linguistically specific behavioral health services, and is in private practice rather than employed by an agency. ¶

(5) "Minoritized cultural community " is a community that has 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.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: HB 5202 (2021)

ADOPT: 309-065-0020

REPEAL: Temporary 309-065-0020 from BHS 22-2022

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes qualifications for 309-065 Culturally and Linguistically Specific Services organization & program

CHANGES TO RULE:

309-065-0020

Culturally and Linguistically Specific Services Organization & Program Qualifications

(1) In order to qualify for culturally and linguistically specific behavioral health services enhanced payments as an organization, the organization must:

(a) Be enrolled as an outpatient Medicaid Behavioral Health provider with the Oregon Health Authority (OHA) that is not prohibited by law from receiving the enhanced payment;

(b) Submit a complete application to the Oregon Health Authority (OHA);

(c) Demonstrate the ability to serve a distinct minoritized cultural community; and

(d) Be primarily led and staffed by people that have extensive experience working with or being immersed in the same minoritized cultural community they serve; or

(e) Have a history of at least five years primarily serving the specified minoritized cultural community in a behavioral health setting.

(2) To demonstrate the ability to serve a distinct minoritized cultural community under section (1) (c) of this rule an organization must provide information that shows the following:

(a) Comprehensive knowledge of diverse lived experiences held by the minoritized cultural community being served including, but not limited to, their experiences of structural and individual racism, minoritization or discrimination that may have an impact on the community's collective mental health and wellbeing.

(b) Knowledge of specific behavioral health inequities documented in the minoritized cultural community being served, which may be addressed by the culturally and linguistically specific service organization.

(c) A practice of supporting and affirming cultural and language practices for the community being served, such as but not limited to:

(A) Health and safety beliefs, or practices; (B) Positive cultural identity, pride, or resilience;

(C) Immigration dynamics; or

(D) Religious beliefs.

(d) A demonstrated ability to support and affirm clients experiencing intersectional oppression in the provision of services. The ability to support and affirm the unique needs of clients experiencing intersectional oppression may be evidenced through details of established collaboration with other culturally specific providers, details of dedicated spaces or groups provided for clients experiencing intersectional oppression, or any other supporting information.

(3) The information required to be provided under section (1)(b) through (e) and (2) of this rule must include documentation of the organization's culturally specific focus demonstrated in a mission statement, vision statement, or other public-facing document. Supporting information can also include but is not limited to:

(a) Documentation detailing policies and procedures.

(b) Documentation of staff training requirements and any resulting certifications.

(c) A narrative that details the organization or program's strategic plan or history and experience, including specific examples, without identifying any individual clients.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: HB 5202 (2021)/

ADOPT: 309-065-0025

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes qualifications for 309-065 Culturally and Linguistically Specific program

CHANGES TO RULE:

309-065-0025

Culturally and Linguistically Specific Services Program Qualifications

(1) In order to qualify for culturally and linguistically specific behavioral health services enhanced payments as a program, the program must:

(a) Be enrolled as an outpatient Medicaid Behavioral Health provider with the Oregon Health Authority (OHA) that is not prohibited by law from receiving the enhanced payment;

(b) Submit a complete application to the Oregon Health Authority (OHA);

(c) Demonstrate the ability to serve a distinct minoritized cultural community; and

(d) Be primarily staffed and render services provided by people that have extensive experience working with or being immersed in the same minoritized cultural community being served; or

(e) Have a history of at least five years primarily serving the specified minoritized cultural community in a behavioral health setting.

(2) To demonstrate the ability to serve a distinct minoritized cultural community under (1) (c) of this rule, a program must provide information that shows the following:

(a) Comprehensive knowledge of diverse lived experiences held by the minoritized cultural community being served including, but not limited to, their experiences of structural and individual racism, minoritization or discrimination that may have an impact on the community's collective mental health and wellbeing.

(b) Knowledge of specific behavioral health inequities documented in the minoritized cultural community being served, which may be addressed by the culturally and linguistically specific service program.

(c) A practice of supporting and affirming cultural and language practices of the minoritized cultural community being served, such as but not limited to:

(A) Health and safety beliefs, or practices;

(B) Positive cultural identity, pride, or resilience;

(C) Immigration dynamics; or

(D) Religious beliefs.

(d) A demonstrated ability to support and affirm clients experiencing intersectional oppression in the provision of services. The ability to support and affirm the unique needs of clients experiencing intersectional oppression may be evidenced through details of established collaboration with other culturally specific providers, details of dedicated spaces or groups provided for clients experiencing intersectional oppression, or any other supporting information.

(3) The information required to be provided under section (1)(b) through (e) and (2) of this rule must include documentation of the organization's culturally specific focus demonstrated in a mission statement, vision statement, or other public-facing document. Supporting information can also include but is not limited to:

(a) Documentation detailing policies and procedures.

(b) Documentation of staff training requirements and any resulting certifications.

(c) A narrative that details the organization or program's, strategic plan or history and experience, including specific examples, without identifying any individual clients.

Statutory/Other Authority: 413.042

Statutes/Other Implemented: HB 5202(2021)

ADOPT: 309-065-0030

REPEAL: Temporary 309-065-0030 from BHS 21-2022

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes qualifications for 309-065 Culturally and Linguistically Specific Services provider

CHANGES TO RULE:

309-065-0030

Culturally and Linguistically Specific Services Individual Qualifications

(1) In order to qualify for culturally and linguistically specific behavioral health services enhanced payments, individual behavioral health providers must:

(a) Be enrolled as an outpatient Medicaid Behavioral Health provider with the Oregon Health Authority (OHA).

(b) Submit a complete application to the Oregon Health Authority (OHA).

(c) Demonstrate the ability to serve a distinct minoritized cultural community.

(2) To demonstrate the ability to serve a particular minoritized community under (1) (b) of this rule, an individual behavior health provider must provide information that shows the following:

(a) Comprehensive knowledge of diverse lived experiences held by the minoritized cultural community being served including, but not limited to, their experiences of structural and individual racism, minoritization or discrimination that may have an impact on the community's collective mental health and wellbeing.

(b) Knowledge of specific behavioral health inequities documented in the minoritized cultural community being served, which may be addressed by the culturally and linguistically specific service provider;

(c) A practice of supporting and affirming cultural and language practices for the minoritized cultural community being served, such as but not limited to:

(A) Health and safety beliefs or practices;

(B) Positive cultural identity, pride, or resilience;

(C) Immigration dynamics; or

(D) Religious beliefs.

(d) A demonstrated ability to support and affirm clients experiencing intersectional oppression in the provision of services. The ability to support and affirm the unique needs of clients experiencing intersectional oppression may be evidenced through details of established collaboration with other culturally specific providers, details of dedicated spaces or groups provided for clients experiencing intersectional oppression, or any other supporting information; and

(e) Have extensive experience working with or being immersed in the same minoritized cultural community being served, or, if not immediately immersed in the same community served, have 5 or more cumulative years of service provision to the identified minoritized cultural community they are serving.

(3) The information required to be provided under section (1)(c) and (2) of this rule can include, but is not limited to:

(a) A resume or curriculum vitae detailing academic credentials, relevant course work or certifications; or

(b) A narrative that details the individual's professional history and experience, including specific examples, without identifying clients.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: HB 5202 (2021)

ADOPT: 309-065-0040

REPEAL: Temporary 309-065-0040 from BHS 21-2022

NOTICE FILED DATE: 03/13/2023

RULE SUMMARY: Establishes qualifications for 309-065 Culturally and Linguistically Specific provider

CHANGES TO RULE:

309-065-0040

Bilingual Service and Sign Language Provider Qualifications

(1) Individual providers who deliver direct care services in a language other than English or in sign language may be eligible to receive enhanced payments for direct care services delivered in a language other than in English, or in sign language. Oral or sign language interpretation is not eligible for this enhanced payment.¶

(2) In order to qualify for enhanced payment, a direct care behavioral health provider must:¶

(a) Be enrolled as a Medicaid Behavioral Health provider with the Oregon Health Authority (OHA); ¶

(b) Be a Bilingual service provider and identify the language(s) other than English that the provider uses in providing direct care services to clients that speak the language(s); ¶

(c) For bilingual service providers, provide:¶

(A) Proof of having passed a language proficiency assessment by an OHA approved language proficiency testing center in the last three years for the language(s) identified; or ¶

(B) A narrative detailing how proficiency in the language was acquired, such as growing up in a home where this language was the primary language used if no language proficiency assessment is available in a particular language.¶

(d) For providers using Sign Language, provide:¶

(A) Proof of current sign language interpreter certification from an OHA approved sign language interpreter testing center; or ¶

(B) A narrative detailing how proficiency was acquired in sign language, such as growing up in a home where sign language was the primary language used. ¶

(3) Nothing in this rule is intended to exempt a health care provider from complying with ORS 413.559 and OAR 950-050-0160.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: HB 5202 (2021)