

CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES DIRECTED PAYMENT GUIDANCE

The Centers for Medicare and Medicaid Services Medicaid managed care regulations at 42 C.F.R. § [438.6\(c\)](#) govern how states may direct plan expenditures in connection with implementing delivery system and provider payment initiatives under Medicaid managed care contracts. The Oregon Health Authority (OHA) implemented multiple directed payment (DP) programs in 2023, including for Culturally and Linguistically Specific (CLS) Services, within the coordinated care organization (CCO) contracts that further the goals and priorities of the Agency.

The DPs covered in this guidance document apply to the 2025 [Medicaid](#), [Non-Medicaid](#), and [OHP Bridge-Basic Health Program](#) Contracts. This document provides guidance on policy, operational, and rate-setting considerations.

In the 2025 Medicaid Contract, which is the primary CCO contract, these payments are referred to as “Qualified Directed Payments (QDPs) within CCO Payment Rates” and covered in Exh. C, Sec. 1, Para. d, Sub.Para. (2). The DP requirements in the Medicaid Contract are incorporated by reference in both of the other contracts in Exh. C, Sec. 1, Para. d, Sub.Para. (1), Sub-Sub.Paras. (a-f).

Capitalized terms not defined in this document have the meanings assigned to them in the CCO contracts. Unless the term “Member” is further qualified, such as by reference to a specific CCO contract, it means an individual enrolled with a CCO under any of its three contracts.

CLS Services are grounded in the cultural values of distinct minoritized communities (communities that have experienced historical and contemporary racism, trauma, and social, political, and economic injustices) in order to elevate their voices and experiences. CLS Services aim to provide emotional safety, belonging, and encourage a shared collective cultural experience for healing and recovery and are provided by a culturally and/or linguistically specific organization, program, or individual provider.

Effective for 2023, OHA implemented a DP arrangement that provides a uniform payment increase to Behavioral Health (BH) Providers. For 2025, OHA has expanded this enhanced payment to include Traditional Health Workers (THWs). The payment increase applies to both groups of CCO Participating Providers as follows:

- Qualified BH Providers and THWs that deliver CLS Services.
- Qualified BH Providers and THWs that provide a direct care service in a language other than English or in an approved sign language.

The amount of the payment increase for qualifying Participating Providers and services depends on whether the Provider is regarded as non-rural or rural. The modifiers listed below must be used on the claim to indicate whether the Provider is non-rural or rural.

- **U9 for non-rural Providers:** 22% of the applicable State Plan aka Oregon Health Plan (OHP) fee-for-service (FFS) [fee schedule](#) rate (effective January 1, 2025).
- **TN for rural Providers:** 27% of the applicable OHP FFS fee schedule rate (effective January 1, 2025).

The increase(s) will be in addition to the CCO-negotiated base rates in place for qualified BH Providers and THWs delivering services while meeting CLS eligibility standards outlined in Oregon Administrative Rules (OAR) Chapter 309, Division [65](#).

IMPACTED SERVICES

- **Traditional Health Workers:** For THWs, all services provided are subject to the CLS Services DP.
- **Behavioral Health Providers:** For all BH Providers, the DP is limited to Covered Services in Assertive Community Treatment (ACT), Support Employed (SE), Applied Behavior Analysis (ABA), MH Non-Inpatient, MH Children's Wraparound, Substance Use Disorder (SUD), and SUD residential listed in the OHP BH FFS fee schedule.¹ Refer to Appendix A for a crosswalk of Oregon Health Grouper (OHG) financial criteria to these Categories of Services (COS).

WHAT SHOULD YOU DO?

Providers:

1. In order to receive enhanced payments for CLS Services, a Provider must both (i) meet OHA eligibility requirements and (ii) have a contract with the specific CCO(s) whose members the Provider intends to serve. Providers can access information about the CLS Services application process on OHA's [webpage](#). Each CCO has a provider webpage with information about its directed payment program; there is a link to each CCO's webpage on OHA's behavioral health rate increase [webpage](#).

¹ The service names used in this paragraph are those used for the Categories of Services in Appendix A. The service names used in the CCO Contracts are slightly different.

2. Providers who meet CLS Services eligibility requirements should notify the CCO(s) with which they contract and provide the supporting documentation from OHA that demonstrates their eligibility to receive enhanced payments as a:
 - CLS Services organization, program, or individual Provider
 - Bilingual service or sign language Provider
3. Providers who meet eligibility requirements should follow their CCO's payment guidance.

CCOs:

1. Verify that OHA has determined that the Provider meets eligibility requirements to receive enhanced payments as a:
 - CLS organization, program, or individual Provider
 - Bilingual service or sign language Provider

Upon receipt of documentation supporting qualification for the CLS Services payment increase either by the Provider directly or through OHA's list of approved Providers posted on OHA's CLS Services [webpage](#), CCOs must pay the rate increase effective for services delivered on the date of OHA approval to be a CLS Services Provider and thereafter for dates of service in 2025.

2. By March 31, 2025, each CCO must provide OHA with a written attestation of compliance with all 2025 DP requirements, including CLS Services. OHA will post the attestation template on the CCO Contract Forms [webpage](#) by December 31, 2024.

It is expected that most if not all CLS Services organizations and programs will deliver all services in a culturally and linguistically specific way. Individual CLS Services Providers may vary. Bilingual service and sign language Providers are not likely to deliver all services in a language other than English or in sign language. **Only CLS Services and services delivered in a language other than English or in an approved sign language are eligible for enhanced payments.**

APPENDIX A — CATEGORY OF SERVICE (COS) CROSSWALK

OHG DESCRIPTION	CLAIM TYPE	COS			
			PRIMARYLY MEDICAID	COD	CLS
PROF-MH-ABA-SERVICES	Professional	ABA			X
PROF-MH-ACT	Professional	ACT/SE	X		X
PROF-MH-SUPPORT-EMPLOYMENT	Professional	ACT/SE	X		X
OP-MH-OTHER	Outpatient	MH Services Non-Inpatient	X	X	X
PROF-MH-ALT-TO-IP	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-ASSESSMENT-EVALUAT	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-CASE-MANAGEMENT	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-CASE-MGT	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-CONSULTATION	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-CRISIS-SERVICES	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-EVAL-MGMT-PCP	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-INTERP-SERVICES	Professional	MH Services Non-Inpatient	X	X	
PROF-MH-MED-MGT	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-MST	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-OP-THERAPY	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-PDTS	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-PHYS-OP	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-PRTS-CHILD	Professional	MH Services Non-Inpatient	X		
PROF-MH-RESPIRE	Professional	MH Services Non-Inpatient	X	X	
PROF-MH-SKILLS-TRAINING	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-SUBACUTE	Professional	MH Services Non-Inpatient	X		
PROF-MH-SUD-UNBUCKETED	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-SUPPORT-DAY	Professional	MH Services Non-Inpatient	X	X	X

OHG DESCRIPTION	CLAIM TYPE	COS			
			PRIMARYLY MEDICAID	COD	CLS
PROF-MH-THERAPY	Professional	MH Services Non-Inpatient	X	X	X
PROF-MH-THERAPY-INPATIENT	Professional	MH Services Non-Inpatient	X	X	
PROF-MH-UNBUCKETED	Professional	MH Services Non-Inpatient	X	X	X
PROF-PHYS-OTHER-E-M-MH	Professional	MH Services Non-Inpatient	X	X	X
PROF-PHYS-PRIMCARE-E-M-MH	Professional	MH Services Non-Inpatient	X	X	X
PROF-PHYS-SOMATIC-MH	Professional	MH Services Non-Inpatient	X	X	X
OP-CD-A	Outpatient	SUD	X	X	X
OP-CD-B	Outpatient	SUD	X	X	X
PROF-MH-WRAPAROUND-SERVICE	Professional	MH Children's Wraparound			X
PROF-CD-ASSESS-SCREENING	Professional	SUD	X	X	X
PROF-CD-METHADONE-AMH	Professional	SUD	X	X	X
PROF-CD-METHADONE-TREAT	Professional	SUD	X	X	X
PROF-COMMUNITY-DETOX	Professional	SUD	X	X	X
PROF-SBIRT-A	Professional	SUD	X	X	X
PROF-SBIRT-B	Professional	SUD	X	X	X
PROF-SUD-UNBUCKETED	Professional	SUD	X	X	X
PROF-CD-RES-ADULT	Professional	SUD Residential		X	X
PROF-CD-RES-CHILD	Professional	SUD Residential		X	X
THW PROCEDURE CODES (NEW THW OHG UNDER DEVELOPMENT)					X