

Frequently Asked Questions

Proposed Medicaid Billing Policy Change Regarding Behavioral Health Associates

What is a Certificate of Approval (COA) for outpatient treatment?

Per [Oregon Administrative Rule 309-108](#), a Certificate of Approval (COA) allows outpatient behavioral health providers to employ and utilize non-licensed staff like Qualified Mental Health Professionals (QMHP), Qualified Mental Health Associates (QMHA), Certified Alcohol and Drug Counselors (CADC), Certified Recovery Mentors (CRM), Peer Wellness Specialist (PWS), Peer Support Specialist (PSS) and Family Support Specialist.

The process of certification ensures outpatient treatment programs meet minimum requirements by completing a screening, application, and compliance process that includes, but is not limited to assessment of the following:

- Program overview
- Organizational structure and staff qualifications
- Policy and procedure review
- Personnel records review
- Chart review
- Facility inspection
- Building and fire codes
- Liability insurance

COAs are granted to agencies. COA requirements are separate from the licensing or credentialing requirements that individual providers must obtain to work in Oregon.

What are board-registered behavioral health associates?

Board-registered behavioral health associates are behavioral health professionals who have earned a master's degree and are registered with a state professional board but aren't licensed in their respective field.

Behavioral health associates provide treatment services and receive clinical supervision from a licensed, more experienced health care professional.

To work toward becoming licensed, behavioral health associates must be supervised by clinical supervisors that is registered and approved by a state professional board. These supervisors are officially known as board-registered clinical supervisors.

OHA is focusing on three types of associates for this proposed policy change: clinical social work associates, board-registered marriage and family therapist associates, and board-registered professional counselor associates.

Will mental health interns be affected by this policy change? If so, how?

A mental health intern is an unlicensed student who is currently enrolled in a graduate-level mental health professional education program and works at a behavioral health care facility under the supervision of licensed mental health professionals as part of their education.

Unlike behavioral health associates who have already earned a master's degree in a behavioral health field, mental health interns are still working toward earning an academic degree.

While OHA already requires mental health interns to be employed by an agency that holds a COA in order to provide mental health services to Oregon Health Plan (OHP) members, this requirement has not been put into practice.

OHA plans to begin implementing this requirement in alignment with the proposed behavioral health associates Medicaid billing policy change.

This may result in some mental health education programs needing to establish new agreements with COA-holding agencies so their students can complete mental health internships according to the pre-existing OHA requirement.

Will psychology interns be affected by this policy change?

No. Psychology interns working under the supervision of a licensed psychologist will not need to work at a COA-holding agency in order to bill for services they provide OHP members.

Psychology interns often conduct administrative examinations to help determine which benefits clients can receive and to help manage patient cases. Administrative examinations are different from directly providing behavioral health care.

Will OHA's proposed policy change affect peer support specialists, peer wellness specialists, and family support specialists who are billing Medicaid from an agency providing supervision?

Board-registered behavioral health associates are a completely separate and different workforce from peer specialists.

Any policy change regarding behavioral health associates has no impact or relevance to policies related to peer specialists.

OHA is separately engaging with providers and partners through a workgroup to explore potential policies for peer specialists.

Will OHA's policy change apply to Federally Qualified Health Centers (FQHCs)?

OHA is exploring the federal requirements for FQHCs against the state requirements of the COA.

Do hospital-based primary care homes practicing integrated behavioral health need to apply for a COA?

No, these settings are covered under the hospital exception.

Can coordinated care organizations (CCOs) choose to implement this rule before OHA finalizes rulemaking?

Oregon's Medicaid plan provides CCOs with some flexibility to determine how they connect their members with timely, quality and equitable health care.

This flexibility means individual CCOs can make this policy change for their enrolled members.

Can care coordination organizations (CCOs) choose to allow board-registered behavioral health associates in private practice to see Oregon Health Plan (OHP) members?

If OHA's proposed policy change is implemented statewide, only behavioral health associates who work at a COA-holding agency will be able to care for OHP members, regardless of a member's assigned CCO.

In the meanwhile, please note that individual CCOs have the flexibility to implement a similar change now - before OHA may implement a statewide policy - if that change only applies to their health network.