

# Draft Proposed Rules: Billing changes for Board-Registered Behavioral Health Associates

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## Summary of Proposed Rule Changes

Rule(s)	Description of proposed changes
410-172-0660	Requires Board Registered Associates to work in organizations with a Certificate of Approval from the Behavioral Health Division to bill Medicaid.
309-019-1025	Adds clarification regarding the requirements for licensure/certification in Oregon as well as being physically present in Oregon. Adds Board Registered Associates to the list of clinicians, and outlines requirements and competencies.
309-019-0130	Identifies requirements for submission of organizational chart, updates supervision hours required for part-time staff,

	and includes Board Registered Associates to non-licensed program staff.
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## **OAR 410-172-0660- Medicaid Payment for Behavioral Health Services: Rehabilitative Behavioral Health Services**

(1) Rehabilitative behavioral health services means medical or remedial services recommended by a licensed medical practitioner or other licensed practitioner to reduce impairment to an individual’s functioning associated with the symptoms of a mental disorder or substance use disorder and are intended to restore functioning to the highest degree possible.

(2) Remedial rehabilitative behavioral health services shall be recommended by a physician or licensed practitioner of the healing arts as described in OAR chapter 410 Medical Assistance Programs, Division 120 or in parts 4(c-h) and 5(a-d) within the scope of their practice under state law.

(3) Rehabilitative behavioral health services that include medical services shall be recommended by and provided under ongoing oversight of a licensed medical practitioner as described in part 4(a–b) of this rule within the scope of their practice under state law.

(4) Rendering providers of rehabilitative behavioral health services shall meet one of the following qualifications:

(a) Physician or Physician Associate licensed in the State of Oregon;

(b) Advanced Practice Nurse including Clinical Nurse Specialist and Certified Nurse Practitioner licensed by the Oregon Board of Nursing;

(c) Psychologist licensed by the Oregon Board of Psychology;

(d) Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) licensed by the Oregon Board of Licensed Professional Counselors and Therapists;

(e) Licensed Clinical Social Worker (LCSW) licensed by the Oregon Board of Licensed Social Workers;

(f) Licensed Master's Social Worker (LMSW) licensed by the Oregon Board of Licensed Social Workers as described in OAR 877-015-0105;

(g) Licensed Psychologist Associate granted independent status by the Oregon Board of Psychology as described in OAR chapter 858-Oregon Board of Psychology, Division 010-010-0039;

(h) Licensed Occupational Therapist licensed by the Oregon Occupational Therapy Licensing Board;

~~(h)(i) Organizational -eProvider organization with a Certificate of a~~Approval for outpatient treatment services issued by the Behavioral Health Division (BHD) as described in OAR -chapter 309, division 008, Behavioral Health Services, division 008.309-012-0130 through 309-012-0220,-

(5) Board Rregistered Associate and intern providers shall ~~be supervised by a provider as described in section (4)(c-e) of this rule under an active board approved plan of practice and supervision-work as part of an organization licensed by OHA or issued a certificate of approval (COA) from the Authority's Behavioral Health Division~~ and meet one of the following qualifications:

(a ~~e~~) ~~Licensed~~ Professional Counselor Associates (LPCA) ~~(or formally registered intern)~~ registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR chapter 833, division 30 833-050-0014;

~~(b) Licensed~~ Marriage and Family Therapist Associate ~~(LMFA)~~ ~~(or formally registered intern)~~ registered with the Oregon Board of Licensed Professional Counselors and Therapists as described in OAR chapter 833, division 040;

~~(c)~~ Certified ~~ate~~ of Clinical Social Work Associate issued by the Oregon Board of Licensed Social Workers as described in OAR chapter 877-, division 020-0009,-

(6) Intern providers shall be supervised by a provider as described in section (4)(c-e) of this rule under an active board approved plan of practice and supervision and meet one of the following qualifications:

~~(a) Psychologist Associate Residents as described in OAR chapter 858 Oregon Board of Psychology, division 010;~~

~~(b) Licensed Psychologist Associate under continued supervision as described in OAR chapter 858 Oregon Board of Psychology, division 010;~~

(c) Registered bachelor of social work issued by the Oregon Board of Licensed Social Workers as described in OAR chapter 877, division 015.

~~(76)~~ Providers exempt from licensure or registration per ORS 675.090~~(1)~~(f), 675.523(3), or 675.825~~(3)~~(c) shall be employed by or contracted with a provider organization certified by the Authority under ORS 430.610 to 430.695 as described in ~~(4)~~(i) of this rule and meet one of the following qualifications:

(a) Qualified mental health professional or a Qualified mental health practitioner (QMHP) as defined in OAR chapter 309 Behavioral Health Services, division -019-0125(8);

(b) Qualified mental health associate (QMHA) as defined in OAR chapter 309 Behavioral Health Services, division 019-019-0125(7);

(c) Mental health intern (MHI) as defined in OAR chapter 309 Behavioral Health Services, division -019-0105; or

~~(d) Peer-Support Specialist(PSS)-, Peer Wellness Specialist and Youth/Family Support Specialist- (PWS), Certified Recovery Mentor (CRM)~~ as defined in OAR chapter 950 Equity and Inclusion Division, division -060-0010.

(e) Certified drug and alcohol counselors (CADC)...

(f) Certified gambling addiction counselors (CGAC)...

~~(87)~~ In addition to meeting the provider requirements described in this rule, providers of Assertive Community Treatment (ACT) services shall be certified as a fidelity ACT team by the Division ~~or its designee~~ as described in OAR chapter 309 Behavioral Health Services, division -019-0100.

~~(98)~~ In addition to meeting the provider requirements described in this rule, providers of Individual Placement and Supports (IPS) Supported Employment ~~or Supported~~

Education services shall be certified as a fidelity program by the division or its designee as described in OAR chapter 309 Behavioral Health Services, division -019-0100.

(10) A COA is not required for billing Medicaid when a board registered behavioral health associate works in the following settings:

(a) Clinics under Health Resource and Services Administration (HRSA), a federal regulatory agency, includes Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC).

(b) An Indian Health Care Provider, meaning a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C§ 1603).

(c) State-certified School-Based Health Centers (SBHCs) as defined in ORS 413.223

(d) Education Agencies (EA) as defined in OAR 410-133-0040, when:

(A) Services are provided in compliance with School-Based Health Services (SBHS) OARs Chapter 410, Division 133; and

(B) The EA employs a supervisory-level behavioral health provider to provide direct supervision for employed board-registered behavioral health associates (see OAR 410-133-0040 for definition of supervisory-level).

(e) Psychologist Residents as described in OAR chapter 858 Oregon Board of Psychology, division 010;

(f) Licensed Psychologist Associate under continued supervision as described in OAR chapter 858 Oregon Board of Psychology, division 010;

## **OAR 309-019-0125 – Outpatient Behavioral Health Services: Staff Qualifications**

Provider must ensure that staff in the following positions are reflected on the program's organizational chart and meet applicable qualifications, credentialing, and/or

licensing/certification standards and competencies, including those set forth in these rules:

(1) Program staff providing treatment services and/or supports Peer-Delivered Services in substance use disorders, problem gambling, or mental health treatment programs shall be trained in and familiar with strategies for the delivery of trauma informed and culturally responsive treatment services in compliance with the program's respective policies. All treatment services shall be provided in a trauma informed and culturally responsive manner. Program staff shall:

(a) be licensed or certified/credentialed in Oregon;

(2) Program administrators and program directors shall 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 shall 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 shall 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 shall 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.

Clinical supervisors shall:

(a) be licensed or certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon if they do not hold an Oregon license;

(6) Clinical supervisors in substance use disorders treatment programs shall be certified by a Division recognized credentialing body. Clinical supervisors shall:

(a) be licensed or certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon if they do not hold an Oregon license;

(ca) For clinical supervisors holding a certification/credential in substance use disorder counseling, qualifications for the certification/credentialing 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 professional psychometric examination by a Division recognized credentialing body. 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.

(db) Clinical supervisors not holding a certification/credential in substance use disorder counseling shall have a health or allied provider license. The license 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) Oregon Board of Psychology;

(C) Oregon Board of Licensed Social Workers;

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

(E) Oregon State Board of Nursing.

(~~ee~~) 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 or co-occurring disorders counseling experience.

(7) Clinical supervisors in problem gambling treatment ~~and recovery~~ programs shall meet the requirements for clinical supervisors in either mental health or substance use disorders treatment ~~and recovery~~ programs and have completed twelve hours of gambling specific training ~~specific~~ within ~~six months~~~~two years~~ of designation as a problem gambling services supervisor. Clinical Supervisors shall:

(a) be licensed or certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon if they do not hold an Oregon license;

(8) Peer Delivered Services Supervisors shall 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 shall-

(a) be certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon

(9) Substance use disorders treatment staff shall:

(a) be licensed or certified in Oregon; and

(b) provide services while physically present in Oregon if they are not licensed in Oregon;

(ca) 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

(db) Receive clinical supervision that documents progress towards certification/credentialing and recertification/recredentialing; or

(ee) 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 shall register with the Division recognized credentialing body within 30 days of hire and obtain professional substance use disorder treatment certification/credential within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed;

(d) For program staff holding certification/credential in substance use disorder counseling, qualifications for certification/credential 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 professional psychometric examination by a Division recognized credentialing body. A substantively equivalent portfolio evaluation by 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 certification from a Division recognized credentialing body in substance use disorder counseling shall have a license or registration from a Division recognized credentialing body and at least 60 contact hours of academic or continuing professional education in the treatment of substance use disorders. The license or registration shall have been issued by one of the following state bodies:

(A) Oregon Medical Board;

(B) Oregon Board of Psychology ~~ist Examiners~~;

(C) Oregon Board of Licensed Social Workers;

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

(E) Oregon State Board of Nursing.

(10) Problem Gambling treatment staff shall:

(a) be licensed or certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon if they are not licensed in Oregon;

(ca) 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;

(db) 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;

(ee) Receive clinical supervision and certification consultation supervision that documents progress towards certification/credential and recertification/recredentialing;

(fd) At the date of first hire to provide problem gambling treatment, if the program staff is not certified to provide problem gambling treatment, they shall register with the Division recognized credentialing body within 30 days of hire and obtain professional problem gambling treatment certification/credential within two years from the date of first hire unless they obtain a variance from the Division before that time has elapsed;

(ge) For program staff holding certification/credential in gambling addiction counseling, qualifications for certification/credentialing shall 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 email or other electronic communication, of certification/credentialing consultation from a problem gambling approved certification/credentialing 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.

(fh) Program staff not holding a certification/credential in gambling addiction counseling by a Division recognized credentialing body shall have at least 30 contact hours of academic or continuing professional education in the treatment of gambling addiction. The license or registration shall have be issued by one of the following state bodies:

(A) Oregon Medical Board;

(B) Oregon Board of Psychology ~~yist Examiners~~;

(C) Oregon Board of Licensed Social Workers;

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

(E) Oregon State Board of Nursing.

(11) Rehabilitative Behavioral Health Service Providers, including medical treatment staff, shall demonstrate cultural responsiveness and meet the requirements and qualifications in OAR 410-172-0660.

(12) Behavioral health clinicians shall meet one of the following qualifications and maintain the corresponding license/credential in the State of Oregon:

(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 licensed professional counselor associate (LPCA)

(g) A licensed marriage and family therapist associate (LMFTA)

(hf) A certified clinical social work associate (CSWA);

(i) A Mental Health Intern or resident who is working under a board-approved supervisory contract in a clinical mental health field;

(j) A Qualified Mental Health Practitioner (QMHP); or

(k) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(13) Board Registered Associate program staff shall:

(a) be registered with the corresponding board; and

(b) provide services while physically present in Oregon

(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 if billing or rendering services under Medicaid

(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 one of the following minimum qualifications:

(A) Registered with the Oregon Board of Licensed Professional Counselors and Therapists;

(B) Registered with the Oregon board of licensed social workers.

(143) Qualified Mental Health Associates (QMHA) program staff shall:

(a) be licensed or certified/credentialed in Oregon; and

(b) provide services while physically present in Oregon

(ca) 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;

(bd) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services provider; and

(ee) Shall 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.

(fd) Receive clinical supervision that documents progress towards certification/credentialing and recertification/recredentialing.

(154) Qualified Mental Health Professional QMHP program staff shall:

(a) 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.

(b) Render services and supports within their scope to individuals engaged in a Division approved behavioral health services program;

(c) 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;

(d) 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 ~~and approved by a Division-certified behavioral health provider; or~~

(E) Qualify as a Mental Health Intern, as described in these rules.

(e) Receive clinical supervision that documents progress towards certification/credentialing and recertification/recredentialing.

(165) Mental Health Intern (MHI) program staff shall:

- (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 ~~Division-certified~~ provider and the graduate program for the student;
- (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; and
- (d) 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;
- (e) 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.

(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

(g) Provide services while physically present in Oregon

(176) Student Intern program staff shall:

- (a) Be currently enrolled in an educational program for an undergraduate degree in a behavioral health field; or
- (b) 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;
- (c) Have a collaborative education agreement between the Division certified provider and the educational institute for the student;

(d) 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

(e) Receive, at a minimum, weekly individual supervision by a qualified clinical supervisor employed by the provider of services.

(187) Intern program staff shall:

(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, and within the policies and procedures for the credentialing of program staff as established by the provider;

(b) provide services while physically present in Oregon

~~(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.

~~(f)~~ Community Health Workers working in substance use disorders treatment and recovery programs shall be certified as described in OAR 410-180-0310 and who:

(A) Has expertise or experience in behavioral health;

(B) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;

(C) Provide services while physically present in Oregon

~~(D)~~ To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the members of the community where the worker serves;

(~~ED~~) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(~~EE~~) Provides health education and information that is culturally appropriate to the individuals being served.

(~~gf~~) Assists community members in receiving the care they need;

(~~hg~~) CHW staff may:

(A) Give peer assistance and guidance on health including behavioral health behaviors; and

(B) Provide skills restoration services.

(~~198~~) 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/credentialing and continuing education, and:

(a) A Peer Support Specialist and Peer Wellness Specialist shall be:

(A) Someone self-identified as currently or formerly receiving mental health, problem gambling or substance use services;

(B) Someone self-identified as in recovery from a substance use disorder;

(C) Someone self-identified as in recovery from problem gambling; or

(D) Someone who has experience parenting a child who:

(i) Is a current or former recipient of mental health or substance use treatment; or

(ii) Is facing or has faced difficulties in accessing education and health and wellness services due to a behavioral health barrier.

(b) A Peer Support Specialist and Peer Wellness Specialist shall demonstrate:

(A) The ability to support others in their recovery or resiliency;

(B) Personal life experience and tools of self-directed recovery and resiliency; and

(C) Demonstrate cultural responsiveness and effective communication.

(D) Provide services while physically present in Oregon

(~~19~~20) “Youth support specialist” means a person who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

- (a) Is not older than 30 years of age; and
- (b) Is a current or former consumer of mental health or addiction treatment; or
- (c) Is facing or has faced difficulties in accessing education, health and wellness services due to a behavioral health barrier.
- (d) A “youth support specialist” may be a peer wellness specialist or a peer support specialist.

(e) Provide services while physically present in Oregon

(~~21~~19) 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 interns, 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) Licensed 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.

(I) QMHP as defined in OAR 309-019-0105;

(m) QMHA as defined in OAR 309-019-0105;

(n) Mental health intern as defined in OAR 309-019-0105;

(o) Problem Gambling treatment staff registered with the Division-approved agency, ~~Mental Health and Addiction Certification Board of Oregon (MHACBO)~~, which includes:

(A) Certified Gambling Addiction Counselor-Registered (CGAC-R);

(B) Certified Gambling Addiction Counselor-I (CGAC-I); or

(C) Certified Gambling Addiction Counselor-II (CADC-II).

(p) SUD Treatment Staff registered with the Division-approved agency, ~~Mental Health and Addiction Certification Board of Oregon (MHACBO)~~, which includes:

(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); and

- (D) Certified Alcohol and Drug Counselor-III (CADC-III).
- (q) Peer-Support Specialist (PSS) as defined in OAR 309-019-0105;
- (r) Peer Delivered Services Supervisor as defined in OAR 309-019-0105;
- (s) Peer Wellness Specialist (PWS) as defined in OAR 309-019-0105; and
- (t) Youth Support Specialist.

## **OAR 309-019-0130 – Outpatient Behavioral Health Services, Personnel Documentation, Training, and Supervision**

(1) All personnel who render services, bill for services and supports, and personnel who have access to protected health information must be identified on the organizational chart and shall demonstrate the reporting structure of the program and at minimum shall include:

(a) Full legal name;

(b) Credential;

(c) Position title

(24) Providers shall 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 shall 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 shall 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/credentialing, registration for licensure or certification/credentialing, 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;

(de) 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;

(ef) Periodic performance appraisals;

(fg) Program orientation documentation;

(gh) Disciplinary documentation;

(hi) Documentation of trainings required by this or other applicable rules; and

(ij) Documentation of clinical supervision.

(23) Program Orientation: Providers shall ensure that program staff receive training applicable to the specific population for whom services are planned, delivered, or supervised. The Provider shall 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 shall 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 shall 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.

(43) Clinical Supervision: program staff, including peer support and peer wellness specialists, volunteers and interns providing direct services or supports shall receive documented clinical supervision by a qualified clinical supervisor related to the development, implementation, and outcome of services. Part time staff shall receive supervision ~~prorated to reflect the average number of hours worked~~ no less than - ~~Half~~ the total supervision hours required for full time staff. ~~may be accomplished through group supervision.~~ Individual face-to face contact may include real time, two-way audio or audio-visual conferencing, and:

(a) Documentation shall include:

- (A) The date;
- (B) Amount of time per session; and
- (C) A brief description of the topics addressed.

(b) Clinical Supervision shall 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 shall demonstrate the following minimum hours of clinical supervision for full-time staff per month:

(A) Non-licensed program staff, including Board Registered Associates, shall receive at least two hours per month of clinical supervision. The two hours shall include at

minimum one hour of individual face-to-face supervision, and may include one hour of group supervision;

~~(B) Program staff holding a license issued by a Division recognized credentialing body and volunteers meeting the definition of program staff shall receive at least two hours of clinical supervision quarterly;~~

~~(B)~~ Mental Health Interns and Student Interns shall receive one-hour of individual clinical supervision per week; and

~~(C)~~ When available, a qualified Peer Delivered Services Supervisor shall provide one of the two hours of required monthly supervision to program staff providing direct Peer Delivered Services. Remaining hours of supervision shall be provided by a qualified clinical supervisor.

(d) Mental Health Interns and Student Interns shall render services and supports under the active supervision of a qualified supervisor, as defined in these rules; and

(e) Individualized non-clinical supervision shall be utilized as needed and documented.

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The draft proposed rules are legal text, and we cannot translate them into another language. You can get a summary of the rule changes in other languages, large print, braille or a format you prefer free of charge. Contact the Medicaid Rules Team at [Medicaid.Rules@oha.oregon.gov](mailto:Medicaid.Rules@oha.oregon.gov) or 971-453-8531. We accept all relay calls.

**Medicaid Division**

500 Summer Street NE

Salem, OR 97301

971-453-8531

[Medicaid.Rules@oha.oregon.gov](mailto:Medicaid.Rules@oha.oregon.gov)

<https://www.oregon.gov/oha/hsd/ohp/pages/rule-notices.aspx>

