
How to complete the Culturally and Linguistically Specific Services (CLSS) Application

How to apply for the Medicaid enhanced rate for providing CLSS services
January 2023

Helpful links

- The [CLSS Application](#)
- Oregon Administrative Rules for Culturally and Linguistically Specific Behavioral Health Services: [Chapter 309, Division 65](#)
- OHA's Behavioral Health Rates Increase page for:
 - Information about the CLSS enhanced rate
 - Provider updates
 - Previous webinar slides and recordings

How to complete the Culturally and Linguistically Specific Services (CLSS) Application

STEP BY STEP INSTRUCTIONS

Step 1: Enter your name and contact information

- **Organization, Program or Provider Name:** Enter the name of your organization, program or individual business (this should align with your application type).
- **Phone Number:** Enter your business phone number for OHA to call with any questions or concerns.
- **Contact Name:** Enter your organization's contact for this application.
- **Contact Email Address:** Enter the primary email address OHA should send correspondence related to this application.
- **Physical Address:** Enter the physical address of your program, organization, or individual business.
- **County:** Enter the county or counties you serve. If you serve more than one county, please separate them with a comma).



Culturally and Linguistically Specific Services Application

Requirements for eligibility of enhanced payment
Narrative elements must be included

Organization, Program or Provider Name *

Phone Number *

Contact name *

Contact Email Address *

Physical Address *

County *



Step 2: Describe your program, organization or practice

- **Culturally specific community:** Describe the culturally and/or linguistically specific community you serve.
- **Provide number of people on staff:** Enter the number of people who work in the program or organization as of the date of the application. If you are an individual provider, please type “1.”
- **Number of people served:** Enter the number of people you serve annually.
- **Are you a Rural Provider:** Mark whether you are a rural provider or not based on the definition listed here.

Culturally specific community *

What is the culturally specific community that you serve?

Provide number of people on staff *

Number of people serviced *

Please add whole number of people served

Are you a Rural Provider *

Rural is defined as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more

Check box

Yes

NO

Step 4: Enter your billing information

- **Oregon Medicaid ID number:** Enter the ID number for Organization, Program or Individual that bills for the CLSS services.
 - If you are an Individual Bilingual or Sign Language provider whose services are billed by a program or organization, use the program or organization’s ID number.
- **Provided Services before July 1, 2022:** Approved providers may bill OHA for CLSS delivered on and after July 1, 2022, if they attest they provided CLSS in accordance with the CLSS OARs (309-065-0000 through 309-065-0040).
 - To do this, mark “Yes.”
 - If you cannot make this attestation or do not wish to bill retroactively, mark “No.”

MMIS Medicaid Number *

Of entity billing services

Provided Services before July 1, 2022 (If billing FFS retro actively) *

For "Yes" I am attesting that this program, organization, or individual has started providing services in a culturally and/or linguistically specific manner starting on or after July 1, 2022

Yes

No

Step 4: Choose your Qualification Type

- **CLSS Organization:** An organization which delivers CLSS to its clients.
- **CLSS Program:** A program within a larger organization which delivers CLSS to its clients.
- **CLSS Individual Provider:** An individual who delivers CLSS services to their clients, whose services are **not** already billed by a CLSS Organization or Program.
- **Individual Bilingual Provider:** An individual who delivers direct care behavioral health services in a language other than English.
- **Individual Sign Language Provider:** An individual who delivers direct care behavioral health services in sign language.

Qualification Type - (Narrative element questions to follow) *

Must be able to bill for CLSS services or bilingual services, or direct sign language services

- CLSS Organization (460)
- CLSS Program (459)
- CLSS Individual Provider (461)
- Individual Bilingual Provider (462)
- Individual Sign Language Provider (463)

Step 5: Answer the narrative questions

- Once you choose your Qualification Type, a new box will open with the questions you must answer.
- If you are unsure about which Qualification Type you are or what questions you must answer:
 - Please refer to the CLSS rules ([Chapter 309, Division 65](#)), or
 - Reach out to BHEquity@odhsoha.oregon.gov for technical assistance.
- When completing the narrative questions:
 - Please use a separate document to record your answers to these questions.
 - You will upload one PDF document into the application that includes:
 - Your answers to the questions
 - Any additional optional supporting documentation

Step 5: Answer the narrative questions

- If you chose **CLSS Organization**, your screen should look like this.

Qualification Type - (Narrative element questions to follow) *

Must be able to bill for CLSS services or bilingual services, or direct sign language services

- CLSS Organization
- CLSS Program
- CLSS Individual Provider
- Bilingual Provider
- Sign Language Provider

Narrative Element Questions must be provided

Organization Narrative Element Questions:

Applicants must demonstrate the ability to serve the culturally specific community identified in the application and as detailed in OAR 309-065-020. The following questions will be used to determine that these requirements are met.

You are encouraged to keep your written responses to each question succinct and less than or equal to 500 words. It is strongly encouraged that you do not exceed 1000 words per question. You may include and reference your organization's detailed policies and procedures, a list of staff training requirements, and/or a historical narrative to answer these questions, but this not required.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Please describe your organization's direct knowledge of lived experiences of the culturally specific community or communities being served, including but not limited to the impact of structural and individual racism, minoritization or discrimination on such communities.
2. Please describe your organization's knowledge of specific inequities documented in the culturally specific community or communities being served.
3. Please describe your organization's ability to support and affirm cultural practices for the community or communities being served, such as but not limited to:
 - Health and safety beliefs, or practices;
 - Positive cultural identity, pride, or resilience;
 - Immigration dynamics;
 - Spiritual/Religious beliefs.
4. Please describe your organization's ability to support and affirm intersectional identities in the provision of services for people from multiple communities or with multiple identities. For example, the ability to affirm and support the unique needs of a person who is Black, Muslim and an immigrant.
5. Please describe how your CLSS Organization is either (A) primarily led and staffed by people that have extensive experience working with or being immersed in the same minoritized community they serve; or (B) have a history of at least five years primarily serving the minoritized community in a behavioral health setting.

Step 5: Answer the narrative questions

- If you chose **CLSS Program**, your screen should look like this.

- CLSS Organization
- CLSS Program
- CLSS Individual Provider
- Bilingual Provider
- Sign Language Provider

Narrative Element Questions must be provided

Program (exists within a larger non-CLSS Organization Essay Questions:

Applicants must demonstrate the ability to serve the culturally specific community identified in the application and as detailed in OAR 309-065-020. The following questions will be used to determine that these requirements are met.

You are encouraged to keep your written responses to each question succinct and less than or equal to 500 words. It is strongly encouraged that you do not exceed 1000 words. You may include and reference your program's detailed policies and procedures, a list of staff training requirements, and/or a historical narrative to answer these questions, but it not required.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Please describe your program's direct knowledge of lived experiences of the culturally specific community or communities being served, including but not limited to the impact of structural and individual racism, minoritization or discrimination on such communities.
2. Please describe your program's knowledge of specific inequities documented in the culturally specific community or communities being served.
3. Please describe your program's ability to support and affirm cultural practices for the community or communities being served, such as but not limited to:
 - Health and safety beliefs, or practices;
 - Positive cultural identity, pride, or resilience;
 - Immigration dynamics;
 - Spiritual/Religious beliefs.
4. Please describe your program's ability to support and affirm intersectional identities in the provision of services for people from multiple communities or with multiple identities. For example, the ability to affirm and support the unique needs of a person who is Black, Muslim and an immigrant.
5. Please describe how your CLSS Program is either (A) primarily staffed and render services provided by people that have extensive experience working with or being immersed in the same minoritized community or communities that are being served; or (B) have a history of at least five years primarily serving the minoritized community in a behavioral health setting.

Step 5: Answer the narrative questions

- If you chose **CLSS Individual Provider**, your screen should look like this.

- CLSS Organization
- CLSS Program
- CLSS Individual Provider
- Bilingual Provider
- Sign Language Provider

Narrative Element Questions must be provided

Individual Provider Essay Questions

Applicants must demonstrate the ability to serve the culturally specific community identified in the application and as detailed in OAR 309-065-030. The following questions will be used to determine that these requirements are met.

You are encouraged to keep your written responses to each question succinct and less than or equal to 500 words. It is strongly encouraged that you do not exceed 1000 words. You may include and reference a resume or curriculum vitae detailing academic credentials, relevant course work or certifications; or a narrative that details the individual's professional history and experience, including specific example, without identifying clients to answer these questions.

Please scan all documents including the answers to the questions below into one PDF file and attach as one document.

1. Please describe your direct knowledge of lived experiences of the culturally specific community or communities being served, including but not limited to the impact of structural and individual racism, minoritization or discrimination on such communities.
2. Please describe your knowledge of specific inequities documented in the culturally specific community or communities being served.
3. Please describe your ability to support and affirm cultural practices for the community or communities being served, such as but not limited to:
 - Health and safety beliefs, or practices;
 - Positive cultural identity, pride, or resilience;
 - Immigration dynamics;
 - Spiritual/Religious beliefs.
4. Please describe your ability to support and affirm intersectional identities in the provision of services for people from multiple communities or with multiple identities. For example, the ability to affirm and support the unique needs of a person who is Black, Muslim and an immigrant.
5. Please describe how you as an individual provider have extensive experience working with or being immersed in the same minoritized community they serve.

Step 5: Answer the narrative questions

- If you chose **Bilingual Provider**, your screen should look like this.

- CLSS Organization
- CLSS Program
- CLSS Individual Provider
- Bilingual Provider
- Sign Language Provider

Narrative Element Questions must be provided

Bilingual Services Provider:

Applicants must demonstrate proficiency in the language other than English that they will be providing direct care services in as detailed in OAR 309-065-040. The following questions will be used to determine that these requirements are met.

*Please note that only direct care services are eligible for enhanced payment. Interpretation is not.

1. Please attach proof of having passed a language proficiency assessment by an OHA approved testing center for language proficiency (which can be found here: <https://www.oregon.gov/oha/OEI/Pages/HCI-training.aspx>) within the last three years for the languages identified; or

Detail how proficiency in the language was acquired, such as growing up in a home where this language was the dominant language used, if no language proficiency assessment is available in a particular language.

Please note: If you have passed a language proficiency assessment by a testing center other than your employer that is not on the list of OHA approved testing centers and would like OHA to consider adding them to the list of approved testing centers, please contact us at bhequity@odhsoha.oregon.gov to inform us of this request in addition to submitting your application.

Step 5: Answer the narrative questions

- If you chose **Sign Language Provider**, your screen should look like this.

- CLSS Organization
- CLSS Program
- CLSS Individual Provider
- Bilingual Provider
- Sign Language Provider

Narrative Element Questions must be provided

Sign Language Provider:

Applicants must demonstrate proficiency in Sign language as detailed in OAR 309-065-040. The following questions will be used to determine that these requirements are met.

*Please note that only direct care services are eligible for enhanced payment. Interpretation is not.

1. Please attach proof of current sign language interpreter certification from an OHA approved sign language interpreter training program ((which can be found here: <https://www.oregon.gov/oha/OEI/Pages/HCI-training.aspx>); or

Detail how proficiency was acquired in sign language, such as growing up in a home where sign language was the dominant language used.

Step 6: Upload your narrative questions and optional documents

- Once you have completed your narrative and compiled any documents you may want to add, you will upload it them as one document.
- Please attach your **one** document here.
- OHA recommends that you scan all the documents you wish to include in one PDF document.

Attach Documents Here *

It is required to answer the essay questions in full and/or upload certifications

Drag and drop files here or [browse files](#)

Step 7: Attest and submit

- Please attest to the statements in the last section by checking the “I understand” box and entering the name of the applying program/organization/individual provider.
- **Date submitted:** Choose the date you are submitting this application and making this attestation.
- If you would like a copy of your application via email, mark “Send me a copy of my responses.”
- Click the **Submit** button to send OHA your application.

Privacy Statement

Information submitted to OHA by applicants for loan repayment is considered to be a public record under Oregon's Public Records Law. However, that does not necessarily mean that all of the information you submit would be subject to disclosure if OHA received a public records request. Some of the information you submit can be protected from disclosure because it falls within the personal privacy exemption under the Public Records Law. OHA is committed to complying with Oregon's Public Records Law, but is also committed to protecting the personal privacy of individuals that are required to submit information to OHA, to the extent permitted by law. In addition, OHA could be required to disclose information you submit if legally required to do so by a subpoena or court order.

1. The information provided on the application is valid and complete;
2. The agency will comply with the Oregon Administrative Rules that govern these services;
3. If applicable, the agency is compliant with all other licensing or accreditation entities that apply, i.e., Department of Human Services, Drug Enforcement Administration (DEA), etc.

Check the box attesting

- I understand that the information I submit to Oregon Health Authority is considered public record *

Pursuant to requirements in the Oregon Administrative Rules and as the legal authority of _____ (name of organization/program/individual provider), below I attest to: *

Date Submitted

- Send me a copy of my responses

Submit

Thank you!

- Thanks for your interest in becoming eligible for enhanced payments for delivering CLSS.
- If you have any questions or need technical assistance, please reach out to the Behavioral Health Equity and Community Partnerships team at BHEquity@odhsoha.oregon.gov.