

Young Children Receiving Social- Emotional Issue-Focused Interventions/Treatment Services CCO Quality Incentive Metric

Coding and Billing Guidance

Audience: Coordinated Care Organizations

December 2024



Guidance document developed by Oregon Rural Practice-based Research Network (ORPRN) and Oregon Health Authority (OHA) Transformation Center to support implementation of the Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO Quality Incentive Metric

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Introduction

The following **Coding and Billing Guidance** is intended for **Coordinated Care Organizations (CCO)** and provides coding and billing information relevant to the **Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services (Social-Emotional Interventions for 1-5) CCO Quality Incentive Metric**. This metric was developed by the Oregon Pediatric Improvement Partnership (OPIP). This quality metric starts January 1, 2025. Measurement specifications can be found on the [CCO Metric Program Resources webpage](#) and the [Technical Assistance webpage](#).

Accessibility

Language Access Services Policy

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help, please contact:

- Web: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/index.aspx>
- Email: Transformation.Center@odhsoha.oregon.gov
- Phone: 971-304-9642, 711 TTY. We accept all relay calls
- Mail: Transformation Center

421 SW Oak St., Suite 750, Portland, OR 97204

Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services quality incentive metric CPT code set

The intent of the Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services quality incentive metric is to measure and enhance the provision of intervention and treatment services for children 1-5 years of age with identified social-emotional needs or issues. The codes associated with this metric are set up in MMIS for appropriate coding by all appropriate providers, practices and organizations providing social-emotional health treatment services. Only services captured in MMIS using this set of CPT codes will “count” or be measured by the quality incentive program for the metric.

As outlined by the measure steward (OPIP), the table below lists the 44 CPT codes that will be used for measurement of the metric starting January 2025. This coding information is based on the Fee-for-Service (FFS) [August 2024 behavioral health fee schedule](#) and the [September 2024 medical/dental fee schedule](#). See the claims submission and payment section of this document for more detail about FFS fee schedules. The following table shows the quality metric CPT codes by fee schedule.

Quality metric CPT code set		
CPT Claim Title	CPT Claim Code	Fee Schedule
Psychiatric diagnostic evaluation	90791	Behavioral Health
Psychiatric diagnostic evaluation, by a medically licensed professional	90792	
Health behavior assessment, or re-assessment	96156	
Mental health assessment, by non-physician	H0031	
Health behavior intervention	96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	
Preventative medicine counseling	99401 - 99404, 99411 - 99412	Medical/Dental
Adaptive behavior treatment	97153 - 97157, 97158*	Behavioral Health
Behavioral health counseling and therapy	H0004	Behavioral Health
Skills training and development	H2014	
Individual psychotherapy	90832 – 90834, 90836 – 90838	
Family psychotherapy	90846, 90847	
Group psychotherapy	90849, 90853	
Multi-family group training session	96202 – 96203*	n/a
Behavioral health outreach services (used for intensive, in-home behavioral health treatment)	H0023	Behavioral Health
Mental health service plan development, by non-physician	H0032	

CPT Claim Title	CPT Claim Code	Fee Schedule
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family)	98960 - 98962	Medical/Dental
Activity therapy (music, dance, and/or play therapies) related to the care and treatment of patient's disabling mental health problems per session (>=45min)	G0176	Behavioral Health

* Code(s) does not appear on a FFS fee schedule. Refer to the *Claims Submission* section for guidance.

Coding and billing information by provider type

Most of the CPT codes included in the Social-Emotional Interventions for 1-5 quality metric set are to be used by licensed providers. A smaller subset of these CPT codes can be used by non-licensed providers (e.g., QMHAs and THWs) based on scope of practice and place of service. The following sections indicate which issue-focused interventions (CPT codes) may be used by provider type and setting.

Licensed providers

Licensed providers can provide many of these services and/or use the quality metric CPT codes based on scope of practice and place of service. See *Appendix A* for a list of the codes that may be used by licensed providers.

Qualified Mental Health Professional (QMHP) and Qualified Mental Health Associate (QMHA)

Definitions

- **Qualified Mental Health Professionals (QMHP)** are mental health program staff, licensed medical practitioner (LMP) or any other program staff meeting the minimum qualifications as authorized by the local mental health authority (LMHA) or designee and specified in [OAR 309-019-0125](#).
- **Qualified Mental Health Associates (QMHA)** are mental health program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in [OAR 309-019-0125](#).

CPT codes

QMHPs and QMHAs can provide some of these issue-focused intervention services and/or use some of the included CPT codes based on scope of practice and place of service. See the following tables for the social-emotional health services or interventions (included in the quality metric code set) that QHMPs and QMHAs may provide.

Qualified Mental Health Professional (QMHP)	
CPT Claim Title	CPT Claim Code
Psychiatric diagnostic evaluation	90791
Individual psychotherapy (30 minutes with patient and/or family member)	90832
Individual psychotherapy (45 minutes with patient and/or family member)	90834
Individual psychotherapy (60 minutes with patient and/or family member)	90837
Family psychotherapy (50 minutes with the patient present)	90847
Group psychotherapy	90849
Behavioral health counseling and therapy	H0004
Behavioral health outreach services (used for intensive, in-home behavioral health treatment, IIBHT)	H0023
Mental health assessment, by non-physician	H0031
Mental health service plan development, by non-physician	H0032
Skills training and development	H2014
Activity therapy (music, dance, and/or play therapies) related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0176

Qualified Mental Health Associate (QMHA)	
CPT Claim Title	CPT Claim Code
Behavioral health outreach services (used for intensive, in-home behavioral health treatment, IIBHT)	H0023
Skills training and development	H2014
Activity therapy (music, dance, and/or play therapies) related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0176

See the *In lieu of services (ILOS)* section for information about how ILOS could support QMHAs related to the Social-Emotional Interventions for 1-5 metric.

Standards for practice

Both QMHPs and QMHAs must be credentialed. The Mental Health & Addiction Certification Board of Oregon (MHACBO) is a credentialing body for QMHPs and QMHAs. Staff credentialing may also happen at the program level within a behavioral health organization.

Standards for practice for QMHPs and QMHAs are outlined in [OAR 291-124-1030](#) and [OAR 291-124-1040](#). Standards for outpatient behavioral health services and for the approval of providers of non-inpatient mental health treatment services are outlined in [OAR 309-039-510](#), [OAR 309-019](#), [OAR 309-019-0125\(13\)](#) and [OAR 309-019-0125\(14\)](#).

Service setting

QMHPs and QMHAs are only designated as such within licensed behavioral health or certified settings and therefore may only provide outpatient behavioral health services in a setting that holds a Certificate of Approval (COA). See the *Certificate of Approval* section for more information about COAs.

Community Health Worker (CHW)

Definition

Community Health Workers (CHW) are program staff who meet qualification criteria adopted by the authority under [ORS 414.665](#) and are certified pursuant to the requirements in [OAR 410-180-0310](#).

CPT codes

CHWs can provide some of these issue-focused intervention services and/or use some of the quality metric CPT codes based on scope of practice and place of service. See the following table for the social-emotional health services or interventions (included in the quality metric code set) that CHWs may provide.

Community Health Worker (CHW)	
CPT Claim Title	CPT Claim Code(s)
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)	99401 - 99404
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) (individual patient)	98960

CPT Claim Title	CPT Claim Code(s)
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) (2-4 patients)	98961
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) (5-8 patients)	98962
Mental health service plan development, by non-physician	H0032
Skills training and development	H2014
Activity therapy (music, dance, and/or play therapies) related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0176

Additional resources can be found in the [CHW billing guide](#) and the [THW toolkit](#). See the *In lieu of services (ILOS)* section for information about how ILOS could support CHWs related to the Social-Emotional Interventions for 1-5 metric.

Standards for practice

CHWs are certified by Oregon Health Authority's Division of Equity and Inclusion. CHW standards for practice are outlined in [OAR 950-060-0000](#) and in [OHA's State Plan](#) (Other Practitioner Services/Non-licensed practitioners, page 363-365).

Additional details about scope of practice and other practice standards can be found in the [THW toolkit](#).

Service setting

CHWs may provide services in a variety of settings, within their scope of practice and that of the supervising Licensed Health Care Professional (LHCP). Supervision by an LHCP is required for CHWs operating in most settings. See the *In Lieu of Services (ILOS)* section for more information regarding supervision flexibilities for CHWs in community settings.

Peers (Peer Support Specialists, Peer Wellness Specialists and Family Support Specialists)

Definitions

- **Peer Support Specialists (PSS)** are qualified program staff providing peer-delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer-delivered services supervisor as resources are made available. Peer Support

Specialists meet qualification criteria and certified pursuant to the requirements in [OAR 950-060-0000](#).

- **Peer Wellness Specialists (PWS)** are program staff who support an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness under the supervision of a qualified clinical supervisor and a qualified peer-delivered services supervisor as resources are made available. Peer Wellness Specialists meet qualification criteria and certified pursuant to the requirements in [OAR 950-060-0000](#).
- **Family Support Specialists (FSS)** are program staff who meet qualification criteria under [OAR 950-060-0000](#) and provide peer delivered services to a family member. They must have experience parenting a child who is a current or former consumer of mental health or addiction treatment or is facing or has faced difficulties in accessing education, health, and wellness services due to a mental health or behavioral health barrier.

CPT codes

Peers (PSS, PWS and FSS) can provide some of these issue-focused intervention services and/or use some of the included quality metric CPT codes based on scope of practice and place of service. See the following table for the social-emotional health services or interventions (included in the metric code set) that Peers may provide.

Peer Support Specialist (PSS) Peer Wellness Specialist (PWS) Family Support Specialist (FSS)	
CPT Claim Title	CPT Claim Code(s)
Behavioral health outreach services (used for intensive, in-home behavioral health treatment - IIBHT)	H0023
Skills training and development	H2014

Additional information can be found in the [Peer Support billing guide](#). See the *In lieu of services (ILOS)* section for information about how ILOS could support Peers related to the Social-Emotional Interventions for 1-5 metric.

Standards for practice

Peers are certified by Oregon Health Authority's Division of Equity and Inclusion. Peer standards for practice are outlined in [OAR 950-060-0000](#) and in [OHA's State Plan](#) (Other Practitioner Services/Non-licensed practitioners, page 363-365).

Additional details about scope of practice and other practice standards for Peers can be found in the [THW toolkit](#).

Service setting

Peers may provide services within their scope of practice, *only* related to mental and behavioral health and substance use disorder. They may not provide physical or social health services. Some settings must hold a Certificate of Approval (COA) for Peers to provide services. See the *Certificate of Approval (COA)* section for more information about COAs.

Supervision by a licensed health care provider (LHCP) is required for Peers operating in most settings. See the *In Lieu of Services (ILOS)* section for more information regarding supervision flexibilities for Peers in community settings.

Public Health Home Visitors

A home visitor is a public health nurse or community health worker that offers assessments, case management, care coordination and health education to families in their home or a location of their choice.

There are three [public health nurse home visiting programs](#) that offer services to children ages 1-5 in Oregon: Nurse-Family Partnership (NFP), Babies First! and CaCoon. All programs are voluntary and free to families. Home visitors provide case management services and may submit Medicaid claims for [Targeted Case Management \(TCM\)](#); however, some direct services may be provided in these encounters that would apply to the issue-focused interventions/treatment services included in this metric. Oregon Health Authority is currently working to develop guidance related to these scenarios.

Additional information regarding TCM can be found in the [State Plan Amendment for Public Health Nurse Home Visiting Targeted Case Management](#) (see page 8-9 for Definition of Services), [OARs 410-138-000 through -0390](#) and OHA's [Maternal and Child Health \(MCH\) Public Health Nurse Training and Resources](#) webpage.

Claims submission and payment

The necessary system components are set up so that CCOs can support all appropriate provider types within their delivery system network to submit and be paid for claims associated with the Young Children Receiving Social-Emotional Issue-Focused

Interventions/Treatment Services quality metric CPT code set. For the quality metric, neither provider nor diagnostic pairing will be required as part of the reporting. However, CCOs should support providers to code and submit claims according to appropriate scope of practice, service need and provide coverage aligned with [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program](#).

QMHPs, QMHAs, CHWs and Peers provide services as the rendering provider, but do not bill/submit claims directly to OHA. Either their organization must submit the claim/serve as the billing provider or a CCO must submit the claim into MMIS (encounter claim) on behalf of the rendering provider. CCOs may choose to set up an alternative payment arrangement with providers who do not have the capacity to submit claims and are delivering social-emotional health services.

CCOs establish their own rates with in-network providers and should do so according to the [CCO contract](#) (Exhibit B, part 8, number 5) and as outlined in [OAR 410-120-1295](#). CCOs may use OHA's Fee-For Service (FFS) fee schedules to establish payment for services for in-network providers. If paying out-of-network providers, CCOs must pay at least the FFS fee schedule rates. CCOs should work with their CCO account representative if they have questions or issues establishing provider payment rates.

Provider enrollment

Any qualified provider who wants to serve Oregon Health Plan members (FFS or CCO) and be paid for allowable services must enroll in MMIS. There are different [provider types and designations](#) in MMIS. New provider types can be created and added to MMIS as needed (see the *In lieu of services, Examples of ILOS* section for a new provider type example).

Applications for provider enrollment that are encounter-only (i.e., they provide service(s) to CCO members only) have a very short turnaround time for approval once submitted by the CCO to OHA. To enroll, providers must contact the CCO who will obtain the enrollment information from the provider and submit the application to OHA on the provider's behalf.

Providers who have questions or are new to Medicaid may contact Provider enrollment at 800-336-6016, option 6 or email at Provider.ENROLLMENT@odhsoha.oregon.gov. Enrollment resources:

- OHA's main webpage providing [enrollment directions for all provider types](#)
- [MMIS provider portal enrollment guide](#)
- [ILOS billing and reporting guide](#) including provider enrollment information for ILOS providers

Certificate of Approval (COA)

Certificates of Approval (COA) are required by outpatient behavioral health organizations that employ non-licensed (and some licensed) staff who provide behavioral health services. Requirements for a COA are outlined in [OAR 309-008-001](#). See the following COA table to determine what is needed for various types of organizations that employ CHWs, Peers, QMHPs and QMHAs.

Organization Type	Provider Type	COA Needed
CBO (BH designation in MMIS)	CHW	NO
	Peer	YES
	QMHP	YES
	QMHA	YES
CBO (non-BH designation in MMIS)	CHW	NO
	Peer	NO
Community Mental Health	CHW	NO
	Peer	YES
	QMHP	YES
	QMHA	YES
Local Public Health Authority	CHW	NO
	Peer	NO
Early Head Start	CHW	NO
	Peer	NO
Primary Care Clinic	CHW	NO
	Peer	NO
PCPCH w/ Integrated Behavioral Health	CHW	NO
	Peer	NO

The process for new provider organizations to obtain a COA includes the following steps:

- Complete a screening form
- Schedule and attend a COA orientation meeting to learn about outpatient rules and application requirements
- Complete and submit a COA application to OHA
- Work with a compliance specialist from the Licensing & Certification Team on the compliance review of the application materials and facility site inspection.

Contact LCApplications@oha.oregon.gov to discuss different situations where a COA may be needed, to request a screening form to start the COA process or for any questions about COA.

In lieu of services (ILOS)

To facilitate service provision related to the Social-Emotional Interventions for 1-5 metric in alternative settings or by alternative providers, CCOs may consider using one or multiple of Oregon’s [currently approved ILOS](#). There are three existing ILOS in 2024 CCO contracts that may support providers delivering social-emotional health services associated with the quality metric. These ILOS include:

- CHW services - alternative setting
- Peer and QMHA services - alternative setting
- Infant mental health pre- and post-testing services

There are suggested codes that could be used for each approved ILOS, which are listed in the [ILOS billing and reporting guide](#). However, any procedure code that is valid on the date of service and an accurate representation of the ILOS provided may be used. In addition to the suggested codes in ILOS guidance documents, codes in the Social-Emotional Interventions for 1-5 metric code set that **may** be appropriate for the above ILOS include:

- CHW services - alternative setting: 98960-98962, H0023
- Infant mental health pre- and post-testing services: 98960-98962

As described in the [ILOS billing and reporting guide](#), CCOs must submit ILOS encounter data, including the ILOS modifier “V4.” This modifier does not impact how the encounter data “counts” toward the quality metric.

A COA may be needed depending on the specific ILOS, the services/codes, the place of service and the provider type. Contact ILOS.info@odhsoha.oregon.gov with questions.

Examples of ILOS

1. Nonphysician health care professional provides 30 minutes of education and training for patient and family self-management at a Community Mental Health Program facility.

- ILOS: Infant mental health pre- and post-testing services
- Billing code: 98960 (one unit)
- Modifier: V4
- Supervised by and billing under an LHCP (Physicians, Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors)

2. Certified Peer Support Specialist or certified Peer Wellness Specialist provides 30 minutes of skills training and development to a member at a local public health authority.

- ILOS: Peer and Qualified Mental Health Associate services— alternative setting
- Billing code: H2014 (two units)
- Modifier: V4
- Supervised by and billing under an LHCP (Physicians, Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors)

3. Certified CHW provides 15 minutes of skills training and development to a member at a Head Start facility.

- ILOS: CHW services— alternative setting
- Billing code: H2014 (one unit)
- Modifier: V4
- Future opportunity*: Supervised by a CHW, billing under the organization or under a billing hub with the forthcoming ILOS provider type

*This example uses the non-clinical supervision option offered in the CHW services ILOS; this option is also offered in the peer and QMHA services ILOS. For more details about the non-clinical supervision option, see the [ILOS Program Overview](#). As of December 2024, OHA is finalizing implementation details for CCOs to use this option, including building a new, enrolled OHP provider type for an organization or billing hub. Contact ILOS.info@odhsoha.oregon.gov with questions.

APPENDIX A. CPT codes usable by licensed providers

Issue-Focused Services Included in Numerator



- List includes targeted service codes (no diagnosis required) covering the breadth of brief intervention and treatment services most commonly used by the **system of providers** addressing behaviors

Primary Care & Integrated Behavioral Health



- Health Behavior Assessment (96156)
- Health Behavior Intervention (96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)
- Preventive Medicine Counseling (99401-99404, 99411-99412)

Specialty Behavioral Health



- Psychiatric Diagnostic Evaluation (90791)
- Mental health assessment, by non-physician (H0031)
- Individual psychotherapy (90832-90834, 90836-90838)
- Family psychotherapy (90846, 90847)
- Group psychotherapy (90849, 90853)
- Multi-Family Group Training Session (96202-3)

- Psychiatric Diagnostic Evaluation, by medically licensed professional (90792)
- Adaptive Behavior Treatment (97153-97158)
- Behavioral health counseling/therapy (H0004)
- Skills training and development (H2014)
- Behavioral Health Outreach Services (Used for Intensive, In Home BH Treatment) (H0023)
- Activity Therapy (G0176)
- Mental health service plan development, by non-physician (H0032)

Other contracted providers (such as THWs/CHWs in Community-Based Organizations)

- **Likely to include some codes listed above, such as Preventive Medicine Counseling, Group Psychotherapy, Multi-Family Group Training, Mental health service plan development, by non-physician (H0032) ***
- Education & Training for Patient Self-Management by Qualified Non-Physician (98960-98962)



Source: Oregon Pediatric Improvement Partnership, 2024. Measure Steward. More information can be found here: <https://oregon-pip.org/health-aspects-of-kindergarten-readiness/proposed-2025-child-level-metric-focused-on-issue-focused-interventions-addressing-young-childrens-social-emotional-health/>.

APPENDIX B. Resource documents

This list includes guidance, OARs, fee schedules or other background documents that support understanding of appropriate provider service provision, coding and billing.

- [CCO Metric Program Resources webpage](#)
- [Technical Assistance webpage](#)
- [Oregon Pediatric Improvement Partnership](#)
- [OHA FFS fee schedules](#)
 - [August 2024 behavioral health fee schedule](#)
 - [September 2024 medical/dental fee schedule](#)
- Qualified Mental Health Professionals (QMHPs) and Qualified Mental Health Associates (QMHAAs)
 - Definitions:
 - [OAR 309-019-0125](#)
 - Standards for practice:
 - [OAR 291-124-1030](#), [OAR 291-124-1040](#)
 - [OAR 309-039-510](#), [OAR 309-019](#), [OAR 309-019-0125\(13\)](#), [OAR 309-019-0125\(14\)](#)
- Community Health Workers
 - Definitions:
 - [ORS 414.665](#)
 - [OAR 410-180-0310](#)
 - Standards for practice:
 - [OAR 950-060-0000](#)
 - [OHA's State Plan](#)
 - Additional Resources:
 - [CHW billing guide](#)
 - [THW toolkit](#)
- Peers
 - Definitions:
 - [OAR 950-060-0000](#)
 - Standards for practice:
 - [OAR 950-060-0000](#)
 - [OHA's State Plan](#)
 - [THW toolkit](#)
 - Additional Resources:
 - [Peer Support billing guide](#)
 - [Peer supervision](#)
- Public Health Home Visitors
 - [Public health nurse home visiting programs](#) in Oregon
 - [Targeted Case Management \(TCM\)](#)
 - [State Plan Amendment for Public Health Nurse Home Visiting Targeted Case Management](#) (see page 8-9 for Definition of Services)
 - [OARs 410-138-000 through -0390](#)

- [Maternal and Child Health \(MCH\) Public Health Nurse Training and Resources](#)
- Claims submission and payment
 - [CCO contract](#) (Exhibit B, part 8, number 5)
 - [OAR 410-120-1295](#)
- Provider enrollment
 - [Provider types and designations](#) in MMIS
 - [Enrollment directions for all provider types](#)
 - [MMIS provider portal enrollment guide](#)
 - [ILOS billing and reporting guide](#) including ILOS provider enrollment
- [Requirements for Certificates of Approval](#)
- In lieu of services
 - [ILOS Program Overview](#)
 - [Currently approved ILOS](#)
 - [ILOS billing and reporting guide](#)
- [Equity and Inclusion Division's Traditional Health Worker rules](#)
- [Medicaid State Plan](#)
- [Health Evidence Review Commission \(HERC\) guidance](#)
- [Oregon Early Childhood Diagnostic Crosswalk](#)

Contact

For questions about this guidance document, please contact Rachel Burdon at Rachel.E.Burdon@oha.oregon.gov

For technical questions about the metric, please contact the OHA metrics team at Metrics.Questions@odhsoha.oregon.gov