



# UHA Connection

April 2024 Provider Newsletter



## SAFE AND HEALTHY

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access content and print it out if you would rather read it that way.

In this PDF, you can still click on the links provided throughout the newsletter.

**Scroll through to learn more on topical information related to:**

- **Practice Tactics**
- **Clinical Corner**
- **Better Health For All**
- **CME for Thee**
- **Network News**

Your success is critical to our member's health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and resource for important updates. If you have questions or would like to see information on a specific topic in the newsletter please reach out to:

Dr. Douglas Carr at [dcarr@umpquahealth.com](mailto:dcarr@umpquahealth.com)

Michelle Torina at [mtorina@umpquahealth.com](mailto:mtorina@umpquahealth.com)

Thank you for all that you do to keep our members and patients safe and healthy!



**541-229-4842**



**[umpquahealth.com](http://umpquahealth.com)**

# PRACTICE TACTICS



## OHP members do not pay bills for covered services.

Per [OAR 410-120-1280](#), a provider enrolled with the Authority or providing services to a client in an MCE under the Oregon Health Plan (OHP) **may not seek payment** from the client for any services covered by Medicaid fee-for-service or through contracted health care plans, except as authorized by the Authority under this rule.

Providers shall use the Authority's and UHA's tools to determine if the service to be provided is covered under the member's OHP benefit package. Providers shall also identify the party responsible for covering the intended service and seek Prior Authorizations from the appropriate payer before providing services. Before providing a non-covered service, the provider shall complete the [OHP Agreement to Pay form](#) with the member.

### The following must be true for the Agreement to Pay form to be valid:

For the Agreement to Pay form to be valid, the following conditions must be met:

- The form must include the estimated cost of the service, matching the bill.
- The service must be scheduled within 30 days of the member signing the form.
- The form must state that OHP does not cover the service.
- The member must agree to pay the bill personally.
- If a member chooses to privately pay for a covered service, they may be billed if the office informs them in advance:
  - The service is covered, and UHA would fully reimburse for it.
  - The estimated cost and all related charges, along with the amount UHA would pay.
  - The provider cannot charge more than what UHA would pay, and the member must agree voluntarily.
- The provider must document in writing, signed by the member or their representative, that they provided the necessary information and the member agreed to privately pay.
- The member or their representative must sign the agreement containing all private pay details, and a copy must be provided to the member.

The provider cannot submit a claim to UHA for the covered service listed in the agreement.

If you have any questions, or need assistance determining if a service is covered, please contact UHA Customer Care at 541-229-4842 or email us at [UHCustomerCare@umpquahealth.com](mailto:UHCustomerCare@umpquahealth.com).



## Billing Diagnosis Code Groups

The UHA Claims department would like to kindly remind providers that Medicaid has a group of diagnoses codes called "informational diagnoses codes-Group 6033". These are not payable by Medicaid or UHA as primary diagnoses codes. The explanation of benefits will have a denial of:

**146** - Diagnosis was invalid for the date(s) of service reported.

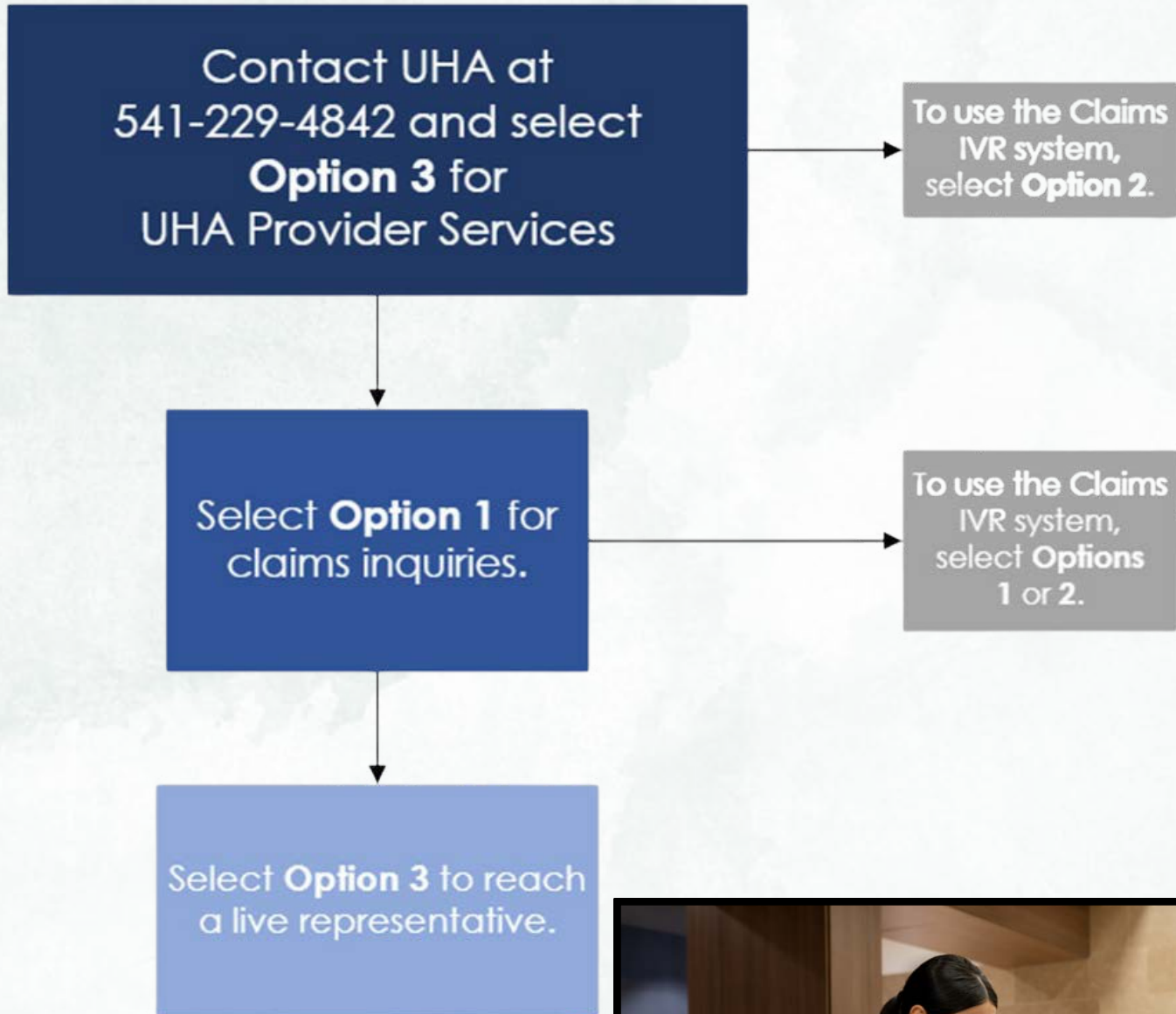
**M64** - Missing/incomplete/invalid other diagnosis.

The link to Code Group 6033 is: [https://data.oregon.gov/Health-Human-Services/Informational-Diagnosis-Codes-Group-6033-/fn3v-gen9/about\\_data](https://data.oregon.gov/Health-Human-Services/Informational-Diagnosis-Codes-Group-6033-/fn3v-gen9/about_data)

# PRACTICE TACTICS CONT.

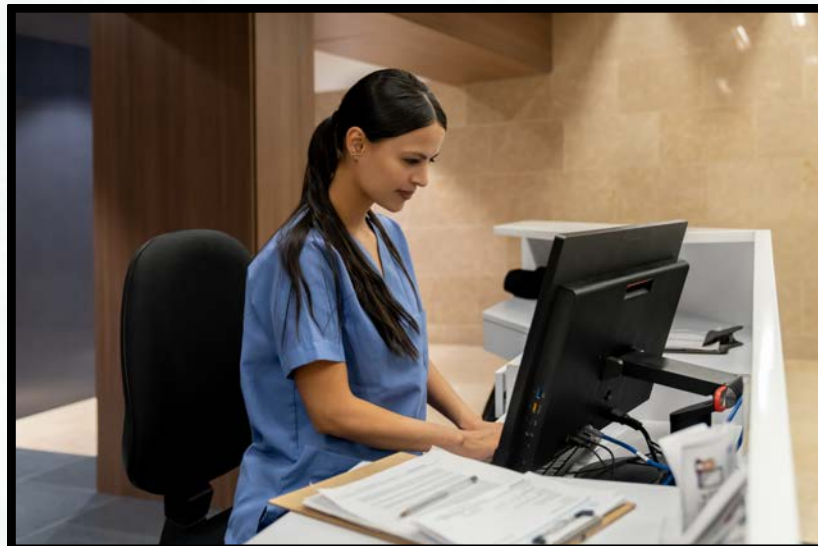


## Contact UHA Claims



For information on how to use our Claims IVR system, please visit our FAQ:

[UHA Provider Interactive Voice Response \(IVR\) User Guide](#)





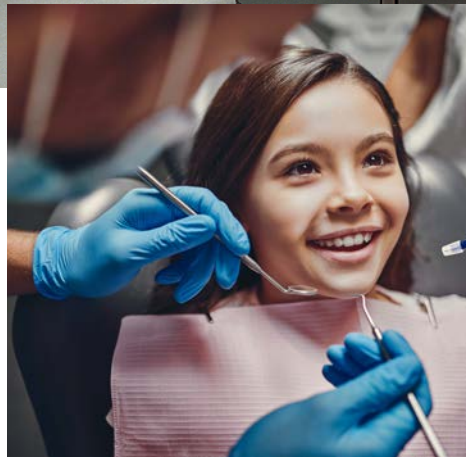
# Clinical Corner

## EPSDT-A Provider Break-Down of Services



UHA aligns our policy and procedures with the Oregon Health Authority (OHA) requirements for Early & Periodic Screening, Diagnostic and Treatment (EPSDT). EPSDT is a comprehensive child and youth health care benefit for OHP members ages birth to 21 (EPSDT coverage ends when a person turns 21).<sup>1</sup> This includes physical, dental, behavioral health, and pharmacy services. UHA must cover any medically necessary and medically appropriate (or dentally appropriate) services for enrolled children and youth until their 21st birthday, regardless of:

- **The placement of the service on the Prioritized List of Health Services.**
- **Whether it pairs or is a non-pairing service.**
- **Whether it is a historically non-covered ancillary service.**
- **Whether it is covered under the State Plan.**



This includes any screenings, checkups, tests, treatments, pharmacy services and follow-up care for the child or youth's:

- **Physical health (including vision and hearing)**
- **Oral/dental health**
- **Behavioral health**

To be covered, in addition to being medically necessary and medically appropriate (or dentally appropriate) for the individual member, services must:

- **Have an appropriate diagnosis (ICD-10) and procedure code (CPT or HCPCS).**
- **Be coverable under OHP. For example, purely cosmetic procedures are excluded from OHP coverage.**

## Bright Futures

Medicaid is required to be a good steward of state and federal resources. CCOs and OHA may choose to cover the least costly effective option that will meet the member's needs. CMS requires states to follow a periodicity schedule for children's services. Oregon uses the Bright Futures periodicity schedule found here: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

However, children and youth under age 21 may get care outside this schedule for any changes in health. While some changes to prior authorizations have occurred due to EPSDT, please consult our PA Grid available at [www.umpquahealth.com/prior-authorizations](http://www.umpquahealth.com/prior-authorizations).

Additional information and resources about EPSDT can be found on the OHA website at: <https://www.oregon.gov/oha/hsd/ohp/pages/epsdt.aspx>.

Any additional questions or information about this, please feel free to contact us at: [priorauthorizations@umpquahealth.com](mailto:priorauthorizations@umpquahealth.com).

# Clinical Corner



**Clinical Practice Guidelines** (CPGs) are designed to improve patient care by providing clinical recommendations informed by a thorough review of evidence. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options.

CPGs should adhere to a clear and transparent methodology that translates the best available evidence into clinical practice, ultimately aiming to enhance patient outcomes.

You can find the Clinical Practice Guidelines we trust on our website.

<https://www.umpquahealth.com/clinical-practice-guidelines/>

We added 8 new Clinical Practice Guideline for Behavioral Health in 2023.

- **6 for pediatrics**
- **2 for adults**

The Clinical Practice Guidelines are reviewed quarterly by UHA's Clinical Advisory Panel (CAP).

If you would like to recommend a clinical practice guideline, please submit them here:

<https://app.smartsheet.com/b/form/b34a40d8d3264738b0c67973df518691>



## Are you interested in influencing Oregon Health Policy?

**Oregon's Medicaid Advisory Committee (MAC) is recruiting candidates to fill the following open position:**

- One physician living or practicing outside of the Willamette Valley

**The MAC is a federally mandated body that advises the Oregon Health Policy Board (OHPB), OHA and ODHS about the operation of Oregon's Medicaid program through a consumer and community lens.**

### Key responsibilities of MAC members include:

- Attend and participate in at least 80% of committee meetings, which are held eight times each year (attendance can be virtual)
- Engage in policy-level discussions about health care in Oregon
- Work to elevate the voices and perspectives of OHP members
- Participate fully, respectfully, and constructively
- Spend approximately one to two additional hours each month to prepare for meetings

**MAC members influence health policy in many important ways. Recent work includes:**

- Recommendations to Improve OHP Consumer Experience
- Using Health Related Services to Address Housing Needs: A Guide for CCOs
- Addressing the Social Determinants of Health – Recommendations for Oregon's CCO Model

[See OHA's recruitment announcement for more details and how to apply.\(English\)](#)

[View and share the Spanish recruitment announcement](#)



## BETTER HEALTH FOR ALL

We are excited to announce the launch of the newly formed Gender Affirming Care (GAC) Team at Umpqua Health Alliance (UHA). The team consists of case managers who are well-versed in the services and providers that offer gender affirming care.

The team is here to provide comprehensive support and resources to all UHA members at any stage of their transition journey.

The GAC Case Managers can assist with navigating the health care system, connecting members to specialized providers, and accessing additional resources such as support groups and educational materials.

The team will work with members to develop a personalized care plan tailored to the member's specific needs, goals, and preferences. Additionally, the team can provide advocacy and support to ensure the member receives inclusive and affirming care.

At UHA we are dedicated to promoting inclusivity, diversity and equity in healthcare, and our GAC Team is a testament to that commitment.

To refer a member to the Gender Affirming Care Team, please contact us at 541-229-4842, submit a care coordination referral through Unite Us, or complete a care coordination referral which can be found on our website here <https://www.umpquahealth.com/case-management/>



# BETTER HEALTH FOR ALL

# WORLD HEALTH DAY 2024

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World Health Day 2024 is fast approaching, and it's an opportunity for us to act right here in our community. On April 7th, as the world comes together to celebrate "My health, my right," let's make a meaningful impact where it matters most: in Douglas County.

As healthcare providers, you understand the importance of ensuring that everyone in our community has access to quality healthcare. Unfortunately, barriers such as poverty, limited resources, and lack of awareness continue to prevent many from receiving the care they need. But we have the power to change that.

First and foremost, let's focus on promoting health literacy and raising awareness about available healthcare services in our community. By reaching out to local organizations, schools, and community groups, we can ensure that everyone knows where to turn for help when they need it.

We can also make a difference by addressing social determinants of health. Whether it's collaborating with local agencies to provide housing assistance, advocating for better access to nutritious food, or supporting educational initiatives, every action we take to improve social conditions in our community has a direct impact on health outcomes.

These are just a couple of examples of what local action looks like, what comes to mind for you? World Health Day 2024 is not just a global event—it's an opportunity for us to make a difference right here in our community. By taking proactive steps to address healthcare barriers, promote health equity, and support the well-being of our community, we can ensure that everyone can declare, "My health is my right!"

Together, let's build a healthier, more inclusive future for our community.





# NETWORK NEWS

## Importance of Submitting ADA Information

Umpqua Health Network (UHN) is required to collect accessibility information from its contracted providers and subcontractors to display in the Provider Directory, to help our members access health care services that meet their individual needs.

Recent upgrades to the UHA Provider Directory have made it possible for patients or prospective patients to see specific information on the ADA accommodations offered by each office. In the past ADA compliance was indicated by a simple yes or no, but now members are able to look up accessibility of exam rooms, interior and exterior building access, parking, restrooms, waiting rooms and telecommunication devices.

We encourage all providers *who have not yet done so* to provide their ADA information using this link: <https://www.surveymonkey.com/r/M2K5WHK>

We want your clinics to be shown in a positive light and would encourage you to submit your information soon, as each area will show a negative status in the public-facing directory until we receive your response.

## ADA Accessible

**Exam Room: NO**

**Exterior Building Access: NO**

**Interior Building Access: NO**

**Parking: No**

**Restroom: No**

**Telecommunication Device: No**

**Waiting or Reception Access: No**

**Wheelchair Weight Scale: No**



**Please feel free to reach out with any questions to  
Karen Wright, Provider Network Representative at  
[kwright@umpquahealth.com](mailto:kwright@umpquahealth.com)  
or by phone at 458-803-4058.**



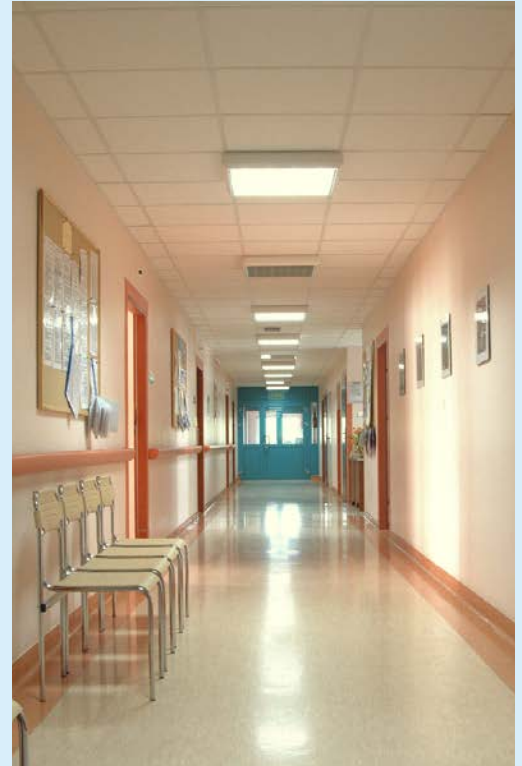
# NETWORK NEWS



BR Anesthesia and provider Burke O'Neal MD have joined the UH network, providing pediatric dental anesthesia at the office of Liann Drechsel DMD, 2270 NW Troost St in Roseburg, (541) 672-5535



Urban Health Chiropractic LLC will be opening at their new location in the Harvard Medical Park on April 8, 2024. Ruben Acevedo III DC will be providing nerve conduction studies and standard chiropractic care at 1813 W Harvard Ave Ste 230 in Roseburg, and can be reached at (503) 372-6016 or at [www.urbanhealthpdx.com](http://www.urbanhealthpdx.com)



Effective January 19, 2024, all Prestige SNF locations have termed with UHN including Prestige Menlo Park, Reedwood, Cascade Terrace & Rehab, Glisan Care Center, Park Forest Care Center and Porthaven Health Care Center.



New DME Performance Modalities Inc dba Performance Home Medical has joined the network, specializing in sleep therapy, home oxygen equipment, respiratory ventilator services, respiratory airway clearance and Continuous Glucose Monitoring, located at 1881 2nd St Ste 201 in Springfield. They can be reached at (866) 687-4463 or online at [www.performancehomemed.com](http://www.performancehomemed.com)



Clinical medical laboratory National Labs Inc has joined the network, located in Hayward, California, offering a full range of testing and support services.

They can be reached at (800) 800-6060 or online at [www.nationallabs.com](http://www.nationallabs.com)

Northwest Vascular Specialists and Dr Craig Seidman have joined the UH network, providing aortic stents, grafting for abdominal aortic aneurysms and thoracic aneurysms. They are located at 1 Hayden Bridge Way, Springfield, OR and can be reached at (541) 868-9880 or at [www.nwvascularspecialists.com](http://www.nwvascularspecialists.com).

Charlie Health Medical PA has joined the UH network, serving ages 11-32 and providing virtual Intensive Outpatient mental health care. They can be reached at (541) 255-1350 or online at [www.charliehealth.com](http://www.charliehealth.com).

# Advantage Dental+

## 7 MYTHS ABOUT ORAL HEALTH



### **MYTH #1: I DON'T NEED TO VISIT THE DENTIST UNLESS IT IS AN EMERGENCY**

It's important to see your dentist at least once a year for a check-up. A dental professional can find and treat problems before they become emergencies. If you notice any of the symptoms below, visit a dentist as soon as possible:

- A chipped or cracked tooth
- Shifting teeth
- Swollen or bleeding gums
- Tooth pain
- Tooth sensitivity to cold or hot beverages

### **MYTH #2: MY DENTAL HEALTH DOESN'T AFFECT MY OVERALL HEALTH**

Not true. Your oral health can affect your overall health and wellness. Bacteria in the mouth can spread through the blood to other areas, including the heart, which can cause inflammation. Gum disease can increase the risk of heart disease - especially in people with diabetes.



## DENTAL DIGEST CONT.

### MYTH #3: BLEEDING GUMS ARE A NATURAL PART OF PREGNANCY

Bleeding gums are a sign of an oral health problem. Although some pregnant women may develop pregnancy gingivitis, not all do. Pregnancy gingivitis can cause plaque to build up on the teeth, which can irritate the gums, causing soreness and bleeding.

To prevent bleeding gums, brush and floss twice a day. Dental cleanings will keep pregnancy gingivitis from developing into periodontal disease - a condition that can affect the overall health of the mother and baby.

If you're pregnant, notify the dental staff when you make an appointment. They will check for any oral infection that may interfere with the child's development. The dentist will ensure that your treatment will be safe for you and your baby.



### MYTH #4: SUGAR CAUSES CAVITIES

Most people believe that sugar causes cavities. Although sugars can contribute to the development of cavities, it's not the main cause. Sticky foods or those that contain sugars can stick to the teeth, causing bacteria to develop. Bacteria produce acids which can affect tooth enamel, causing tooth decay.



### MYTH #5: FLOSSING TEETH DOESN'T MAKE A DIFFERENCE IN MY ORAL HEALTH

Daily flossing is important to maintaining your oral health and is the best way to remove food particles between the teeth. Flossing also removes plaque, which may harden into tartar. Tartar must be removed by a dentist. Failure to floss can lead to oral health problems like:

- Bad breath
- Bleeding gums
- Cavities
- Gum disease
- Plaque and tartar build-up



# DENTAL DIGEST CONT.

## MYTH #6: CHILDREN WITH BABY TEETH DON'T NEED TO VISIT THE DENTIST

Baby teeth are essential to a child's development and act as guides or spacers for the developing permanent teeth. If a child loses a baby tooth prematurely, it can potentially make it difficult for permanent teeth to emerge correctly and could cause overcrowding.

If your child has cavities, it can affect how the permanent teeth develop. Additionally, any infections in a baby tooth can move to the underlying permanent tooth.

Children should see a dentist within six months after the first tooth emerges or by their first birthday so the dentist can check for potential issues.



## MYTH #7: SMOKING DOESN'T AFFECT MY ORAL HEALTH

Smokers have a higher chance of developing numerous oral health problems compared to non-smokers. These include:

- Bad breath
- Dry mouth
- Gum disease
- Gum inflammation
- Oral cancer
- Tooth decay
- Tooth staining



A [study from the University of Birmingham](#) confirmed that male smokers are up to 3.6 times more likely to lose their teeth than non-smokers while female smokers were found to be 2.5 times more likely. A natural flow of saliva rinses the mouth of cavity-causing bacteria. Smoking reduces saliva flow, which increases the chance of tooth decay. Tobacco smoke also contains chemicals that can irritate the gums and the inner lining of the mouth (oral mucosa). In addition, smoking can cause cancers of the jaw, mouth, throat and tongue.

[SCHEDULE AN APPOINTMENT](#)





# ADVANCED BUPRENORPHINE EDUCATION:

## BEST PRACTICES AND EMERGING EVIDENCE IN OPIOID USE DISORDER TREATMENT

### Overview

**Advanced Buprenorphine Education:** Best Practices and Emerging Evidence in Opioid Use Disorder Treatment is a 90-minute online course designed for clinicians involved in the treatment of opioid use disorder. This course provides advanced knowledge and skills in the use of buprenorphine, focusing on best practices and emerging evidence in initiation, management, and dosing strategies.

Learners will explore specific clinical situations favoring low or high-dose initiation, strategies to address patient discomfort and withdrawal, dosing considerations during stabilization and long-term treatment, indications for injectable extended-release buprenorphine, and alternative treatment options for individuals with unsuccessful attempts at buprenorphine treatment.

The target audience for this advanced level workshop include: physicians, nurse practitioners/nurses, physician assistants, pharmacists, counselors, and other clinicians. Clinicians who see patients with addiction in primary care, emergency/urgent care, treatment center, or general psychiatry settings.

The ACGME competencies include: Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, and Systems-based Practice.



### Learning Objectives

**Upon completion of this educational activity, participants should be able to:**

- Analyze specific clinical situations to determine appropriate low or high-dose buprenorphine initiation strategies based on evidence-based guidelines.
- Apply strategies to address patient discomfort and mitigate precipitated opioid withdrawal during buprenorphine initiation.
- Evaluate dosing considerations during stabilization and long-term treatment, tailoring buprenorphine dosing and dosing strategies to individual patient needs.
- Differentiate indications for injectable extended-release buprenorphine compared to sublingual formulations in the treatment of opioid use disorder.
- Assess alternative treatment options for individuals with repeated unsuccessful attempts at buprenorphine treatment
- and implement appropriate strategies for their care.

[REGISTER NOW](#)

# CME FOR THEE



## Upcoming Trainings

### ASAM Criteria Foundational Trainings: (Edition 3 or 4\*\*)

The Oregon Health Authority, Behavioral Health Division will be offering ASAM Criteria® trainings based upon availability through June 30, 2025 to support the Oregon Substance Use Disorder Provider Network.

\*Current Oregon Administrative Rule requires Oregon Substance Use Disorder Providers to complete ASAM Criteria training once every two years and, at this time, list ASAM Criteria Edition 3. The Oregon Health Authority anticipates updated OAR will require ASAM Criteria Edition 4 training in July of 2025.

**Registration Process:** to request access to the training(s)

1. Email [ASAM.Training@odhsoha.oregon.gov](mailto:ASAM.Training@odhsoha.oregon.gov)
2. Subject Line: **ASAM Training Criteria Access**
3. **Provide the following information within the email body:** county, agency, name of participant, email of participant, and credentials of individual.

**Please note:** It is acceptable to submit one email an attached excel spreadsheet with the information of staff requesting the ASAM Criteria Online Foundations Course.

After registration, directions will be provided for the learner(s) on how to set up an account within ASAM eLearning Center (eLC) if they have not already done so. In addition to the directions, OHA will also include the promotional code needed to access the OHA sponsored training - ASAM Criteria Online Foundations Course. Accounts within the eLC are specific to the individual, and it is important that each learner has their own account to be able to access the training. The trainings cannot be shared across learners.

## Oregon ECHO Network: 3 Upcoming Trainings

1. **Substance Use Disorder in Prenatal and Perinatal Care:** the goal of this ECHO program is to improve care for prenatal and perinatal populations who have a substance use disorder. Topics will include medications for Opioid Use Disorder in pregnancy and peripartum, mental health in pregnancy, intimate partner violence and partner substance use Introduction to recovery peers and peer doula Delivery and hospital stay.

Schedule: 12 sessions. Tuesdays, 12:00 - 1:00 p.m. PST, April 2 - June 18, 2024

Register at: [www.oregonechonetwork.org/addictionmed](http://www.oregonechonetwork.org/addictionmed)



# CME FOR THEE

**2. Substance Use Disorders in Hospital Care:** The goal of this ECHO program is to help clinical teams build or improve systems of care that effectively treat addiction in hospital settings. Medication for Opioid Use Disorders, managing Alcohol & Methamphetamine Use Disorders in hospital care, overdose prevention, harm reduction, community SUD treatment settings, acute pain management in patients with SUD and Trauma Informed Care

Schedule: 12 sessions Wednesdays, 12:00 - 1:00 p.m. PST, April 10 - June 26, 2024

Register at: [www.oregonechonetwork.org/addictionmed](http://www.oregonechonetwork.org/addictionmed)

**3. Substance Use Disorders in Adolescents:** The goal of this ECHO program is to improve care for adolescents with substance use disorder who are treated in primary and pediatric care. Topics will include an overview, treatment of opioid use disorder, neurobiology of substance use disorder, screening and brief intervention, crisis intervention. cannabis and vaping, overdose prevention and harm reduction, and motivational Interviewing for youth and parents.

Schedule: 12 sessions. Tuesdays, 12:00 - 1:00 p.m. PST, April 2 - June 18, 2024

Register at: [www.oregonechonetwork.org/addictionmed](http://www.oregonechonetwork.org/addictionmed)

**If you are interested in viewing past provider training sessions: February 27, 2024: How to enroll as an HRSN service provider and submit invoices for HRSN services**

- [HRSN Service Provider Training recording](#)
- [HRSN Service Provider Training slides](#)

**Are you ready to get started as an HRSN provider?**

You can begin the process to enroll as an HRSN service provider by completing the [application](#). If you have additional questions about enrolling as an HRSN service provider:

- Please see the [Provider Enrollment Guide](#),
- Call the OHA provider enrollment team at 800-336-6016, option 6, or
- Email the team at [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov).

**Youth Suicide Prevention Training:** Provided through Big River Programming click the link above or scan the QR code below to see the interactive pdf which displays all suicide prevention training options available to you.



# CME FOR THEE

If you are not sure which training would be best for you or your team, use the QR codes below:

## Which Big River training is right for me? My team?

Recommended trainings for providers:



Recommended trainings for school settings:



## Suicide Prevention workshop in the Latine Community: offered in Spanish

Raíces de Bienestar will be hosting Spanish-language suicide prevention trainings this spring. **These workshops are completely free and will be offered in Spanish.** Traditional health workers (THWs) and community leaders are invited to attend. They will use popular education methods to create a fun, dynamic, and intentional learning environment. Cultural adaptations to the training and to the curriculum will reinforce skills and interventions for preventing suicide among Latines.

Please share the flyers in [Spanish](#) and in [English](#) with your networks.

These trainings are eligible for continuing education units (CEUs) for THWs, fulfilling the requirement for suicide prevention education for recertification.

Both sessions will be from 9a.m. to 12:30 p.m.

- The first session will occur virtually (via Zoom), on March 13.
- The second session will be in-person on May 22 at the Beaverton Resource Center.

Anyone interested in attending should contact their promotora Yemaly Alexander at (971)471-9100.



## CME FOR THEE



# Children’s Social Emotional Health: Training Spotlight

## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is well-supported, evidence-based treatment<sup>1</sup> that helps children and adolescents across many cultures to recover after trauma, that has been evaluated and refined during the past 25 years. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with trauma experiences such as physical or sexual abuse, domestic violence, community violence, an unexpected death of a loved one, natural disasters and war. TF-CBT is for children or youth 3-18 years of age, and their parent or other caregiver. Average length of treatment is 12-14 sessions provided in an outpatient setting or via telehealth. Click here for more [information about TF-CBT](#) & here for [Culture-Specific information about TF-CBT](#).

For 2023-2025, the Oregon Health Authority has funded full training toward certification for 240 additional outpatient mental health therapists who serve Medicaid-eligible clients statewide.

### [Register to participate in the upcoming free, OHA-sponsored TF-CBT training](#)

a virtual, intermediate-level course designed for Oregon master’s level mental health professionals who work directly with children who have experienced trauma. The training includes up to 20 hours of training and up to one year of consultation with up to 13 Continuing Education Credits available for participants.

Participants are responsible for pre-training expenses of approximately \$75 and post-training certification expenses.

- Training dates: June 6 and 7, 2024, from 9 a.m. to 5 p.m.

### TRAINING PREREQUISITES

- Complete the TFCBT web course [here](#)
- The web course costs \$35 and offers 11 CEs
- Completion certificates must be uploaded below *prior* to the start of the 2-day training.