



500 Summer Street NE Salem, OR 97301 https://www.oregon.gov/oha/HSD/AMH/Pages/HB-2235-Workgroup.aspx

House Bill 2235 Workgroup Agenda November 6, 2024 - 1:00 pm – 3:00 pm

Location: https://www.zoomgov.com/j/1600903150?pwd=dG1MRWVuNEtJRE04RjUxTis0M0R2dz09

Members in Attendance: Belindy Bonser Kelli Bosak Chris Bouneff Mario Cardenas Cheryl Cohen Melinda Del Rio Jerylyn Dimeo Jose Luis Garcia David Geels	☐ Tammy Harty ☐ Clark J Hazel ☐ Jenn Inman ☐ Tony Lai ☐ Lucia Mendoza-Meraz ☐ Shyra Merila ☐ Tara Sanderson ☐ Sheri Selander ☐ Sam Skye ☐ Diane Benavides Wille	OHA Staff in Attendance: Vitalis Ogbeama Tim Nesbitt Jen Allen Daniel Page Kelli Taylor Caryn Stockwell Mireya Williams Craig Mosbaek
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			Next meeting: November 20	1pm – 3pm	
2:55	5 min	3:00	Wrap Up		Tim Nesbitt
2:50	5 min	2:55	Process Feedback	Input	Vitalis Ogbeama
2:40	10 min	2:50	Medicaid Reimbursement Rates	Update	Tim Nesbitt
2:00	40 min	2:40	Prioritization of Recommendations	Discussion	Jen Allen
1:50	10 min	2:00	Break		
1:20	30 min	1:50	Recommendations	Voting	Tim Nesbitt
1:10	10 min	1:20	Public Comment Period	Public testimony	Tim Nesbitt
1:05	5 min	1:10	Roll Call/Minutes Vote	Establish quorum	Kelli Taylor
			Community Agreements Review		Vitalis Ogbeama
1:00	5 min	1:05	Welcome	Grounding	Tim Nesbitt
START	TIME	END	TOPIC	OUTCOME	LEAD(S)

Potential Recommendations for voting at 11/06/24 HB 2235 Workgroup Meeting:

- Create a grant to provide multiyear funding opportunities to allow for strategic planning that would help organizations develop long-term donor relationships and move away from short-term project specific grants by:
 - Prioritize funding for staff retention and organizational capacity building to organizations under 50 employees to increase the ability to provide services, access grant opportunities and building networking capabilities at an equitable level to larger provider organizations. This will support longterm sustainability once grant funding has ended.
 - Provide funding to expand services that are CLSS and/or increase the CLSS provider workforce for all organizations through hiring and training, while prioritizing organizations under 50 employees.
 - Create more equitable grant processes including simpler grant applications with language access, providing grant awards at a more equitable ratio to Peer run organizations, organizations providing peer services and culturally and linguistically specific organizations and providers to expand their reach and impact.
- Implement antiracist measures and culturally relevant approaches to grant/program development to ensure equitable funding for culturally and linguistically specific Behavioral Health (BH) organizations. Inform OHA programs/grant managers on the unique challenges faced by these BH Providers to prevent biases in funding decisions.
- Establish a statewide program to provide free training and certification for individuals to become Certified Recovery Mentors (CRM) and Peer Support Specialists (PSS). This program should be accessible to individuals from diverse backgrounds, including those with lived experience of recovery, and should include pathways for both initial certification and continuing education.
- Grant funding for culturally specific services that wouldn't be covered by insurance including funding for community gatherings, events/ informational gatherings about Mental Health, re-introduction to indigenous practices, food, supplies, etc.

Reimbursement Rates - Updated Problem Statement:

 Medicaid reimbursement rates are uniform, regardless of the regulatory environment or working conditions for behavioral health providers. While recent rate increases were overdue and necessary to help cover the cost of

- care, these costs are significantly affected by the regulatory and administrative burdens faced by organizations complying with Oregon Administrative Rules (OAR) 309-019.
- These costs are not reimbursed and can appear hidden. The costs stem from several factors, including the development and oversight of quality improvement and compliance programs, mandatory training, unreimbursed travel expenses, coordination of care between providers, participation in learning collaboratives, and the need for additional reporting beyond what is required for payment. Additionally, services provided after hours or in the field, particularly in team-based models, are more expensive than routine outpatient visits, yet the reimbursement rates remain the same across providers.
- Furthermore, all provider organizations experience costs related to delays in reimbursements, onboarding new clinicians, credentialing, and paying wages during investigations (such as protective services). However, these costs are often higher for organizations subject to higher mandated administrative requirements. As a result, raising Medicaid reimbursement rates uniformly can unintentionally disadvantage behavioral health providers with greater administrative costs linked to these regulations.
- To address these challenges, Oregon needs a more tailored and equitable approach to reimbursement adjustments that considers the varying overhead, required quality standards, and specific service obligations of Community Mental Health Programs (CMHPs) and other organizations mandated to comply with high administrative requirements. This approach will help ensure that essential safety-net providers can continue delivering high-quality care and effective training for those pursuing licensure or certification.

• Reimbursement Rates - Updated Recommendation:

• Future rate increases should prioritize equity and focus on specific activities and the context in which those activities are completed. This includes both clinical and non-clinical factors, such as whether services are provided inperson or via telehealth, the location of work (in-person, in-office, mobile, remote etc.), and the use of team-based care compared to individual care. Additionally, considerations should include compliance with required fidelity programs, the capacity to offer comprehensive clinical supervision and training for associates, and the organization's ability to address client needs through team-based care or wraparound services.

Reimbursement Rates - Expected outcome:

 Higher administrative costs for Community Mental Health Programs (CMHPs) and other organizations with a Certificate of Approval (COA) will be more effectively considered in issues regarding staff recruitment and retention efforts. By ensuring that reimbursement rates reflect these costs equitably, these organizations will have a better opportunity to recruit for individual behavioral health providers, like that of organizations without such high mandatory administrative expenses that do not offer team-based care or wraparound services.

• Reimbursement Rates - Alternative Expected Outcome text:

Community Mental Health Programs (CMHPs) and other organizations with a Certificate of Approval (COA) will be more effective on incentivizing members of the behavioral health workforce to be employed at their facilities. Through the experience of working within team-based and wraparound models of care, Oregon will have a higher quality and skills diverse behavioral health workforce that will more effectively meet the behavioral health needs of Oregon's communities.

Meeting Minutes:

Welcome, agenda and community engagement agreements review

Roll call completed, quorum established and previous meeting minutes approved

Public comment period, none received. Will follow up with the workgroup about HB4151 workgroup.

Recommendations:

- Create a grant to provide multiyear funding opportunities to allow for strategic planning that would help organizations develop long-term donor relationships and move away from short-term project specific grants by:
 - Prioritize funding for staff retention and organizational capacity building to organizations under 50 employees to increase the ability to provide services, access grant opportunities and building networking capabilities at an equitable level to larger provider organizations. This will support longterm sustainability once grant funding has ended.
 - Provide funding to expand services that are CLSS and/or increase the CLSS provider workforce for all organizations through hiring and training, while prioritizing organizations under 50 employees.
 - Create more equitable grant processes including simpler grant applications with language access, providing grant awards at a more equitable ratio to Peer run organizations, organizations providing peer services and culturally and linguistically specific organizations and providers to expand their reach and impact.

Soft poll, vote, recommendation passes.

 Implement antiracist measures and culturally relevant approaches to grant/program development to ensure equitable funding for culturally and linguistically specific Behavioral Health (BH) organizations. Inform OHA programs/grant managers on the unique challenges faced by these BH Providers to prevent biases in funding decisions.

Soft poll, discussion requested for more information and clarity. Antiracist measures should be in place, recommendation should be included in the second report as it

pertains to policy. Current granting RACs/criteria is sufficient regarding inclusion, granting process as it exists is a barrier to CLSS funding. Misinterpretation could be an issue as it lacks specificity.

Soft poll, vote, recommendation does not pass.

 Establish a statewide program to provide free training and certification for individuals to become Certified Recovery Mentors (CRM) and Peer Support Specialists (PSS). This program should be accessible to individuals from diverse backgrounds, including those with lived experience of recovery, and should include pathways for both initial certification and continuing education.

MHACBO had waived fees for certifications that did not include time commitments. Note this recommendation will increase the supply but not employment opportunities. Soft poll, vote, recommendation passes.

Grant funding for culturally specific services that wouldn't be covered by
insurance including funding for community gatherings, events/ informational
gatherings about Mental Health, re-introduction to indigenous practices, food,
supplies, etc., directed at the cost to pay for staff members to provide
culturally specific and linguistically specific services.

Soft poll, vote, recommendation passes.

Medicaid reimbursement rates: overview of problem statement, recommendation and expected outcomes. Missing payment schedule, transparency of rates beyond enhancements, ability to bill for more than a one-hour session, which will need to be addressed by the workgroup tasked with the nuances/complexities. How will rate increases go to staff? Currently OHP reimburses \$180 for individual therapy/hour while the provider is \$30-40/hour. Based on the models' staffing needs the number of patients may not matter, as safety net services are required, increasing the cost of services to the organization.

Soft poll, vote, recommendation passes.

Prioritization of recommendations: review of prioritization of passed recommendations based on feedback received from workgroup members. Tie recommendations to higher education for inclusion of PHDs, child psychiatrists and psychiatric nurse practitioners. Redundancy and duplication of recommendations, the report writer will be theming and consolidating of recommendations.

Process feedback: Jen expresses her appreciation and gratitude to the workgroup for the time and effort.

Wrap up: next meeting November 20, 2024 1 - 3 pm, will be reviewing the Executive Summary from the report writer with a quick turnaround for feedback.

Record of Vote Topics: Minutes from 10/16/2024	
Outcome: Minutes approved	
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Record of Vote	
Topic: Strategic planning CLSS/small orgs Outcome: Pass	
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Record of Vote	
Topic: Anti-racist training	
Outcome: Not Passed Y N Abstain _Absent	Y N Abstain Absent
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Record of Vote	
Topic: CRM/BH Peer Specialists free training/Cert.	
Outcome: Pass	
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Record of Vote	
Topic: CLSS funding for CLSS activities	
Outcome: Pass	
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Record of Vote	
Topic: Equitable Medicaid Reimbursement Rates	
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