



OREGON
HEALTH
AUTHORITY

November 6, 2024

HB 2235 Workgroup Meeting #19

Agenda

Start	Time	End	Topic
1:00	5	1:05	Welcome
1:05	5	1:10	Roll Call & Minutes Approval
1:10	10	1:20	Public Comment Period
1:20	30	1:50	Recommendations
1:50	10	2:00	Break
2:00	40	2:40	Medicaid Reimbursement Rates
2:40	10	2:50	Prioritization of Recommendations
2:50	5	2:55	Process Feedback
2:55	5	3:00	Wrap Up

Community Engagement Agreements

- We acknowledge that we bring our lived experiences into our conversations
- We strive to engage non-judgmentally, with respect, humility and inclusivity
- We try to stay open minded
- We work to make conversations accessible, and trauma informed
- We honor everyone's lived experiences and expertise
- We expect it to get messy at times. When it does, we will acknowledge ruptures and focus on repair.
- We show up with humility and a place of vulnerability

Roll Call and Minutes Approval



Public Comment

- Period is 10 minutes total
- Please keep comment to two minutes or less



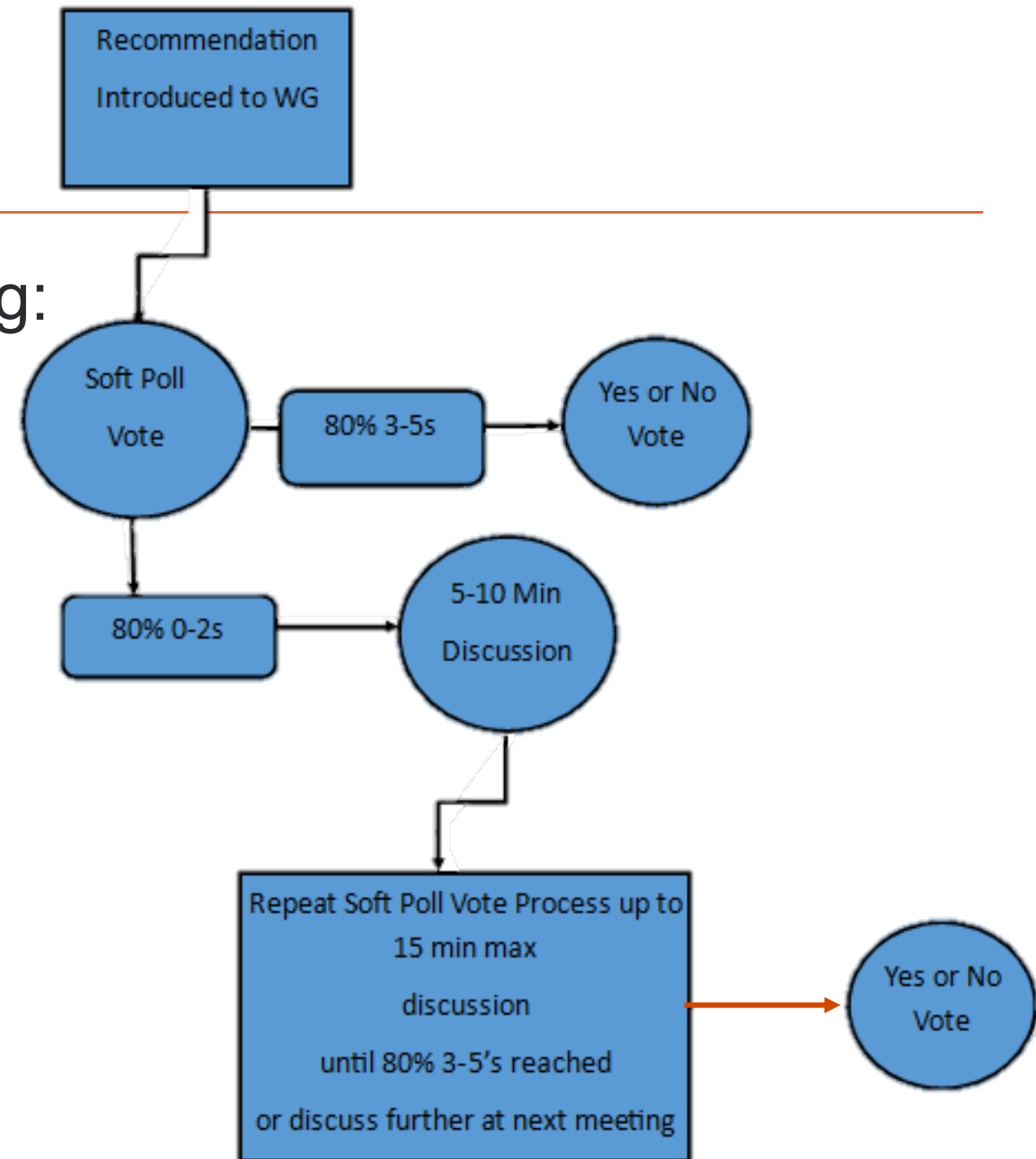
Recommendation

- 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 long-term 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 Polling

Fist to Five simply means the following:

- 0 – Not ready to vote
- 1 – More questions than answers
- 2 – Have a lot of questions
- 3 – More answers than questions
- 4 – Almost ready to vote
- 5 – Ready to vote



Voting Time!

- Yes – this recommendation will be in the first report
 - No – this recommendation will not be in the first report
 - Abstain
-
- Reminder: This is not the final wording of the report – we will be working with a report writer and you will have a chance to review and provide input to the draft report.

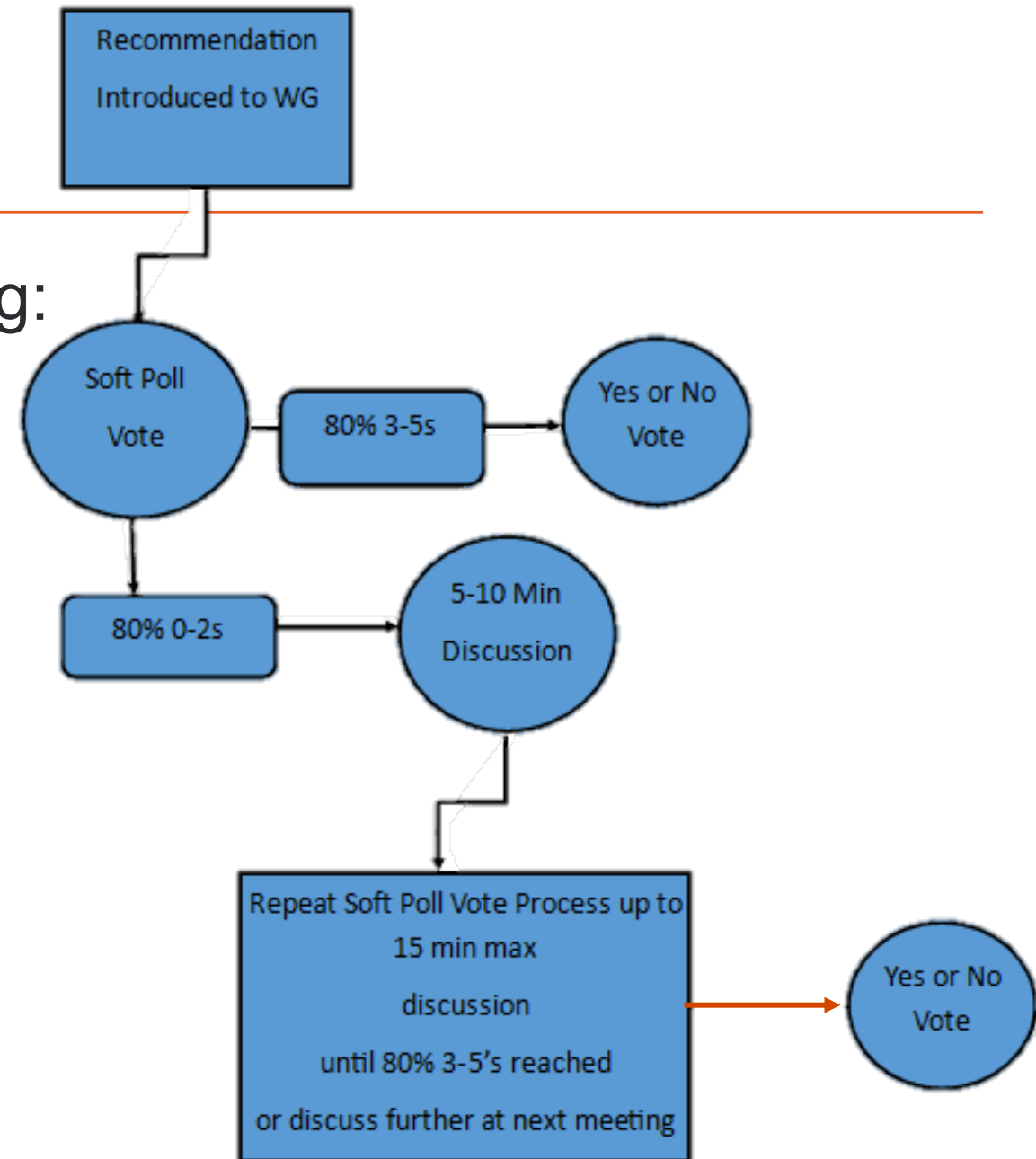
Recommendation

- 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.

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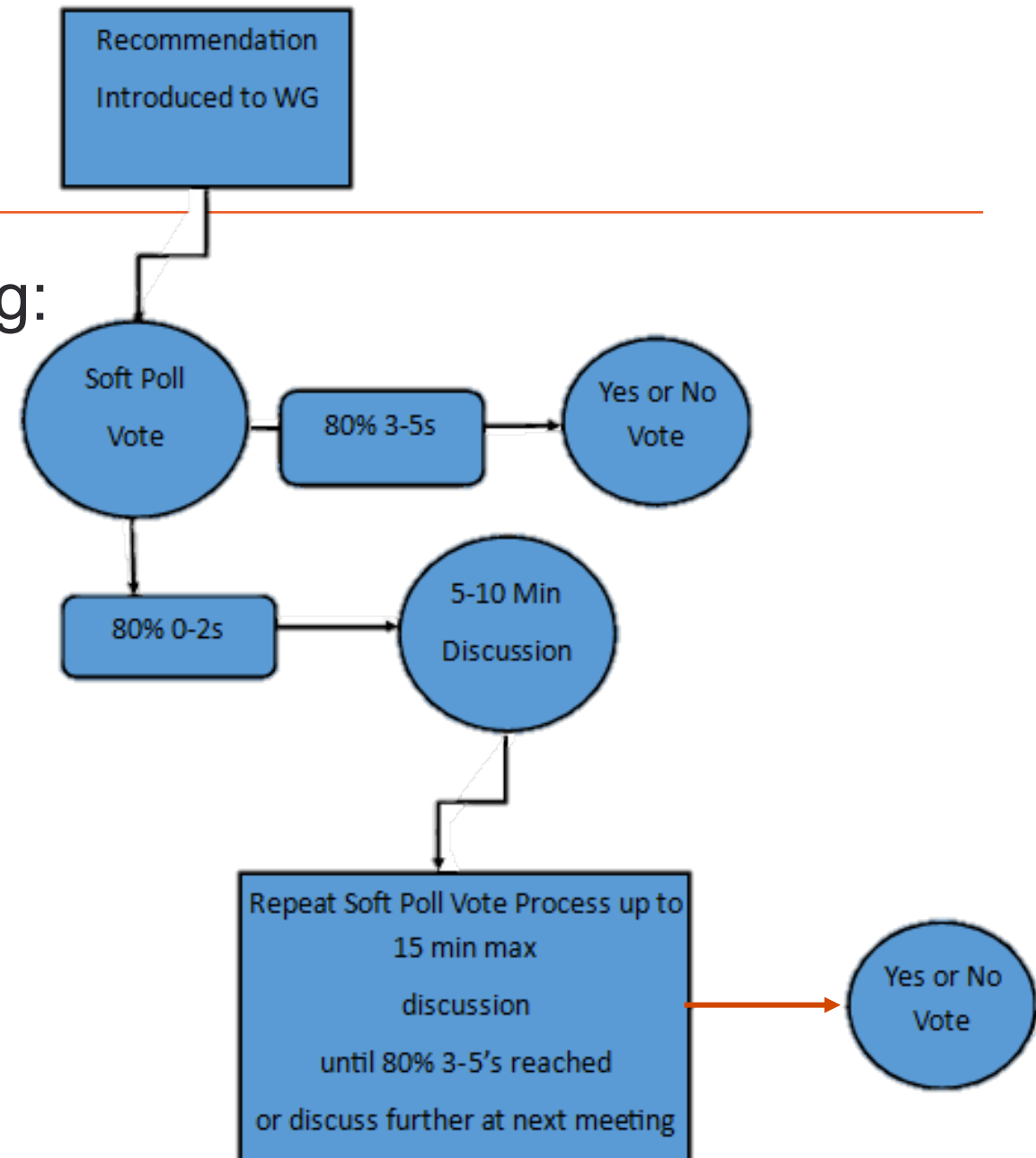
Recommendation

- 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.

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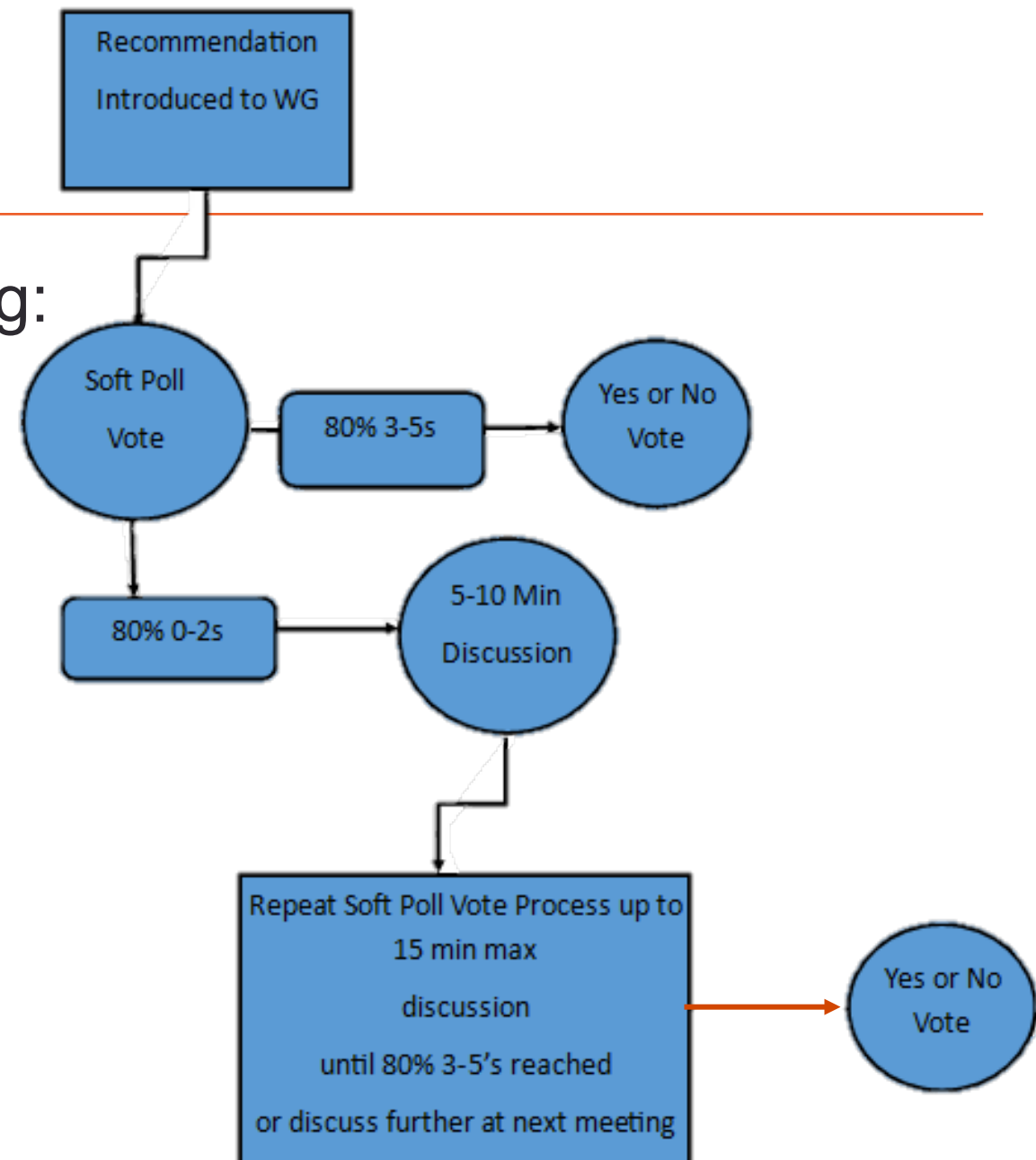
Recommendation

- Grant funding for culturally specific services that wouldn't be covered by Medicaid, including funding for community gatherings, events/ informational gatherings about Mental Health, re-introduction to indigenous practices, food, supplies, etc.

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10 Minute Break



Medicaid Reimbursement Rates

- Role-defined workgroup members were contacted and convened in a Special Work Session and started drafting a problem statement, recommendation, and discussed potential expected outcomes.
- Input from smaller group (both verbal and written) incorporated into a draft and was sent out via email for further feedback.
- This recommendation will not be in-depth as this workgroup does not have the capacity. Other workgroups/committees are tasked with nuances.

Medicaid 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.

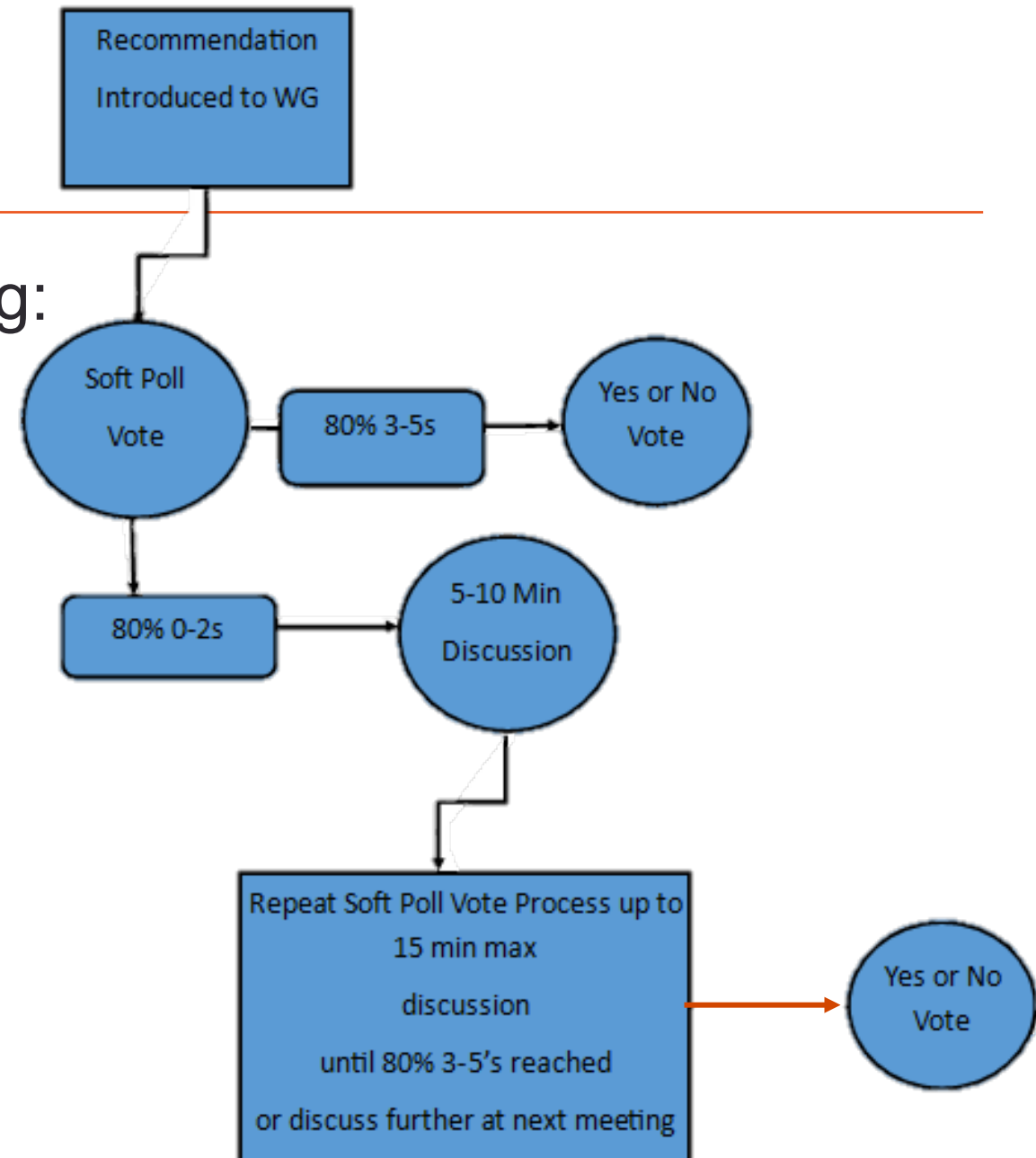
Medicaid Reimbursement Rates

- **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 in-person 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.
- **Expected outcome:**
 - 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.

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Reprioritizing Passed Recommendations

Will be updated after deadline (11/4) has passed and an assessment has occurred.

Process Feedback

- This is a space for workgroup members to provide feedback about voting process, recommendations, and previous matters.



Thank you!

Next meeting Wednesday, November 20, 1-3pm

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Kelli Taylor (they/them) at HB2235.Workgroup@oha.oregon.gov or 971-273-8155 (voice/text). We accept all relay calls.

Behavioral Health Division
Behavioral Health Workforce Incentives

HB 2235 Workgroup

Website: <https://www.oregon.gov/oha/HSD/AMH/Pages/HB-2235-Workgroup.aspx>

Email: HB2235.Workgroup@oha.oregon.gov

