



SB 5529 Report on Barriers to Access to Behavioral Healthcare for People with IDD

Implementation Update

Nov 29, 2023

- I. Overview of the Report
- II. Recommendations
- III. Progress to Date
- IV. Questions



Background

- In 2021, Aging and People with Disabilities (APD) community partners worked with Representative Anna Williams to request assistance for individuals receiving long-term services and supports (LTSS) who were experiencing difficulties accessing behavioral health (BH) services.
- Difficulties accessing BH services were especially true for individuals:
 - Under the age of 65, found ineligible for APD LTSS, who had co-occurring needs in areas of activities of daily living and behavioral health;
 - Eligible for APD LTSS who also needed behavioral health treatment services.
- This work resulted in a budget note embedded in SB 5529.

Budget Note



Budget note

In 2021, via SB5229, the Oregon legislature directed that:

The Oregon Department of Human Services and the Oregon Health Authority shall:

- (1) Identify barriers that individuals served by Aging and People with Disabilities and the Office of Developmental Disabilities Services experience accessing and receiving mental health treatment services through Medicaid, and develop strategies to address these barriers; and
- (2) Assess and develop strategies to remove barriers that prevent individuals with mental illness from accessing long term services and supports. The Departments shall report the results of this work to the human services committees of the Legislative Assembly no later than February 28, 2022.

Key Takeaways



Key takeaways

- The systems are complicated.
- There are barriers for children and adults.
- Individuals and families often do not know how to access all supports to which they are entitled .
- Delivery systems, i.e., County Mental Health Programs (CMHP), Office of Developmental Disabilities Services (ODDS) case managers, APD case managers, do not always have a clear understanding who each program can serve.
- Individuals with specific needs such as IDD, physical disabilities or cognitive impairments are often refused Behavioral Health services by providers.
- Individuals with a primary diagnosis of mental illness are often refused assessment and funding to access K-plan services.
- There is a lack of coordination between the systems; OHA's Health Systems Division (HSD), APD, and ODDS.

Joint planning

- ODHS, APD and ODDS, and the OHA, HSD (including the Offices of Medicaid and Behavioral Health) developed a joint planning committee.
- The planning committee devised a plan for each program area to consult with community partners. Each program met with a variety of partners gathering insight into current barriers and suggestions for removing those barriers.
- Expanded feedback can be found within the report.
- The planning committee jointly wrote the report and submitted to the Legislature on February 28, 2022.

<https://www.oregon.gov/odhs/about/legislativeinformation/2022-sb-5529-mh-barriers.pdf>

Key barriers

- Knowledge and Communication about Services
- Workforce
- Case Management, Service Coordination, and Care Coordination
- People with Complex Needs and Integration of Health Services
- Access to and Availability of Needed Services
- Roles, Referrals, and Responsibility for Providing Services
- Equity and Culturally and Linguistically Appropriate Services
- Provider Adequacy and Capacity
- Provider Reluctance, Discriminatory Practices, and Accommodations
- Resources

Recommendations



Report recommendations

- Immediately issue a specific policy from ODHS and OHA, and improve enforcement of existing policies, to prevent discrimination in all programs and treatment provider systems to ensure full inclusion of individuals with I/DD, older adults, and people with disabilities. Determine processes for ensuring compliance.
- Work to develop stronger communication pathways between APD, ODDS, OHA, CMHPs, and other contracted case management entities.
- Develop processes and procedures to ensure BH services are delivered in a person-centered manner and are culturally and linguistically appropriate, including appropriate accommodations, interpreter services, personal/attendant care supports, and provided where individuals are comfortable in receiving the services.

Report recommendations, cont'd.

- Support existing efforts to address the ongoing workforce shortage.
- Develop methods to coordinate services for people with complex needs and facilitate local dialogue on coordination and integration.
- With community partners, explore strategies to coordinate different Medicaid authorities to ensure all individuals receive appropriate services and support through a person-centered plan that meets all their needs, and present those strategies for consideration by the legislature in 2023.
- Request an ongoing discussion with the legislature and community partners about the prioritization in state statute for mental health services and the restrictions on APD to serving individuals with mental illness

Progress to date



Progress to date

- Identifying ODHS and OHA policies and operations to improve enforcement of existing policies, to prevent discrimination in all programs and treatment provider systems to ensure full inclusion of individuals with IDD, older adults, and people with disabilities.
 - Determining processes for ensuring compliance.

Progress to date

Exclusionary criteria removal

- Early Assessment and Support Alliance (EASA)
- Behavioral Rehabilitative Services (BRS)
- Psychiatric Residential Treatment Facilities (PRTF)

University of Connecticut Medicaid Review

- Evaluation of Medicaid state plan
- Waivers
- Recommendations for opportunities

Progress to date

Proactive inclusionary criteria

Intensive In-home Behavioral Health Treatment (IIBHT)

- Children are considered for IIBHT services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, **intellectual and/or developmental disability, IQ score**, or physical disability;
- Removed Prior Authorization requirements for IIBHT- services must be medically appropriate and medically necessary

Mobile Response and Stabilization Services (MRSS)

Children who meet one or more of the following criteria, may be eligible to receive stabilization services:

- Mental health concerns related to patterns of behavioral and emotional challenges, which require continued intervention and coordination to maintain functioning and prevent escalation;
- Lack of current connection to the appropriate resources, services, and supports;
- Further assessment, referral, and treatment for substance use;
- **Further assessment, referral, and treatment for children with Intellectual and Developmental Disabilities (IDD);**
- Suicidal ideation or at significant risk of suicide;
- Escalation in frequency and intensity of agitation or aggression, due to behavioral health crisis, putting themselves or others at risk;
- Lower levels of care are not expected to be effective in safely supporting the child and their family in the community.

Progress to date

Expedited Assessment Services for Youth ([EASY](#))

Currently available in Multnomah and Deschutes counties, EASY provides quick and complete psychological and assessment services

Individuals that are high risk for:

- Temporary lodging
- Emergency room visits
- Involvement with juvenile justice, or
- Getting removed from their home

For each assessment, the team:

- Reviews all clinical documentation
- Determines the youth's testing needs
- Coordinates psychological testing, and
- Consults the youth's clinical providers
- The team also refers youth with intellectual/developmental disabilities (I/DD) to their local [Community Developmental Disabilities Program](#) (CDDP) office. The CDDP office can see if the youth qualifies for other I/DD services and supports.

The team can also train community partners to see the signs of possible mental health disorder or I/DD. Then partners can refer youth with possible mental health or I/DD needs to EASY for assessment and support.

Progress to date

HB 2086 (2021) [Integrated Co-occurring disorders](#) (COD) work phase 2 on IDD and Mental Health

Reimburse for COD treatment services at an enhanced rate based on clinical complexity and the education level of the treating provider

- Provided over 6 Million one-time start-up funding for **30 programs** that provide Integrated COD treatment
- Created approved integrated Co-Occurring Disorders Practitioner Designation, 20 hours of required specialty training, **including one hour addressing Mental Health, Substance Use Disorder and Problem Gambling treatment adaptations for I/DD**
- 3rd party study gaps affecting continuity of care and financial support for COD treatment, **including treatment of co-occurring I/DD and gambling disorder**
- Monthly community of practice groups, including **addressing Mental Health, Substance Use Disorder and Problem Gambling treatment adaptations for I/DD**
- Collaboration with ODDS identifying and addressing gaps and barriers to quality Behavioral Health Services for people with Intellectual and Developmental Disabilities
- **Expanded training and support for Behavioral Health treatment adaptations for people with Intellectual and Developmental Disorders** through development of clinical training with NADD (National Association for Dual Diagnosis) in collaboration with OHA Child and Family Behavioral Health Unit

Progress to date

- National Association for Dual Diagnosis [NADD](#) supported efforts
 - Open Community Clinical Consultation
 - Direct Provider consultation
 - Trainings & Training Materials and events (Train the Trainer, DM ID 2 resources)
 - Elevating Family Voice
- ODHS and OHA participate in and support an annual Oregon [IDD Mental Health Summit](#)
- Case level complex care coordination: case specific
- Expansion of Child and Adolescent Psychiatry and Developmental Pediatrician fellowship spots (2023 session investment)
- Behavioral Health [Workforce initiatives](#) through HB 2949 (2021) and HB 4071 (2022)
 - **\$60 million to develop a diverse behavioral health workforce** in licensed and non-licensed occupations through scholarships, [loan repayment](#), retention and peer workforce development.
 - **\$20 million for clinical supervision grants.** These are for licensed behavioral health providers to supervise associates or other individuals so they complete the supervised clinical experience required to obtain a license to practice.

Progress to date

Development of Culturally and Linguistically Specific Services (CLSS) enhanced FFS and provider rates

HB 5202 (2022) invested \$42.5 million in general funds to increase the Fee For Services (FFS) and Coordinated Care Organizations provider rates by an average of 30 percent, resulted in approximately \$154.5 million total funds for the Medicaid system

[View our slides](#) about completing the CLSS application process

[Read questions and answers about the application](#)

View our [webinar recording](#) and [slides](#)

[Complete the online CLSS application](#): The application is now updated to align with [the new CLSS rules effective May 30, 2023](#).

Approved CLSS providers: [Refer to the CLSS billing guide](#) to learn how to receive the enhanced rate on services billed to OHA.

[View OHA's list of approved CLSS providers.](#)

Progress to date

Early and Periodic Screening, Diagnostic, and Treatment

- The complete Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) Program was implemented January 1, 2023. EPSDT is a federal benefit that provides comprehensive and preventative health care services **for children and youth under the age of 21** who are enrolled in the Oregon Health Plan (OHP).
- States are required to provide comprehensive services and **furnish all Medicaid coverable, medically appropriate and medically necessary services needed to correct and ameliorate health conditions** for an individual child or youth.
- **In Oregon, EPSDT constitutes the child and youth benefit within the Oregon Health Plan.** It is not necessary to enroll in a separate program to access these benefits.
- Since January 1, 2023 **all medically necessary and appropriate services must be covered, regardless of their location on Prioritized List** for ages 0-21.
- EPSDT services are for both CCO and Fee-for-service (Open Card)
- EPSDT rules have been updated and will go into effect 01/01/2024. EPSDT rules will be in OAR division (410 – 151)

www.Oregon.gov/EPSDT

Progress to date

Young adults with Special Health Care Needs (YSHCN)

Purpose of YSHCN coverage expansion:

To create stability in the transition to adulthood by expanding OHP eligibility and extending comprehensive benefits through age 25.

Program rollout:

YSHCN coverage begins January 1, 2025 with 19-year-olds and expands by one year annually (i.e. 20-year-olds in 2026, 21-year-olds in 2027, etc). *This rollout schedule is draft and subject to change.*

Eligible populations:

Individuals aged 19 through 25 with diagnosed or undiagnosed complex physical, behavioral, or mental conditions that began before age 18, including individuals served by ODDS – IDD or APD.

CURRENT ELIGIBILITY & COVERAGE (19 – 25)	YSHCN ELIGIBILITY & COVERAGE (19 – 25)
Up to 138% FPL	Up to 300% FPL (5% income disregard)
EPSDT ends at 21	EPSDT ends at 26
No Health-Related Social Needs (HRSN) benefits	Eligible for HRSN benefits

Progress to date

- Addressing chair side denials at provider level
- Targeted rate increases for assessments for IDD eligibility
- BRS rule/structure, current community engagement
- 1115 Waiver: Continuous enrollment

Progress to date: Young adults 18-25

Joint Workgroup with Medicaid and APD on 1915(i) - work focused on individuals over the age of 21

- Mapping services and supports offered through the 1915(i) and 1915(k) authorities to identify service and supports, as well as appropriate pathways to access
- Ensure communication internally and externally, including training opportunities for staff and contracting entities
- Review of current functional needs assessment tools to address whole person needs

Rule promulgation for expanded 1915(i) services and supports, these services will occur in two phases based on necessary system updates, and will be available for individuals diagnosed with chronic mental illness who are above the age of 21 years.

- Phase 1- Community Based Integrated Services, Residential habilitation, Psychosocial rehabilitations, housing support services, Home delivered meals,
- Phase 2 – In-home Personal Care, Community Transportation, Community Transition Services and Pest Eradication services.

Work moving forward

- Joint agency policy and planning
- Focus on CCO care coordination efforts, prioritization and urgency at case level for individuals with IDD
- Continue to explore current integrated care models in Oregon with the work happening HB 2086, map out options and support implementation
- OHA will engage national expertise for development of integrated care models and policy planning
- Secure Inpatient contracted programs moving toward NADD program certification <https://thenadd.org/accreditation-certification/>
- OHA will crosswalk the 5529 recommendations, community feedback and action steps into the 2024-2028 OHA's children's behavioral health [Roadmap](#)
- University of Connecticut report and recommendations anticipated early 2024
- Continued cross agency workforce efforts
- BRS in home implementation

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Questions?

