

**A-Engrossed**  
**Senate Bill 624**

Ordered by the Senate April 5  
Including Senate Amendments dated April 5

Sponsored by Senator LIEBER, Representative NOSSE (Presession filed.)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Establishes certified community behavioral health clinic program in Oregon Health Authority.

**A BILL FOR AN ACT**

Relating to behavioral health clinics.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1. Section 2 of this 2023 Act is added to and made a part of ORS chapter 413.**

**SECTION 2. (1) The certified community behavioral health clinic program is established in the Oregon Health Authority for the purpose of certifying community behavioral health clinics that meet criteria adopted by the authority by rule to receive prospective fixed cost-based rates, as provided in subsection (4) of this section, for services provided to medical assistance enrollees.**

**(2) Rules adopted by the authority:**

**(a) Must be consistent with the criteria published by the United States Department of Health and Human Services for clinics that were certified by states as certified community behavioral health clinics to participate in the demonstration program under section 223(d) of the Protecting Access to Medicare Act of 2014 (P.L. 113-93); and**

**(b) Shall ensure that certified community behavioral health clinics provide, at a minimum, all of the following services, either directly or by referral through formal relationships with other providers:**

**(A) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services and crisis stabilization services;**

**(B) At least 20 hours per week of primary care services;**

**(C) Screening, diagnosis and assessment, including risk assessment;**

**(D) Patient-centered treatment planning or similar services that include risk assessment and crisis planning;**

**(E) Outpatient primary care screening and monitoring of key health indicators and health risks;**

**(F) Targeted case management;**

**(G) Psychiatric rehabilitation services;**

**(H) Peer support and counseling services;**

**(I) Family support services;**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1       **(J) Community-based mental health services, including intensive community-based men-**  
2 **tal health care for members of the armed forces and veterans consistent with the minimum**  
3 **clinical mental health guidelines adopted by the United States Department of Veterans Af-**  
4 **airs Veterans Health Administration; and**

5       **(K) Outpatient mental health and substance use disorder services.**

6       **(3) If the authority adopts requirements for certified community behavioral health clinics**  
7 **that are in addition to the criteria described in subsection (2)(a) of this section, the authority**  
8 **shall provide funding to the clinics sufficient to reimburse the costs of the additional re-**  
9 **quirements.**

10       **(4)(a) A certified community behavioral health clinic shall complete the federally required**  
11 **cost report for the authority to review and approve the clinic's prospective fixed cost-based**  
12 **rate for a patient encounter.**

13       **(b) The authority shall adjust the prospective fixed cost-based rate at least every two**  
14 **years. A certified community behavioral health clinic may request a rate adjustment before**  
15 **the end of the two-year period if:**

16       **(A) A clinic changes the clinic's scope of services; or**

17       **(B) The authority increases rates regionally or statewide.**

18       **(c) The authority shall adopt and provide to certified community behavioral health clinics**  
19 **guidance on the development of fixed rates and billing. The fixed rate must include but is**  
20 **not limited to:**

21       **(A) An estimate of the projected cost of anticipated expansions of the certified commu-**  
22 **nity behavioral health clinic program or the populations served by the program; and**

23       **(B) The cost of the technology and data systems needed by each clinic to track and**  
24 **measure outcomes and other data that the authority requires to be tracked or measured.**

25       **(d) The authority shall:**

26       **(A) Review federal guidance on rate setting for clinics that are dually certified as feder-**  
27 **ally qualified health centers, as defined in 42 U.S.C. 1396d(1)(2), and as certified community**  
28 **behavioral health clinics and provide recommendations to such dually certified clinics about**  
29 **how the clinics can best bill for services; and**

30       **(B) Explore opportunities for maximizing the financial benefits to certified community**  
31 **behavioral health clinics, including but not limited to leveraging supplemental payments or**  
32 **quality-based payments for providers operating certified community behavioral health clinics**  
33 **to support the clinics' operations or to expand the scope of services offered by the clinics.**

34       **(5) In any geographic region of this state that is served by both a certified community**  
35 **behavioral health clinic and a community mental health program:**

36       **(a) The certified community behavioral health clinic and the community mental health**  
37 **program may enter into a written agreement concerning collaboration between the clinic and**  
38 **the program in the coordination of services that are provided by both the clinic and the**  
39 **program.**

40       **(b) The authority shall develop a plan to ensure:**

41       **(A) Coordination of services between the clinic and the program to minimize service re-**  
42 **dundancies; and**

43       **(B) Financial efficiencies to maximize financial benefits.**

44       **(6) This section does not require a clinic that is eligible for certification under this sec-**  
45 **tion to apply for certification. Participation in the program is voluntary.**

1       **SECTION 3.** (1) Section 2 of this 2023 Act becomes operative on the date specified in  
2 section 223(d)(3) of the Protecting Access to Medicare Act of 2014 (P.L. 113-93), as amended,  
3 for the expiration of the demonstration program.

4       (2) The Oregon Health Authority shall take steps to increase the number of certified  
5 community behavioral health clinics in this state that are funded under the demonstration  
6 program until the operative date specified in subsection (1) of this section.

7       (3) Prior to the expiration of the demonstration program, the authority shall seek federal  
8 approval for an amendment to the Medicaid state plan to allow the state to receive federal  
9 financial participation in the costs of the certified community behavioral health clinic pro-  
10 gram established in section 2 of this 2023 Act on and after the operative date specified in  
11 subsection (1) of this section.

12       (4) The authority shall explore all prospective rate methodologies allowed for the certified  
13 community behavioral health clinic model by the Centers for Medicare and Medicaid Ser-  
14 vices.

15       (5) As used in this section, “demonstration program” means the community mental  
16 health services demonstration program described in section 223 of the Protecting Access to  
17 Medicare Act of 2014 (P.L. 113-93), as amended.

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