

# Senate Bill 624

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 **as introduced**.

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

## A BILL FOR AN ACT

1 Relating to behavioral health clinics.

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

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

4 **SECTION 2. (1) The certified community behavioral health clinic program is established**  
5 **in the Oregon Health Authority for the purpose of certifying community behavioral health**  
6 **clinics that meet criteria adopted by the authority by rule to receive supplemental payments**  
7 **for services provided to medical assistance recipients as provided in subsection (3) of this**  
8 **section.**

9 (2) Rules adopted by the authority shall ensure that certified community behavioral  
10 health clinics provide, at a minimum, all of the following services, either directly or by re-  
11 ferral through formal relationships with other providers:

12 (a) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis  
13 intervention services and crisis stabilization services;

14 (b) At least 20 hours per week of primary care services;

15 (c) Screening, diagnosis and assessment, including risk assessment;

16 (d) Patient-centered treatment planning or similar services that include risk assessment  
17 and crisis planning;

18 (e) Outpatient primary care screening and monitoring of key health indicators and health  
19 risks;

20 (f) Targeted case management;

21 (g) Psychiatric rehabilitation services;

22 (h) Peer support and counseling services;

23 (i) Family support services;

24 (j) Community-based mental health services, including intensive community-based mental  
25 health care for members of the armed forces and veterans consistent with the minimum  
26 clinical mental health guidelines adopted by the United States Department of Veterans Af-  
27 fairs Veterans Health Administration; and

28 (k) Outpatient mental health and substance use disorder services.

29 (3)(a) The authority shall supplement rates paid by coordinated care organizations to  
30 certified community behavioral health clinics participating in the program by paying a pre-  
31 determined fixed rate per medical assistance recipient. Each clinic shall propose a fixed rate  
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**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 and the authority shall either accept the proposed rate or negotiate based on the proposed  
 2 fixed rate. The supplemental payment may not be reduced based on any incentive payment  
 3 or similar payment made by a coordinated care organization that is in addition to the base  
 4 rate paid by the coordinated care organization to reimburse the clinic for services.

5 (b) The fixed rate may be adjusted at the option of each clinic:

6 (A) Annually using the Medicare Economic Index published by the Centers for Medicare  
 7 and Medicaid Services;

8 (B) If a clinic changes the clinic's scope of services; or

9 (C) If the authority increases rates regionally or statewide.

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

13 (A) An estimate of the cost of providing services to priority populations, as defined by  
 14 the authority by rule, uninsured individuals, individuals involved in the criminal justice sys-  
 15 tem and individuals involved in the child welfare system;

16 (B) An estimate of the projected cost of anticipated expansions of the certified commu-  
 17 nity behavioral health clinic program or the populations served by the program; and

18 (C) The cost of the technology and data systems needed by each clinic to track and  
 19 measure outcomes and other data that the authority requires to be tracked or measured.

20 (d) The authority shall adopt by rule performance standards for certified community be-  
 21 havioral health clinics that, if met, qualify a clinic for one or more quality bonus payments  
 22 in addition to the fixed rate.

23 (4) This section does not require a clinic that is eligible for certification under this sec-  
 24 tion to apply for certification. Participation in the program is voluntary.

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

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

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

36 (4) As used in this section, "demonstration program" means the community mental  
 37 health services demonstration program described in section 223 of the Protecting Access to  
 38 Medicare Act of 2014 (P.L. 113-93), as amended.

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