

**A-Engrossed**  
**Senate Bill 820**

Ordered by the Senate March 31  
Including Senate Amendments dated March 31

Sponsored by Senator GELSER BLOUIN

**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.

Requires Oregon Health Authority to provide community-based services and supports to individuals with complex mental or behavioral health needs who are under 21 years of age. Specifies services. Requires authority to contract with one or more community-based entities to assist individuals and their parents, guardians or legal representatives in recruiting and supervising providers of services and supports and in directing services and supports.

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to community-based services for individuals with complex needs who are under 21 years  
3 of age; and declaring an emergency.

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

5 **SECTION 1. (1) Using funding available through the Community First Choice option un-**  
6 **der 42 U.S.C. 1396n(k), the Oregon Health Authority shall offer services and supports, listed**  
7 **in subsection (3) of this section, to individuals who are under 21 years of age, qualify for**  
8 **medical assistance as defined in ORS 414.025, meet the criteria established in subsection (2)**  
9 **of this section and are:**

10 (a) **At risk of hospitalization or an out-of-home placement; or**

11 (b) **Hospitalized or in an out-of-home placement and wish to receive services in their own**  
12 **homes.**

13 (2)(a) **The authority shall establish by rule eligibility criteria for determining whether an**  
14 **individual, in the absence of community-based services and supports, would require the level**  
15 **of care furnished in an institution providing psychiatric services for individuals and shall**  
16 **establish an assessment tool to determine needed services and supports.**

17 (b) **Individuals eligible for services and supports under this section include, but are not**  
18 **limited to, individuals:**

19 (A) **Diagnosed with severe and persistent mental illness;**

20 (B) **Presenting to an emergency room as a result of an attempted suicide, incident of**  
21 **self-harm or drug overdose;**

22 (C) **Exiting residential care facilities or foster care homes that need community-based**  
23 **supports to ensure their success living in noninstitutional placements; or**

24 (D) **At risk of placement in out-of-home care, including a juvenile detention facility, as**  
25 **a result of behaviors related to their mental illness.**

26 (3) **Services and supports provided under the Community First Choice option in sub-**

**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 **section (1) of this section must include, but are not limited to:**

- 2 **(a) Skills training;**
- 3 **(b) Home modifications;**
- 4 **(c) Assistive technology;**
- 5 **(d) Supervision;**
- 6 **(e) Attendant care services;**
- 7 **(f) Cueing;**
- 8 **(g) Nonmedical transportation; and**
- 9 **(h) Case management services.**

10 **(4) In addition to the Community First Choice option, the authority shall seek a waiver**  
11 **or other federal authority necessary to:**

12 **(a) Disregard the income of a parent of an individual who is under 18 years of age when**  
13 **determining eligibility for services and supports under subsection (2) of this section; and**

14 **(b) Provide flexibility for providing innovative services and supports needed to allow in-**  
15 **dividuals receiving services and supports under subsection (1) of this section to be successful**  
16 **living in family or community-based settings, including but not limited to:**

- 17 **(A) Respite;**
- 18 **(B) Job coaching;**
- 19 **(C) Family counseling;**
- 20 **(D) Person-centered planning;**
- 21 **(E) Peer support for individuals under 21 years of age and their parents, guardians, per-**  
22 **sonal representatives or families; and**
- 23 **(F) Training and support for parents, guardians, personal representatives and family**  
24 **members of individuals under 21 years of age.**

25 **(5) The Department of Human Services and the authority shall develop a process to en-**  
26 **sure that individuals who are eligible for services and supports under both the Community**  
27 **First Choice option and another type of federal waiver or authority have all of their needs**  
28 **met fully while avoiding duplication of services and supports.**

29 **(6) The authority shall create and maintain a unit within the authority's children's be-**  
30 **havioral health program to coordinate the services and supports provided under this section**  
31 **to individuals, including those who are involved with multiple state agencies such as the**  
32 **authority, the department or the Oregon Youth Authority. The unit must employ a suffi-**  
33 **cient number of case management professionals with expertise in working with the Oregon**  
34 **Health Authority, the department and the Oregon Youth Authority to assist individuals who**  
35 **are receiving services and supports under this section to remain in the community and avoid**  
36 **health crises, hospitalization or an out-of-home placement. The unit must focus on pre-**  
37 **vention, recovery and support, offering individuals and their families the type of compre-**  
38 **hensive, wrap-around community-based services and supports that prevent crises from**  
39 **happening or from reoccurring and that provide support and stabilization in the event of a**  
40 **crisis.**

41 **(7) An individual must be enrolled in a coordinated care organization to receive services**  
42 **and supports under this section but must be given the choice to change to services and**  
43 **supports paid for on a fee-for-service basis if the individual needs services or supports that**  
44 **are not offered by the local coordinated care organization. If an individual or the individual's**  
45 **parent, guardian or legal representative on behalf of the individual elects to receive services**

1 and supports paid for on a fee-for-service basis, the individual must be allowed to see pro-  
2 viders outside of the coordinated care organization’s provider network for treatment, coun-  
3 seling, therapy or short-term residential care and must be ensured continuity in care with  
4 the individual’s providers if the individual moves to a different geographical area.

5 (8) An individual or the individual’s parents, guardian or legal representative must be  
6 given the opportunity to direct the services and supports under this section, to choose how  
7 to employ providers and to select the providers, including the option to recruit and supervise  
8 the providers obtained through the Home Care Commission registry or other entity that  
9 makes providers available.

10 (9) The Oregon Health Authority shall contract with one or more community-based en-  
11 tities to develop person-centered services, assist individuals and their families in identifying  
12 and recruiting preferred providers of services and support staff, provide fiscal intermediary  
13 services and support individuals and their families in directing the provision of services and  
14 supports. The contracts must ensure access to culturally and linguistically appropriate and  
15 person-centered care for individuals and their families throughout this state.

16 (10)(a) The authority shall adopt rules for entities that supply providers of services and  
17 supports under this section to ensure the safety and quality of care. The rules must allow  
18 for both self-directed models of service and agency-directed models of service, as selected  
19 by the individual receiving services and supports or the individual’s parent, guardian or legal  
20 representative.

21 (b) As used in this subsection:

22 (A) “Agency-directed model of services” means a public or private community agency or  
23 organization authorized by the Oregon Health Authority to take direct responsibility for  
24 managing services and supports, including the hiring, training and supervision of support  
25 staff, in a manner that promotes the personal choices and values of an individual who is re-  
26 ceiving the services and supports.

27 (B) “Self-directed model of services” means that an individual, or a legal or designated  
28 representative of the individual, has decision-making authority over services and supports  
29 and takes direct responsibility for managing the services and supports provided to the indi-  
30 vidual with the assistance of a system of available supports that promotes personal choice  
31 and control over the delivery of the services and supports.

32 **SECTION 2.** (1) The Oregon Health Authority shall adopt eligibility criteria under section  
33 1 (2) of this 2023 Act no later than January 1, 2025.

34 (2) The authority shall enter into contracts with community-based entities in accordance  
35 with section 1 (9) of this 2023 Act no later than July 1, 2025.

36 **SECTION 3.** This 2023 Act being necessary for the immediate preservation of the public  
37 peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect  
38 on its passage.