February 10, 2025

Senator Wlnsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: February 6 Subcommittee Questions

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the February 6 presentation on Oregon's Behavioral Health Division and its work.

1. Geographic distribution of anticipated new CCBHC sites

A mix of Community Mental Health Programs, private providers and at least one FQHC have all expressed interest in pursuing CCBHC status in recent months. Some of these providers are existing CCBHCs that would like to expand their footprint, and some would be truly new. Based on current interest, eight providers are in rural locations, three are in urban locations and three have unspecified locations. All of these providers will be able to better validate their intent to apply, and to assess the timing of when they apply, once the state plan amendment is effective and there is greater detail on the requirements and process for approval.

2. Staffing capacity and status at the anticipated new CCBHC sites

OHA does not have detailed information on the staffing of the interested providers; however, they are all providers that are in operation (not truly new providers to the field.) Based on what OHA knows about the operational ramp up for current clinics at the start of the demonstration, it takes clinics approximately 6 months to one year from the time they pursue CCBHC status to become fully operational. Interested sites can begin applying when the state plan amendment is effective, which is currently anticipated to be October 1, 2025. Once a completed application is submitted, it takes an average of three months for the application and all required documents (policies/organizational chart/staff credentials and training/other) to be reviewed and the facility inspection to be conducted. Once those are complete a decision will be determined by OHA.

Hiring and sustaining a behavioral health workforce is challenging, even for CCBHCs, however there is anecdotal evidence from our clinics that being a CCBHC has better enabled them to hire and retain a diverse array of staff due to the ability to factor their clinic-specific wage and operational costs in their Prospective Payment System (PPS) - derived CCBHC rate.

3. CCBHCs' communication network and Community Information Exchanges

Community Information Exchanges (CIEs) are used to support referrals to services for clients, and are available in all counties of Oregon, sponsored by CCOs, health systems, and other organizations. There are two CIE technology platforms sponsored in Oregon: 15 CCOs sponsor Unite Us and one CCO sponsors Findhelp. CIE can help behavioral health (BH) organizations connect clients to community services and connect people to BH organizations.

According to a recent evaluation of CIE in Oregon*, some behavioral health organizations are participating in CIE to send referrals to connect their clients to community services, as well as receiving referrals to provide services. Although most SUD referrals happen outside of CIE, CIE includes privacy protections required for SUD data sharing under 42 CFR Part 2 and HIPAA.

Adoption of CIE is expanding across communities in Oregon. Some of Oregon's CCBHCs participate in CIE. As of February 2025, at least seven CCBHCs are in the Unite Us CIE platform, though OHA does not have direct insight on the extent to which each CCBHC utilizes the platform. There is no requirement to have a CIE in the CCBHC model.

*A First Look at Connect Oregon Implementation by SIREN (Social Interventions Research & Evaluation Network), September 2024

4. Oregon's relationship with federal licensing standards/requirements set by Centers for Medicare & Medicaid Services (CMS)

To access Medicaid funding, the services must be provided in a setting that has been licensed and/or certified to state standards. The types of settings are identified in Oregon's Medicaid State Plan. Medicaid policy at CMS does have licensing requirements for settings such as Nursing Facilities, Psychiatric Residential Treatment Facilities, and Institutions for Mental Disease.

For PRTF settings licensed by the Behavioral Health Division, the facility must meet the requirement for participation of a non-hospital facility accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State.

Medicaid policy at CMS does not set licensing standards for Adult Mental Health Residential settings. The rules set in Oregon are to guide services, maximizing quality and safety for clients. While CMS does not set Oregon's licensing standards, there are certain guidelines that must be considered in order to bill Medicaid for services provided at these facilities. Oregon's rules take into account this federal guidance to maximize the state's ability to bill Medicaid for services provided at these facilities. Medicaid payment can be made to settings who comply

with the licensing standards identified in Behavioral Health licensing rules, or through ODHS licensing entities. The settings are home and community-based settings and therefore must also comply with the federal regulations located in 42 CFR 441.700-750.

5. Behavioral Health Facility beds currently available or currently in use

Please see the attachment titled: *Data Table Capacity Report 2025.01.28*

6. Link to the URL for the residential facility capacity dashboard

https://www.oregon.gov/oha/HSD/AMH/Pages/Housing-Dashboard.aspx

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,

Ebony Clarke
Behavioral Health Director