

SB 909-1
(LC 2750)
3/21/25 (RH/ps)

Requested by Senator GELSER BLOUIN

**PROPOSED AMENDMENTS TO
SENATE BILL 909**

On page 1 of the printed bill, delete lines 5 through 24 and delete pages 2 through 5 and insert:

“SECTION 1. (1) As used in this section, ‘serious emotional disturbance’ means a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, the International Classification of Diseases or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood and that has resulted in an individual under 21 years of age:

“(a) Demonstrating a severe functional impairment that significantly interferes with the individual’s ability to participate in one or more life domains at a developmentally appropriate level and within a culturally appropriate context; or

“(b) Being at risk of out-of-home placement, hospitalization or other disruption as determined by the authority by rule.

(2) The Oregon Health Authority shall provide flexible and innovative home and community-based services and supports that will allow individuals under 21 years of age who qualify for Medicaid-funded services and have a serious emotional disturbance to be successful living with their families or in other home and community-based settings. The services and supports may include, but are not limited to,

1 the following:

2 “(a) Respite or relief care;

3 “(b) Job coaching and employment supports;

4 “(c) Family counseling;

5 “(d) Person-centered planning;

6 “(e) Specialized peer support for individuals under 21 years of age
7 and their parents, guardians, personal representatives or families, in-
8 cluding siblings;

9 “(f) Crisis support networks;

10 “(g) Case management; and

11 “(h) The facilitation of wraparound services.

12 **“SECTION 2.** In determining eligibility for medical assistance, as
13 defined in ORS 414.025, for an individual who is under 18 years of age
14 and has a physical disability or chronic illness that requires a hospital
15 or nursing home level of care, the Oregon Health Authority and the
16 Department of Human Services shall disregard the income of the
17 individual’s parents and consider only the income of the individual.

18 **“SECTION 3.** In determining eligibility for medical assistance, as
19 defined in ORS 414.025, for an individual who is under 18 years of age
20 and meets the level of care criteria, as prescribed by the Oregon
21 Health Authority under section 5 of this 2025 Act, for admission to a
22 facility providing psychiatric services to individuals under 21 years of
23 age, the authority and the Department of Human Services shall dis-
24 regard the income of the individual’s parents and consider only the
25 income of the individual.

26 **“SECTION 4.** (1) As used in this section, ‘individualized education
27 program’ has the meaning given that term in ORS 343.035.

28 **“(2)** The Department of Education, the Oregon Health Authority
29 and the Department of Human Services shall adopt rules to streamline
30 the process for obtaining consent from a student’s parent or legal

guardian for an education provider to bill the state medical assistance program for the cost of school-based health services provided to the student. At a minimum, the rules must include a process to:

“(a) Request consent for the Department of Human Services or the authority to inform a student’s education provider, at least once per school year, that the student is eligible for medical assistance.

“(b) Request consent for a student’s education provider to bill the state medical assistance program for the cost of school-based health services provided to the student. The process for requesting consent under this paragraph shall include the ability to seek consent at:

“(A) Each meeting of the student’s individualized education program team; and

“(B) For a student that is receiving home and community-based services, at the annual meeting to develop the student’s home and community-based services plan.

“SECTION 5. (1) The Oregon Health Authority shall:

“(a) Prescribe by rule the level of care criteria for admission to a facility providing psychiatric services to individuals under 21 years of age;

“(b) Adopt an assessment tool or functional needs assessment to determine whether an individual meets the level of care criteria prescribed under this subsection; and

“(c) Adopt an assessment tool or functional needs assessment to establish the level of services necessary to support an individual who meets the level of care criteria prescribed under this subsection to be successful outside of an institutional setting.

“(2) An individual who meets the level of care criteria prescribed under subsection (1) of this section is eligible for medical assistance, as defined in ORS 414.025, if home and community-based services are necessary to prevent the individual from being placed in an institu-

1 tional setting.

2 “(3) An individual who has been determined to meet the level of
3 care criteria prescribed under subsection (1) of this section shall con-
4 tinue to meet the criteria if:

5 “(a) The provision of home and community-based services stabilized
6 the individual and removal of the home and community-based services
7 is likely to put the individual at risk of placement in an institutional
8 setting; or

9 “(b) The individual has been discharged from an institutional set-
10 ting and requires home and community-based services to prevent the
11 risk of returning to an institutional setting.

12 “**SECTION 6.** ORS 417.345 is amended to read:

13 “417.345. (1) The Medically Involved Home-Care Program is created in the
14 Department of Human Services. The department shall provide all State Plan
15 Medicaid and waived services available under state and federal law that
16 are necessary to enable a medically involved child to be cared for in the
17 child’s home. The waived services that must be available include but are
18 not limited to home nursing care, durable medical equipment and respite
19 care.

20 “(2) The department shall adopt by rule criteria for determining the need
21 for and extent of assistance to be provided to a medically involved child
22 enrolled in the Medically Involved Home-Care Program [*created by subsection*
23 *(1) of this section*]. The criteria shall include, but are not limited to, consid-
24 eration of:

25 “(a) The medical needs of the child;

26 “(b) The needs of any other family member with a disability or chronic
27 illness in the child’s home;

28 “(c) Family and community support available to the child and family
29 caregivers; and

30 “(d) The assistance necessary for the family to care for the child in the

1 child's home, disregarding parental or legal guardian income.

2 “(3) *[Subject to limits on enrollment required by state or federal law,]* Ser-
3 vices offered through the Medically Involved Home-Care Program shall be
4 made available to children meeting the criteria established by the depart-
5 ment by rule. Priority for enrollment shall be given to:

6 “(a) A child transferring to the child's home from nursing home place-
7 ment, foster care placement or other out-of-home placement;

8 “(b) A child living at home who is at risk of nursing home placement,
9 foster care placement or other out-of-home placement;

10 “(c) A child who does not otherwise qualify for medical assistance under
11 ORS chapter 414 and for whom the department pays family support payments
12 pursuant to ORS 430.215 that exceed \$10,000 per year; and

13 “(d) A child who is at risk of losing eligibility for medical assistance
14 under ORS chapter 414 due to a caregiver's employment or an increase in a
15 caregiver's earnings.

16 “[*(4) The department shall enroll no fewer than 125 medically involved*
17 *children in the Medically Involved Home-Care Program beginning January 1,*
18 *2008. The department shall enroll an additional 25 medically involved children*
19 *each calendar year thereafter, to the maximum number allowed by federal law*
20 *or under the terms of the federal approval.]*

21 “[*(5)*] (4) Moneys appropriated to the department for the Medically In-
22 volved Home-Care Program may not be used to supplant moneys appropriated
23 to the department for the Children's Intensive In-Home Services program.

24 “[*(6)*] (5) As used in this section, ‘child’ means a person under 18 years
25 of age.

26 “**SECTION 7.** Section 3, chapter 96, Oregon Laws 2024, is amended to
27 read:

28 “**Sec. 3.** (1) As used in this section:

29 “(a) ‘Child’ means an individual under [18] **21** years of age.

30 “(b) ‘Medicaid/CHIP Operations Coordination Steering Committee’ means

1 the committee comprised of executive level staff and subject matter experts
2 that is required by the terms of the state's Home and Community-Based
3 Services waiver, under 42 U.S.C. 1396n(c), to meet at least quarterly to co-
4 ordinate all mutual policy issues related to the operation and administration
5 of the state's medical assistance programs, including state plan amendments,
6 waiver requests, rules, procedures and interpretive guidance.

7 “(c) ‘Multi-system involved child [*or youth*]

8 is concurrently involved in two or more of the child welfare, mental health,
9 juvenile justice, special education, developmental disability services or aging
10 and persons with disabilities services systems.

11 “(d) ‘Serious emotional disturbance’ means a mental, behavioral or emo-
12 tional disorder, regardless of origin, that:

13 “(A) Is of sufficient duration to be diagnosed by a qualified licensed
14 health provider utilizing the diagnostic criteria specified in the fifth edition
15 of the Diagnostic and Statistical Manual of Mental Disorders published by
16 the American Psychiatric Association; and

17 “(B) Has resulted in a functional impairment that substantially interferes
18 with or limits the individual's role or functioning in family, school or com-
19 munity activities.

20 “(e) ‘Wraparound team’ means a group of people chosen by a child [*or*
21 *youth*] and connected to the child [*or youth*] through natural, community and
22 formal support systems, who develop and implement the child [*or youth*] and
23 the family's plan to address unmet needs and work toward the child [*or*
24 *youth*] and family's vision and team mission.

25 “[*(f) ‘Youth’ means an individual 18 through 20 years of age.*]

26 “(2) In consultation with the Medicaid/CHIP Operations Coordination
27 Steering Committee, the Department of Human Services and the Oregon
28 Health Authority shall adopt rules necessary to facilitate cross-agency co-
29 ordination that supports each multi-system involved child [*or youth*] who is
30 eligible for services and supports funded through the Community First

Choice Option under 42 U.S.C. 1396n(k) or the state plan for medical assistance to have all of the assessed needs of the child *[or youth]* fully met, including through the use of available natural and community supports, while avoiding the duplication of services. At a minimum, the rules must:

“(a) Clarify the roles of wraparound teams, community developmental disabilities programs, children’s intensive in-home services providers, schools, child welfare programs and other relevant entities in the determination of a multi-system involved *[child or youth’s]* **child’s** level of care needs and an assessment of the functional and service coordination needs of each child *[or youth]*;

“(b) Streamline the application and eligibility determination process by allowing each multi-system involved *[child or youth’s]* **child’s** assessment, application and service plan to be shared across all relevant systems to the maximum extent permitted by state and federal law;

“(c) Ensure that each child *[or youth]* who experiences intellectual or developmental disabilities in addition to mental illness or a substance use disorder is provided simultaneous access to services and support offered by each agency serving the child *[or youth]* without delay;

“(d) Prohibit any agency, program or provider from denying mental or behavioral health services to a child *[or youth]* because the child *[or youth]* has an intellectual or developmental disability or a substance use disorder, including alcohol use disorder, in addition to the *[child or youth’s]* **child’s** mental illness or serious emotional disturbance;

“(e) Ensure coordination between public agencies that serve multi-system involved children *[or youth]*:

“(A) To support each multi-system involved child *[or youth]* to enable the child *[or youth]* to remain in the community and avoid health crises, hospitalizations or out-of-home placements; **and**

“(B) With a focus of the coordination being on prevention, recovery and support, recognizing the unique strengths and potential of each multi-system

involved child *[or youth]*; and

“(f) Support children *[or youth]* and their families to access the appropriate comprehensive home and community-based services and supports that prevent crises from happening or reoccurring and that provide support and stabilization in the event of a crisis.

“(3) In adopting rules under this section, the department and the authority shall appoint a rules advisory committee that includes *[youth]* **children who are 18 through 20 years of age and** who are or who were multi-system involved children *[or youth]*, and their families.

“(4) **The authority shall:**

“(a) **Collaborate with the Department of Human Services and the Department of Education on the sharing of information regarding children who are eligible for medical assistance.**

“(b) **Establish billing codes for the reimbursement of medical assistance provided to children at school.**

“**SECTION 8. (1) No later than January 1, 2026, the Oregon Health Authority shall seek any waiver or other necessary approval from the Centers for Medicare and Medicaid Services to carry out the provisions of sections 1 to 3 and 5 of this 2025 Act.**

“(2) **The authority shall notify the Legislative Counsel immediately upon receipt of the approval or denial of each request under subsection (1) of this section.**

“(3) **No later than six months after the date that the authority receives any necessary approval described in subsection (1) of this section, the authority shall implement any provisions of sections 1 and 3 of this 2025 Act for which the authority received the necessary approval.**

“**SECTION 9. (1) Sections 1 to 3 and 5 of this 2025 Act become operative on the date on which the Legislative Counsel receives notice of the federal approval as provided under section 8 of this 2025 Act.**

1 **“(2) The Oregon Health Authority and the Department of Human**
2 **Services may take any action before the operative date specified in**
3 **subsection (1) of this section that is necessary for the authority and**
4 **the department to exercise, on and after the operative date specified**
5 **in subsection (1) of this section, all of the powers, duties and functions**
6 **conferred on the authority and the department under sections 1 to 3**
7 **and 5 of this 2025 Act.**

8 **“SECTION 10. This 2025 Act being necessary for the immediate**
9 **preservation of the public peace, health and safety, an emergency is**
10 **declared to exist, and this 2025 Act takes effect on its passage.”.**

11
