
Children and youth access to behavioral health

Senate Bill 1557

Senate Committee on Human Services

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Children and Youth on OHP

- Youth aged 0-20 make up 23.3% of Oregon's population, around 987,000 children
- 55% of Oregon's youth aged 0-20 are receiving Medicaid benefits
- 37% of Medicaid members are children/youth aged 0-20

Early Periodic Screening Diagnostics & Treatment (EPSDT)

- EPSDT coverage for 0-21 year olds includes a comprehensive health plan for both CCO and Open Card members. This includes, but is not limited to, physical health, behavioral health vision, dental and pharmacy services.
- As part of the implementation of EPSDT Oregon no longer uses the Prioritized List to determine whether a service is covered; rather Oregon considers whether the service is medically necessary and medically appropriate for that individual. This has resulted in more services being covered that were previously “below the funding line” on the prioritized list.
- Through EPSDT individuals with dual diagnosis are approved for services based on medical necessity and medical appropriateness rather than the funding line. This makes the determination more individualized and patient centered thus resulting in better services for the member.
- OHA has stood up a Behavioral Health Medical Committee to review specific individual cases for medical necessity and medical appropriateness.

Operationalizing EPSDT

- While EPSDT policies are implemented at the state level, OHA continues to work steadily towards operationalizing all aspects of the program with providers. This is a cultural shift for Oregon's providers and clinicians and requires technical support, education, and quality assurance.
- OHA needs to fully implement EPSDT to understand remaining gaps in services and coordination.
- Key operational priorities in the coming years:
 - Working with CCO partners to ensure all services accessed by CCO members are coordinated to each member's specific needs, in alignment with EPSDT.
 - Provider education
 - Continued partnership with ODHS to ensure individuals receive services through K Plan
 - Continued efforts to ensure that 18-21year olds are placed in age-appropriate settings

Key Priorities

- Ensure that efforts to expand access to K Plan services for children with behavioral health needs are done in coordination and alignment with the existing service systems.
- Provide guidance to families, CCOs, and partners on the importance of genetic testing for children and youth with I/DD, particularly when they are demonstrating behavioral problems and behavioral health conditions. EPSDT may expand the scope of covered genetic testing.
- Ensure that processes and governance structures solicit meaningful input from families and youth who experience behavioral health and I/DD service needs
- Utilize population-level utilization and outcomes reports across waiver and state plan services to ensure individualized planning and access to all Medicaid services
- Support BH providers to receive training and education to use the most updated screening, diagnostics, and treatment tools and manuals.

Improving existing HCBS systems

Home and community-based services

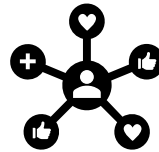
- Home and community-based services (HCBS) provide Medicaid beneficiaries services in their own homes or communities. Services are provided to older adults, and children and adults with disabilities and complex behavioral health needs and can include:
 - In-home care provider
 - Care in a shared residential environment
 - Home health services
 - Assistive technology and medical equipment
 - Meal services
 - Transportation
 - Life skills development

Why HCBS

Home and community-based services:



Promote safety, independence and choice.



Help maintain social connections



Contribute to better health outcomes



Are centered on individual needs



Save costs to consumers and care system.

Promoting Equity in Home and Community-Based Services

This project supports the creation of the future state vision for how HCBS can enhance integration for individuals with mental health needs in Oregon.

1 Supports Priorities of the Governor and Legislature

2 Expands on the 2022 Ombuds Report

3 Enables the Future State Vision & Roadmap

PATH TO ROADMAP DEVELOPMENT



66 Sources: SB 3529 Report on Barriers to Access to Behavioral Healthcare for People with IDD, Oregon Health Authority Ombuds Program 2022 Year-End Report

Moving forward

- Ensure that efforts to expand access to K Plan services for children with behavioral health needs are done in coordination and alignment with the existing service systems.
- OHA and ODHS, in collaboration with and children, youth, and their families with lived experiences, will investigate, and present findings from investigation, and make recommendations to Legislative Assembly.
- OHA and ODHS will work together to define the assessment tools, internal preparation, and resource needed to implement and operationalize all assurances made by OHA to CMS under the provision of the Community First Choice Option in the State Plan.

Youth Restorative Services (Fitness to Proceed)

- Language in current statute is unclear and outdated
- These minor changes reflect a move toward best practices for youth
 - Adds a timeframe so youth are not held in placement longer than needed
 - Clarifies that OHA does not take custody of youth, who remain in the custody of their parent or guardian
 - Ensures that there is documentation related to the determination of Fitness to Proceed
- More updates are needed to bring the statute to best practice
- OHA will work with youth with lived experience, courts, and advocates to bring larger statutory updates in 2025
 - Ensure that youth are in the most appropriate setting for their needs
 - Identify developmentally appropriate timelines for services

Thank you



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