On page 1 of the printed bill, line 3, delete “, 419C.396 and 419C.398” and insert “and 419C.396”.

Delete lines 5 through 15 and delete pages 2 through 4.

On page 5, delete lines 1 through 3 and insert:

“POLICY AND VALUES

SECTION 1. It is the intent of the Legislative Assembly in enacting sections 2 to 4 of this 2024 Act that the rules adopted by the Oregon Health Authority or the Department of Human Services and actions taken by the authority and the department to administer sections 2 to 4 of this 2024 Act be guided by the following policy and values, that:

“(1) Each child and youth is an individual with unique strengths and needs and must be met with developmentally, culturally and linguistically appropriate and individually responsive services that recognize the individual as a whole person;

“(2) Children, youth and their families are the experts on their lives and needs and must be meaningfully included in all decisions about their individual services and supports and be meaningfully included in policy making and service design;

“(3) All children and youth, regardless of the type or severity of diagnoses or the disability they experience, must be supported to live, work, play and attend school in integrated community settings and must be supported to safely and successfully remain in their family homes and local schools to the maximum extent possible;

“(4) Agencies and community partners must proactively recognize and build upon the unique strengths and potential of each child, youth and family;

“(5) State agencies must prioritize child, youth and family-centered supports toward prevention and recovery;

“(6) Children and youth must not be restricted to a single-service setting or delivery system and must be provided with access to all services for which the children or youth are eligible regardless of their disability type or family situation;

“(7) Children, youth and their families must be supported to access the appropriate comprehensive home and community-based services and supports that prevent crises from happening or from reoccurring and that provide support and stabilization in the event of a crisis;

“(8) State agencies that serve children, youth and their families must prioritize collaboration and information-sharing to support children and youth receiving multi-system supports through culturally and linguistically appropriate, disability-affirming and
family-focused supports to remain in the community and avoid physical or mental health crises, hospitalizations or out-of-home placements;

“(9) State agencies that serve children, youth and their families and community partners of the state agencies must collaborate to provide wraparound, child and youth-centered and trauma-responsive supports to children, youth and their families, including foster families, as children and youth transfer between placement settings across the continuum of services;

and

“(10) The state must access, to the maximum extent possible, all federal funds available to support children and youth with complex needs, at home, in substitute care, in the community and at school.

“ENTITLEMENT UNDER THE K PLAN

“SECTION 2. Consistent with any assurances made by the Oregon Health Authority to the Centers for Medicare and Medicaid Services under the provisions of the state plan for medical assistance relating to the Community First Choice Option under 42 U.S.C. 1396n(k), the authority shall ensure that all children and youth who are eligible for medical assistance, including children who are in the custody of the Department of Human Services, who meet the criteria for an institutional level of care have access to the home and community-based services to which they are entitled under the state plan for medical assistance.

“COORDINATION AND CROSS-AGENCY COLLABORATION

“SECTION 3. (1) As used in this section:

“(a) ‘Child’ means an individual under 18 years of age.

“(b) ‘Medicaid/CHIP Operations Coordination Steering Committee’ means the committee comprised of executive level staff and subject matter experts that is required by the terms of the state’s Home and Community-Based Services waiver, under 42 U.S.C. 1396n(c), to meet at least quarterly to coordinate all mutual policy issues related to the operation and administration of the state’s medical assistance programs, including state plan amendments, waiver requests, rules, procedures and interpretive guidance.

“(c) ‘Multi-system involved child or youth’ means a child or youth who is concurrently involved in two or more of the child welfare, mental health, juvenile justice, special education, developmental disability services or aging and persons with disabilities services systems.

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

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

“(B) Has resulted in a functional impairment that substantially interferes with or limits the individual’s role or functioning in family, school or community activities.

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

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

“(2) In consultation with the Medicaid/CHIP Operations Coordination Steering Commit-
tee, the Department of Human Services and the Oregon Health Authority shall adopt rules
necessary to facilitate cross-agency coordination that supports each multi-system involved
child or youth who is 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 pro-
grams, 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 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 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 disa-
bilities 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 mental illness or serious emotional disturbance;

“(e) Ensure coordination between public agencies that serve multi-system involved chil-
dren 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 place-
ments;

“(B) With a focus of the coordination being on prevention, recovery and support, recog-
nizing 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 who are or who were multi-system involved
children or youth, and their families.

**INVESTIGATION AND REPORT ON K PLAN**

**SERVICES AND SUPPORTS**

**SECTION 4.** (1) As used in this section:

“(a) ‘Child’ means an individual under 18 years of age.
“(b) ‘Mental health resource home’ means a foster home specifically designed for children with mental illness, including those who have been removed from their families not due to abuse or neglect but to provide specialized foster care to meet their needs.

“(c) ‘Multi-system involved children or youth’ means children or youth who are concurrently involved in two or more of the child welfare, mental health, juvenile justice, special education, developmental disability services or aging and persons with disabilities services systems.

“(d) ‘Serious emotional disturbance’ has the meaning given that term in section 3 of this 2024 Act.

“(e) ‘Treatment foster care’ means a foster care setting providing enhanced services as an alternative to institutional or residential care and group home placements for children and youth with serious emotional disturbances or severe behavioral disorders.

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

“(g) ‘Youth’ means an individual 18 through 20 years of age.

“(2) The Oregon Health Authority, in collaboration with the Department of Human Services and with families and youth with lived experience, shall investigate the services and supports provided to individuals under the age of 21 years and funded through the Community First Choice Option under 42 U.S.C. 1396n(k) that are provided to avoid a placement of a child or youth in each of the following types of institutions:

“(a) A hospital, as defined in ORS 442.015;

“(b) A nursing home;

“(c) An intermediate care facility for individuals with intellectual disabilities or persons with related conditions certified under 42 C.F.R. part 483; or

“(d) An inpatient facility providing psychiatric treatment to individuals under the age of 21 years.

“(3) No later than October 1, 2024, the authority shall provide a preliminary report of the authority's findings in its investigation under subsection (2) of this section to the interim committees of the Legislative Assembly related to health care and to human services. The report must include, at a minimum:

“(a) The following information disaggregated by the each type of institutional care listed in subsection (2) of this section that are avoided by providing the services and supports described in subsection (2) of this section:

“(A) The number of individuals under the age of 21 years who are receiving services and supports funded by the Community First Choice Option;

“(B) How the authority informs the following individuals, facilities and organizations about how to access the services and supports:

“(i) Individuals who are eligible for the services and supports and their parents, guardians or caretakers;

“(ii) The child welfare programs within the Department of Human Services that have children in protective custody;

“(iii) Pediatricians;

“(iv) Children's mental health programs;
“(v) Wraparound teams;
“(vi) Schools; and
“(vii) Hospitals;
“(C) The types of home and community-based settings in which the individuals receive
the services and supports;
“(D) The number of individuals who received relief care utilizing funding available
through the Community First Choice Option;
“(E) The number of individuals receiving services and supports who are served by child
welfare programs within the department;
“(F) The total amount of federal funds generated to serve individuals under the age of
21 years through the Community First Choice Option in each of the prior three fiscal years;
“(G) An estimate of the total amount of unmatched General Fund expenditures that
could receive federal matching funds through the Community First Choice Option and that
were spent to meet the needs of individuals under the age of 21 years who are in the child
welfare system; and
“(H) An estimate of the number of children disrupted from their family homes each year
due to the children’s unmet disability or mental health related needs; and
“(b) Recommendations:
“(A) About opportunities to use the Community First Choice Option to expand and en-
hance the services that will support individuals under the age of 21 years who experience
serious emotional disturbances or mental illness to live successfully in their family homes
and avoid crises;
“(B) About opportunities to maximize federal matching funds to support services for in-
dividuals under the age of 21 years who experience substance use disorders;
“(C) For how federal matching funds provided through the Community First Choice Op-
tion can be used to expand and enhance funding for and access to supports to foster parents
serving children with serious emotional disturbances, mental illness or substance use disor-
ders, including but not limited to relief care, training and in-home attendant care services;
“(D) About whether and how provisions of Medicaid and Medicaid funding streams may
be utilized to create mental health resource homes, specialized homes for up to two children
with behavioral health needs or treatment foster care that is accessible to the children
served by child welfare programs in the Department of Human Services and to children,
youth and young adults without requiring the children, youth or young adults to first access
the child welfare system or the juvenile justice system;
“(E) About how federal matching funds through the Community First Choice Option can
be used to support children and youth with serious emotional disturbances, mental illness
or substance use disorders and to provide services necessary for a successful transition from
institutional placement or other restrictive placement to a family home, a foster home or
another less restrictive environment;
“(F) For how multi-system involved children or youth who are eligible for services and
supports under the Community First Choice Option or the state plan for medical assistance
have their assessed needs fully met while avoiding duplication of services and supports, in-
cluding by using available natural and community supports;
“(G) For any statutory changes or changes to the authority’s legislatively adopted budget
that are necessary to implement recommendations that will maximize available funds
through the Community First Choice Option and support children and youth to avoid crises and remain in the least restrictive environment; and

“(H) About implementing a policy to disregard parental income when determining medical assistance eligibility for children and youth with serious emotional disturbances, including the following information about the effects of the policy:

“(i) The estimated size of the population that is not currently eligible for medical assistance but that would be eligible for medical assistance due to such a policy;

“(ii) The estimated cost to serve the entire eligible population;

“(iii) Whether the number of children with serious emotional disturbances who are eligible to have their parents’ income disregarded should be capped, and if so, at what number;

“(iv) Criteria to utilize if the number of children described in sub-subparagraph (iii) of this subparagraph was capped; and

“(v) What impact the disregard of parental income may have on preventing the temporary lodging of children in the custody of the Department of Human Services, accessing Medicaid funding for school-based care for students with high needs and boarding children in emergency rooms due to the lack of available placements.

“(4) No later than March 1, 2025, the authority shall provide to the interim committees of the Legislative Assembly related to health care and to human services a report with updated information and recommendations described in subsection (3) of this section.

“(5) The department or the authority shall implement without delay any recommendations that can be implemented without legislative action or budgetary authority or that are otherwise mandated under state or federal law.

“ACCESS TO HEALTH CARE

“SECTION 5. (1) The Oregon Health Authority, a community mental health program, a licensed medical provider or other certified or licensed practitioner, an education provider or a coordinated care organization may not deny any individual under the age of 21 years access to mental health assessment, treatment or services on the basis that the individual also has an intellectual or developmental disability.

“(2) The authority, the Department of Human Services, the Department of Education, the Oregon Medical Board and other health licensing agencies that license or certify mental or behavioral health providers shall adopt rules to carry out the provisions of this section.

“(3)(a) As used in this section, ‘education provider’ means:

“(A) A school district, as defined in ORS 332.002;

“(B) The Oregon School for the Deaf;

“(C) An educational program under the Youth Corrections Education Program;

“(D) A public charter school, as defined in ORS 338.005;

“(E) An education service district, as defined in ORS 334.003;

“(F) An approved recovery school, as defined in ORS 336.680; or

“(G) Any state-operated program that provides educational services to students.

“(b) ‘Education provider’ does not include:

“(A) The Oregon Youth Authority;

“(B) The Department of Corrections; or

“(C) The Department of Education, except when functioning as an education provider on
behalf of the Oregon School for the Deaf.

“SECTION 6. Section 7 of this 2024 Act is added to and made a part of ORS chapter 414.

“SECTION 7. (1) The Oregon Health Authority shall review, and amend as needed, current administrative rules and contracts to ensure that individuals receiving medical assistance who are under 21 years of age have timely access to the services described in subsection (2) of this section.

“(2) The services described in subsection (1) of this section shall include:

“(a) The medically necessary or medically appropriate medical assistance services necessary to:

“(A) Prevent an individual who is under 21 years of age from needing an out-of-home placement, prevent the disruption of a current placement or prevent the need for the individual to move to a placement providing a higher level of care;

“(B) Ensure the continuity of care for individuals under 21 years of age who are in out-of-home placements and move from one coordinated care organization to another coordinated care organization or are enrolled for the first time in a coordinated care organization; and

“(C) Ensure, to individuals described in subparagraph (B) of this paragraph, undisrupted access to prescription medication, medical equipment and supplies;

“(b) Assessments or evaluations necessary to establish eligibility for services and supports provided in the medical assistance program or by the Department of Education;

“(c) Diabetic supplies; and

“(d) Counseling, therapy or mental health or substance use disorder treatment with a provider with whom a child or youth has an established relationship.

“FEDERAL FUNDS FOR SCHOOL-BASED SERVICES”.

In line 4, delete “4” and insert “8”.
In line 26, delete “high school”.
After line 29, insert:

“DETERMINATION OF YOUTH’S FITNESS TO PROCEED”.

In line 30, delete “5” and insert “9”.
On page 6, line 16, delete “6” and insert “10”.
In line 33, delete “7” and insert “11”.
In line 43, restore the bracketed material and delete the boldfaced material and after “proceed” insert “and enter an order”.
On page 7, delete lines 33 through 45.
On page 8, delete lines 1 through 14 and insert:

“REPEALS

“SECTION 12. Section 4 of this 2024 Act is repealed on July 2, 2026.

“SECTION 13. Section 8 of this 2024 Act is repealed on January 2, 2025.
"CAPTIONS"

"SECTION 14. The unit captions used in this 2024 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2024 Act.

"EMERGENCY CLAUSE".

In line 15, delete "12" and insert "15".