

HOUSE AMENDMENTS TO HOUSE BILL 2206

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

April 15

1 On page 1 of the printed bill, delete lines 4 through 25 and delete page 2 and insert:

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

3 **“(a) ‘Adult foster home’ has the meaning given that term in ORS 443.705.**

4 **“(b) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**

5 **“(c) ‘Facility’ means:**

6 **“(A) An adult foster home that provides residential care to individuals with mental ill-**
7 **ness;**

8 **“(B) A residential treatment facility;**

9 **“(C) A residential treatment home;**

10 **“(D) A secure residential treatment facility; or**

11 **“(E) A secure residential treatment home.**

12 **“(d) ‘Independent qualified agent’ means an entity under contract with the Oregon Health**
13 **Authority that:**

14 **“(A) Conducts individualized independent evaluation, independent assessment and service**
15 **plan development; and**

16 **“(B) Meets the provider qualification requirements described in 42 C.F.R. 441.730.**

17 **“(e) ‘Medical assistance’ has the meaning given that term in ORS 414.025.**

18 **“(f) ‘Residential treatment facility’ has the meaning given that term in ORS 443.400.**

19 **“(g) ‘Residential treatment home’ has the meaning given that term in ORS 443.400.**

20 **“(h) ‘Secure residential treatment facility’ means a facility described in ORS 443.465.**

21 **“(i) ‘Secure residential treatment home’ means a home described in ORS 443.465.**

22 **“(2) The Oregon Health Authority shall convene, or contract with a third party to con-**
23 **vene, a work group to study adult residential mental health services provided by facilities to**
24 **medical assistance recipients enrolled in coordinated care organizations and the feasibility**
25 **of transferring the financial risk and administration of those services from the authority to**
26 **coordinated care organizations. The study shall include consideration of lessons learned from**
27 **how the responsibility for similar services, such as substance use disorder treatment ser-**
28 **vices and child and adolescent residential treatment services, was previously transferred**
29 **from the authority to coordinated care organizations. Contingent on the results of the study,**
30 **the work group shall develop a plan that includes:**

31 **“(a) Objectives for the transfer of responsibility described in this section;**

32 **“(b) Phased implementation timelines for each facility type;**

33 **“(c) Recommendations about capacity building, funding and other resources needed for**
34 **the implementation and sustainability of the transfer of responsibility described in this sec-**
35 **tion; and**

1 “(d) Recommendations about statutory, regulatory and contractual changes needed for
2 the implementation and sustainability of the transfer of responsibility described in this sec-
3 tion, including:

4 “(A) Any needed changes to the Medicaid state plan, waivers or demonstration projects;
5 and

6 “(B) Any needed changes to the roles and responsibilities of independent qualified agents.

7 “(3) The work group must include:

8 “(a) Representatives of:

9 “(A) Coordinated care organizations who have expertise in behavioral health;

10 “(B) Coordinated care organizations who have expertise in care coordination;

11 “(C) Community mental health programs;

12 “(D) Entities that provide coordination of care services to individuals with serious and
13 persistent mental illness;

14 “(E) Secure residential treatment facilities;

15 “(F) Secure residential treatment homes;

16 “(G) Residential treatment facilities;

17 “(H) Residential treatment homes;

18 “(I) Adult foster homes;

19 “(J) Labor organizations that represent the behavioral health workforce;

20 “(K) Behavioral health advocacy organizations;

21 “(L) The nine federally recognized Indian tribes in Oregon;

22 “(M) The Medicaid, Behavioral Health and Quality Assurance units of the Health Systems
23 Division of the authority;

24 “(N) The Program Integrity Audit Unit of the authority;

25 “(O) Acute care hospitals;

26 “(P) Supportive housing providers; and

27 “(Q) The Oregon State Hospital; and

28 “(b) Medical assistance recipients with lived experience.

29 “(4) No later than August 15, 2025, the authority, in partnership with two to four mem-
30 bers of the work group required under this section, shall hire a consultant to assist the work
31 group in conducting the study and developing the recommendations described in this section.

32 “(5) The work group shall first meet no later than October 1, 2025.

33 “(6) No later than December 15, 2027, the authority shall report to the Legislative As-
34 sembly, in the manner provided in ORS 192.245, the preliminary findings and recommen-
35 dations of the work group, including recommendations about needed statutory changes and
36 funding.

37 “(7) No later than December 15, 2028, the authority shall report to the Legislative As-
38 sembly, in the manner provided in ORS 192.245, the final recommendations of the work
39 group, including recommendations for proposed legislative changes.

40 “SECTION 2. Section 1 of this 2025 Act is repealed on January 2, 2029.

41 “SECTION 3. This 2025 Act being necessary for the immediate preservation of the public
42 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
43 on its passage.”.