

Senate Bill 909

Sponsored by Senators GELSER BLOUIN, PATTERSON

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act expands services for children with complex needs. (Flesch Readability Score: 75.5).

Directs the Oregon Health Authority to provide flexible and innovative home and community-based services and supports through the medical assistance program to children and youth that have a serious emotional disturbance. Directs the authority and the Department of Human Services to disregard parental income when determining a child's eligibility for medical assistance if the child has a physical disability or chronic illness that requires a hospital or nursing home level of care or the child meets the level of care criteria for admission to a facility providing psychiatric services to individuals under 21 years of age. Directs the authority or the department to notify the parents of a child found eligible for medical assistance based on a disregard of parental income that the disregard constitutes parental consent for an education provider to be notified that the child receives medical assistance and to bill for the cost of school-based health services. Directs the authority to seek any necessary federal approval.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to children with complex needs; creating new provisions; amending ORS 417.345 and section
3 3, chapter 96, Oregon Laws 2024; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. (1) As used in this section, "serious emotional disturbance" means a mental,**
6 **behavioral or emotional disorder, regardless of origin, that:**

7 (a) **Is of sufficient duration to be diagnosed by a qualified licensed health provider utiliz-**
8 **ing the diagnostic criteria specified in the fifth edition of the Diagnostic and Statistical**
9 **Manual of Mental Disorders published by the American Psychiatric Association; and**

10 (b) **Has resulted in a functional impairment that substantially interferes with or limits**
11 **the individual's role or functioning in family, school or community activities.**

12 (2) **The Oregon Health Authority shall provide flexible and innovative home and**
13 **community-based services and supports that will allow individuals under 21 years of age who**
14 **qualify for Medicaid-funded services and have a serious emotional disturbance to be suc-**
15 **cessful living with their families or in other home and community-based settings. The ser-**
16 **vices and supports must include, but are not limited to, the following:**

17 (a) **Specialized respite care;**

18 (b) **Job coaching and employment supports;**

19 (c) **Family counseling;**

20 (d) **Person-centered planning;**

21 (e) **Specialized peer support for individuals under 21 years of age and their parents,**
22 **guardians, personal representatives or families, including siblings;**

23 (f) **Crisis support networks;**

24 (g) **Professional resource family care;**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

- 1 (h) Case management;
- 2 (i) Targeted case management; and
- 3 (j) The facilitation of wraparound services.

4 **SECTION 2.** In determining eligibility for medical assistance, as defined in ORS 414.025,
 5 the Oregon Health Authority and the Department of Human Services shall disregard the
 6 parental income of an individual who is under 18 years of age and has a physical disability
 7 or chronic illness that requires a hospital or nursing home level of care.

8 **SECTION 3.** In determining eligibility for medical assistance, as defined in ORS 414.025,
 9 the Oregon Health Authority and the Department of Human Services shall disregard the
 10 parental income of an individual who is under 18 years of age and meets the level of care
 11 criteria, as prescribed by the Oregon Health Authority under section 5 of this 2025 Act, for
 12 admission to a facility providing psychiatric services to individuals under 21 years of age.

13 **SECTION 4.** If an individual under 18 years of age is determined eligible for medical as-
 14 sistance, as defined in ORS 414.025, based on a disregard of parental income, the Oregon
 15 Health Authority or the Department of Human Services shall notify the individual's parents
 16 that the disregard of parental income constitutes parental consent for an education provider
 17 to:

- 18 (1) Be notified that the individual receives medical assistance; and
- 19 (2) Bill for the cost of school-based health services provided to the individual.

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

21 (a) Prescribe by rule the level of care criteria for admission to a facility providing psy-
 22 chiatric services to individuals under 21 years of age;

23 (b) Adopt an assessment tool to determine whether an individual meets the level of care
 24 criteria prescribed under this subsection; and

25 (c) Adopt an assessment tool to establish the level of services necessary to support an
 26 individual who meets the level of care criteria prescribed under this subsection to be suc-
 27 cessful outside of an institutional setting.

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

32 (3) An individual who has been determined to meet the level of care criteria prescribed
 33 under subsection (1) of this section shall continue to meet the criteria if:

34 (a) The provision of home and community-based services stabilized the individual and
 35 removal of the home and community-based services is likely to put the individual at risk of
 36 placement in an institutional setting; or

37 (b) The individual has been discharged from an institutional setting and requires home
 38 and community-based services to prevent the risk of returning to an institutional setting.

39 **SECTION 6.** ORS 417.345 is amended to read:

40 417.345. (1) The Medically Involved Home-Care Program is created in the Department of Human
 41 Services. The department shall provide all State Plan Medicaid and waived services available un-
 42 der state and federal law that are necessary to enable a medically involved child to be cared for in
 43 the child's home. The waived services that must be available include but are not limited to home
 44 nursing care, durable medical equipment and respite care.

45 (2) The department shall adopt by rule criteria for determining the need for and extent of as-

1 sistance to be provided to a medically involved child enrolled in the Medically Involved Home-Care
 2 Program [*created by subsection (1) of this section*]. The criteria shall include, but are not limited to,
 3 consideration of:

- 4 (a) The medical needs of the child;
- 5 (b) The needs of any other family member with a disability or chronic illness in the child’s home;
- 6 (c) Family and community support available to the child and family caregivers; and
- 7 (d) The assistance necessary for the family to care for the child in the child’s home, disregarding
 8 parental or legal guardian income.

9 (3) [*Subject to limits on enrollment required by state or federal law,*] Services offered through the
 10 Medically Involved Home-Care Program shall be made available to children meeting the criteria
 11 established by the department by rule. Priority for enrollment shall be given to:

- 12 (a) A child transferring to the child’s home from nursing home placement, foster care placement
 13 or other out-of-home placement;
- 14 (b) A child living at home who is at risk of nursing home placement, foster care placement or
 15 other out-of-home placement;
- 16 (c) A child who does not otherwise qualify for medical assistance under ORS chapter 414 and
 17 for whom the department pays family support payments pursuant to ORS 430.215 that exceed \$10,000
 18 per year; and
- 19 (d) A child who is at risk of losing eligibility for medical assistance under ORS chapter 414 due
 20 to a caregiver’s employment or an increase in a caregiver’s earnings.

21 [(4) *The department shall enroll no fewer than 125 medically involved children in the Medically*
 22 *Involved Home-Care Program beginning January 1, 2008. The department shall enroll an additional*
 23 *25 medically involved children each calendar year thereafter, to the maximum number allowed by fed-*
 24 *eral law or under the terms of the federal approval.*]

25 [(5)] (4) Moneys appropriated to the department for the Medically Involved Home-Care Program
 26 may not be used to supplant moneys appropriated to the department for the Children’s Intensive
 27 In-Home Services program.

28 [(6)] (5) As used in this section, “child” means a person under 18 years of age.

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

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

- 31 (a) “Child” means an individual under 18 years of age.
- 32 (b) “Medicaid/CHIP Operations Coordination Steering Committee” means the committee com-
 33 prised of executive level staff and subject matter experts that is required by the terms of the state’s
 34 Home and Community-Based Services waiver, under 42 U.S.C. 1396n(c), to meet at least quarterly
 35 to coordinate all mutual policy issues related to the operation and administration of the state’s
 36 medical assistance programs, including state plan amendments, waiver requests, rules, procedures
 37 and interpretive guidance.
- 38 (c) “Multi-system involved child or youth” means a child or youth who is concurrently involved
 39 in two or more of the child welfare, mental health, juvenile justice, special education, developmental
 40 disability services or aging and persons with disabilities services systems.

41 (d) “Serious emotional disturbance” means a mental, behavioral or emotional disorder, regard-
 42 less of origin, that:

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

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

3 (e) "Wraparound team" means a group of people chosen by a child or youth and connected to
4 the child or youth through natural, community and formal support systems, who develop and imple-
5 ment the child or youth and the family's plan to address unmet needs and work toward the child
6 or youth and family's vision and team mission.

7 (f) "Youth" means an individual 18 through 20 years of age.

8 (2) In consultation with the Medicaid/CHIP Operations Coordination Steering Committee, the
9 Department of Human Services and the Oregon Health Authority shall adopt rules necessary to fa-
10 cilitate cross-agency coordination that supports each multi-system involved child or youth who is
11 eligible for services and supports funded through the Community First Choice Option under 42
12 U.S.C. 1396n(k) or the state plan for medical assistance to have all of the assessed needs of the child
13 or youth fully met, including through the use of available natural and community supports, while
14 avoiding the duplication of services. At a minimum, the rules must:

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

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

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

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

29 (e) Ensure coordination between public agencies that serve multi-system involved children or
30 youth:

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

33 (B) With a focus of the coordination being on prevention, recovery and support, recognizing the
34 unique strengths and potential of each multi-system involved child or youth; and

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

38 (3) In adopting rules under this section, the department and the authority shall appoint a rules
39 advisory committee that includes youth who are or who were multi-system involved children or
40 youth, and their families.

41 **(4) The authority shall:**

42 (a) **Collaborate with the Department of Human Services and the Department of Educa-**
43 **tion on the sharing of information regarding children who are eligible for medical assistance.**

44 (b) **Establish billing codes for the reimbursement of medical assistance provided to chil-**
45 **dren at school.**

