
Behavioral Health Rate Investment

Fee-For-Service Culturally and Linguistically Specific Services Update

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This webinar is intended to:

- Provide an overview of the FFS Culturally and Linguistically Specific Services differential.
- Describe the goals and intended outcome of this differential.
- Provide time for questions about the proposal.

OHA Health Equity Definition

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not **disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.***

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Sustainable 30% investment in Behavioral Health Rates are expected to create the financial conditions to:

- **Reduce behavioral health inequities and elevate quality and accountability.**
- **Result in community centered engagement and person directed services.**
- **Result in better care coordination for people with intensive BH Service needs.**
- **Incentivize culturally responsive & linguistically specific services.**
- **Improve workforce diversity & increase staff retention.**
- **Improve parity of rates within Medicaid and compared with other payers.**

FFS Behavioral Health Rate Increase: GF Funding Estimates

Adult Mental Health Residential	\$8,260,611
Other Mental Health Residential	\$2,496,978
SUD Residential	\$313,505
SUD Non-Residential	\$1,573,493
Children's Intensive Psychiatric Treatment Services	\$2,467,140
Peer Delivered Services	\$586,837
Culturally & Linguistically Specific - Overall	\$1,467,337
Culturally & Linguistically Specific - Rural	\$41,685
Mental Health Outpatient	\$4,573,470
Administrative Exams	\$429,671
Applied Behavior Analysis	\$24,151

*Services Excluded: Personal Service Workers, Adult Foster Homes, CCBHC, FQHC may not see an initial increase in revenue due to wrap around payments.

Provider and Community Feedback

OHA began seeking feedback in early June regarding the initial rate proposals. Comments received included:

- **Culturally Specific Providers:** Listened to perspectives including potential barriers for a culturally and linguistically specific behavioral health service differential.
- **Internal SMEs, Division Partners and the Office of Program Integrity:** Held workgroups with an array of subject matter experts to build a vision for these types of services.

Limitations:

- There is no official list of Culturally and Linguistically Specific Behavioral Health Service Providers. This means some were likely left out of the feedback process.
- There is currently no direct community engagement for *culturally and linguistically specific behavioral health service development* at OHA. There are community members who are also left out of this conversation.

Culturally and Linguistically Specific Services Defined

“Culturally Specific and Linguistic Organization” means an organization that ***serves a particular cultural and linguistic community*** and is ***primarily staffed and led by members of that community***; these organizations demonstrate intimate knowledge of lived experience of the community, including but not limited to the impact of structural and individual racism or discrimination on the community; knowledge of specific inequities documented in the community and how that influences the structure of their program or service; ability to speak the language(s) fluently and describe the community’s cultural practices, health and safety beliefs/practices, positive cultural identity/pride/resilience, immigration dynamics, religious beliefs, etc. and how their ***services have been adapted to those cultural norms***.

*Adaped definition from Oregon Department of Education, Early Learning Division Rule 414-575-005. OHA will establish temporary rules but follow with a formal RAC including reviewing this definition.

Rural Area Defined

Rural is defined as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more.

*Adaped definition from Oregon Office of Rural Health (ORH). ORH uses population numbers from the [Population Research Center at Portland State University](#) for incorporated cities and counties, and numbers from Claritas for Oregon Zip Codes. OHA will establish temporary rules but follow with a formal RAC including reviewing this definition.

FFS Culturally and Linguistically Specific Services

- 22% increase through a differential; additional 5% increase in **rural areas**
 - Oregon Health Authority will create a certification process that will recognize providers as a:
 - **Culturally and/or Linguistically Specific Behavioral Health Organization**
 - **Culturally and/or Linguistically Specific Behavioral Health Program**
 - **Non-Residential** Culturally and/or Linguistically Specific Providers are eligible for certification if they meet all forthcoming prerequisite qualifications determined by the Oregon Health Authority.
 - Once approved they will become eligible for the differential for culturally and/or linguistically specific services retroactive to July 1, 2022.

*Pending CMS Approval

FFS Culturally and Linguistically Specific Services Cont.

- OHA will also create a *Bilingual/Sign Language Behavioral Health Service Provider* certification allowing individuals to receive the same differential for services provided in sign language or a preferred language other than English within any organization or program.
 - Once approved they will become eligible for the differential for culturally and/or linguistically specific services retroactive to July 1, 2022.

*Pending CMS Approval

Certification Process

- **Culturally and Linguistically Specific Organizations and Programs**
 1. Provider applies to be a certified CLSS organization or program
 2. Provider is approved for certification
 3. Provider provides CLSS service
 4. Provider submits with CLSS billing code modifier for each CLSS service and is granted CLSS increased rate for each qualifying service
- **Bilingual or Sign Language Behavior Health Provider**
 1. Individual provider is deemed proficient by a third-party organization that evaluates language ability
 2. Individual provider applies to be certified as a bilingual or sign language provider
 3. Follow steps 2 through 4 as described above

* If provider is denied CLSS certification, the provider should seek advisement from OHA regarding reapplication

Medicaid Approval Timeline

- OHA plans to submit the Medicaid State Plan amendment (SPA) to CMS by August 15th
- CMS has 90 days to review and approve the SPA
- We will provide notice and guidance (including the certification process), and system update timelines once CMS approval is granted
- Provider will then be able to retroactively bill or rebill for services rendered after July 1st and receive the new rates

Thank you for attending!

Questions?