



Office of Governor
TINA KOTEK

Behavioral Health Talent Council

Recruitment and Retention

Action Plan: Administrative Burden



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- **Purpose:** Reduce behavioral health worker burnout, with improved client care by cutting unnecessary paperwork and administrative tasks through new rules, technology, and templates.
- **Focus Area:**
 - Review and simplify administrative burdens placed on BH providers and supervisors to strike a balance between ensuring high-quality patient care without over-burdening providers
 - Address the administrative burden on care providers and supervisors; rethink, revise, and simplify reporting, billing, and current redundancies in process and protocols
 - Rule revision, technology integration, standardization, oversight and support
- **Lead Agencies:**
 - OHA in partnership with provider organizations, CCOs, CMHPs and consumer advocates

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Key Strategies and Actions

Strategy	Action
Standardize charting and documentation templates and the use of technology to reduce documentation time	Research AI scribe technology and provide guidance on it's use, standardized EHR templates for charting, documentation, and treatment plans.
OHA – Oregon Administrative Rule changes	Streamlining Processes: Use AI to assess OHA rules and polices to minimize documentation requirements and eliminate unnecessary reports. Improving Oversight: Shifting audits to focus on client outcomes and technical support rather than pure compliance and provide TA to organizations not meeting COA or contractual expectations. Centralized Credentialing Portal: OHA to develop, CCOs required to use.
Define and protect dedicated admin time	Protecting and optimizing administrative processes by defining paid administrative time in contracts and requiring organizations to audit and eliminate inefficient internal steps.
OHA will adopt the mission of minimizing admin burden by a centralized grant and reporting unit across divisions.	OHA Cross-Agency Reporting Unit: to assess and evaluate reporting requirements with the goal of eliminating duplicative expectations. Admin Burden Governing Body: Representatives from provider organizations, CCOs, CMHP, and consumer advocates to oversee all reporting and clinical documentation requirements and report bi-annually to Legislature and Governor.

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Key Outcomes and Goals

Outcomes	Goals
Standardized templates and integrated technology tools for charting and documentation	Reduce documentation time and increase work satisfaction and retention for frontline staff
Streamlined rules and policies – removal of duplicative and low-value reporting requirements	Reduce workload on individual providers and their employers
Protected admin time for workforce	Optimize the delivery of behavioral services, using resources more efficiently and effectively
Less duplicative reporting across OHA divisions and better attention to high value reporting. Fewer administrative staff required at provider organizations	Reduced organizational burden can lead to higher salaries for service providing staff.

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Equity Opportunities

- Administrative burden disproportionately impacts marginalized groups and the frontline employees who serve them.
- For staff, the burden translates to burnout and stress; for consumers, they can experience frustrated and dissatisfied service providers where the process and documentation of care is more important than the care itself.
- An equity lens during organizational administrative process auditing will reveal how administrative burden affects different groups unequally.

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Implementation Considerations

- **Anticipated Barriers**
 - Concerns for privacy (AI)
 - AI program cost
 - State plan amendments
 - CCO buy-in
 - Medicaid regulatory standards
- **Timeline**
 - 6 to 12 months for most deliverables
 - Ongoing evaluation and refinement is required

Action Plan: Compensation



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- **Purpose:** To reduce pay disparities, recruit and retain specialized workforce, and establish a more equitable reimbursement structure.
- **Focus Area:**
 - Address inequities between community-based and private practice providers.
 - Explore and fund financial incentives for specialized workforce roles (e.g., position/job role, region, underserved communities) that align with union regulations and are equitable
 - Develop progressive reimbursement rates and billable services, which currently undervalue community-based health care as well as client needs and outcomes and fail to support culturally responsive care
- **Lead Agencies:**
 - OHA in partnership with HECC, CCOs and DCBS

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Key Strategies and Actions

Strategy	Action
Define and implement updated rate methodology for high-acuity, community-based providers	OHA to develop criteria and methodology for identifying high-acuity service providers and apply enhanced reimbursement rates
Incentivize specialized workforce roles	OHA to modernize and update Medicaid behavioral health billing processes to incentivize providers offering crisis services or culturally specific services, and in rural areas.
Develop progressive reimbursement model	OHA to develop a legislative concept for biennial rate adjustments tied to inflation or cost indices.
Develop progressive reimbursement model	OHA to develop a funding framework that does not promote significant investment in new services without providing rate adjustments based on inflation or cost indices for existing behavioral health infrastructure
Establish crisis stabilization billing codes	OHA to implement new billing codes for short-term crisis stabilization services (4–24 hours) for Medicaid and commercial payors.

Action Plan: Compensation



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Key Outcomes and Goals

Outcomes	Goals
Policy framework and incentivized rate schedule for high-acuity provider compensation	Reduce pay disparities between community-based and private practice behavioral health providers.
Incentive program guidelines and funding proposal	Incentivize and retain specialized workforce roles in high-need areas and populations.
CMS-approved billing codes and provider guidance	Establish a sustainable, equitable reimbursement structure that reflects service complexity and supports culturally responsive care.
Increased payment for crisis services and incentivize crisis work	Enhanced and stabilized crisis system for HR 1 implementation and Medicaid churn.

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Equity Opportunities

- Expand access to culturally and linguistically specific services by supporting workforce development and compensation.
- Ensure that rate-setting and incentive structures do not inadvertently exclude smaller or under-resourced providers.

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Implementation Considerations

- **Anticipated Barriers**
 - **Cost**
 - Rate increases and incentive programs require legislative appropriations and CMS approval.
 - Infrastructure for new billing codes and program oversight will require additional staff and system updates.
 - **Operational Complexity**
 - Defining “high-acuity” and “specialized roles” in a way that is equitable and administratively feasible.
 - Ensuring alignment across funding streams (e.g., Medicaid, Measure 110, CMHPs).
 - **Communications**
 - Clear messaging to providers about eligibility, rate changes, and incentive opportunities.
 - Coordination with CCOs and provider networks to ensure uptake and compliance.
- **Timeline**
 - 6 to 24 months for most deliverables