

BILL SUMMARY
1st Session of the 58th Legislature

Bill No.:	HB1637
Version:	Introduced
Request Number:	7154
Author:	Randleman
Date:	2/22/2021
Impact:	\$14,454,259

Research Analysis

HB 1637 as introduced, prohibits the Department of Mental Health and Substance Abuse Services from limiting the number of certified community mental health centers in each service area. The measure clarifies that any private agency contractor or subcontractor with the Department of Mental Health and Substance Abuse Services or affiliates are required to submit operating budgets and employee salary and benefits information to the Department. The measure modifies the definition of community-based structured crisis center.

Prepared By: Dan Brooks

Fiscal Analysis

Quarter	Total ETPS Expenditures	State Match	Federal Match
FY20, Q.4 (actual)	12,890,888	3,581,089	9,309,799
FY21, Q.1 (estimate)	13,148,858	3,652,753	9,496,105
FY21, Q.2 (estimate)	11,461,096	3,668,697	7,792,399
FY21, Q.3 (estimate)	11,095,661	3,551,721	7,543,940
Total	48,596,503	14,454,259	34,142,244

Oklahoma has 13 community mental health service areas. Service areas are required as part of the Community Mental Health Act (1963) and each service area ensures anyone in need can go to the area contracted mental health service provider for treatment. Per statutory language, Oklahoma has one Community Mental Health Center “CMHC” (which can be designated as a Certified Community Behavioral Health Centers “CCBHC”) per service area.

Maintaining one state designated CMHC allows ODMHSAS to keep area contracted service providers accountable and track treatment consumer outcomes, measuring the quality of care a CMHC is providing. When CMHCs or CCBHCs meet these standards, they qualify to meet receive Enhanced Tier Payment System.

ODMHSAS’s ability to designate one provider per service area does not prohibit other private or non-profit providers from providing behavioral health services in the service area. Providers that

aren't the one provider for the service area can still hold Medicaid contracts, see consumers, provide inpatient and outpatient behavioral health care.

ETPS stands for the enhanced tiered payment system. This is a payment method the Department developed several years back, is a very successful, nationally recognized payment model that encourages continuous improvement, excellent care, and value-based payments.

As part of the state Medicaid plan, OMDHSAS holds the upper payment limit of Medicaid funds (75% to 100%) and uses these funds for ETPS. ETPS rewards providers for effective care, treatment, and continuous improvement on a quarterly basis. Providers must meet 10 different metrics regarding consumer care, follow up, and more. ODMHSAS collects this information from provider billing records.

Prepared By: Stacy Johnson

Other Considerations

None.