2017 Oregon Health Authority

Substance Use Disorder Concepts for 1115 Waiver Amendment

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SUD Concepts for 1115 Waiver Amendment

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Section 2: Executive Summary

Section 3 Transformed System

3.1 Standards of Care & Evidence Based Benefit

3.2 Quality Measures

3.3 Provider Network & Care Coordination

Oregon's SUD waiver amendment seeks to provide better coordination of care and a full continuum of services for substance use disorder identification, outreach and treatment services as well as family and recovery support services.

Oregon is experiencing multiple workforce challenges for substance use disorder treatment providers, such as enrollment growth, geographic and cultural differences between provider and member distribution, limited capacity for certified alcohol and drug councilors (CADCs), limited capacity for data waivered physicians, limited bed capacity for higher levels of SUDs care such as withdrawal management and residential care.

To achieve better outcomes through whole person care, the provider workforce must become more integrated and coordinated across the full array of services; physical, mental, substance use disorder and prevention/outreach and recovery services and supports. Focus and efforts will be made to expand cross-training of providers in primary care, mental health, substance use disorder services and recovery support services to support integration of multi-disciplinary teams across care settings.

Oregon will continue to require treatment programs to utilize evidence based practices and ASAM placement criteria.

Oregon's goal is to develop a system that aligns financial incentives to aid in the enhancement of workforce capacity and rewards quality outcomes to our providers' who are committed to serving the Oregon Health Plan Medicaid population.

Oregon will develop a culturally-competent workforce to make up an individualized comprehensive care team which will include licensed practitioners, certified councilors, case managers, peers and non-clinical staff.

A key focus for provider network adequacy will be to utilize the Institute of Medicine's behavioral health continuum of care model to ensure there is sufficient knowledgeable professionals throughout the entire array of services from promotion to recovery.

Another key focus will be on community based services an increasing access to recovery support and family support services.

The majority of the Oregon Health Plan Medicaid population is enrolled in a managed care organization which allows Oregon to be uniquely situated to utilize existing infrastructure of the Coordinated Care Organizations to partner with for provider networks, care coordination efforts between levels of care and different settings of care and information sharing.

3.4 Integrated Community & Care

3.5 Program Integrity

3.6 Benefit Management

3.7 Medication Assisted Treatment

3.8 Adolescent and Youth Services

Section 4: Financing & Budget Neutrality

Section 5: Waiver Authorities

Section 6: Public Notice and Comment Process