HRS, SHARE, ILOS and the Oregon 1115 Waiver HRSN Benefit

Steph Jarem, 1115 Waiver Policy Director

Jessi Wilson, 1115 Waiver Strategic Operations Director

September 13, 2023

Oregon Health Authority

Agenda

- Where we've been together

- Where we're headed together

- How we will continue to innovate together and what we know/don't know

- What this innovation looks like for Medicaid members

Acronyms

HRS

Health-Related Services

SHARE

Supporting Health for All through REinvestment

ILOS

In Lieu of Services

HRSN

Health-Related Social Needs

Addressing social needs in current 1115 Oregon Medicaid Waiver

What services and supports will be covered?

Housing supports

Nutrition supports

Case management

Climate supports

Note: Benefit coverage of health-related social needs (HRSN) starts no earlier than 2024.

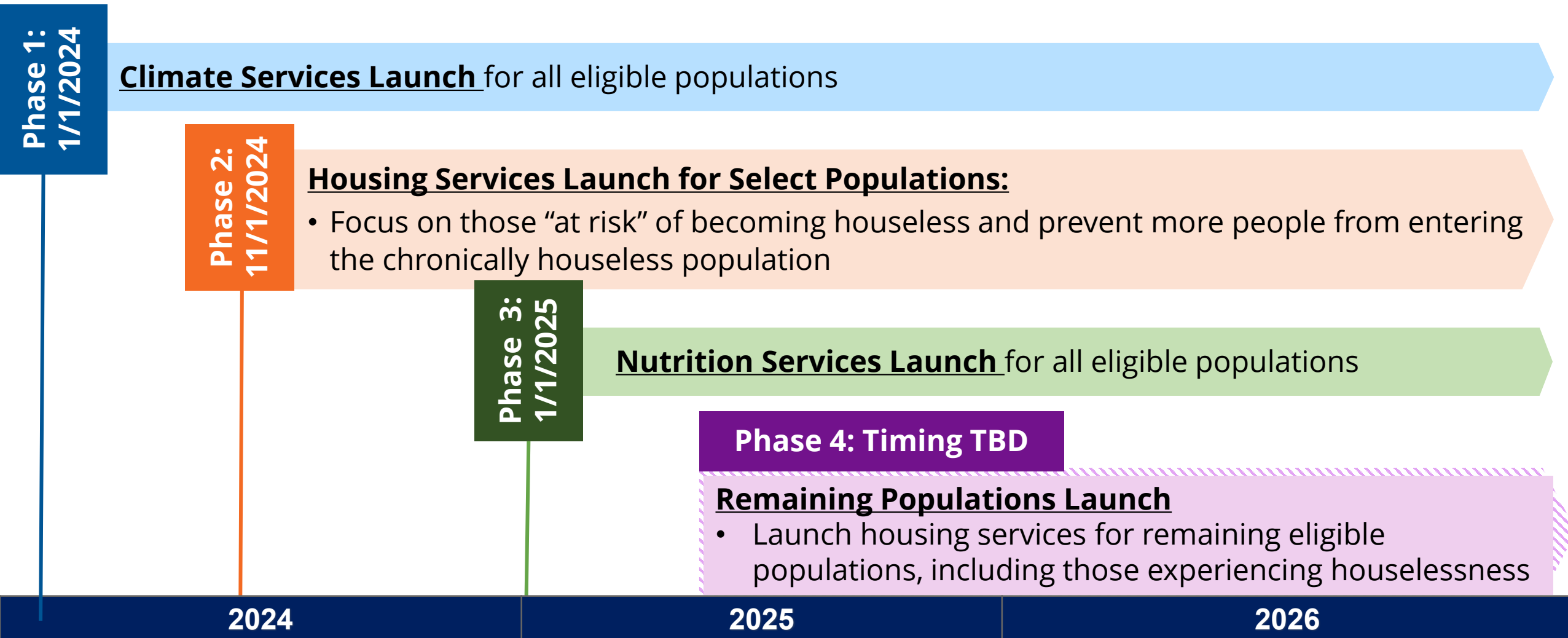# Addressing social needs in current 1115 Oregon Medicaid Waiver

Which OHP members* will be eligible for the benefits?

- Young adults ages 19 to 26 with special health care needs.

- Youth involved with child welfare, including youth leaving foster care at age 18.

- People experiencing homelessness or at risk of homelessness.

- People who are transitioning from Medicaid-only to both Medicaid and Medicare coverage.

- People released from settings such as jail, residential facilities and Oregon State Hospital.

- People who experience weather-related emergencies. The Governor or federal government declares weather emergencies.

People in populations above must have a documented need for services based on clinical and social risk factors.

NEW Timeline for HRSN Services

Phase 1: 1/1/2024

Climate Services Launch for all eligible populations

Phase 2: 11/1/2024

Housing Services Launch for Select Populations:
- Focus on those "at risk" of becoming houseless and prevent more people from entering the chronically houseless population

Phase 3: 1/1/2025

Nutrition Services Launch for all eligible populations

Phase 4: Timing TBD

Remaining Populations Launch
- Launch housing services for remaining eligible populations, including those experiencing houselessness

| 2024 | 2025 | 2026 |

Successes informing HRSN Benefit implementation

- Investing in **people and partnerships** has been successful. CCOs have **existing, long-standing partnerships with community-based partners** that have been supported with SHARE and HRS in the past.

- Implementing Medicaid spending programs involves a mix of **statewide standardization** and **regional flexibility.**

- Partnering sectors (for example, housing and education) often have **existing systems and processes** to build on.

- HRS Community Benefit Initiatives and SHARE **have worked toward low-barrier grant application processes** that capacity-building grants can build on.

# OHA's vision of a healthy Oregon

Image from: https://healthiertogetheroregon.org/

Oregon policies and programs that support this vision

- Payment mechanisms: SHARE, HRS, ILOS, value-based payments

- Care models: Patient-centered primary care homes

- Workforce development: Traditional health workers

- Systems integration: Community/health information exchange

- And more…

Timeline of SDOH-supportive efforts in Oregon
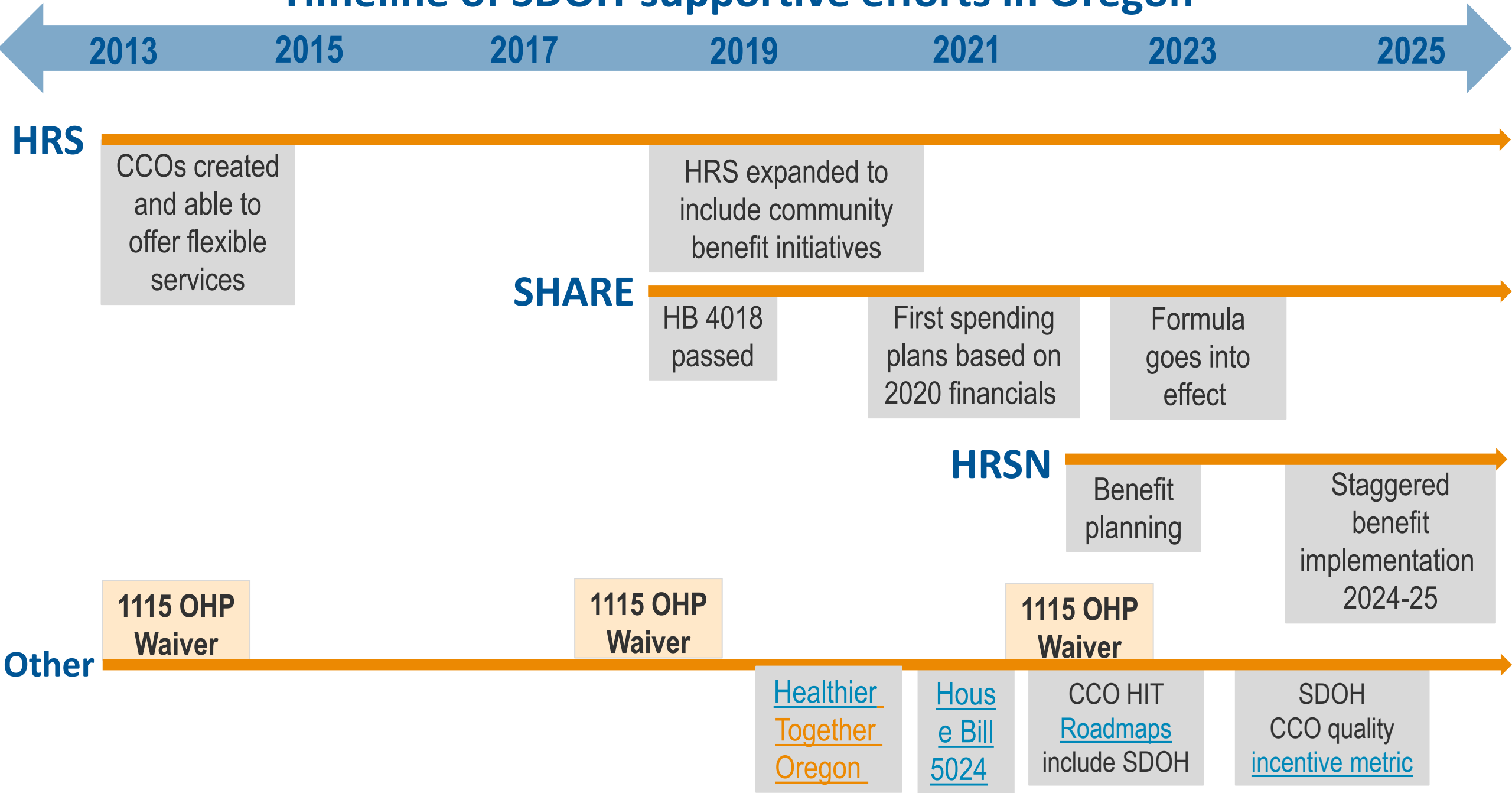
2013   2015   2017   2019   2021   2023   2025

HRS

CCOs created and able to offer flexible services

HRS expanded to include community benefit initiatives

SHARE

HB 4018 passed

First spending plans based on 2020 financials

Formula goes into effect

HRSN

Benefit planning

Staggered benefit implementation 2024-25

Other

1115 OHP Waiver

1115 OHP Waiver

1115 OHP Waiver

Healthier Together Oregon

House Bill 5024

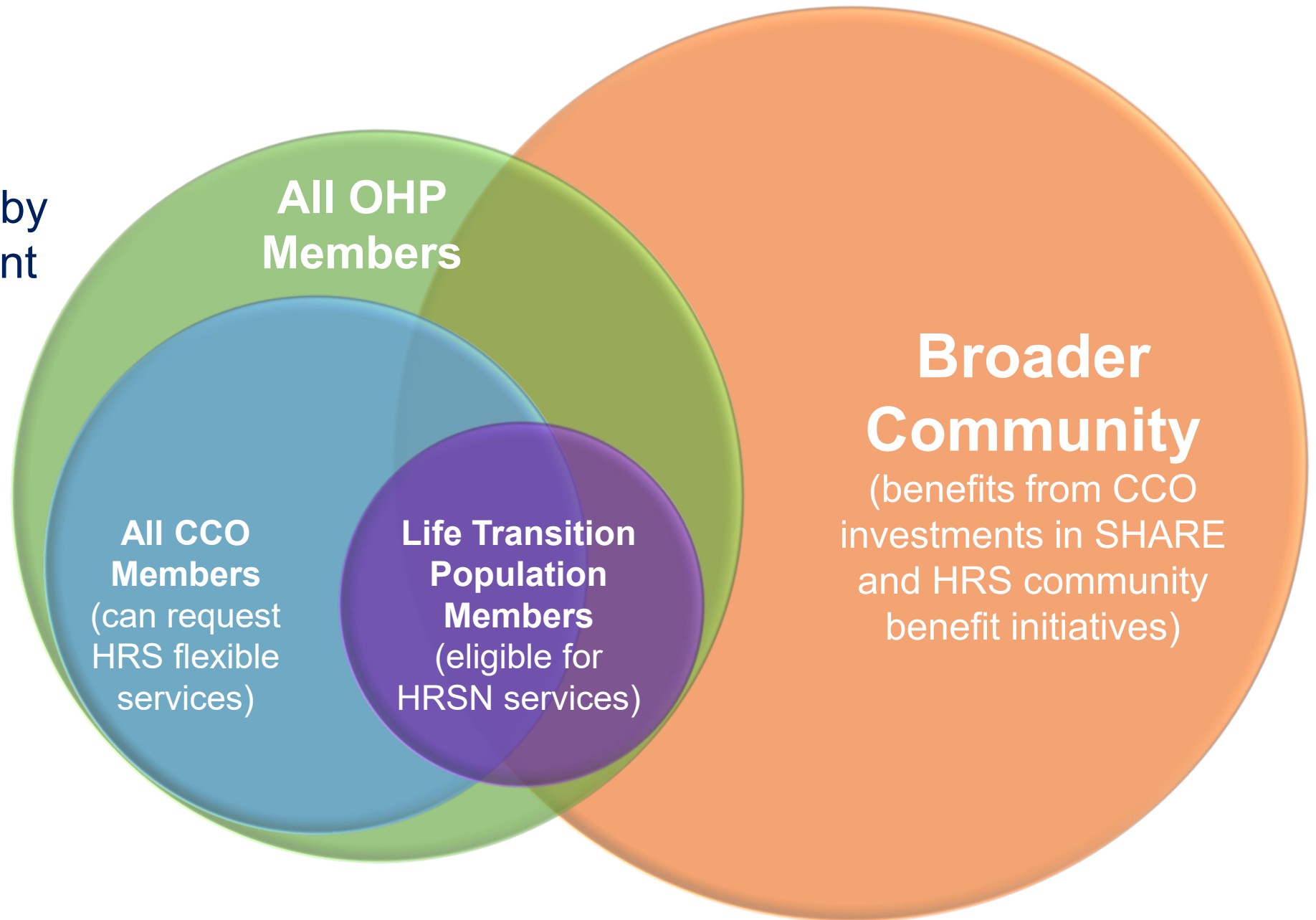CCO HIT Roadmaps include SDOH

SDOH CCO quality incentive metric

WHO is supported?
Populations served by the different payment pathways

All OHP Members

All CCO Members
(can request HRS flexible services)

Life Transition Population Members
(eligible for HRSN services)

Broader Community
(benefits from CCO investments in SHARE and HRS community benefit initiatives)

Image not representative of actual population sizes

The WHO and WHAT of HRSN benefit implementation

IDENTIFICATION
Identification of eligible or potentially eligible members through data analysis (CCO)
Identify members through existing pathways/networks (CCO, network partners)
Outreach and engagement (CCOs, network partners)
Data sharing (All)
Accepting member self-referrals (CCO)
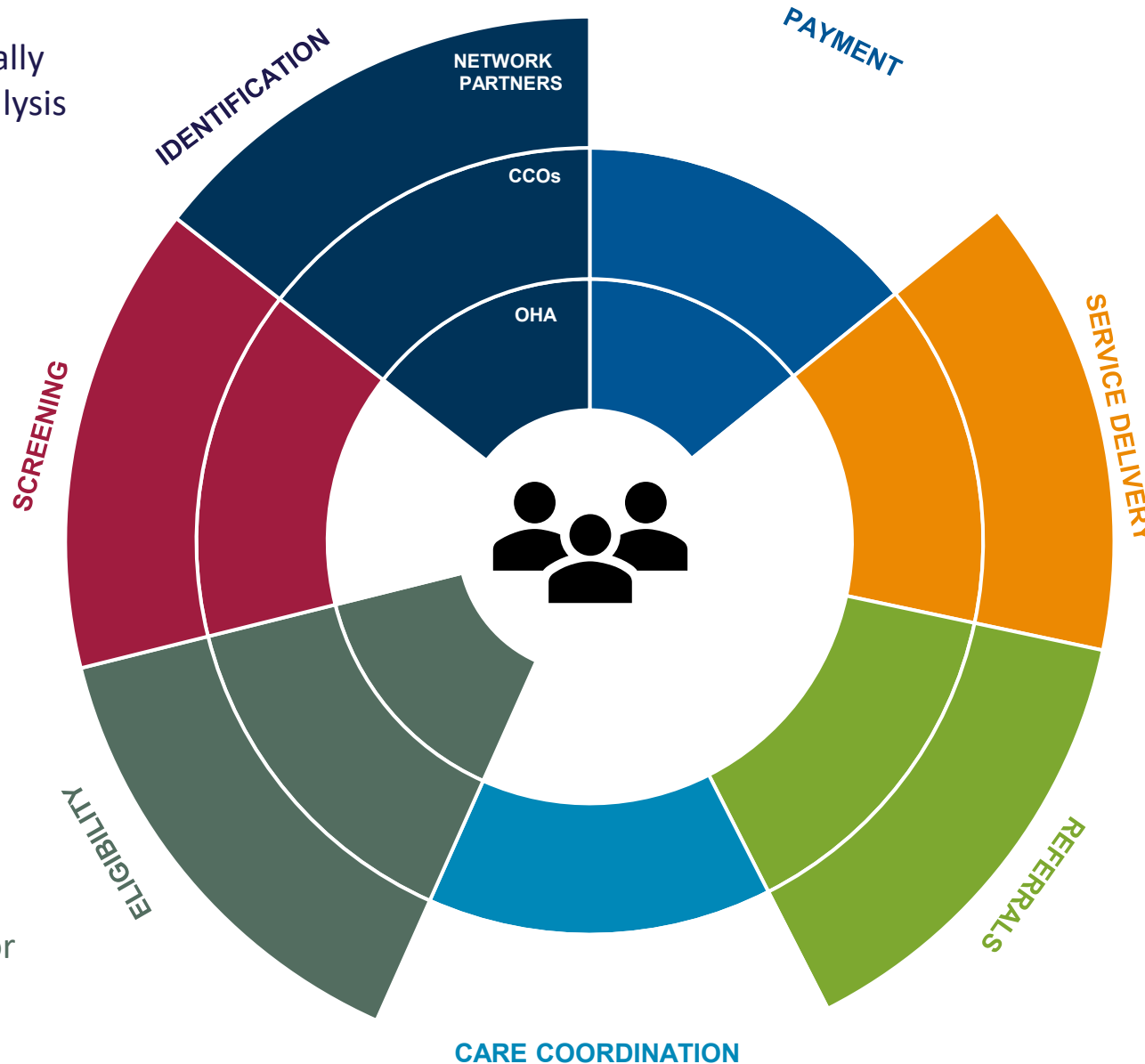
SCREENING
Conduct culturally appropriate screening (CCOs, network partners)

ELIGIBILITY
Eligibility screening (CCOs, network partners)
Transmit eligibility information to CCO, through closed loop referral or alternative mechanism (network partners)
Authorize services (CCO)

PAYMENT
Invoice CCO (network partners)
Bill OHA (CCO)
Provide HRSN service payment (OHA)

SERVICE DELIVERY
Deliver service and close the referral loop (network partners)

REFERRALS
Refer eligible members to services (CCOs, network partners)

CARE COORDINATION
Person-centered service plan (CCO)
Connect members to services, develop plan (CCO)
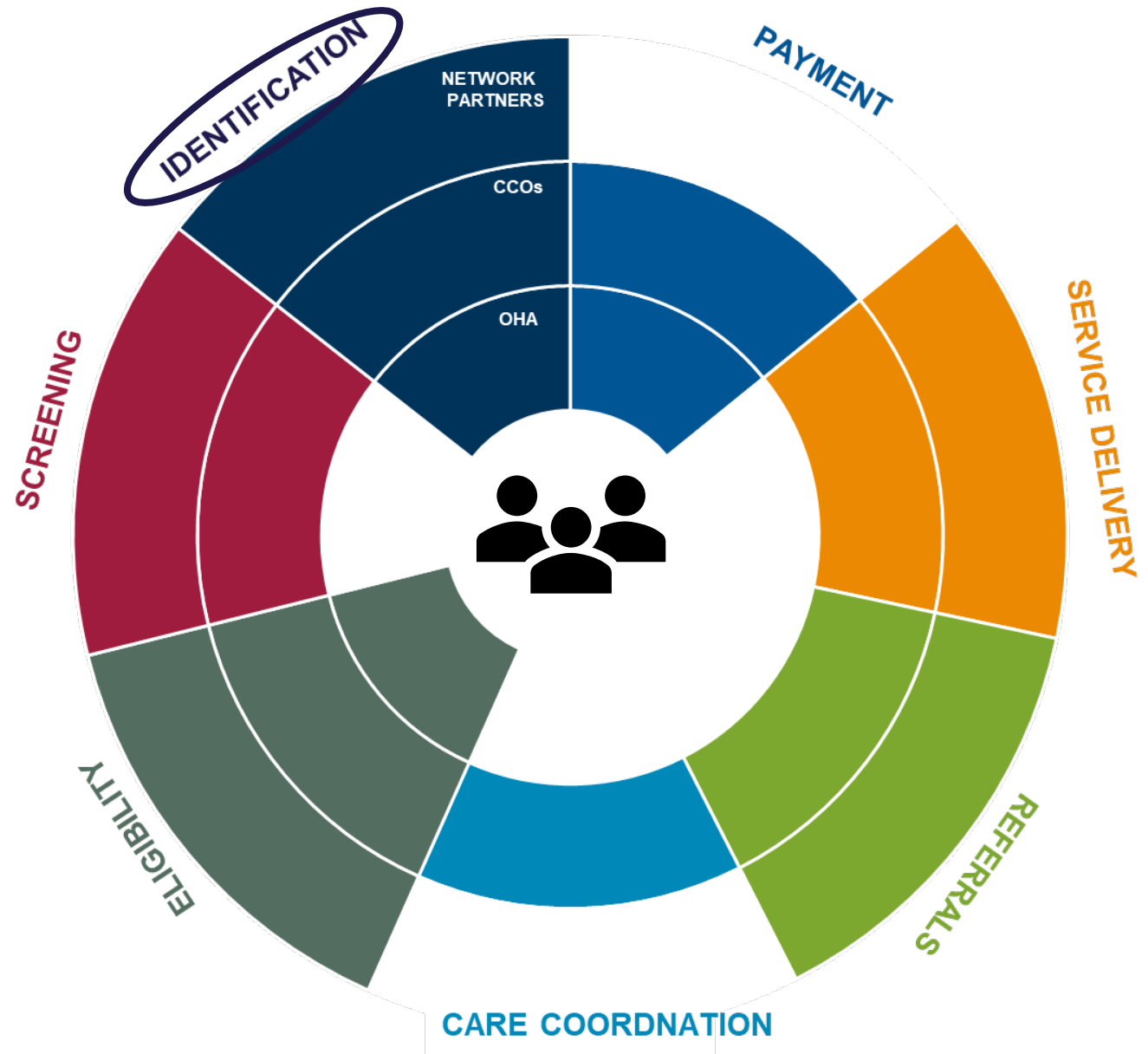Support member choice and ensure needs are met (CCO)

10

IDENTIFICATION

Identification of eligible/potentially eligible members through data analysis (CCO)

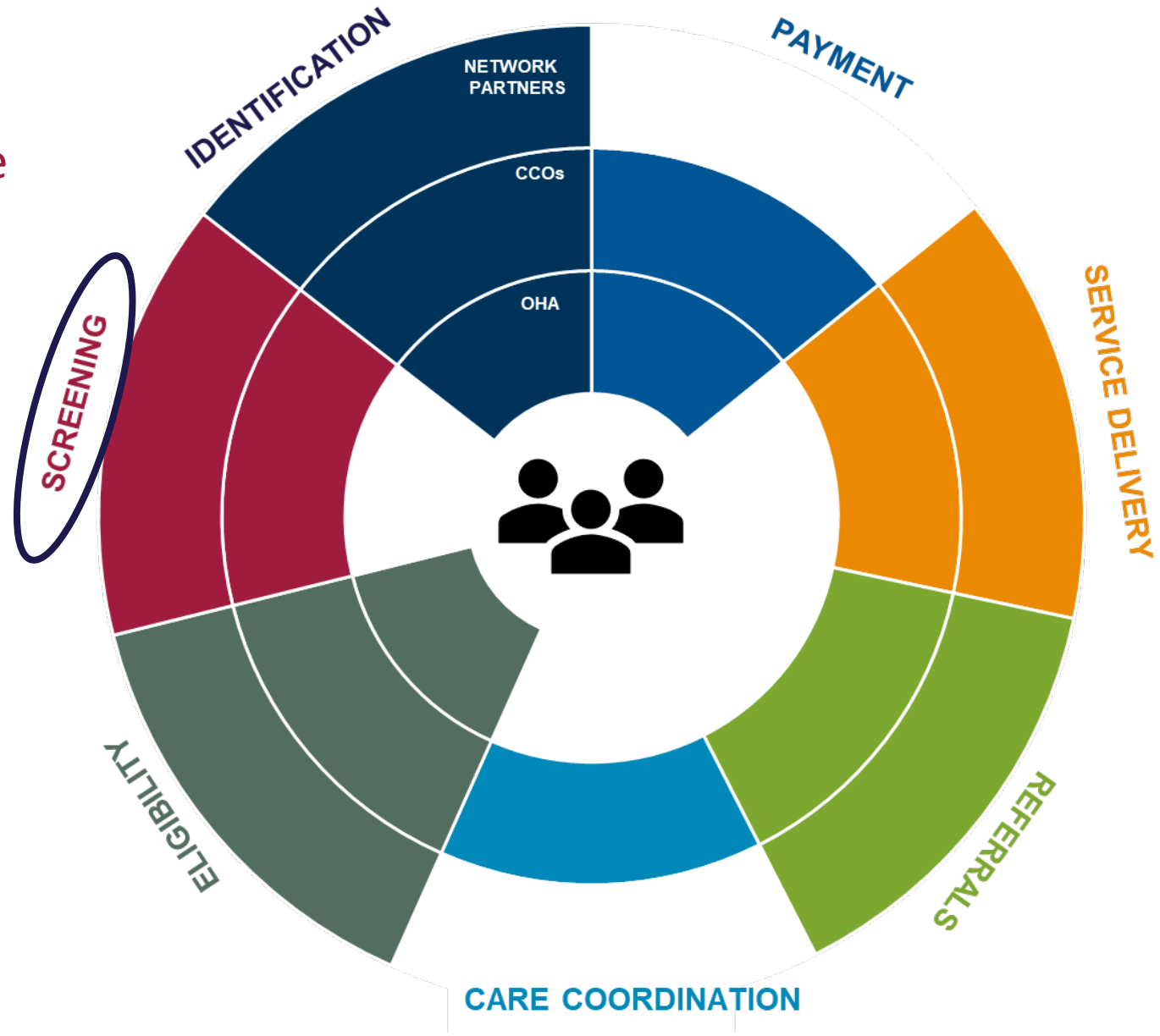Identify members through existing pathways/networks (CCO, network partners)

Outreach and engagement (CCOs, network partners)

Accepting member self-referrals (CCO)

SCREENING

Conduct culturally appropriate screening to determine HRSN eligibility and service need
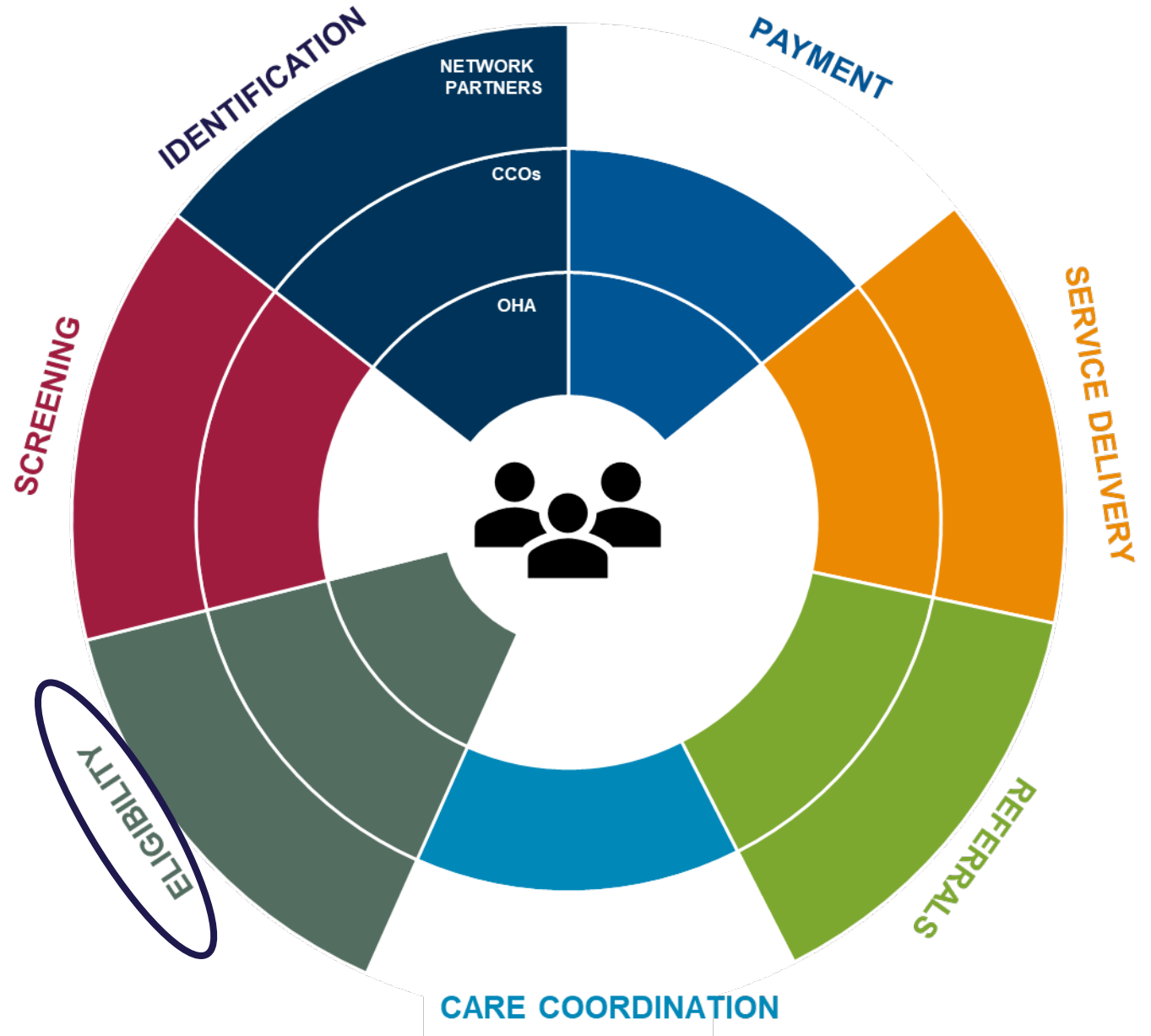
(CCOs, network partners)

ELIGIBILITY

Eligibility screening (CCOs, network partners)

Transmit eligibility information to CCO, through closed loop referral or alternative mechanism (network partners)

Authorize services (CCO)

CARE COORDINATION

Person-centered service plan (CCO)

Connect members to services (CCO)

Support member choice and ensure needs are met (CCO)
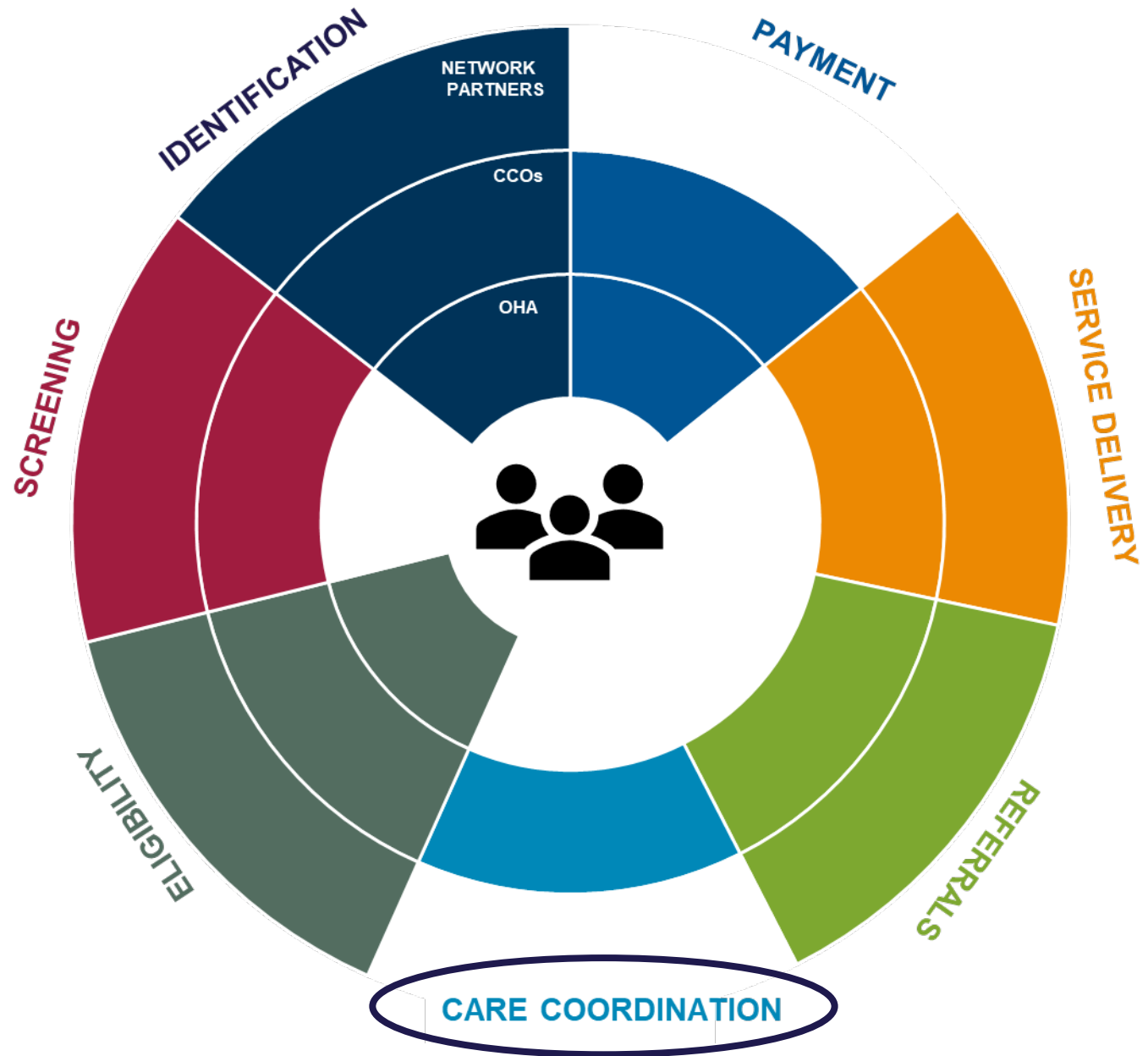
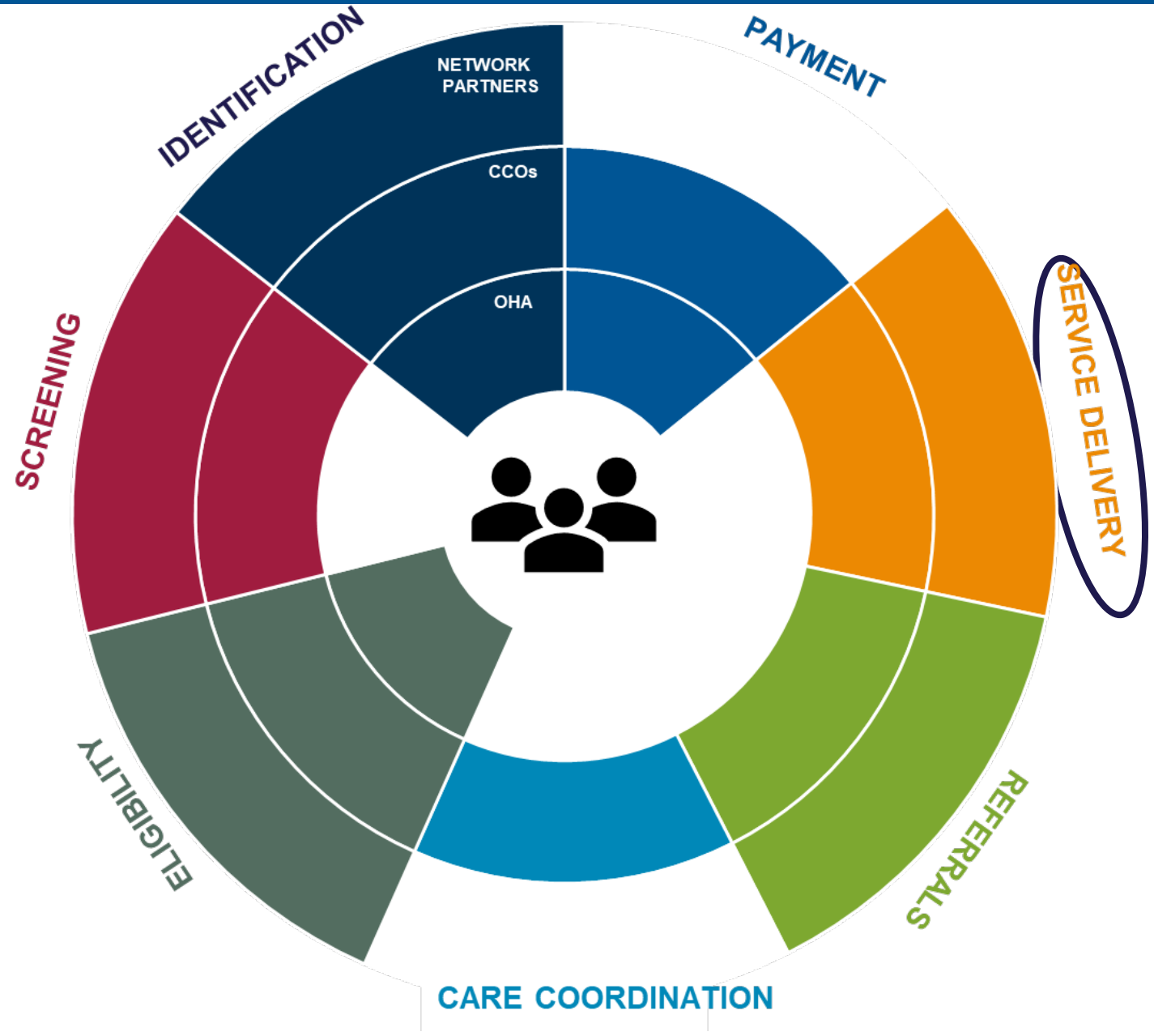## REFERRALS

Refer eligible members to services

(CCOs, network partners)
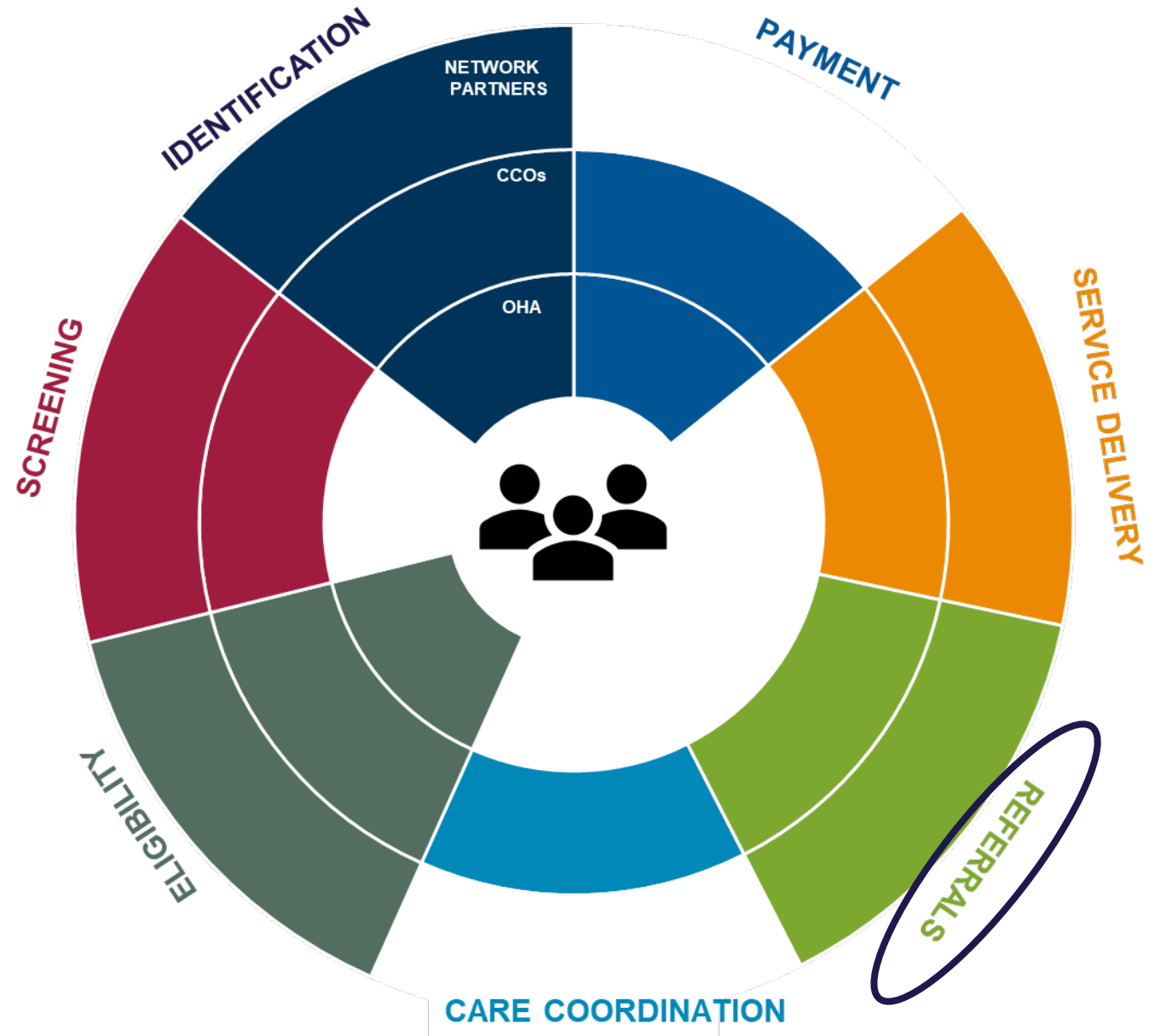
SERVICE DELIVERY

Ensure service is not duplicative of a state or federally funded service or other HRSN Service the Member is already receiving (CCO)

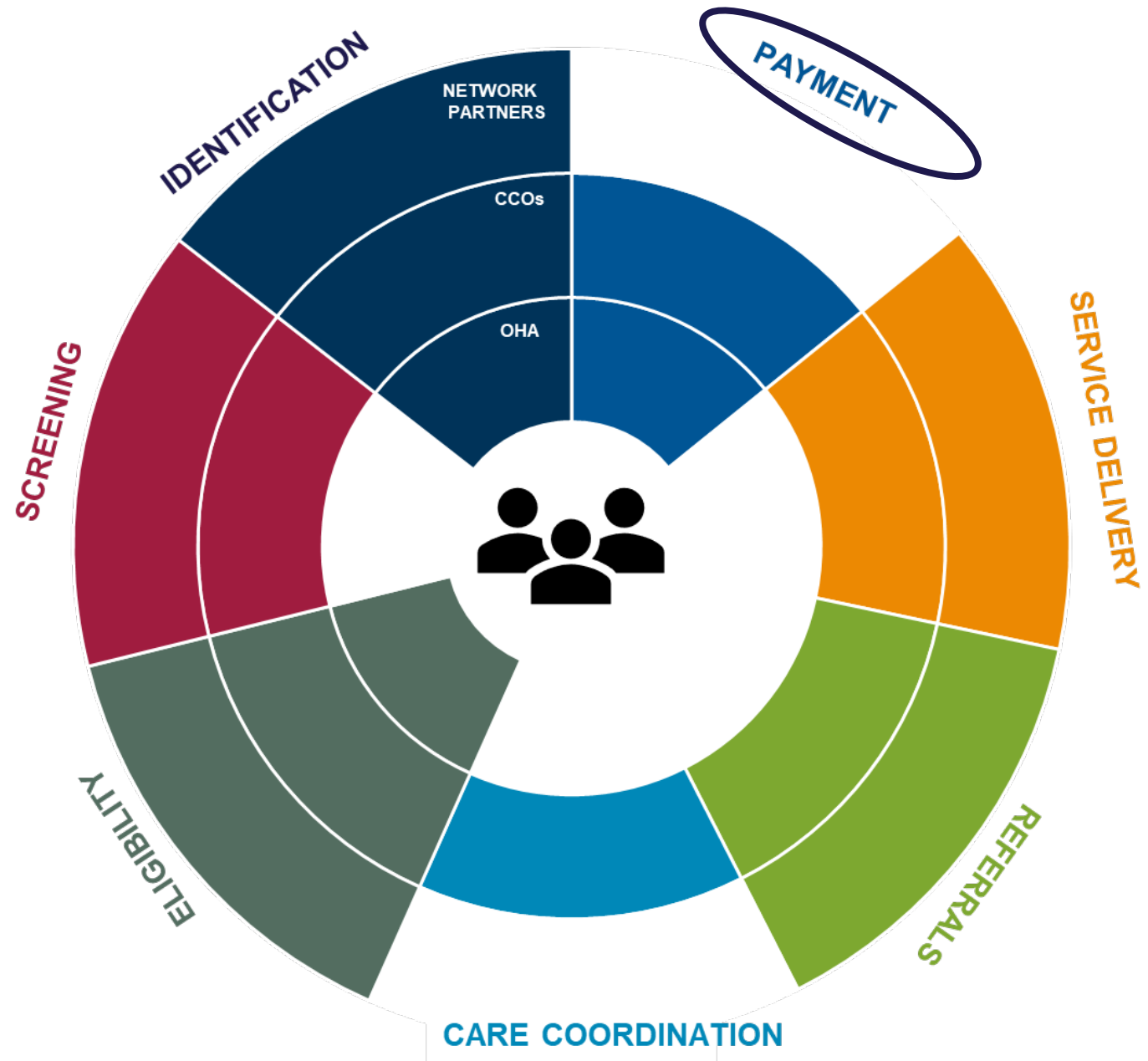Deliver service and close the referral loop (CCOs, network partners)

PAYMENT

Invoice CCO (network partners)

Bill OHA (CCO)

Provide HRSN service payment (OHA)

Service Delivery Process: High-Level View

Much of the eligibility and authorization process is prescribed in the 1115 Medicaid Waiver Special Terms and Conditions

	1. Identify	2. Screen and Authorize	3. Refer and Deliver
Screening Entity	**Access Point*** Member identification, initial screening and referral	**Screening Entity** Screening; Needs identified; Eligibility form completed;	
CCO/TPC		**CCO/TPC** Reviews eligibility form; Authorizes or denies service	
Care Mgmt. Team		**Care Management Team** Develops service plan; Refers member to HRSN service provider	
HRSN Provider			**HRSN Provider** Accepts referral and initiates member outreach; Delivers service; Documentation and invoice to CCO
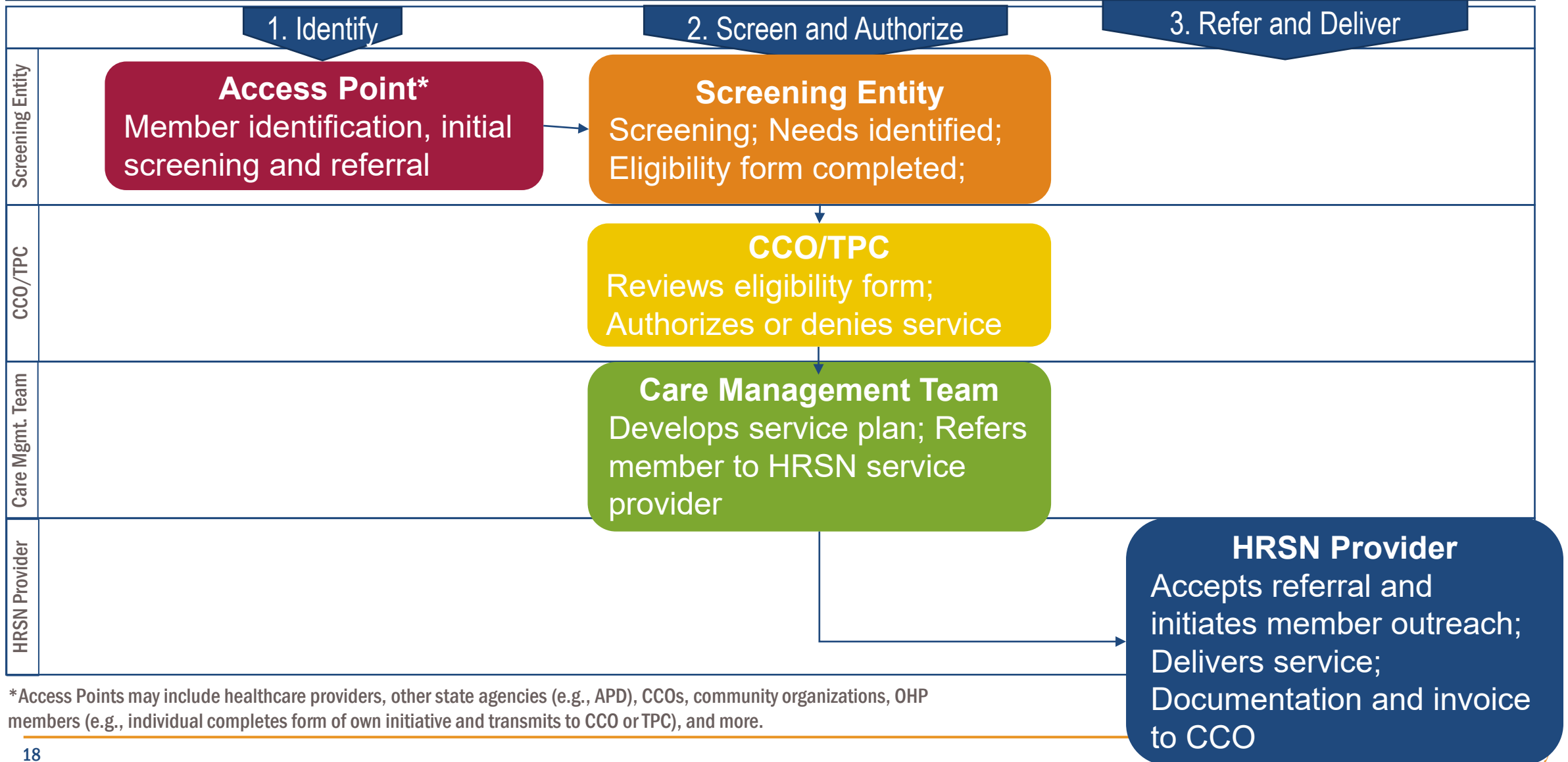
*Access Points may include healthcare providers, other state agencies (e.g., APD), CCOs, community organizations, OHP members (e.g., individual completes form of own initiative and transmits to CCO or TPC), and more.
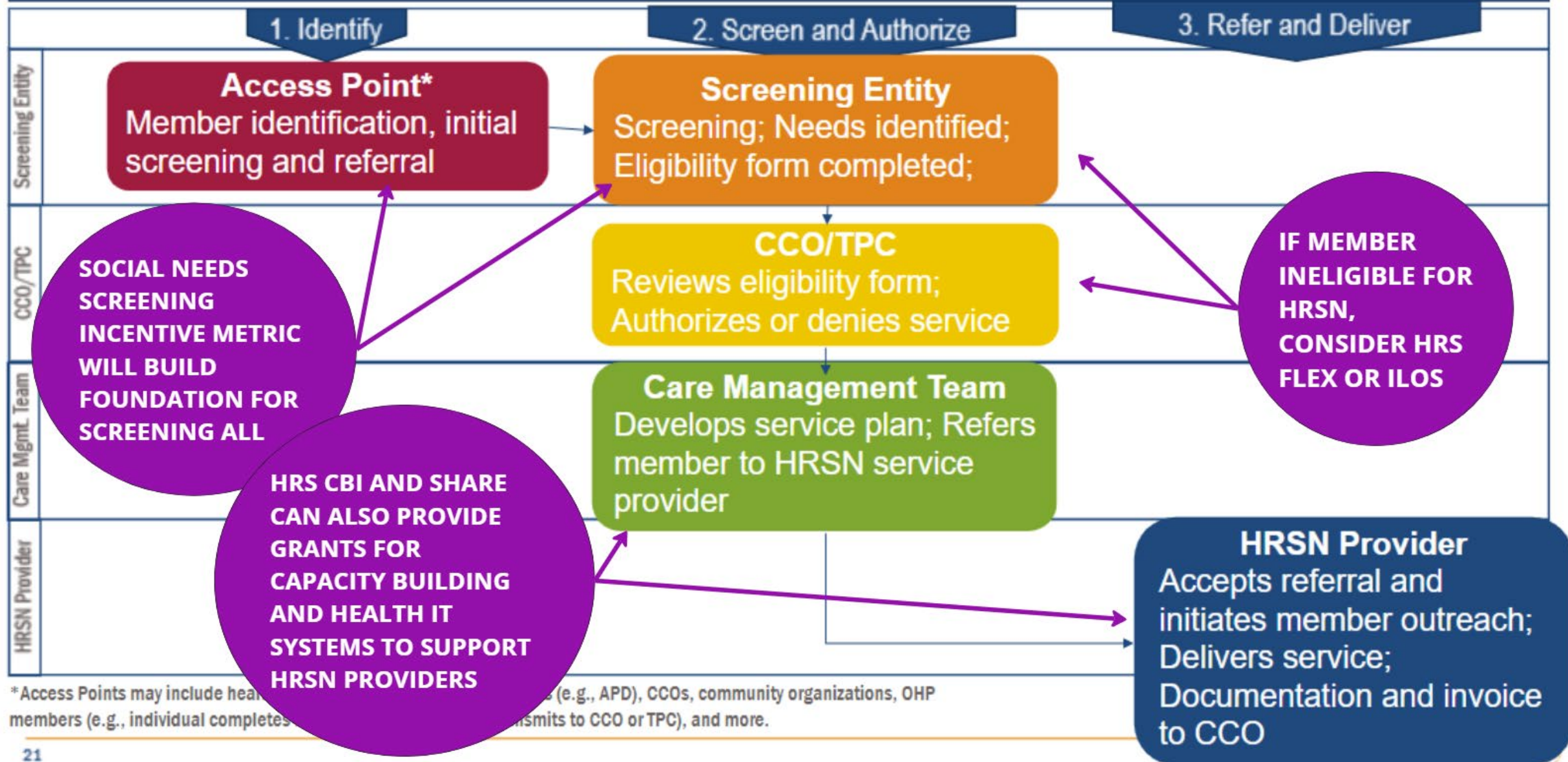
Service Delivery Process: High-Level View

Much of the eligibility and authorization process is prescribed in the 1115 Medicaid Waiver Special Terms and Conditions

1. Identify | **2. Screen and Authorize** | **3. Refer and Deliver**

Screening Entity

Access Point*
Member identification, initial screening and referral

Screening Entity
Screening; Needs identified; Eligibility form completed;

CCO/TPC

CCO/TPC
Reviews eligibility form; Authorizes or denies service

SOCIAL NEEDS SCREENING INCENTIVE METRIC WILL BUILD FOUNDATION FOR SCREENING ALL

IF MEMBER INELIGIBLE FOR HRSN, CONSIDER HRS FLEX OR ILOS

Care Mgmt. Team

Care Management Team
Develops service plan; Refers member to HRSN service provider

HRS CBI AND SHARE CAN ALSO PROVIDE GRANTS FOR CAPACITY BUILDING AND HEALTH IT SYSTEMS TO SUPPORT HRSN PROVIDERS

HRSN Provider

HRSN Provider
Accepts referral and initiates member outreach; Delivers service; Documentation and invoice to CCO

*Access Points may include hea___ ___s (e.g., APD), CCOs, community organizations, OHP members (e.g., individual completes ___ ___smits to CCO or TPC), and more.

21

Oregon's 1115 Medicaid Waiver HRSN benefit

SOME KNOWNS INCLUDE...

- Authorized services and eligible populations (defined by CMS)
- Proposed list of clinical and social risk factors (not yet approved by CMS)
- OHA will provide an optional form for eligibility screening
- CCOs will distribute capacity-building grants
- OHA will work with CCOs to standardize a process for capacity-building funds administration
- OHA will set HRSN fee schedule
- Planning to use non-risk payments for CCO 2024 HRSN services
- OHA is pursuing Community Information Exchange (CIE) and Third Party Administrator (TPA) procurements to support FFS HRSN implementation
- Phased in implementation timeline starting in 2024
- CCOs will lead care coordination efforts
- CCOs will develop data sharing and referral pathways to network partners

Oregon's 1115 Medicaid Waiver HRSN benefit

SOME UNKNOWNS INCLUDE...

- Capacity-building funding distribution formula
- Specifics about State-level procurement for fee-for-service populations
- Precise population estimates by transition group
- Specific protocol/codes for providing HRSN services within a traditional Medicaid claims framework
- Rates for housing
- And more...

Preparing for phasing in the HRSN benefit with other ongoing CCO efforts

- Continue to utilize **HRS Flexible Services** for housing and food services that are **not yet a covered benefit** (according to the implementation timeline). Example: short-term rental assistance for houseless member

- Continue to **invest in housing solutions with SHARE and HRS CBI**, as appropriate, that will help prepare for HRSN benefits for houseless members (e.g., capacity building, infrastructure, construction of units, etc.)

- Build **screening and identification workflows** alongside social needs screening metric requirements and implementing health IT systems that will eventually identify, screen and refer transitions populations to HRSN benefits (e.g., Community Information Exchange)

- **Consider utilizing or proposing ILOS for member services** that could be provided in an alternative place or with an alternative provider to support HRSN benefit implementation

Example: meeting a member's housing needs in 2024

How CCOs pay for housing supports and services for some members will evolve.

HRS

- Member who is houseless needs help with first month's rent to get into more stable housing (HRS in 2024; HRSN in the future)
- The CCO is not required to cover this, and the member has no appeal rights.

SHARE

- CCOs *must* invest some dollars in housing
- CCOs *can* invest in housing supports, services, programming or capital

HRS or SHARE ← → **New HRSN benefit**

HRSN

- Member who is at risk of houselessness and meets additional clinical and social risk factors needs help with two months rent to maintain housing.
- The CCO must cover the eligible service, and the member has appeal rights.

Example: meeting a member's food needs

How CCOs pay for food supports and services for some members will evolve.

HRS
- Member who is not part of a life transitions population and is food insecure needs grocery store gift cards. The CCO is not required to cover this, and the member has no appeal rights.

SHARE
- CCOs *may* invest some dollars in food bank programs that teach about cooking or nutrition

HRS or SHARE

New HRSN benefit

HRSN
- Member discharged from residential treatment program and meets additional clinical and social risk factors needs fruit and veggie prescriptions for up to 6 months.
- The CCO must cover the eligible service, and the member has appeal rights.

HRS, SHARE, ILOS and the Oregon 1115 waiver HRSN benefit

Contact us with questions!

Rachel Burdon, Social Determinants of Health Policy Advisor

rachel.e.burdon@oha.oregon.gov

Anona Gund, Senior Community Health & Quality Improvement Analyst

ANONA.E.GUND@oha.oregon.gov

Tom Wunderbro, 1115 Medicaid Waiver Manager

Thomas.Wunderbro@oha.oregon.gov