

**Date:** June 20, 2023

**To:** Sarah Dobra  
Ombuds Program  
External Relations Division  
Oregon Health Authority

**From:** Dana Hittle  
State Medicaid Director  
Health Systems Division  
Oregon Health Authority

**Subject:** Response to Oregon Health Authority Ombuds Reports

In response to the Oregon Health Authority (OHA) Ombuds 2022 Annual Report, the Health Systems Division (HSD) would like to thank the Ombuds Team for the work they do in advocating for Oregon Health Plan (OHP) Members and helping promote access to quality and equitable care.

The 2022 annual report focused on the challenges OHP Members experience when accessing behavioral health services. There are three key areas within the report addressed below:

- 1) Members experiencing severe mental illness need timely access to community-based services and supports
- 2) Members seeking substance use disorder treatment need timely access to withdrawal management/detox services and residential treatment
- 3) Members needing mental health and/or substance use disorder treatment require care coordination supports to help address all their health care needs

Expanding Home and Community Based Services (HCBS) 1915(i) Utilization

**Status:** Ongoing Implementation and Planning

**Summary:** HSD established a 1915(i) Implementation Project Team in January 2023, with the understanding there is a need to ensure access home and community-based services. The Team began working with internal and community partners in 2019 to identify additional needed services. Based on feedback from the workgroup, HSD is working towards implementing nine additional or amended services:

- Community Based Integrated Supports (CBIS)

- HCBS Residential Habilitation
- HCBS Psychosocial Rehabilitation (HCBS PSR)
- HCBS In-Home Personal Care (IHPC)
- Community Transportation (CT)
- Home Delivered Meals (HDM)
- Housing Support Services (HSS)
- Transition Services
- Pest Eradication Services

This project team is currently building an operational structure that includes conducting rule review, writing, and edits, as well as conducting fiscal analysis, rate reviews, and establishing standardized service codes. These activities will build clearer pathways for providers to offer and bill for 1915(i) HCBS services for eligible individuals. The overall goal is to implement additional services identified above by 2024 and increase participation from serving 2300 unduplicated individuals annually to 3400 by December 31, 2026.

#### Increasing Substance Use Disorder (SUD) Residential Network Adequacy

**Status:** Research and Planning

**Summary:** As indicated in the last HSD response<sup>i</sup>, access to services like SUD treatment is an ongoing challenge and continues to be so. We recognize limited bed availability and workforce shortages throughout the behavioral health continuum of care make it difficult for Members to receive the care they need when they need it.

HSD conducted a preliminary look of the Coordinated Care Organization (CCO) residential networks for SUD treatment; unsurprisingly, the review confirmed that there are not enough residential beds throughout the state. Our next step is to request and review claims data by individual CCOs to determine how Members are accessing SUD services and identify trends. HSD will utilize this data to begin facilitating discussions between the Office of Behavioral Health and CCO Quality Assurance staff and partners, as well as CCOs and FFS in Fall 2023 with the goal of evaluating and recommending network standards and how to improve oversight.

The Office of Behavioral Health is conducting a statewide assessment by the end of 2023 to assess the residential mental health and substance use disorder continuum of care for adults; a plan will be developed to address gaps by region and prioritize facility development. This plan will help inform future grant allocations, supporting the full continuum of care for behavioral health consumers.

Additionally, we understand that SUD network adequacy is impacted by the need to “address gaps in the substance use disorder workforce, including both prescribers and credentialed staff providing essential prevention services and recovery supports”<sup>ii</sup> (p. 39). Ongoing work is conducted through the Behavioral Health Workforce Initiative to continue providing incentives to prescribers and credentialed staff to help retain behavioral health professionals, and to remove barriers to those interested in entering the behavioral health workforce, such as streamlining the credentialing and certification process.

Improving Access to Behavioral Health Care Coordination

**Status:** Ongoing Implementation, Monitoring, and Planning

**Summary:** As indicated in the Ombuds report, many OHP Members do not know what treatment facilities are available, how to setup treatment, or how to ask for CCO care coordination support. There is a need to improve Member access to care coordination, and intensive care coordination, when appropriate, especially for mental health and/or substance use treatment.

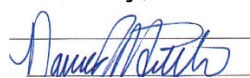
OHA began an internal care coordination rules workgroup, comprised of representatives from Office of Behavioral Health, Medicaid Policy, and CCO Quality Assurance. This workgroup will continue working closely with CCOs, as well as with community partners, to incorporate member experiences into the rules process throughout 2023. Revised rules will define expectations of CCOs care coordination, with the goal of reducing health inequities and improving health outcomes for all members.

HSD is also facilitating a review of CCO compliance with federal and state regulations that address standards related to access; one of the standards that will be reviewed this year is “coordination and continuity of care”. This standard was last reviewed in 2020<sup>iii</sup> and is being reviewed again in 2023; the report will be available in 2024.

Through the rule revision process and standards review, we will explore solutions through partner engagement, comprising of Oregon State Hospital, Oregon Department of Health Services, CCOs, Ombuds, Medicaid Advisory Committee and others as engagement needs are identified, with the goal of leveraging ways to ensure coordinated care and treatment for Behavioral Health needs occurs when the Members need it the most, and to begin improving the Member experience.

Please feel free to contact me with any questions or concerns.

Sincerely,



Dana Hittle  
Medicaid Director  
Health Systems Division

---

<sup>i</sup> Health Systems Division. Response to Oregon Health Authority Ombuds Reports. 2022 July 22 [cited 2023 June 1]. Available from: [https://www.oregon.gov/oha/ERD/OmbudsProgram/HSD%20Summary\\_Response%20to%202021%20Ombuds%20Report%207.21.2022\\_DH.pdf](https://www.oregon.gov/oha/ERD/OmbudsProgram/HSD%20Summary_Response%20to%202021%20Ombuds%20Report%207.21.2022_DH.pdf)

<sup>ii</sup> Lenahan K, Rainer S, Baker R, Goren R, and Waddell, EN. (Updated January 27, 2023). Oregon Substance Use Disorder Services Inventory and Gap Analysis. OHSU-PSU School of Public Health, Oregon Health and Science University, Oregon Alcohol and Drug Policy Commission, and Oregon Health Authority, Health Systems Division and Public Health Division.

<sup>iii</sup> Health Services Advisory Group. 2020 External Quality Review Technical Report. 2021 April [cited 2023 June 1]. Available from: [https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/OR2020\\_EQR%20Technical%20Report\\_F2.pdf](https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/OR2020_EQR%20Technical%20Report_F2.pdf)