



Date: October 7, 2020

To: One Family One Path, Baker County SOC Council
EOCCO

From: Nat Jacobs, Wraparound and System of Care Coordinator on behalf of the Statewide System of Care Steering Committee

Subject: Response to 9/22/2020 travel barrier for Baker County

Barrier: Lack of funding to reimburse for travel time.

Thank you for submitting a barrier to the SOC Steering Committee, we appreciate the time and energy put into the process. After reviewing the barrier, the committee determined that although Wraparound serves multisystem involved youth, that this barrier is specific to behavioral health, and therefore OHA has prepared a response.

Recommendation #1 Allot additional moneys to CCO's to be used specifically for travel within rural communities so that the CCO's could then attach a reasonable dollar amount to miles and/or per 15 min for billing purposes of CMHP's. This would allow the local communities to accurately reflect the true cost of services in their communities.

Response: OHA appreciates the recommendation to the SOC steering committee as it understood that Wraparound practitioners in different areas face operational and financial issues, due to their regions' unique characteristics and provider access. In response to this, OHA considered this as a factor in developing capitation rates. OHA reflects these issues through regional cost adjustments that consider varying costs of care in different regions- specifically rural and frontier counties. The base Per Member Per Month (PMPM) costs that determine most of EOCCO's capitation rates were increased 15% in 2020 and 16% in 2021, compared to the statewide average. (This is because the regional adjustments vary based on member aid category, and typically change each year.) Regional factors can be found in Appendix I of the 2020 and 2021 actuarial certifications, which are found on OHA's [website](#).

Wraparound is added into the capitation rates separate from the base PMPM costs. The addition is CCO-specific and reflects each CCO's most recent year's reported spending (e.g. 2019 spending is reflected in 2021 capitation rates). Therefore, if the cost of care in an area is higher, that cost of care should be reflected in the CCO's expenditures, and those expenditures become the basis for future capitation rates. EOCCO's children's mental health Wraparound component of the capitation rate directly reflects the CCO's historical expenditures in the area and reflects the costs of care.

Regarding the request to allot money to CCOs “specifically for travel within rural communities,” while OHA does lay out some parameters for how CCOs pay their providers (such as the use of value-based payments), the payment amounts and arrangements are a business issue between CCOs and their providers. Therefore, money added to the global budget for one purpose may not actually be directed to that purpose.

In light of these points, OHA does not believe that the recommendation to add more money for travel is the only strategy that will meet the need. The costs of care in rural areas is already considered in current capitation rate development. OHA encourages the committee and stakeholders to review and discuss other policy options and/or solutions to address this issue.

Please reach out with questions or concerns that this response brings up for the council.

If you have any questions, contact Statewide.SOC@dhsola.state.or.us