

# Behavioral Health and Oregon's 1115 Medicaid Waiver

## Behavioral health and the 2022-2027 waiver

A key goal of Oregon's 2017-2022 waiver renewal was integrating physical, oral, and behavioral health. Based on initial evaluation of that waiver, Oregon still has progress to make in providing behavioral health care to OHP members.

### Community feedback will be addressed outside the waiver

During summer and fall 2021, the Oregon Health Authority (OHA) received feedback from a variety of sources about behavioral health needs and services for Oregon Health Plan (OHP) members. OHA would like to thank everyone who provided this valuable input. After reviewing the feedback, OHA has determined that most recommendations are best addressed outside of the 1115(a) Medicaid Demonstration Waiver renewal process. *See page four to learn more about strategies being used outside the waiver.*

### Making change through the 1115 Medicaid waiver

One way we make change is through the 1115 Medicaid Waiver Demonstration Renewal process. In Oregon, we apply to renew this waiver every five years, and our next waiver will cover 2022 through 2027.

States must apply for a Medicaid waiver when they want to make changes from normal federal guidelines, and so **only certain things can be changed through the waiver process**. For example, a state can ask to waive certain regulations for greater flexibility around things like:

- Who is eligible for Medicaid
- What benefits they receive
- How health care is delivered to Medicaid members

## Current waiver proposals that may impact behavioral health care for OHP members

While the 2022-2027 waiver doesn't directly address behavioral health, several proposals may impact behavioral health care for OHP members.

### Maximize continuous and equitable access to coverage

**Oregon will provide continuous OHP enrollment for children until their sixth birthday (age 0-5) and will establish two-year continuous OHP eligibility for people ages six and up.** Providing continuous coverage for longer periods helps ensure OHP members stay connected to the health system and their providers, especially primary care and behavioral health providers.

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## Improve health outcomes by streamlining life and coverage transitions

**Oregon will develop and fund a defined set of social determinants of health (SDOH) transition services to support members in need during life transitions.**

Oregon is developing specific packages of services designed to address social determinants of health for those experiencing changes in health coverage and life transitions, which could include:

- Housing support services
- Transportation services
- Food assistance
- Employment supports
- Intensive care coordination

By providing these services consistently and in a timely manner, we hope to better connect people in transition with community behavioral health supports and meet their social needs to improve their health outcomes.

**Oregon will expand and fund access to Traditional Health Workers, particularly peer-delivered services (PDS) outside of a traditional treatment plan.** This approach removes barriers and helps people access recovery supports throughout the course of their recovery, including before and after active treatment.

**Oregon will provide OHP coverage or appropriate CCO transition services to adult OHP members even when they're in the Oregon State Hospital, psychiatric residential facilities, prison, jail, or the juvenile correction system.** Many justice-involved people have behavioral health conditions, as does everyone leaving the state hospital or psychiatric residential facilities. Providing coverage for these people helps them get the services they need, when they need them.

**Oregon will extend child eligibility levels and benefit packages for Youth with Special Health Care Needs (YSHCN) up to age 26 to support smooth transitions from pediatric to adult health care.** This will help provide behavioral care to youth, as well as improved continuity of care between primary and behavioral health providers who treat youth.

### **Life transitions include members who are:**

- Houseless or at risk of becoming houseless
- Transitioning from Medicaid-only coverage to Medicare-Medicaid coverage
- Vulnerable to extreme weather events
- Transitioning out of the criminal justice system, both adults and youth
- Adults transitioning out of Oregon State Hospital or other psychiatric residential treatment
- Youth with Special Health Care Needs up to age 26
- Youth who are child welfare-involved and transitioning in or out of foster care homes, including those aging out

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Oregon will invest in **Community-Based Organizations (CBOs)**. By investing in the infrastructure of CBOs that address social determinants of health (SDOH), these CBOs will be better able to provide needed services that are critical for behavioral health.

## Move to flexible spending for health equity

**Paying for population health will provide more flexibility and incent more investments in upstream preventive care, including primary care, community behavioral health that helps avoid acute episodes, prevention, and social determinants of health.** We anticipate that this approach will:

- Provide predictable and flexible budgets for CCOs, which will drive upstream investments in prevention and social determinants of health.
- Help drive community conversations that CCOs are well positioned to facilitate. These conversations will help CCOs identify community needs which we hope will shift resources to improve health outcomes and lower costs, including stronger investments in community behavioral health.

## Incentivize equitable care

**Oregon is proposing to restructure the CCO Quality Incentive Metrics Program into two complementary components: upstream and downstream.**



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One of the proposed upstream measure includes social determinants of health that we know will influence behavioral health:

## *Social Determinants of Health: Social Needs Screening and Referral<sup>1</sup>*

Require CCOs to build partnerships with community-based organizations and improve processes to help OHA members with unmet food, housing, and transportation needs.

**Oregon will restructure the CCO Quality Incentive Metrics Program to give greater voice about what to improve and how to improve it to people who experience historic and contemporary injustices and have relevant lived experience.** People with lived experience have involvement with or knowledge of a topic outside an academic or professional setting. For behavioral health, people with lived experience could include those living with or caring for people with mental illness and substance use disorders. Changing the program will require legislative changes to the current committee structures.

## Improve health through focused equity investments led by communities

**Federal funding to invest in health equity.** This spending will be guided by Community Investment Collaboratives (CICs). Equity investments can help solve local systemic issues that are causing inequities. While we aren't dictating where those investments need to go, there's the opportunity for community to direct investments toward behavioral health needs, including supporting the behavioral health workforce.

## Making change outside the waiver

Some improvements we want to make aren't related to federal guidelines, so these changes must be made outside the waiver process. For example, Oregon is making progress on behavioral health through:

**Oregon Legislature.** In the 2021 Legislative Session, the legislature invested over \$450 million in the behavioral health system including areas such as residential treatment, community behavioral health clinics, and the behavioral health workforce.

**Measure 110.** Oregon's Ballot Measure 110, the Drug Addiction Treatment and Recovery Act, adopts a health approach to drug addiction by removing criminal penalties for low-level drug possession. This helps make substance use disorder screening, treatment and recovery services available to all those who need and want it. [LEARN MORE](#)

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<sup>1</sup> <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/sdoh-measure.aspx>

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**SUD Waiver.** In October 2021, the federal government approved a different 1115 Demonstration Waiver, which addresses substance use disorder (SUD). In this SUD waiver, Oregon received permission to direct federal funding to residential treatment facilities that have more than 16 beds. Facilities larger than this were previously excluded from federal funding. This funding allows for greater investment in Oregon's effort to prevent, identify, and treat people with substance use disorder and help them sustain long-term recovery. [LEARN MORE](#)

**Coordinated care organization (CCO) contracting.** In the next round of CCO contracts, expected in 2025, Oregon will continue to focus on improving the behavioral health system, as well as behavioral health integration with physical and oral health.

## Contact Us

- Visit our website with regularly updated information at [oregon.gov/1115waiverrenewal](https://oregon.gov/1115waiverrenewal)
- Email your input at any time to [1115Waiver.Renewal@dhsosha.state.or.us](mailto:1115Waiver.Renewal@dhsosha.state.or.us)

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