

Children’s Health and Oregon’s 1115 Waiver

This issue brief is intended to accompany [Oregon’s 1115\(a\) Medicaid waiver concept papers](#) and explains how the proposed policy strategies impact children and youth – either directly, or indirectly through families and caregivers.

These concepts and children’s health priorities align with many other state, federal, and Tribal policy initiatives, and you can learn more on page 9.

To learn about opportunities to provide public comment on Oregon’s waiver proposal, see page 9.

Why focus on Children and Youth?

To meet our health equity goal and bend the health care cost curve, we must focus on children, youth and families because children and families of color experience inequitable environments which are linked to poor health outcomes. For example, across Oregon:

- Families with children under five are more likely to experience poverty than children 6 and older. The likelihood is even higher among children of color and children living in rural areas.¹
- More than 25 percent of Oregon’s African American population lives in poverty, compared with 11 percent of the non-Hispanic white population in Oregon.²

Oregon’s waiver provides an important opportunity to improve outcomes for children and youth. Georgetown University’s Center for Children and Families advocates that Medicaid/CHIP has a pivotal role to play in addressing children at the most critical time of development and in stabilizing the environment in which they grow by supporting families and caregivers.^{3,4}

Waiver Concepts

Oregon is using the upcoming 1115(a) Medicaid Waiver renewal to create more equity in health care.

The public asked the Oregon Health Authority (OHA) to use this waiver renewal to create a more equitable health care system. So, OHA is proposing policy changes we believe will create new systems of health, as well as address health inequities caused by historical and contemporary racism.

Addressing the needs of children and families is critical to health equity. We must also align with Tribal partners’ priorities. Oregon’s five waiver concepts are:

- Maximize continuous and equitable access to coverage
- Improve health outcomes by streamlining life and coverage transitions
- Move to flexible spending for health equity
- Incentivize equitable care
- Improve health through focused equity investments led by communities

[Learn more about the waiver](#)

How Oregon's 1115 Waiver concepts support children and youth

Maximize continuous and equitable access to health insurance coverage

In order for people to access the care they need to stay healthy, they need continuous and equitable access to health insurance. We know that people of color and communities most harmed by social injustices have lower health insurance rates.⁵ Our approach will seek to eliminate inequitable access with strategies to extend coverage and services to every eligible child and adult in Oregon. [READ MORE](#)

Impact for children and youth

Oregon will provide continuous Oregon Health Plan (OHP) enrollment for children until their sixth birthday (age 0-5). Reducing churn on and off of coverage for children of this age is an important tool to promote consistent access to health care and the preventive services needed to identify and address physical, behavioral, and developmental concerns so that they get supports they need to be ready for kindergarten⁶.

Oregon will establish two-year continuous OHP eligibility for people ages six and up. This will stabilize coverage for older children and youth and will impact all children by stabilizing coverage and care for families or caregivers. Oregon experienced significant gains in OHP continuity under federal COVID provisions, and this provision will preserve those continuity gains.

Oregon will provide a direct enrollment path to OHP for people who apply for Supplemental Nutrition Assistance Program (SNAP) benefits. Doing so will further ease the burden on families to apply for services from multiple programs. This change should increase enrollment in the Oregon Health Plan and increase the effectiveness of both programs as they collectively meet individuals' and families' needs.

Why continuous enrollment for kids?

Studies demonstrate inconsistent coverage leads to a higher likelihood of unmet medical, prescription and dental needs, a delay in accessing urgent care⁷ and a lower likelihood of having a usual source of care and well childcare⁸. These gaps in access are particularly consequential for the pre-school aged children that Oregon has prioritized, as experts recommend sixteen well-child checks before age 6.⁹

How Oregon's 1115 Waiver concepts support children and youth

Improve health outcomes by streamlining life and coverage transitions

Data show members of high-risk populations often lose coverage and access to care during life transitions and in transitions between systems, like incarceration or the state hospital. These disruptions come at great cost to the person and to the system. By providing specific benefit packages including extending eligibility to members in transition, we can ensure they stay covered, have important social determinants of health needs met and maintain access to care and medicine, which ultimately improves health outcomes. [READ MORE](#)

Impact for children and youth

Oregon will develop and fund a defined set of social determinants of health (SDOH) transition services to support members in need during life transitions. These include a variety of transitions that directly and indirectly impact children and youth including people experiencing houselessness, people vulnerable to extreme weather events; people transitioning out of justice systems and behavioral health institutions, Youth with Special Health Care Needs (YSHCN) to the age of 26 and youth who are child welfare-involved and transitioning in and out of foster care homes. Services are to be determined but propose to cover a broad scope of social needs including housing and food assistance, employment supports and health-related transportation.

Oregon will allow all youth eligible for Medicaid entering the juvenile correction system to retain or acquire Medicaid benefits throughout the duration of their involvement, regardless of settings. This population is often engaged with multiple systems (medical, behavioral health, education, child welfare) and may need high-level specialty treatment resources that are difficult to access without clear payment sources and case management. By providing health care services and coordinated care during a serious life transition (corrections involvement) and critical life stage (youth, and often youth of color being over-represented), this strategy could improve lifelong health and save long-term costs across multiple systems.

Oregon will retain 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 improve continuity, reduce disruptions in care and ensure this population is eligible for transitional services that support a broader scope of SDOH supports as described above.

Oregon will expand and fund access to Traditional Health Workers, particularly peer delivered services (PDS) outside of a traditional treatment plan. This removes barriers to treatment and ensures people have support through recovery, including before and after active treatment and transitions of care. This will directly impact children or youth accessing these services, or indirectly by supporting family and caregivers of children.

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, and prison. For people in prison and the state hospital, coverage would start 90 days before their scheduled release. In addition, Oregon will provide OHP benefits and CCO enrollment for OHP members in county jail or local correctional facilities, including people waiting for their court date. This will stabilize care and support for families and caregivers of children and youth.

How Oregon's 1115 Waiver concepts support children and youth

Move to flexible spending for health equity

Oregon's Medicaid model is both innovative and cost-effective. To continue our successes, we must keep building a system that rewards health equity and improved community health, rather than simply paying for medical procedures and services alone. [READ MORE](#)

Impact for children and youth

We anticipate that this evolution of how we pay CCOs would provide predictable and flexible budgets for CCOs to drive upstream investments in prevention and social determinants of health. CCOs will have less administrative burden to justify health related services spending, allowing for greater investment in those services that promote health equity and prevention.

With greater stability of rates, there is increased incentive to invest in care coordination and better management of members who incur high costs. Oregon's waiver will create an incentive to invest in complex transitions for children, youth and families by paying separately and distinctly for the transitions described above.

How can flexible spending for health equity impact kids?

Accountability will remain an important aspect of flexible spending for CCO's to assure that the needs of children and youth, including, those with health complexity, are prioritized. OHA will require a stronger community voice in local spending and will continue to leverage measurement strategy and contract accountability.

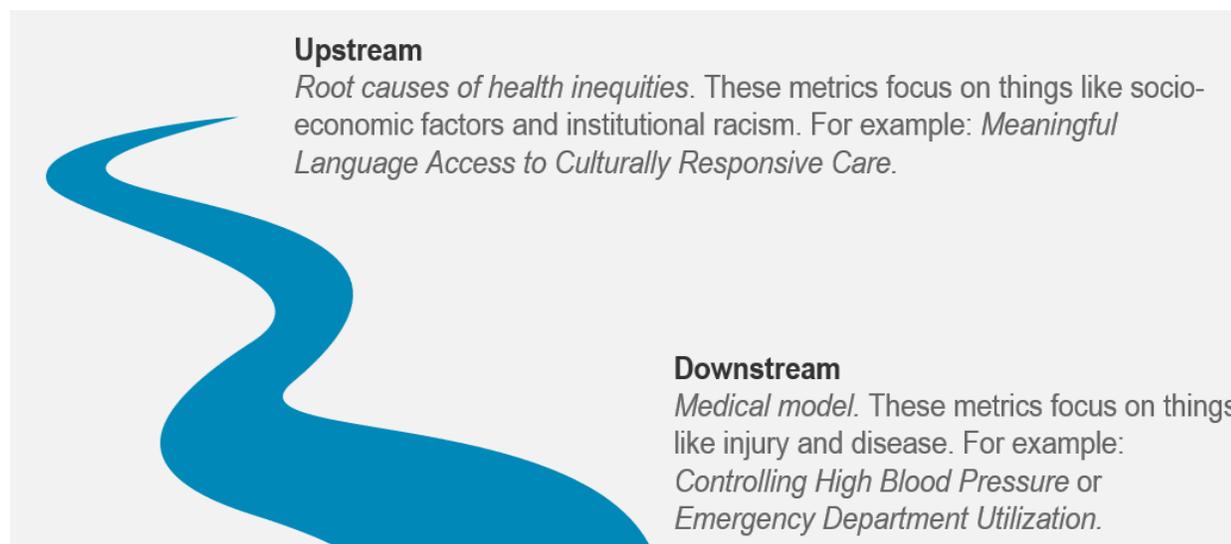
How Oregon's 1115 Waiver concepts support children and youth

Incentivize Equitable Care

Our coordinated care model is built on incentivizing quality and access. OHP members and community members have continued to tell us that equity must be the focus across the system. We will revise our coordinated care organization (CCO) metrics to create a new set of equity-driven CCO performance metrics for upstream health factors. In the new waiver, OHP members and communities will have a greater voice in the quality incentive program so the program will measure and reward improvements that matter most to the community and have the greatest chance of improving health outcomes. [READ MORE](#)

Impact for children and youth

Oregon plans to split its current metrics program into two parts: upstream and downstream.



We use the terms “upstream” and “downstream” because a health system needs to have supports that both prevent (upstream) and respond to (downstream) health inequities. By addressing “upstream” factors that cause poor health, like lack of access to food, housing and transportation, we can catch and respond to them before they show up “downstream” as worse health outcomes. Downstream, we need to make sure that all people can access the care they need. Downstream metrics will come from the CMS Medicaid Adult and Child Core sets and other CMS-required measures. In the new waiver, Oregon plans to build on the program’s success by adding a focus on metrics that address upstream factors affecting health equity.

How Oregon’s 1115 Waiver concepts support children and youth

Among the measures currently identified for the upstream measure set, all apply to children and/or youth.

Upstream Health Equity Metric (year incentivized)	This measure is intended to...
Mental, Physical and Oral Health Assessment Within 60 Days for Children in DHS Custody ¹⁰ (2013)	Ensure that kids in foster care get timely assessments of their physical, oral and behavioral health, so their needs are identified and met.
Meaningful Language Access to Culturally Responsive Health Care Services ¹¹ (2021)	Increase access to high-quality interpreter services as well as information in members’ preferred languages, helping them to actively take part in their own care.
Health Aspects of Kindergarten Readiness (HAKR) ¹² (2022) ¹³	Help families connect to needed services, including culturally responsive services, so children start kindergarten ready to learn.
Social Determinants of Health: Social Needs Screening and Referral ¹⁴ (2023) ¹⁵	Require CCOs to build partnerships with community-based organizations and improve processes to help OHA members with unmet food, housing, and transportation needs.

OHA knows that people in communities that experience health inequities need to have greater voice in decisions about what to improve and how to improve it. While maintaining a public committee process for metrics selection, OHA intends to work with the legislature to amend the statutes establishing the metrics committees so the current Health Plan Quality Metrics Committee can change its membership, focus and role to become the Health Equity Quality Metrics Committee (HEQMC). The HEQMC will represent the interests of people who have been most affected by health inequities:

- OHP members,
- People with lived experience of health inequities,
- and health equity professionals and researchers.

Shifting power and resources to those who experience health inequities will allow for a stronger focus on health equity that will include supporting children and youth.

How Oregon's 1115 Waiver concepts support children and youth

Improve health through focused equity investments led by communities

Our system can better invest in community-based approaches to address social determinants of health that cause health inequity. With focused equity investments, we will redistribute both funds and decision-making power to local communities. With this focus on community-driven solutions, we believe we can use funding to better address larger scale barriers to health and health equity. [READ MORE](#)

Impact on Children and Youth

Oregon will establish a community-driven process for ensuring equitable investment at the local level. Oregon Health Plan members who experience historical and contemporary injustices can participate in designing—or delegate other community-based organizations and advocates to design—a process for establishing Community Investment Collaboratives in the state. The state will seek new federal investment focused on improving health equity, which will support infrastructure for health equity interventions and give community stronger voice and decision making in investments.

How can Community Investment Collaboratives impact children and youth?

Community Investment Collaboratives are an opportunity to focus on supports unique to children and youth, whether it be upstream or downstream supports or for specific populations such as children and youth with special healthcare needs. Child and youth advocates will have the opportunity to work with local communities to prioritize investment in children, youth and families who are often burdened with inequitable outcomes at the earliest stages of life.

Children's Health and Oregon's 1115 Waiver

Alignment with state, federal, and Tribal priorities

OHA's waiver concepts and children's health priorities align with many other state, federal, and Tribal policy initiatives, such as:

CMS Health Policy Goals: CMS Administrator Chiquita Brooks-LaSure recently spoke to the National Academy of State Health Policy to share the agency's broad health policy goals and their approach to 1115 waiver engagement. She articulated a focus on health equity and expanding coverage, with a critical focus on addressing maternal health and preserving continuity of care and coverage for mothers and families.

[The Children's Agenda:](#) Governor Kate Brown convened the Children's Cabinet in 2017 to address root causes of family instability and create a more resilient safety net to meet the needs of children and families.¹⁶ Core components of the agenda include strategies that will be addressed in the waiver, including expansion and stabilization of health coverage, substance use disorder and behavioral health services for families, addressing housing stability for children and families, and supporting a comprehensive child welfare system that safely reduces the need for foster care.

[Raise Up Oregon: A Statewide Early Learning System Plan, 2019-2023:](#) Raise Up Oregon is a statewide, cross agency early learning system plan focused on children birth to age 6. The work is grounded in the science of child development, equity, and the firm understanding that it takes leaders from early care and education, K-12, health, housing, and human services—together with families, communities, and the public and private sectors—to collaborate during this critical period of children's lives.¹⁷ It aims to prioritize early investments in the health, education and human services for young children in order to impact long term outcomes over a lifetime.

[Child Welfare Division Vision for Transformation, November 2020:](#) The Oregon Department of Human Services is transforming the Child Welfare Division in an effort to support children and young adults to be safer and healthier and to experience less trauma and greater well-being.¹⁸ Supporting families and promoting prevention is a guiding principle, which emphasizes trauma-informed, family and community-centered and culturally-responsive programs and services focused on engagement, equity, safety, well-being and prevention. Included within the vision is implementation of the *Family First Prevention Services Act*, which allows flexibility to pay for services and family support that align well with waiver strategies.

Tribal partners' priorities: OHA is committed to working with the nine federally recognized Tribes of Oregon, and the Urban Indian Health Program (UIHP) to identify mechanisms to help ensure Tribal health care objectives are achieved while honoring traditional Tribal practices and upholding the government-to-government relationship between the sovereign nations and the state. As the state engages in consultation with the tribes, there are likely to be more specific policies that are developed that may impact children and youth.

Children's Health and Oregon's 1115 Waiver

Providing feedback and next steps in the Waiver process

How to provide feedback

We want your input! This waiver can further improve the Oregon Health Plan. You can find information about key phases in the waiver process [on our website](#), including opportunities to take part in the process.

You can also email your input at any time to 1115Waiver.Renewal@dhsosha.state.or.us.

Waiver timeline

These concepts are the basis of OHA's upcoming application to the Centers for Medicare and Medicaid Services (CMS), whose approval is needed to implement policies reflected in these concept papers. If approved, Oregon would make changes to OHP during the 2022 – 2027 demonstration period. You can find an up-to-date timeline [on our website](#), oregon.gov/1115waiverrenewal

Additional resources and background

You can find concept papers and summaries in additional languages [on our website](#), oregon.gov/1115waiverrenewal

- [Executive summary](#)
- [Maximizing OHP coverage | Summary](#)
- [Stabilizing transitions to minimize disruptions in care | Summary](#)
- [Flexible, value-based global budget | Summary](#)
- [Incentivizing equitable care | Summary](#)
- [Focused equity investments | Summary](#)
- [The Children's Agenda](#), Governor Brown's Children's Cabinet, 2018
- [Raise Up Oregon: A Statewide Early Learning System Plan, 2019-2023](#)
- [Child Welfare Division Vision for Transformation, November 2020](#)

Contact us

To ask questions or submit input, please email us: 1115Waiver.Renewal@dhsosha.state.or.us

Children's Health and Oregon's 1115 Waiver

Alternate formats

You can get this document in other languages, large print, braille or a format you prefer. Contact the us via email at 1115Waiver.Renewal@dhsosha.state.or.us or by calling 1-833-647-3678. We accept all relay calls or you can dial 711.

End Notes

¹ National Center for Poor Children, Who are America's Poor Children? By Vanessa R. Wight, Michelle Chau, and Yumiko Aratani, January 2010 http://www.nccp.org/publications/pub_912.html

² The Poverty Agenda. Oregon Business Council. Fall 2017; Oregon Office of Economic Analysis

³ Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP), Elisabeth Wright Burak, Georgetown Health Policy Institute, Center for Children and Families, October 2018.

⁴ Continuous Coverage in Medicaid and CHIP, Tricia Brooks and Alexa Gardner, Georgetown Health Policy Institute, Center for Children and Families, July 2021.

⁵ Jennifer Tolbert, Kendal Orgera, Anthony Damico, "Key Facts about the Uninsured Population," KFF, November 6, 2020.

<https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/view/footnotes/>

⁶ <https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>

⁷ Jennifer E. DeVoe, Alan Graham, Lisa Krois, Jeanene Smith, Gerry L. Fairbrother, "Mind the Gap" in Children's Health Insurance Coverage: Does the Length of a Child's Coverage Gap Matter?, *Ambulatory Pediatrics*, Volume 8, Issue 2, 2008.

⁸ Cassidy A, Fairbrother G, Newacheck PW. The impact of insurance instability on children's access, utilization, and satisfaction with health care. *Ambul Pediatr*. 2008 Sep-Oct;8(5):321-8. doi: 10.1016/j.ambp.2008.04.007. Epub 2008 Jun 16. PMID: 18922506.

⁹ <https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>

¹⁰ <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2014-Assessments-Children-DHS-Custody-Guidance-Document.pdf>

¹¹ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Equity-Measurement-Workgroup.aspx>

¹² <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/KR-Health.aspx>

¹³ For Social Emotional Health component of HAKR bundle

¹⁴ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/sdoh-measure.aspx>

¹⁵ Potential implementation

¹⁶ The Children's Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential, Office of Governor Kate Brown, State of Oregon, September 12, 2018.

¹⁷ Oregon Early Learning Council. (2019). *Raise Up Oregon: A Statewide Early Learning System Plan 2019-2023*. Salem, OR: Oregon Early Learning Division.

¹⁸ Oregon Department of Human Services, *Child Welfare Division Vision for Transformation*, November 2020.