

## Fact Sheet: Oregon's Substance Use Disorder 1115 waiver

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The Oregon Health Authority (OHA) believes that substance use disorder (SUD) is a chronic condition that requires long-term comprehensive care and support. However, Oregon's current Medicaid SUD treatment system faces significant barriers to providing the services that Oregonians need due to limitations in place through federal regulations.

- Currently, Medicaid funds cannot be used to pay for residential treatment provide in facilities with more than 16 beds. A majority of Oregon's residential treatment facilities have more than 16 beds. Oregon pays for these services out of the general fund.
- Substance use disorder requires prevention and outreach, treatment, and ongoing maintenance and support. However, only treatment is eligible for Medicaid funding.

OHA is applying for a Medicaid SUD waiver, asking the federal government for more flexibility. If approved, the waiver would allow more Oregonians to access SUD residential treatment, as well as support services that help prevent SUD and sustain long-term recovery.

Besides expanding access to more Oregonians who need SUD prevention, treatment and support, OHA expects this waiver will reduce emergency department utilization, hospitalizations, overdose and death. SUD-related emergency department utilization and hospitalizations cost the system almost \$13 million in 2017 and 2018.

If approved, the waiver would allow OHA to improve Oregon's SUD treatment system in three ways:

### 1. Expand system supports

For Oregon Health Plan members with SUD and co-occurring conditions:

- Increase support for physical and behavioral health integration, opioid treatment consultations, and improved care coordination
- Assist coordinated care organizations and providers, through health information technology, technical assistance, and training to provide these supports

For Oregonians in recovery:

- Bolster support services and capacity
- Link individuals to community resources, such as supportive housing and supported employment, to help prevent relapse

## **2. Increase access to services**

Across the continuum of care:

- Increase availability and access to all levels of care and reduce wait times to initiate treatment
- Increase provider capacity, care coordination and transitions, especially for the priority population, IV drug users, parents and pregnant women
- Support expanded access to naloxone and medication-assisted treatment to prevent overdose deaths
- Increase access to peer-delivered services for individuals through Peer Run Organizations through the full continuum of care
- Provide culturally relative trainings to the peer workforce to increase access to culturally specific communities
- Reimburse for services during long term-recovery
- Provide pre-tenancy and tenancy support services to help individuals prepare for and successfully transition to housing
- Provide increased access to employment services helping individuals in transition

Within primary care settings:

- Increase SUD screening, referral, and treatment strategies
- Increase access to Office-Based Opioid Treatment

## **3. Establish standards of care**

- Continue to require partners and providers to use American Society of Addiction Medicine (ASAM) dimensions to determine appropriate levels of care
- Establish core competencies for behavioral health providers
- Perform audits to ensure providers maintain credentials that align with ASAM criteria
- License and/or certify treatment programs at specific ASAM levels of care