
SUD 1115 Waiver Provider Information Session

Oregon Health Plan Substance Use Disorder Demonstration

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Call out (save the tomatoes, haha) that we recognize that there have been on-going frustrations around billing, and that we have set up a stand alone SUD 1115 billing for providers informational where we can go into greater depths . We will also be collecting your questions from these sessions to create an FAQ that providers will be able to access. Questions are encouraged throughout, feel free to raise your hand if you'd like to ask it verbally but we're also going to ask that you put your questions in the chat so we have a record of them as well to inform the FAQ we're creating. Additionally we'll be recording this session to post on the SUD 1115 website.

April 8, 2021, Oregon received approval for a new five-year Medicaid 1115 Demonstration waiver to help build a full continuum of care for Medicaid members with substance use disorders from the Centers for Medicare & Medicaid Services (CMS)

Save the Date
SUD 1115 Billing for Providers Session
Wednesday March 8th 9:00AM-10:00AM



2

Save the date! We're doing a presentation that is giving sole focus to billing and Information to attend will be posted on SUD 1115 website later this month. I'm posting the SUD Waiver website in the chat just in case anyone doesn't have it.

Updated Rules

- Two rules are being updated as a part of implementation of the 1115 waiver.
 - OAR 410-172-0670
 - **OAR Chapter 309 Divisions 18, 19, and 50**
 - Public Hearings coming up:
 - 2/15/23, 1:00PM-2:30PM- Div 18 for ASAM Standards
 - 2/16/23, 9:00AM-10:30AM- Div 19 for ASAM Standards
 - 2/22/23, 9:00AM-10:30AM- Div 50 for ASAM Standards



3

The amendments are necessary to align the OAR with related State Plan Amendments and with the approved 1115 Substance Use Disorder waiver demonstration project. New services added under the waiver are considered Community Integration Services (CIS), specific to housing support services and employment support services as described in the OARs chapter 309.

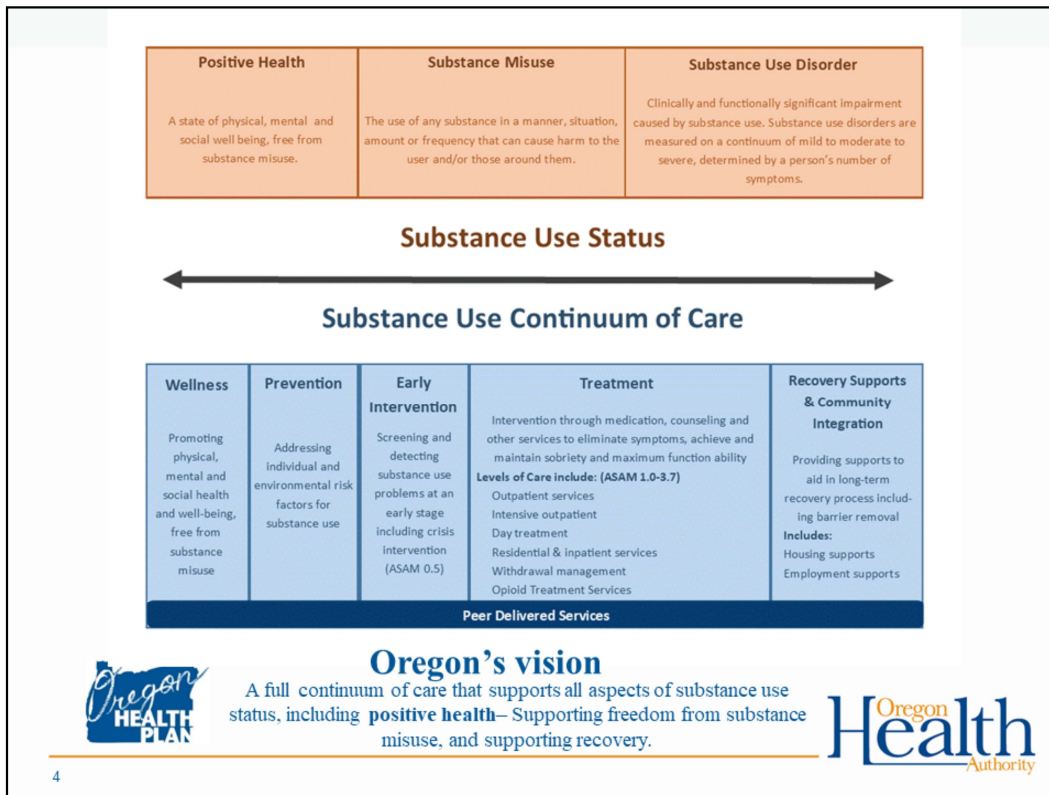
410-172-0670- Adding in language related to Community Integration Services and Community Transition Services so that this service is supported by OAR

Chapter 309 Divisions 18, 19, and 50- ASAM Continuum Rules, Upcoming Public Hearings for Rule Making

Wednesday 2/15/2023 1:00PM-2:30PM, Chapter 309 Division 18

Thursday 2/16/2023 9:00AM-10:30AM, Chapter 309 Division 19

Wednesday 2/22/2023 9:00AM-10:30AM, Chapter 309 Division 50



Apologies for the busy slide, we were trying to create a visual that allows folks to easily see impact's we're hoping to realize over the life of the SUD 1115 Waiver. We continue our work on providing a full continuum of care that supports all aspects of substance use status, including positive health- Supporting freedom from substance misuse, and supporting recovery.

New services

- SUD Program Benefits
 - Increase Provider Capacity across all ASAM Levels of Care
 - Enhance Opioid Use Disorder treatment
 - Increase culturally supportive workforce and trainings related to providing culturally supportive services
- Community Integration Services
 - Housing Supports
 - Employment Supports



5

SUD Program- Increase provider capacity across all levels (Done by implementing capacity management and referral tracking data base for all SUD res (asam 3-4) services. OUD: implementation of opioid prescribing guidelines, providing greater BH supports for opioid prescribers and health systems, expand coverage of and access to naloxone, implementation of strategies to increase utilization and improve functionality of Prescription Drug Monitoring Programs (PDMP), increase capacity of culturally relevant peer delivered services workforce.

CIS: Medicaid beneficiaries who are eligible under Medicaid state plan and who have a sud diagnosis will be eligible for the benefits described provided they meet the needs-based criteria and risk factors

Community Integration Services

- What are the criteria for a person to access this?
 - Has a behavioral health need & is expected to benefit from housing or employment supports and
 - Meets at least one risk factor criteriaOR
 - Has one or more risk factors and is expected to benefit from CISOR
 - Has at least one risk factor and is expected to benefit from employment support services



6

All of this information is coming from the SUD Waivers Special Terms and Conditions, Community Integration Services begins on page 84. Here's the link:

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/SUDWaiver/STCs-040821.pdf>

- i. 1. Individual has a behavioral health need, which is defined as a substance use need, where an assessment using the American Society of Addiction Medicine (ASAM) Criteria (or equivalent assessment) would indicate that the individual would meet at least ASAM level 1.0, indicating the need for outpatient Substance Use Disorder (SUD) treatment.

AND

Is homeless or at risk of homelessness, is in an emergency shelter or transitional housing, is fleeing domestic violence or another dangerous situation related to violence, is an individual living with children and unaccompanied youth unstable housed. (*Unstably housed is defined here as having not had a lease or ownership interest in a housing unit in 60 or more days, has had 2 or more moves in the last 60 days, and is likely to continue in such a state.*) Has a history of frequent or lengthy stays in an institutional setting or residential setting. Frequent being more than one time in the last 12 months, and lengthy

being at least 28 or more consecutive days. Has a history of frequent ED visits or Hospitalizations. History of involvement with the criminal justice system, defined as an individual confined to a prison, jail, halfway house, boot camp, weekend program, and other justice involved facilities in which an individual is locked up overnight for at least 24 hours, in the past 12 months. History of frequent moves or loss of housing as a result of Substance use disorder such as lapsed rent payments due to SUD related residential treatment or hospitalization. (*frequent here is defined as more than once in the past 6 months*)

OR

2. The individual has at least one or more of the following risk factors and is expected to benefit from CIS:

More than one instance of inpatient or outpatient SUD service in the past two years. At risk of deterioration of mental illness and/or SUD, including one or more of the following:

Persistent or chronic risk factors such as social isolation due to a lack of family or social supports, poverty, criminal justice involvement, or homelessness.

The individuals substance use disorder care multiple provider types, including behavioral health, primary care, long-term services and supports, or other supportive services. The individual has past psychiatric history, with ongoing treatment and supports necessary to ensure functional improvement. The individual has experience dysfunction in role performance, including one or more of the following:

- 1) SUD disrupts employment or schooling, or put employment at risk of termination or schooling suspension.
- 2) The individual has experience a history of multiple terminations from work or suspensions/expulsions from school.
- 3) The individual Cannot succeed in a structured work or school setting without additional support or accommodations.

OR

- a. **3. The individual has at least one or more of the following risk factors and is expected to benefit from employment support services:**
 - a. Unable to be gainfully employed for at least 90 consecutive days in the past 12 months due to a mental or physical impairment.
 - b. Unable to obtain or maintain employment resulting from age, physical/sensory disability, or moderate to severe brain injury.
 - c. More than one instance of inpatient or outpatient SUD service in the past

two years.

d. At risk of deterioration of mental illness and/or SUD, including one or more of the following: 1) Persistent or chronic risk factors such as social isolation due to a lack of family or social supports, poverty, criminal justice involvement, or homelessness. 2) Care for mental illness or SUD requires multiple provider types, including behavioral health, primary care, long-term services and supports, or other supportive services. 3). Past psychiatric history, with ongoing treatment and supports necessary to ensure functional improvement. 4) Dysfunction in role performance, including one or more of the following:

1) Behaviors that disrupt employment or schooling, or put employment at risk of termination or schooling suspension. 2) A history of multiple terminations from work or suspensions/expulsions from school. 3) Cannot succeed in a structured work or school setting without additional support or accommodations. 4) Performance significantly below expectation for cognitive/developmental level.

Housing Supports

- Two Options:
 - Individual Housing and Pre-Tenancy Services
 - Individual Housing and Tenancy Sustaining Services



7

Housing supports services are meant to increase the success of a person transitioning out of an IMD setting back to their community, to live in an independent setting and should be tailored to each individual's goals that will maintain their personal health and welfare in that home and community based setting. These support services fall under two options: Individual Housing and Pre-Tenancy Services, and Individual Housing and Tenancy Sustaining services.

Individual Housing and Pre-Tenancy Services include items such as:

Conducting an assessment to identify the individual's preferences for housing, such as if they want a roommate

or to live alone, what accommodations they may need, and other preference. Supporting them in budgeting for housing/living expenses, and providing education on budget basics if needed. Helping individuals find and apply for housing, including filling out applications and obtaining and submitting documents. Assisting in completing reasonable accommodation requests needed to obtain housing. Helping them create an individualized housing support plan that identifies short and long-term goals, how they'll achieve the goals, and how barriers to the goals will be addressed. Supporting them in identifying and securing the resources needed to obtain housing, as well as assisting in arranging for and supporting move-in activities.

Individual Housing and Tenancy Sustaining Services include items such as:

Working with individual to assist their individualized housing support plan on a regular basis, including at redetermination/revision plan meetings, to ensure it reflects their current needs and preferences, and continue to address existing or recurring housing retention barriers. Assist them with securing and maintaining entitlements and benefits, including rental assistance, which are necessary to their housing stability. Helping them secure supports to preserve their

independent living. Working on-going with them to ensure that linkages are established and the services are addressing their community integration needs. Providing supports to assist in the development of independent living skills needed to remain in their independent setting, such as skills coaching on maintaining a healthy environment, developing and maintaining a budget, pro-social interactions with neighbors and roommates, and how to utilize local transportation. Support the individual in communicating with landlords or property, and providing training to assist the individual in complying with their lease. Reduce the risk of eviction by providing services that are targeted towards resolving disputes with landlords and neighbors, and linking the individual with community resources to prevent eviction if needed. Early identification and intervention for actions or behaviors that jeopardize housing. Assisting with modification to improve accessibility, such as ramps and rails, and safety, such as grip bars in bathtubs, when needed to ensure the individuals health and when the modification is not covered by another entity as required by law.

Housing Supports

- What's not included?
 - Rent or Room & Board costs
 - Capital costs for development or modification of housing
 - Utilities or other regular occurring bills
 - Goods/Services for leisure or recreation
 - Services to people in corrections institution or an institution of mental disease (other than services that meet the exception to the IMD exclusion)



Employment Supports

- Pre-Employment Services (Individual and small group)
- Employment Sustaining Services (individual and small group)
- What's not included?



9

Employment support services are meant to assist the individual in obtaining and maintaining their employment in the community. Employment services are broken down into 2 categories, Pre-Employment Services, and Employment Sustaining Services, both of which may be done individually or in a small group.

Some of the Pre-Employment Services may include:

Pre-vocational/job-related discovery or assessment, Assessment of workplace readiness such as people skills and technology knowledge, person driven employment planning, career coaching, such as resume coaching and interview coaching, soft skill training, like interpersonal skills, customer service, answering the phone and workplace culture, assisting them in finding volunteer work and paid internships, job preparation training such as coaching on appropriate hygiene and attire, timeliness, and communication, training the individual to improve executive function skills, like sustaining attention, increasing organization, and task prioritization, behavior medication to increase emotional maturity, and to develop alternative coping mechanisms for adverse behaviors such as substance use, and assisting the individual in coordination with other care provider to address

behavioral needs that are impacting the individuals ability to secure and maintain their employment.

Some of the Employment Sustaining Services may include:

Job coaching (including situational assessments), support in negotiation with employers, benefits education and planning, financial and health literacy, transportation provided either as a separate transportation service to employment services or to the individuals job, or included in the rate paid to the provider of employment services, payment for public transportation to support the individuals ability to participate in work/community engagement and to gain access to community services, activities and resources, account credits for cost-effective private forms of transportation, such as a taxi or ride share, in areas without access to public transit in order to enable individuals to participate in work/community

engagement and access services and resources, and assisting the individual with linking them to high quality child care and after-school programs, and programs that increase the adults' capacity to participate in work or community engagement activities.

Employment Services

- What's not included?
 - 1. Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service.
 - 2. Employment support for individuals in sub-minimum wage, or sheltered workshop settings.
 - 3. Facility-based habilitation or personal care services.
 - 4. Wage or wage enhancements for individuals.
 - 5. Duplicative services from other state or federal programs.
 - 6. Medicaid funds to defray the expenses associated with starting up or operating a business.



10

Services Not Included in the Employment Supports Benefit:

1. Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service.
2. Employment support for individuals in sub-minimum wage, or sheltered workshop settings.
3. Facility-based habilitation or personal care services.
4. Wage or wage enhancements for individuals.
5. Duplicative services from other state or federal programs.
6. Medicaid funds to defray the expenses associated with starting up or operating a business.

only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and only when the person is unable to meet such expense or when the services cannot be obtained from other sources.

At this time, this will be done through a reimbursement model with OHA, though we are continuing to look into what other options may be available to support this. We will be engaging in larger conversations and listening sessions related to this better understand the impact this will have on our providers and communities, and in what ways we can implement it to increase the success of this service while reducing the burden on providers.

