
Oregon Health Plan 1115 Waiver Implementation 2022 - 2027

April 4, 2023



Today's Topics

- Overview of the 2022-2027 1115 Medicaid Demonstration Waiver and funding
- Waiver Implementation Update
- Community Engagement & Health Equity Implementation Strategies
- Questions

1115 Waiver Overview and Funding

Overarching Waiver Goal: *Advance Health Equity*

To achieve this, our policy framework breaks down the drivers of health inequities into actionable sub-goals:



Ensuring people can maintain their health coverage



Improving health outcomes by addressing health related social needs



Ensuring smart, flexible spending for health-related social needs and health equity



Creating a more equitable, culturally- and linguistically-responsive health care system

Waiver Requests Approved & Outstanding

CMS approved several groundbreaking initiatives in Oregon's 2022 – 2027 1115 waiver demonstration renewal. The state is continuing negotiations with CMS on outstanding items and moving ahead on the design and implementation of items that were approved.

Items Approved September 28, 2022¹

- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Designated State Health Programs (DSHP)
- Continuous Eligibility (CE) for adults and children
- Youth with Special Health Care Needs (YSHCN)
- Health-Related Social Needs (HRSN) Services:
 - Housing supports
 - Nutrition supports
 - Case management
 - Climate supports
- HRSN Infrastructure

Items for Continued CMS Negotiation

- In-reach services for individuals involved in the justice system and at the Oregon State Hospital
- For American Indian/Alaska Native beneficiaries converting the Special Diabetes Program for Indians (SDPI) to a Medicaid benefit, and receiving reimbursement for tribal-based practices (*negotiation timeline has not been provided*)
- Community Investment Collaboratives (*on hold until 2024*)

Carceral Negotiations status

On February 23rd, CMS met with remaining States that have submitted 1115 Medicaid demonstration waiver requests related to coverage in carceral settings.

CMS proposed a two-phase approach that will facilitate conclusion of open waiver requests that can align with the first phase in 2023-2024.

A timeframe for conclusion of open waiver requests could not be provided by CMS for states that do not participate in the two-phase option.

Carceral Negotiations status (cont.)

The National Association of Medicaid Directors (NAMMD) will work in conjunction with states and Manatt consulting to identify the common threads throughout waiver requests that align with California's approved waiver and the forthcoming CMS guidance.

A joint state proposal will go through the federal clearance process as one request that applies to all participating states.

Once the federal clearance process is completed, each state will develop a set of standard terms and conditions (STC) with CMS, using California's STCs as the template.

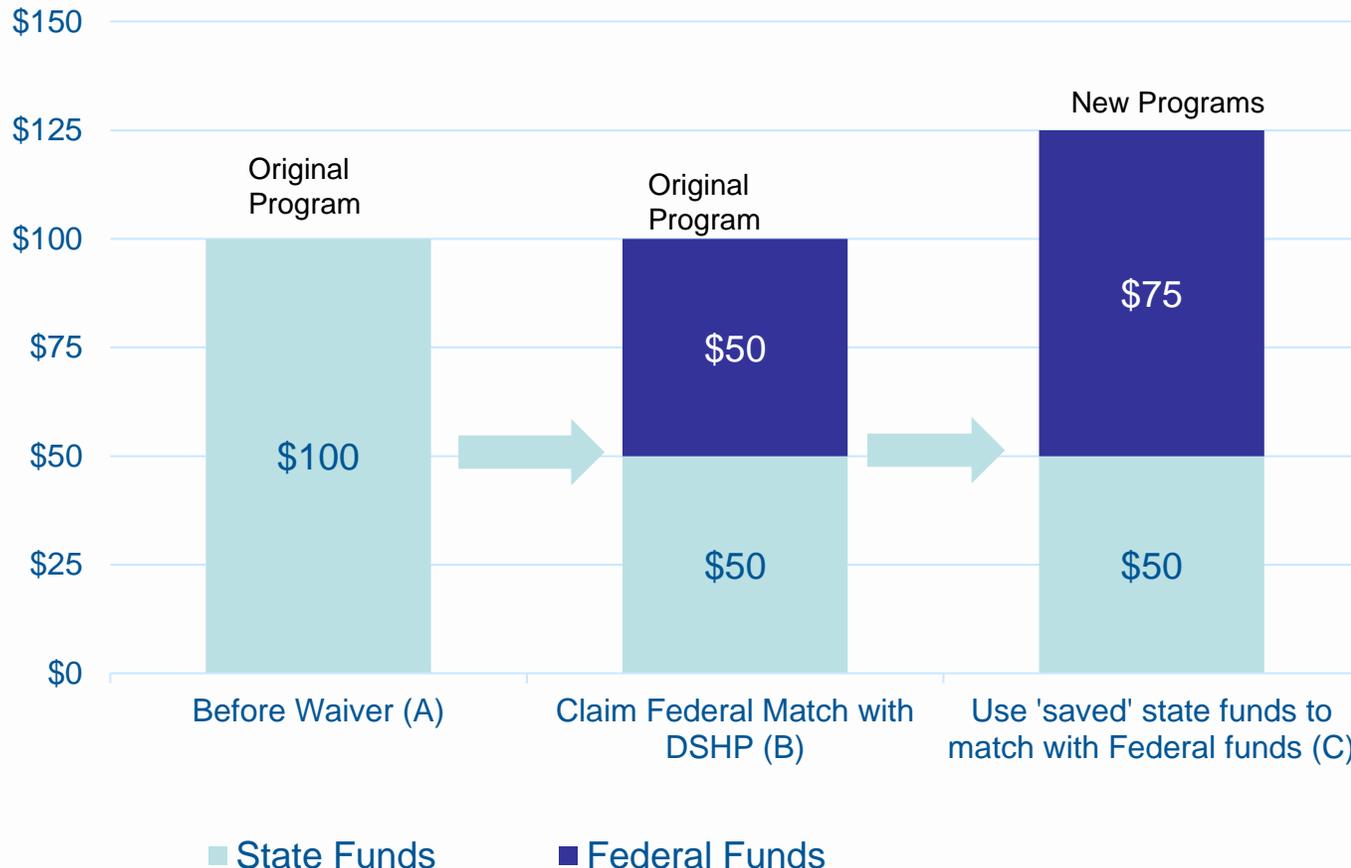
Waiver Funding

New Federal Funding through Designated State Health Programs:

- Oregon received authority for \$268 million DSHP federal buy out for the five years of the demonstration. The buy-out allows federal matching funds for a state-funded Designated State Health Program that “free up” state funding to support YSHCN coverage and HRSN services and related infrastructure investments.
- The “freed up” state funding will result in \$1.2 billion across the demonstration, which includes a state contribution of \$88 million during the last year of the demonstration. Therefore, the total in federal funds are \$1.1 billion for the demonstration.

Designated State Health Programs (DSHP) Overview & Example

DSHP allows for states to ask for federal funding for “Medicaid like” services that are not usually Medicaid eligible



DSHP Program Example with \$100

- **Before Waiver (A):** Original program is funded by 100% state funds.
- **Claim Federal Match with DSHP (B):** Claim match on current state-only funded programs. The original program remains the same level of total funds. New federal match results in state fund savings.
- **Use 'saved' state funds to match with Federal funds (C):** Invest state fund savings in Targeted Investments with Federal match.

DSHP is critical to launch of HRSN program

DSHP funding is critical to the launch of the HRSN program. However, OHA must consider the ideal, post-waiver future state as part of initial program design.

- While Oregon received authority to spend \$1.1B on HRSN, the state is subject to an annual cap on spending on HRSN due to budget neutrality
- More than \$900M of the HRSN DSHP budget must go to actual HRSN service delivery for eligible Medicaid members (i.e., not capacity building, infrastructure funding, or grant-like spending). Details about eligibility, specific services, billing must be approved by CMS through HRSN services protocols.
- OHA is required to establish specific eligibility criteria within the transition groups for who can receive specific services
 - The eligibility criteria should be sustainable to support the transition of HRSN services from waiver services to a full suite of benefits for Medicaid members for the long term
 - OHA will consider the post-waiver period when DSHP is no longer available, and the state is responsible for the non-federal share of spending on services
- In many cases, HRSN services are intended to “fill gaps” for existing HUD, SNAP and other social services that cannot be supplanted

1115 Waiver Implementation Update

Post-Approval Deliverables Due to CMS

The state must submit deliverables to CMS as detailed in the STCs. Some of the deliverables are standard and the state has experience completing them for previous demonstrations; other deliverables are new based on policies approved in this demonstration.

CMS Deliverables for <u>New Waiver</u> Elements	Due Date
Maintenance of Effort <i>Submitted</i>	12/27/2022
Oregon Provider Payment Rate Increase Assessment – Attestation Table <i>Submitted</i>	12/31/2022
DSHP List <i>Submitted</i> ✓	1/30/2023
DSHP Claiming Protocol <i>Submitted</i> ✓	2/24/2023
Protocol for HRSN Infrastructure ✓	Due date not specified in STCs
Protocol for HRSN Services ✓	Due date not specified in STCs
New Initiatives Implementation Plan	6/28/2023
DSHP Sustainability Plan	12/31/2025
Prioritized List Phase-Out Plan	6/30/2026

✓ = Federal Medicaid match contingent on this deliverable

Standard CMS Deliverables	Due Date
MLR Monitoring and Oversight Plan	4/1/2023
Post Award Forum	4/1/2023 Annually thereafter
Monitoring Protocol	5/17/2023
Evaluation Design	6/28/2023
Interim Evaluation Report	9/30/2026
CMS-64 Expenditure Reports	5/30/2023 Quarterly thereafter
Quarterly Monitoring Reports	5/30/2023 Quarterly thereafter
Annual Monitoring Reports & State Quality Strategy	10/1/2023 Annually thereafter
Close-Out Report	1/28/2028
Summative Evaluation Report	3/30/2029

See Appendix for details on all deliverable requirements



Overview of Upcoming CMS Deliverables

CMS requires OHA to submit post-approval deliverables related to new initiatives. While there is no set due date for the HRSN Protocols, OHA should prioritize development of the HRSN Infrastructure Protocol because it will need HRSN infrastructure in place before it can launch the HRSN services on January 1, 2024.

Priority 1

HRSN Infrastructure Protocol

Required content: How infrastructure funding will be used, types of entities that will be eligible for funding, and funding amounts

Timing and match considerations: No official due date, although OHA cannot obtain federal Medicaid match for HRSN infrastructure until protocol is approved; once approved, match is retrospective to September 28, 2022

Priority 2

HRSN Services Protocol

Required content: Eligibility for services, service definitions, provider qualifications, and care management of HRSN services

Timing and match considerations: No official due date, although OHA cannot obtain federal Medicaid match for HRSN services until protocol is approved; once approved, match is retrospective to September 28, 2022

Priority 3

New Initiatives Implementation Plan

Required content: Data sharing and HIT related to HRSN services; partnerships in implementing HRSN services; plan for improving percentage of Medicaid beneficiaries enrolled in SNAP, WIC, and TANF; Plan for tracking and increasing eligibility and enrollment in SNAP, WIC, TANF, and housing assistance programs; Description of beneficiary residency verification and contact information updating processes; Plan to finalize information on eligibility criteria for YSHCN; Information on payment rate methodology; Information on a plan for putting into place arrangements with other entities to ensure beneficiaries can obtain non-Medicaid funding and housing/nutrition support; Implementation timeline.

Timing: Due on June 28, 2023

Waiver Implementation Timing

The elements of the waiver will phase in over the five years of the demonstration. One of the state's primary goals is to begin rolling out HRSN services in 2024. All dates below reflect end points; significant pre-work is needed to meet each deadline.

2023

- **EPSDT** (live 1/1)
- **HRSN Implementation** planning and related **CMS deliverables** (HRSN Infrastructure and Services protocol*)
- **Continuous Enrollment** (children live 4/1, adults live 7/1)
- **New Initiatives Implementation Plan**
- Begin claiming **DSHPs***
- **Community engagement** begins and continues for the duration of the demonstration

2025

All HRSN Services provided, including nutrition services

2027

- **Prioritized List** phased out of waiver and into state plan amendment (SPA) (1/1)

2024

- proposed Phased roll out of **HRSN Services** beginning with housing services (1/1) and climate services (6/1)
- **YSHCN** eligibility criteria for individuals with high needs, including serious mental illness, and complex chronic conditions (2024 or later)
- Work begins to transition **Prioritized List** to state plan

2026

- **YSHCN** eligibility criteria for individuals with two non-complex chronic conditions roll out

Terminology Key

EPSDT: Early & Periodic Screening, Diagnostic and Treatment

HRSN: Health-Related Social Needs

DSHP: Designated State Health Programs

YSHCN: Youth with Special Health Care Needs

4* requires CMS approval to receive federal funds

Waiver Implementation Process and Work to Date for Elements Other Than HRSN

To date, OHA has been working on DSHP, EPSDT, YSHCN, and Continuous Enrollment, in addition to HRSN.

DSHP

Work to Date

- Detailed program review is complete
- DSHP list submitted to CMS
- DHSP claiming protocol submitted to CMS

Upcoming Work

- Development of DSHP onboarding materials is in progress
- Pending approval from CMS on DSHP list and claiming protocol
- Submission to CMS of Infrastructure Protocol

EPSDT

Work to Date

- As of January 1, 2023, began covering all EPSDT services
- Developed, and continuing to roll out communications and guidance to OHP members, CCOs, Tribes, providers and numerous partners
- Change request for MMIS (to suspend claims for historically non-covered services) in testing and expected to be implemented by end of Q1 2023

Upcoming Work

- Regular check-ins with CCOs regarding implementation
- Continued education for OHP providers
- Additional messaging supports for OHP members and their families
- Updating EPSDT OARs and State Plan Amendment (current definitions are sufficient to meet Federal EPSDT requirements)
- Updating Oregon's definitions of Medical Necessity and Medical Appropriateness
- Ongoing monitoring and development of quality assurance and quality improvement plans

¹Additional detail on the New Initiatives Implementation Plan available on slide 5

Waiver Implementation Process and Work to Date for Elements Other Than HRSN

To date, OHA has been working on DSHP, EPSDT, YSHCN, and Continuous Enrollment, in addition to HRSN.

Continuous Enrollment

Work to Date

- Continuous enrollment until age 6 will begin April 1, 2023 at the beginning of the PHE unwind. At this time, as children below age 6 are redetermined and deemed eligible for the Oregon Health Plan, they will begin continuous enrollment until their 6th birthday
- Two-year continuous enrollment for youth from age 6 to age 18 will begin April 1, 2023 at the beginning of the PHE unwind. At this time, as these youth are redetermined and deemed eligible for the Oregon Health Plan, they will begin 2-year continuous eligibility
- Two-year continuous enrollment for adults will begin July 1, 2023. At this time, as adults are redetermined during the PHE unwind and deemed eligible for the Oregon Health Plan, they will begin 2-year continuous eligibility. Any adults deemed eligible from the start of the unwind on April 1, 2023 to July 1, 2023 will be retroactively placed on two-year continuous enrollment beginning July 2023.

YSHCN

Work to Date

- Cost estimates are being further refined (Mercer engaged)
- Requested two full time staff via the POP

Upcoming Work

- Determining operational questions, including how to track expenditures and updates to MMIS and ONE system
- Working to convene clinician advisors to review YSHCN criteria for Behavioral Health conditions; engaging community and clinicians to evaluate screening tool and developing and implementing a claims data mining effort to identify eligible youth
- Developing and operationalizing a screening tool for in person enrollment; ensuring cultural and linguistic appropriateness of screener
- Developing content for the New Initiatives Implementation Plan¹
- Developing a communications and roll out plan

¹Additional detail on the New Initiatives Implementation Plan available on slide 5

HRSN Implementation

With the renewal of the Oregon Health Plan (OHP) demonstration, the Oregon Health Authority (OHA) obtained approval to obtain Medicaid reimbursement for a suite of services addressing health-related social needs (HRSN).

Housing Supports

- Rent/temporary housing for up to 6 months
- Utility costs
- Pre-tenancy and tenancy sustaining services
- Housing transition navigation services
- One-time transition and moving costs
- Housing deposits to secure housing
- Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators and refrigerators
- Medically necessary home accessibility modifications

Nutrition Supports

- Nutrition counseling and education
- Medically-tailored meals, up to 3 meals a day for up to 6 months
- Meals or pantry stocking for children under 21, youth with special health care needs (YSHCN), and pregnant individuals, up to 3 meals a day for up to 6 months
- Fruit and vegetable prescriptions for up to 6 months

Case Management

- Case management, outreach, and education including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees

HRSN Benefit Design Framework

Objective: Successfully implement waiver-approved HRSN Services in 2024.

Values: Designing and implementing HRSN services is person-centered, community-based, and promotes health equity:

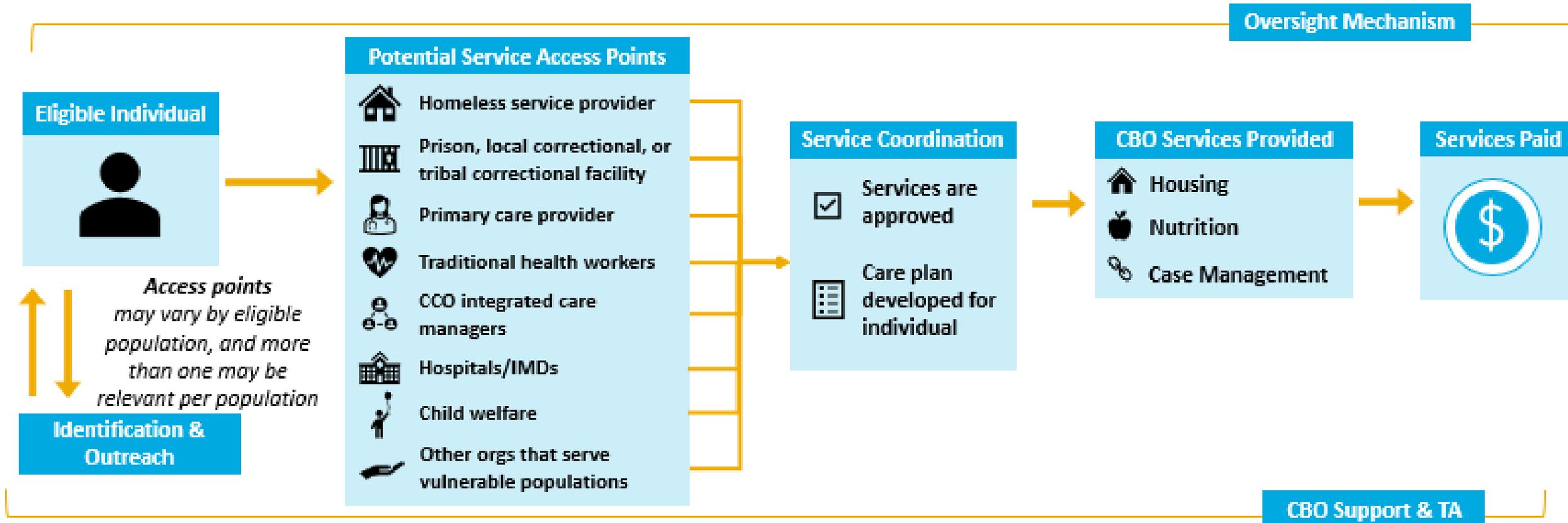
- Members' access to services is easy, efficient, seamless, and culturally appropriate, with no wrong door
- Delivery of services is simple for providers
- CBOs that are already doing the work are lifted
- Services are rolled out as quickly and smoothly as possible

HRSN Benefit Design Framework

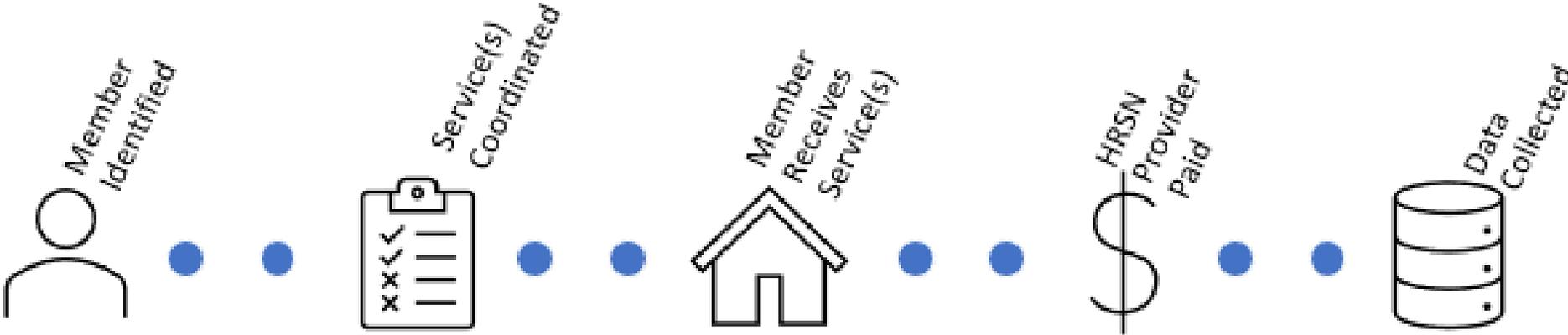
Key assumptions:

1. Waiver-approved HRSN services will be accessible to both CCO and FFS members, be coordinated by CCOs and CBOs with systems that are able to support billing and data exchange and enough providers contracted and able to perform the work beginning Jan 1, 2024 (Housing and nutrition supports rolled out over time)
2. Partner agencies, community, and external partner feedback is needed to define the right expectations for equitably administering the benefits
3. For the benefits to be equitable and accessible, members and providers must share a common understanding of who is qualified to receive them and when
4. Waiver-approved services must integrate with existing programs, IT platforms, transition processes, and provider networks to accomplish the goals

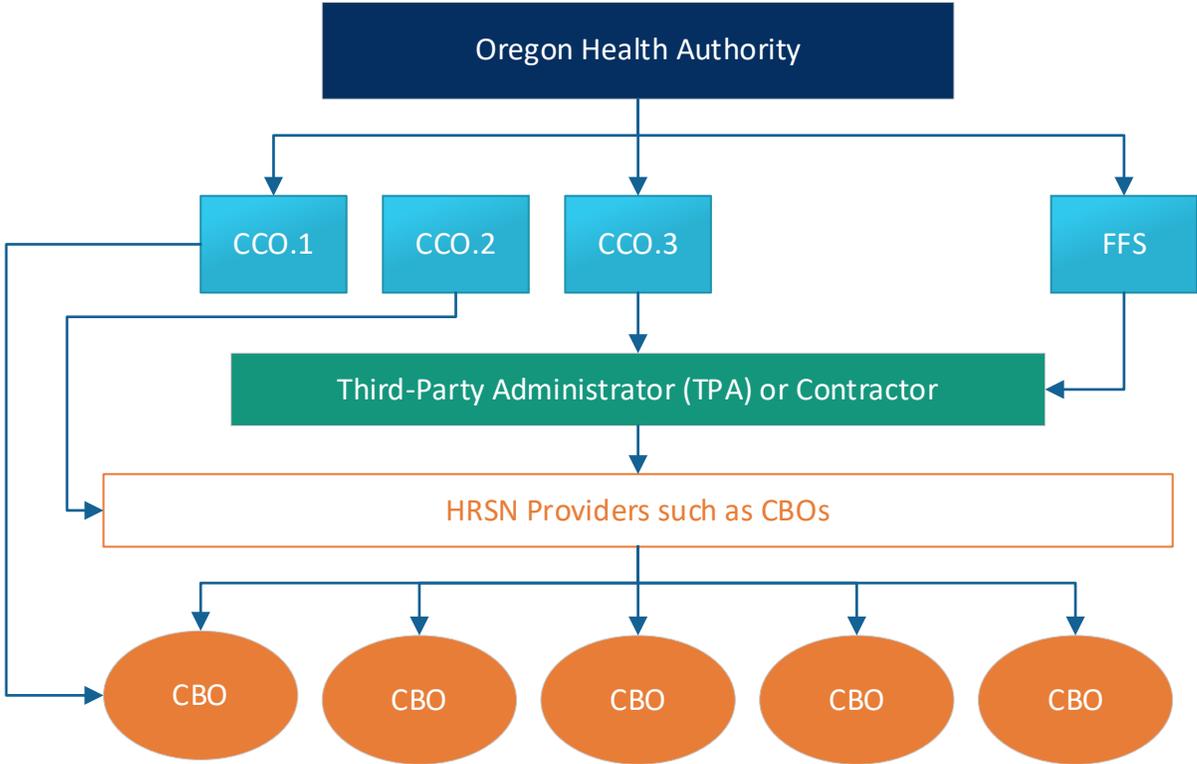
HRSN Design and Implementation



Key Technical Components



Potential HRSN Implementation Pathways



HRSN Implementation Status

HRSN

Work to Date

- Key design questions gathered
- Created interagency workstreams to address key design areas and benefit design
- Identified **Housing Supports** as the priority HRSN benefit and proposed rollout sequence by transition population
- Exploring system needs and options for HRSN service eligibility and billing
- Established OHA will use non-risk payments for 2024 for HRSN services

Upcoming Work

- Addressing key design questions and proposed 2024 CCO Contract changes
- Convening workgroups to advise on technical and community engagement decisions
- Continued HRSN rate discussions
- Developing a communications and roll out plan

HRSN Workstreams

To address the design and implementation of HRSN initiatives, seven workstreams comprised of 6 – 20 subject experts from OHA, ODHS, and Manatt have been launched:

1. HRSN Eligibility Screening and Referral
2. Patient Access and Service Coordination
3. Community Based Organizations
4. Community Information Exchange
5. HRSN Data, Systems, and Technology
6. HRSN Payment
7. HRSN Infrastructure

Each workstream will meet weekly to address key design questions, identify decision points, barriers, and opportunities for community engagement

Community Engagement & Health Equity Strategies

Community Engagement

OHA to launch / participate in various engagement forums

- External Partner Waiver Operations Advisory Workgroup
- Waiver Implementation Community Advisory Group
- Community presentations and feedback
- Additional engagement opportunities being explored

Additionally, OHA will be in consultation with tribal governments on their preferred levels of engagement which may include monthly meetings and formal tribal consultation.

Waiver Operations Advisory Group

Focus on recommendations for OHA decisions that must be made in 2023 to launch in 2024

Weekly meetings to examine the types of operational questions from the various workstreams

Perspectives from county and regional structures, population focus, culturally and linguistically specific, geography, urban/rural, lived experience

- 3-4 CCO staff
- 3-4 Housing service/supports providers
- 2-3 Medicaid partners
- 2-3 ODHS partners
- 1 FFS Provider
- 1 CIE partner
- 1-2 Justice Involved partners
- Tribal participation dependent on input from Tribal Affairs/Tribes

Waiver Implementation Community Advisory Group

Objective: Establish long-term partnership to engage community in waiver implementation and monitoring

- Prioritize lived experience and diversity of perspectives across Oregon

Will weigh in on topics such as:

- Initial HRSN rollout
- Continued access to and delivery of services
- External communications needs and opportunities

Broad Community Engagement – “Road Show”

Messaging for general audiences and tailored to existing groups

Webinars on a scheduled & consistent basis

- Option: first Wednesday of the month, starting April
- English and Spanish

Leverage credibility and relationships (e.g., CPOP, OHCS) to collaborate on how to best share info via their networks

Engage entities working directly with fee-for-service individuals and organizations that serve them

Health Equity Implementation Strategies

- Active discussions with Equity and Inclusion Division manager, Strategic Action Team (SAT) manager and HSD community engagement manager to identify best spaces for staff to engage and participate in the workstreams and planning over the coming year.
- Partnership across multiple divisions to support and collaborate on community engagement plans and efforts.
- Longer term effort to utilize the *Health Equity Impact Assessment* tools will be developed.

Questions?

Thank you!

Updates and information:

oregon.gov/1115waiverrenewal

Reach out to us anytime:

1115waiver.renewal@odhsoha.oregon.gov

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

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