

Changes made to Oregon's 1115(a) Waiver Renewal Application

This document describes changes made to Oregon's 1115(a) Waiver renewal between the draft application published for public comment (posted Dec 7, 2021) and the final application submitted to CMS (Feb 18, 2022). Changes are organized by policy area and the sections of the application where relevant changes were made is listed.

Policy area
■ <i>Maximizing Coverage through the Oregon Health Plan</i>
■ <i>Improving Health Outcomes by Streamlining Life and Coverage Transitions</i>
■ <i>Value-Based Global Budget</i>
■ <i>Incentivizing Equitable Care</i>
■ <i>Focused Equity Investments</i>
■ <i>Other policy areas</i>

Application changes (February 2022)

Maximizing Coverage Through the Oregon Health Plan	
Description of Change	Application Sections
Through discussions with CMS, OHA has determined that the 1115 waiver is not the appropriate pathway for the expedited enrollment through SNAP policy at this time and is removing it from the waiver application.	Section I. Program Description Section II. Waiver and Expenditure Authorities
Improving Health Outcomes by Streamlining Life and Coverage Transitions	
Description of Change	Application Sections
<u>Youth with Special Health Care Needs (YSHCN)</u> <ul style="list-style-type: none"> Clarified the benefit increase in vision and dental that accompanies the increased income level eligibility for this population. Updated to reflect the decision to be less restrictive of conditions for eligibility for the transitional benefit package designed for YSHCN. 	Section III. Eligibility Section IV. Benefits and Cost Sharing
<u>Traditional Health Workers</u> Based on community input and the need to remove barriers to timely peer-delivered services (PDS), OHA is requesting authority for PDS to be delivered without clinical oversight or supervision outside of a treatment plan.	Section I. Program Description Section IV. Benefits and Cost Sharing
<u>Juvenile Justice System</u> Based on feedback from local and state agency government partners, including extensive conversations with the Oregon Youth Authority (OYA), OHA will be modifying the waiver proposal for youth in OYA closed-custody correctional settings to request limited Medicaid eligibility for CCO enrollment limited to the transition services benefit package.	Section I. Program Description Section III. Eligibility Section VI. Finance and Budget Neutrality

<p>The benefit package request for youth in local juvenile detention facilities will remain unchanged. Specific additional changes are below:</p> <ul style="list-style-type: none"> • Updated to include both OYA corrections and county juvenile and articulate the differences • Updated to address benefit coverage for adults in OYA physical custody while under DOC legal jurisdiction in a consistent manner 	
<p><u>Justice System and Tribal Jails</u> Per request of the Tribes in the Tribal Consultation and Urban Indian Confer, added language clarifying that the same policies for local and county jails would apply to Tribal jails.</p>	<p>Section I. Program Description Section III. Eligibility Section IV. Benefits and Cost Sharing</p>
<p><u>Extreme Climate Events</u> Based on public comment and per request of the Tribes in the Tribal Consultation and Urban Indian Confer, OHA is adding a request for broadband or other internet supports to help adults and children to access important services, such as education or health care, as part of the Social Determinants of Health Transition services package for extreme climate events.</p>	<p>Section I. Program Description Section IV. Benefits and Cost Sharing</p>
<p><u>Psychiatric Residential Treatment Services (PRTS) Capacity for Child Welfare</u> Reduced the level of detail in Section I and moved full detail to Section V.</p>	<p>Section I. Program Description Section V. Delivery System and Payment Rates</p>
<h2>Value Based Population Payment</h2>	
<p>Description of Change</p>	<p>Application Sections</p>
<p>Based on feedback received during public comment, OHA is removing its request for a closed formulary from the final application.</p>	<p>Section I. Program Description Section IV. Benefits and Cost Sharing</p>
<p>Based on feedback received during public comment, OHA is requesting approval from CMS to allow the exclusion of accelerated approval drugs with limited or inadequate evidence of clinical efficacy. This proposal has been modified to address concerns brought up in public comment. Oregon seeks approval to limit the coverage of drugs approved through the accelerated pathway, under narrow circumstances. Under this proposal, Oregon would utilize the timelines set out in the FDA approval letter and review confirmation of benefit data in peer reviewed literature or clinicaltrials.gov. Applying the FDA-developed guidance and timetables ensures a universal standard, with clinically feasibility and drug sponsor agreement.</p>	<p>Section IV. Benefits and Cost Sharing</p>
<h2>Incentivizing Equitable Care</h2>	
<p>Description of Change</p>	<p>Application Sections</p>
<p>Changed the number of upstream metrics from 3-5 to up to 6 to ensure adequate space to focus on multiple areas of health equity. The number</p>	<p>Section I. Program Description Section V. Delivery System and Payment Rates</p>

of metrics has been carefully considered to ensure that equity can be adequately focused on without overburdening providers.	
Added that the proposed Health Equity Quality Metrics Committee (HEQMC) will have a representative from the Behavioral Health Committee. The Behavioral Health Committee is a committee of the Oregon Health Policy Board whose purpose is to increase the quality of behavioral health services and transform Oregon's behavioral health system through improved outcomes, metrics, and incentives.	Section I. Program Description Section V. Delivery System and Payment Rates
Focused Equity Investments	
Description of Change	Application Sections
OHA clarified the application to highlight the intent of the regional Community Investment Collaboratives (CICs) is to shift more power and resources to existing, community-led entities.	Section I. Program Description
OHA clarified the request for the 3% of CCO spending as directed by HB 3353 to be counted as a medical expense.	Section II. Waiver and Expenditure Authorities
Other Topics	
Description of Change	Application Sections
Oregon will not seek a renewal of the longstanding waiver around Early Preventive Screening, Diagnosis, and Treatment (EPSDT) for children. The decision comes in the wake of clear feedback from the community, advocates, children's service organizations, and other interested parties. Oregon will continue to base OHP benefits on the Prioritized List of Health Services, however, the State will arrange for, and make available to children, all medically necessary services that are required for treatment of conditions identified as part of an EPSDT screening.	Section I. Program Description Section II. Waiver and Expenditure Authorities
Oregon will not be seeking to renew the waiver that permits the denial of retroactive coverage.	Section II. Waiver and Expenditure Authorities

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