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# 1115 Waiver Implementation Update

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# Today's Topics

- Medicaid and Medicaid 1115 Waiver Basics
- Focus on HRSN, Housing benefit
  - Timeline, funding, goals
- Community Engagement
- Questions

# What is Medicaid and the Oregon Health Plan (OHP)?

- Medicaid is a joint federal and state program that is administered by each state
- Enacted in 1965 as companion legislation to Medicare
- The Oregon Health Plan (OHP) is Oregon's Medicaid Program
- 1/3 of Oregonians receive their health care via OHP



# What is a Waiver?

**Waivers specify ways that the state Medicaid program will operate differently than what is outlined in the Code of Federal Regulations (CFR).**

- OHP operates under the 1115 Demonstration Waiver authority
- Oregon also has other waivers that target certain populations or services

**States typically seek waivers to:**

- Provide different kinds of services
- Provide Medicaid services to new groups
- Target certain services to new groups
- Test new service delivery models

# 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 implementation – Approval Authorities

Items Approved September 28, 2022

- 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 for transitional populations:**
  - **Housing Supports**
  - Nutrition Supports
  - Case Management
  - Climate Supports

# What HRSN means for OHP members



- **Currently:** limited supports for housing, food and climate.
- **Under the new waiver,** these social supports will be a covered benefit in OHP for people certain transitions will have social supports available.

# Overall 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 goals; significant pre-work is needed to meet each deadline.

## 2023

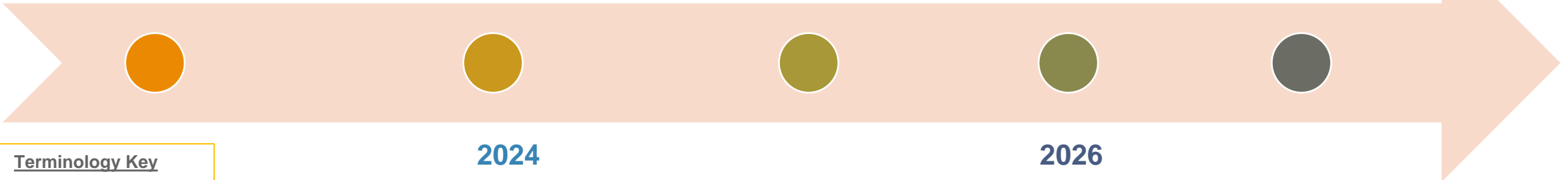
- **EPSDT** (live 1/1)
- **HRSN Implementation** planning and related **CMS deliverables** (HRSN Infrastructure and Services protocol\*)
- **Continuous Enrollment** (children live 4/1, adults live 7/1)
- **New Initiatives Implementation Plan**
- Begin claiming **DSHPs**\*
- **Community engagement** begins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

## 2025

- All HRSN Services provided
- **YSHCN** eligibility criteria for individuals with high needs, including serious mental illness, and complex chronic conditions

## 2027

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



### 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

## 2024

- Proposed phased roll out of **HRSN Services** beginning (1/1 Climate; 7/1 Phasing of Housing/Nutrition)
- Work begins to transition **Prioritized List** to state plan

## 2026

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

\* requires CMS approval to receive federal funds



# HRSN Implementation Status – Target Timeline

HRSN implementation will implement in phases and expand over time – starting with a meaningful and measurable plan that is scalable.

- HRSN Climate Benefit: January 2024
- Housing and Nutrition Services: July 2024 begin phase-in statewide

# New Federal Funding - 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. **The total federal funds are \$1.1 billion for the demonstration.**
- *Update: Infrastructure Protocol has been submitted to CMS and is pending approval. Approved protocol permits state to draw down \$119M in infrastructure funding.*

# Transition populations eligible for HRSN services

- Individuals who are homeless or at risk of becoming homeless;
- Adults and youth discharged from an IMD;
- Adults and youth released from incarceration;
- Youth involved in the child welfare system, including youth transitioning out;
- Individuals transitioning from Medicaid-only to dual eligibility status;
- Youth with Special Health Care Needs; and,
- Individuals with a high-risk clinical need who reside in a region that is experiencing extreme weather events.



# HRSN Services for transition populations

## Housing Supports

- Rent/temporary housing for up to 6 months
- Utility costs
- Pre-tenancy and tenancy sustaining services
- Case management, outreach, and education including linkages to other state and federal benefits
- Housing transition navigation services
- One-time transition and moving costs
- Housing deposits to secure housing
- 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

## Climate Change

- Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators and refrigerators

*\* CMS expects that any new HRSN initiative will supplement, not supplant, existing Federal, State, and Local services or programs*

# Collaboration Among State Agencies

- Waiver presents a significant opportunity to improve health outcomes and reduce overall cost of care for members served through the demonstration through the expanded provision of housing services in Oregon
- OHA, OHCS, and ODHS staff are coordinating closely in the development of the housing benefit with daily communication
- Cross agency efforts to create alignment with existing housing services while preventing duplication and strengthening community relationships



# Housing goals

- OHCS shares deep commitment to improving health equity outcomes by increasing housing stability
- Waiver meaningfully contributes to achieving the Governor's housing/homelessness and behavioral health agendas and priorities.
  - Governor Kotek has proposed investments of \$246.2M to prevent and reduce homelessness in 2023-25 in addition to \$180.38M invested via HB 5019.
- OHCS homeless prevention and response programs have expanded greatly in the last few biennia; our work must continue alongside Waiver implementation.



# Partner Engagement

## *Key Audiences for Upcoming Engagement, Feedback and Dialogue*

- **OHP Members:** People who interact with the systems and processes we design and who are impacted by the quality of services and ease of use
- **Direct Care Providers and Coordinators:** People who interact with OHP Members
- **Contract-Holding Partners:** CCOs, Kepro, Care Oregon, Comagine, third party contractors
- **Organizational Users of Systems:** Housing Service Providers, Medical Providers, Social Service Access Points
- **Tribes of Oregon**

# Questions?