AGENDA

PUBLIC HEALTH ADVISORY BOARD

January 12, 2023, 3:00-5:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1614044266?pwd=ekpYekxaMm92SHN0dngzTW9ZeldsUT09

Meeting ID: 161 404 4266
Passcode: 938425
One tap mobile
+16692545252,,1614044266#

Meeting objectives:

- Approve December meeting minutes
- Discuss PHAB subcommittees
- Discuss prioritization for public health modernization funding in the 2023-25 biennium
- Discuss 1115 Medicaid waiver

3:00-3:15 pm	**Welcome, board updates, shared agreements, agenda review** • Welcome, board member introductions and icebreaker (name, pronouns, board role, one hope you have for 2023) • Welcome new PHAB member • Share group agreements and the Health Equity Review Policy and Procedure • Identify volunteers to update the Health Equity Review Policy and Procedure and equity capacity building priorities for PHAB • Share OHA and legislative updates • ACTION: Approve December meeting minutes	Veronica Irvin, PHAB Chair

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3:15-3:30 pm	**Subcommittee updates** • Hear updates from Accountability Metrics subcommittee • Hear updates from the Strategic Data Plan subcommittee	TBD, Accountability Metrics Subcommittee TBD, Strategic Data Plan Subcommittee
3:30-4:20 pm	**Public health modernization investment prioritization update** • Provide recommendations and priorities for scaling the public health modernization investment	Marie Boman-Davis, PHAB Workgroup member
4:20-4:30 pm	**Break**	
4:30-5:00 pm	**1115 Medicaid Waiver, 2022-2027** • Learn about overarching goals, authorities and funding • Discuss connections and opportunities for Oregon's public health system	Lori Coyner, OHA Senior Medicaid Policy Advisor
5:00-5:10 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:10-5:20 pm	**Next meeting agenda items and adjourn** • Discuss priorities for 2023 PHAB work plan	Veronica Irvin, PHAB Chair

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- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

Public Health Advisory Board meeting minutes
December 8, 2022, 3:00-5:30 pm

Attendance

Board members present: Rachael Banks, Mike Baker, Carrie Brogoitti, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Meghan Chancey, Sarah Present, Erica Sandoval, Jeanne Savage, Nic Powers, Dean Sidelinger, Ryan Petteway, Jawad Khan

Board members absent: Jocelyn Warren

PHAB subcommittee members present: Kat Mastrangelo, Rosemarie Hemmings

OHA Staff: Charina Walker, Sara Beaudrault, Tamby Moore, Cara Biddlecom, Victoria Demchak

Welcome and introductions

- PHAB members, subcommittee members and staff introduced themselves.
- PHAB members acknowledged and expressed appreciation for Carrie as her PHAB membership ends.
- PHAB members voted to approve the November meeting minutes. All in agreement.

PHAB membership discussion

- Workgroup, including Bob, Erica, Kelle, Mike and Sarah, met on 12/2 to make recommendations.
- From here the recommended changes would need to be included in a bill by a member of the legislature. OHPB chairs are supportive of these changes.
- Bob stated workgroup recommendations to add four new members:

    - Two members representing CBOs, one rural and one urban
    - One position for early learning/K-12
    - One seat for an expert in health equity
- Cara reviewed responses to the questions included in PHAB's health equity review policy and procedure.
- The motion to expand membership as listed above past with no additional discussion.
- OHA will work to identify a path to getting these changes introduced in the 2023 legislative session.

Subcommittee updates

- No update from Accountability Metrics subcommittee
- Strategic Data Plan Subcommittee is meeting later in December
    - Previous meeting raised questions about role and authority of this group.
    - OHA staff are meeting individually with subcommittee members to plan for 2023.

COVID-19 After Action Report

- PHAB members heard a presentation from the Rede Group, who was awarded a contract from OHA to conduct an independent third party study of Oregon's response to the COVID-19 public health response. This study was required through the passage of SB 1554 (2022). The contract was awarded through a competitive request for proposal process.
- The Rede Group presented on the findings and recommendations from the first of three reports due to the legislature, which was submitted November 15, 2022. Recommendations were provided for public health system resources, health equity, emergency management and coordination, and enforcement of public health mandates.
- Sarah asked about Reports 2 and 3, will there be additional data collection? Jill from Rede Group responded that as much information was collected up front but some additional data will need to be collected, including for schools.
- Ryan noted the time constraints and that it is important to keep in mind that information is partial and situated and may not represent the truth. Has there been an objective assessment of what the state did or did not do related to health equity? He noted as an example that the first

prioritization for vaccines was for adults 65 and older, 93 percent of whom are white, even though evidence showed that people of color had more severe complications and were dying at higher rates.

Public health modernization investment prioritization

- A workgroup of PHAB members, LPHA administrators and members of the CBO Advisory Board met on 12/5 and 12/6 to begin discussing recommendations for public health modernization priorities at different funding amounts.
- Mike provided an update from the first two meetings and noted that this group will meet two more times before the January PHAB meeting.
- Veronica asked what the current funding levels are. Cara replied that Oregon currently receives $60.6 million for public health modernization, and the workgroup discussions are about new funding that would be in addition to the current funding. Cara also stated that OHA staff have made sure recommendations from the SB 1554 COVID public health study recommendations are included in the modernization priorities, as requested by the workgroup.
- Cara reviewed the workgroup documents.
- Sarah asked about the consistency of public health messaging and unified command. Should coordination work in emergency responses be prioritized at lower funding levels in order to provide consistent public health messaging?
- Bob agreed and asked whether each funding level has been priced out.
- Sarah asked about prioritizing disease investigation staff instead of public health staffing more broadly. Sarah also asked about laboratory services; is this capacity for the state lab or is it broader?
- Ryan appreciated seeing community-led data as a focus. He asked about the focus on disease investigation specialists. Ryan asked what is meant by building community capacity in terms of community engagement. Is this about opportunities for communities to be more closely connected to public health or about funding more positions within health departments? Community outreach and engagement should not be conflated with antiracism work, which requires shifting power and resources into communities. Ryan would like to see the workforce section include engaging high schoolers in public health careers. Related to community-led

data initiatives, it will be important to think about how to facilitate accessible data storage that can be encrypted and used, development and use of apps, and other technological infrastructure solutions.

- Veronica asked about the item under chronic disease related to community health improvement plans and whether LPHAs would be able to use funds to implement CHIPs.
- Ryan said that chronic disease prevention requires working with other sectors and should not be only the responsibility of public health. He recommended adding in cross sector partnerships and policy.
- Questions and comments provided by PHAB will go back to the workgroup for discussion.

January meeting agenda items

- Final recommendations from PHAB public health modernization funding workgroup
- Medicaid 1115 Waiver
- Jeanne requested agenda topics that come from the charter and the work PHAB has identified wanting to do.
- Future agenda items to include development of 2023 PHAB work plan and review and update to Health Equity Review Policy and Procedure.

Public comment

Adjourn

- Meeting adjourned at 5:05 pm.
- The next Public Health Advisory Board meeting will be held on January 12, 2023 from 3:00-5:30 pm.

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PHAB Group agreements

Developed by the PHAB Accountability Metrics subcommittee

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

PHAB Public Health Modernization Funding Workgroup

Table 1: Public health system priorities

This table was compiled based on 12/16 PHAB Workgroup discussion. Tribal information which is based on each individual Tribe and NARA's determinations about public health needs identified in Tribal PH Modernization Assessments, was added by OHA staff.

	$50 million	$100 million	$150 million	$200 million
Public health workforce development and retention	Develop statewide public health workforce plan Retain and slightly increase LPHA and tribal workforce and related training to support new staff Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities Ensure state capacity to administer grants and contracts, and monitor and evaluate the impact of funds Support culturally-responsive training and technical assistance for tribal public health staff.	**Everything at $50 million, plus** Limited implementation of strategies from statewide public health workforce plan Increase state, tribal and local workforce capacity for climate and environmental health initiatives Expansion in number of funded CBOs and program areas, to include chronic disease prevention, access to preventive health services and upstream interventions that address social and structural determinants of health. Expand efforts to recruit and hire bilingual and bicultural staff into the governmental and community-based public health workforce Increase tribal public health staff capacity to support basic public health infrastructure.	**Everything at $100 million, plus** Implement strategies to develop a pipeline for a future public health workforce - Increase engagement in high schools and career ready programs to promote careers in public health - Increase partnerships with colleges and universities Increase system-wide recruitment efforts Significantly increase tribal PH workforce and infrastructure.	**Everything at $150 million, plus** Expand public health training, including Certified Health Interpreter and Community Health Worker training and certification

	$50 million	$100 million	$150 million	$200 million
Equity initiatives	Develop public health system equity plan to eliminate health inequities by ensuring state investments are directed upstream and address inequities in BIPOC and rural communities. Increase language access and culturally relevant communications	**Everything at $50 million, plus** Increase culturally-specific services across foundational program areas and social and structural determinants of health - Hire and retain bilingual and bicultural staff - Increase language access and culturally relevant communications - Implement culturally specific strategies across the state	**Everything at $100 million, plus** Broad expansion in culturally specific services across programs and populations	**Everything at $150 million**
Responding to public health threats	Sustain current capacity to respond to emerging threats, including minimal increase in number of emergency response coordinators Ensure consistency in public health messaging during public health emergencies Some Tribes will review and implement processes to support increased community preparedness before, during and after emergencies	**Everything at $50 million, plus** Incorporate equity specialists into public health emergency response structures - Hire and retain bilingual and bicultural staff for emergency response efforts - Co-create public health materials with communities More Tribes will use funds for increased overall tribal community preparedness.	**Everything at $100 million, plus** Unified command structures that ensure coordination across branches of government System-wide capacity to respond to multiple simultaneous events	**Everything at $150 million**
Communicable disease control and prevention	Sustain current communicable disease interventions within local and tribal jurisdictions	**Everything at $50 million, plus**	**Everything at $100 million, plus**	**Everything at $150 million**

	$50 million	$100 million	$150 million	$200 million
	- Ensure culturally relevant interventions - Sustain limited number of regional all hazard epidemiologists - Sustain local and tribal emerging communicable disease positions and expertise	Increase local and tribal disease-specific prevention initiatives Expand laboratory services, including rapid testing and other critical services	Increase local, tribal and statewide prevention initiatives, including those that address risk factors across multiple disease areas.	
Climate adaptation	**No additional investment for LPHAs, CBOs and OHA** Northwest Portland Area Indian Health Board (NPAIHB) will collaborate with all Oregon Tribes to complete community environmental health (EH) assessments NPAIHB will continue to support or provide technical assistance to Oregon Tribes for EH regulatory work.	**Everything at $50 million, plus** Implement local tribal and community-driven climate adaptation strategies	**Everything at $100 million, plus** Expand local and statewide climate adaptation strategies, including through expanded partnerships Expand use of GIS and other technologies that are necessary for enhanced public health interventions for climate threats	**Everything at $150 million**
Community-led data initiatives	**No additional investment for LPHAs, CBOs and OHA** Limited support for tribal-specific data hub developed and implemented by NPAIHB	**No additional investment for LPHAs, CBOs and OHA** Full support for tribal-specific data hub	Minimal interventions to engage historically marginalized communities in relevant and timely data collection Increased tribal epidemiology capacity within Tribes.	**Everything at $150 million, plus** Increased investment and interventions for community-led culturally and linguistically relevant data collection and use
Reproductive health provider network	Minimal investments to enhance access to care in medically underserved regions of the state	Increased investments at approximately one-third of estimated need	Increased investments at approximately one-half of estimated need	Increased investments at approximately two-thirds of estimated need

	$50 million	$100 million	$150 million	$200 million
Chronic disease prevention	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	Minimal implementation of strategies to reduce chronic disease Minimal implementation of cross sector policy initiatives that support health
Access to preventive health services	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**
Broad implementation across public health programs	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**

Table 2: Level of implementation of public health system priorities

$50 million	No addl. implementation	Minimal implementation	Moderate implementation	Significant implementation
Public health workforce development and retention		✓		
Equity initiatives		✓		
Responding to public health threats			✓	
Communicable disease control and prevention		✓		
Climate adaptation	✓			
Community-led data initiatives	✓			
Reproductive health provider network		✓		
Chronic disease prevention	✓			
Access to preventive health services	✓			
Broad implementation across public health programs	✓			

$200 million	No addl. implementation	Minimal implementation	Moderate implementation	Significant implementation
Public health workforce development and retention				✓
Equity initiatives				✓
Responding to public health threats				✓
Communicable disease control and prevention				✓
Climate adaptation			✓	
Community-led data initiatives			✓	
Reproductive health provider network			✓	
Chronic disease prevention		✓		
Access to preventive health services	✓			
Broad implementation across public health programs	✓			

Tables 3-6: Organization type and core roles for system-wide strategies and priorities

These tables are for discussion purposes only to show ways in which each organization type contributes to public health system priorities

Table 3 System-wide core activities and priorities: $50 million additional investment	**LPHAs**	**Tribes/ NARA**	**CBOs** Public health programs and community-led data systems	**OHA** Includes funding to RH providers
Public health workforce development and retention				
• Develop a statewide public health workforce plan ready for implementation	X		X	X
• Retain a local and tribal workforce to meet geographic and culturally specific priorities	X	X		
• Ensure state capacity to administer grants and contracts, and monitor and evaluate use of funds				X
• Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities			X	X
• Provide culturally-responsive training and technical assistance for tribal public health staff.		X		
Equity initiatives				
• Develop public health system equity plan that will eliminate health inequities by ensuring state investments are directed upstream and addressing inequities in BIPOC and rural communities.	X		X	X
• Increase language access and culturally relevant communication	X		X	X
• Limited funding to increase culturally-specific services.	X		X	X
Respond to public health threats				
• Sustain current capacity to respond to emerging threats	X	X	X	X
• Ensure consistency in public health messaging during public health emergencies	X	X	X	X
• Increase capacity for preparedness coordinators	X	X		
Communicable disease control and prevention				
• Sustain current localized communicable disease interventions	X	X	X	X
• Ensure culturally relevant interventions	X	X	X	X
• Sustain limited number of regional all hazard epidemiologists				X
• Sustain local, emerging communicable disease positions and expertise	X			
Climate adaptation				

• Northwest Portland Area Indian Health Board (NPAIHB) will collaborate with all Oregon Tribes to complete community environmental health (EH) assessment		X		
• NPAIHB will continue to support or provide technical assistance to Oregon Tribes for EH regulatory work.		X		
Community led data systems				
• Limited support for tribal-specific data hub developed and implemented by NPAIHB				
Reproductive health provider network				
• Enhance access to reproductive health care in medically underserved regions of the state.				X

Table 4 System-wide core activities and priorities: $100 million	**LPHAs**	**Tribes/ NARA**	**CBOs** Public health programs and community-led data systems	**OHA** Includes funding to RH providers
Public health workforce development and retention				
• Fund the implementation of strategies from statewide public health workforce plan	X	X	X	X
• Increase state and local public health workforce for climate and environmental health initiatives	X			X
• Expansion in number of funded CBOs and program areas			X	
• Expand efforts to recruit and hire bilingual and bicultural staff into the governmental and community-based public health workforce	X		X	X
• Increase tribal public health staff capacity to support basic public health infrastructure.		X		
Equity initiatives				
• Implement culturally-specific strategies across the state	X	X	X	X
• Increase language access and culturally relevant communications	X		X	X
• Expand community input on implementing public health programs and services, including emergency preparedness and response	X		X	X
Respond to public health threats				
• Incorporate equity specialists into public health emergency response structures	X			X
• Hire and retain state and local bilingual and bicultural staff to support regional emergency response efforts.	X			X
• Co-create public health materials with community	X		X	X
• More Tribes will use funds for increased overall tribal community preparedness.		X		
Communicable disease control and prevention				
• Expand laboratory services, including rapid testing and other critical services				X
• Sustain current localized communicable disease interventions	X	X	X	
• Expand partnerships for CD prevention and ensure culturally relevant interventions	X	X	X	X
Climate adaptation				
• Implement local and community-led climate adaptation strategies	X	X	X	X
• Co-create climate resilience communications	X		X	X
Community led data systems				

• Full support for tribal-specific data hub for Oregon Tribes		X		
Reproductive health provider network				
• Build up the reproductive health care workforce				X
• Ensure the sustainability of care through adequate reimbursement rates.				X

Table 5 System-wide core activities and priorities: $150 million	**LPHAs**	**Tribes/ NARA**	**CBOs** Public health programs and community-led data systems	**OHA** Includes funding to RH providers
Public health workforce development and retention				
• Implement strategies to develop a pipeline for a future public health workforce	X		X	X
• Increase partnerships, such as with colleges and universities	X		X	X
• Increase outreach to high school students and others through career ready programs to promote careers in public health	X		X	X
• Increase system-wide recruitment efforts	X		X	X
• Significantly increase tribal PH workforce and infrastructure.		X		
Equity initiatives				
• Broad expansion in culturally specific services across programs and populations	X		X	X
Respond to public health threats				
• Implement unified command structures that ensure coordination across branches of government	X		X	X
• Ensure System-wide capacity to respond to multiple simultaneous events	X		X	X
Communicable disease control and prevention				
• Increase local and statewide prevention initiatives, including those that address risk factors across multiple disease areas.	X	X	X	X
Climate adaptation				
• Expand local and statewide climate adaptation strategies, including through expanded partnerships	X		X	X
• Expand work with CCOs and health system partners to support response to climate emergencies	X			X
• Expand cross-sector partnerships to support response to climate emergencies	X			X
• Expand use of GIS and other technologies to support better public health interventions for climate threats	X			X
Reproductive health provider network				
•				
Community led data systems				

• Minimal interventions and expanded partnerships to engage historically marginalized communities in relevant and timely data collection			X	
• Increased tribal epidemiology capacity within Tribes.		X		

Table 6 System-wide core activities and priorities: $200 million	**LPHAs**	**Tribes/ NARA**	**CBOs** Public health programs and community-led data systems	**OHA** Includes funding to RH providers
Public health workforce development and retention				
• Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff				X
Equity initiatives				
•				
Respond to public health threats				
•				
Communicable disease control and prevention				
•				
Climate adaptation				
•				
Reproductive health provider network				
•				
Community led data systems				
• Increased investment and interventions for community-led culturally and linguistically relevant data collection and use			X	
• Expanded funding to reach a broad range of communities			X	
Chronic disease prevention				
• Begin implementation of strategies to reduce chronic disease	X		X	X
• Expand partnerships with health systems to conduct community health assessments and develop and implement community health improvement plans. Some tribes develop and implement Tribal health assessments and improvement plans	X	X		X
• Expand health-supportive policies through Health in All Policies approaches	X			X
• Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention				X

PHAB Public Health Modernization Funding Workgroup

January 9 discussion and activity: Based on system-wide priorities and core work, make recommendations for allocations across organization type at each funding level.

Goal/intended outcome: Recommendations for funding allocations across organization type at each funding level

Two options for funding allocation recommendations:

Option 1: Recommend allocations that are proportional to what was included in the original POP at $286 million.

- Describe rationale for proportional allocations

Option 2: Make adjustments to proportional allocations.

- Describe rationale for adjustments to proportional allocations

1/9 PHAB Workgroup recommendations:

1. Recommend proportional allocations for the current funding deliverable.
2. Moving forward, PHAB should make recommendations to ensure future funding decisions center equitable funding distributions across the public health system.

Table 1: Allocations that are proportional to original $286 million POP

	$60.6 million (current base budget)	Investments in addition to the current base budget				
		$50 million*	$100 million*	$150 million	$200 million	$286 million
Local public health authorities (Approximately $10.2 million addl. investment will keep LPHAs funded at current AY23 levels as ARPA COVID-19 public health workforce funds expire; includes a limited pass-through to Multnomah County-Program Design & Evaluation Services for data and evaluation)	$33.4M	$17.8M	$35.6M	$52.6M	~~$70.2M~~ **$72.8M****	$100.3M
Community-based organizations (Approximately $6.2 million addl. investment will keep the current network of CBOs funded at AY23 funding levels for a full 24-month funding cycle)	$10M	$17.8M	$35.6M	$52.4M	~~$70M~~ **$72.6M****	$100M
Federally recognized Tribes (A portion of these funds will keep Tribes funded at current levels as federal Tribal Public Health Equity funds expire)	$4.4M	$5.3M	$10.6M	$15.7M	~~$21M~~ **$15.7M****	$30M
Oregon Health Authority (Includes staff to manage grants and contracts, and contract payments for professional services)	$12.8M	$7.4M	$14.7M	$22.1M	$29.5M	$42.1M
Reproductive health provider network	-	$1.7M	$3.5M	$5.2M	$7M	$10M
Community-based organizations Community-led data initiatives	-	-	-	$1.8M	$2.4M	$3.5M
Total investment	**$60.6 million**	**$50 million**	**$100 million**	**$150 million**	**$200 million**	**$286 million**

*Since community-led data initiatives are not prioritized at funding levels of $50 million or $100 million, the proportional funding for community-led data initiatives at these levels are equally reallocated to LPHAs, Tribes and CBOs.

**Since funding requested by Tribes at the $200 million level is less than a proportional allocation, OHA proposes that remaining funds have been equally allocated to LPHAs and CBOs.

1115 Medicaid Waiver Summary 2022-2027

January 12, 2023

Lori Coyner, Senior Policy Advisor

Oregon Health Authority

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

Oregon Health Authority

2022-2027 Waiver Authorities

Continuous enrollment for increased access to care and improved health outcomes

- Oregon will provide **continuous enrollment for children through age 6**, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility.

- OHP can provide **two-years of continuous enrollment for people age six and up** even if their eligibility status changes.*

*To begin when the continuous coverage requirement, authorized by the Families First Coronavirus Response Act, ends. Inclusion of this benefit in the Oregon Health Plan depends on required funding approvals.

Oregon Health Authority

2022-2027 Waiver Authorities

Health-related social needs (HRSN) benefits for individuals and families experiencing critical life transitions

Oregon will provide health-related social needs benefits – housing and nutrition services - to OHP members who are going through life transitions. These HRSN services will be Medicaid benefits.

- People who are experiencing homelessness or at risk of homelessness
- Youth with Special Health Care Needs up to age 26
- Youth who are child welfare involved
- Older adults who have both Medicaid and Medicare health insurance
- Adults and youth leaving justice involvement
- Adults leaving State Hospital

2022-2027 Waiver Authorities

Health-related social needs (HRSN) benefits related to extreme weather events

Oregon will provide devices – air conditioners, air filters, generators - to people with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy as declared by the federal government or the Governor of Oregon will be eligible for these supports.

2022-2027 Waiver Authorities - HRSN

- Rental assistance or temporary housing for up to 6 months
- Utility assistance for up to 6 months
- Home modifications
- Pre-tenancy and tenancy support services
- Housing-focused navigation and/or case manager

Housing

- Community-based food resources
- Nutrition and cooking education
- Fruit and vegetable prescriptions for up to 6 months, and healthy food boxes/meals
- Medically tailored meal delivery

Food

- Payment for devices that maintain healthy temperatures and clean air, including air conditioners, heaters, air filters and generators to operate devices when power outages occur

Climate

Oregon Health Authority

Health-Related Services (HRS) Flexible Services

compared to

Health-Related Social Needs (HRSN) Services

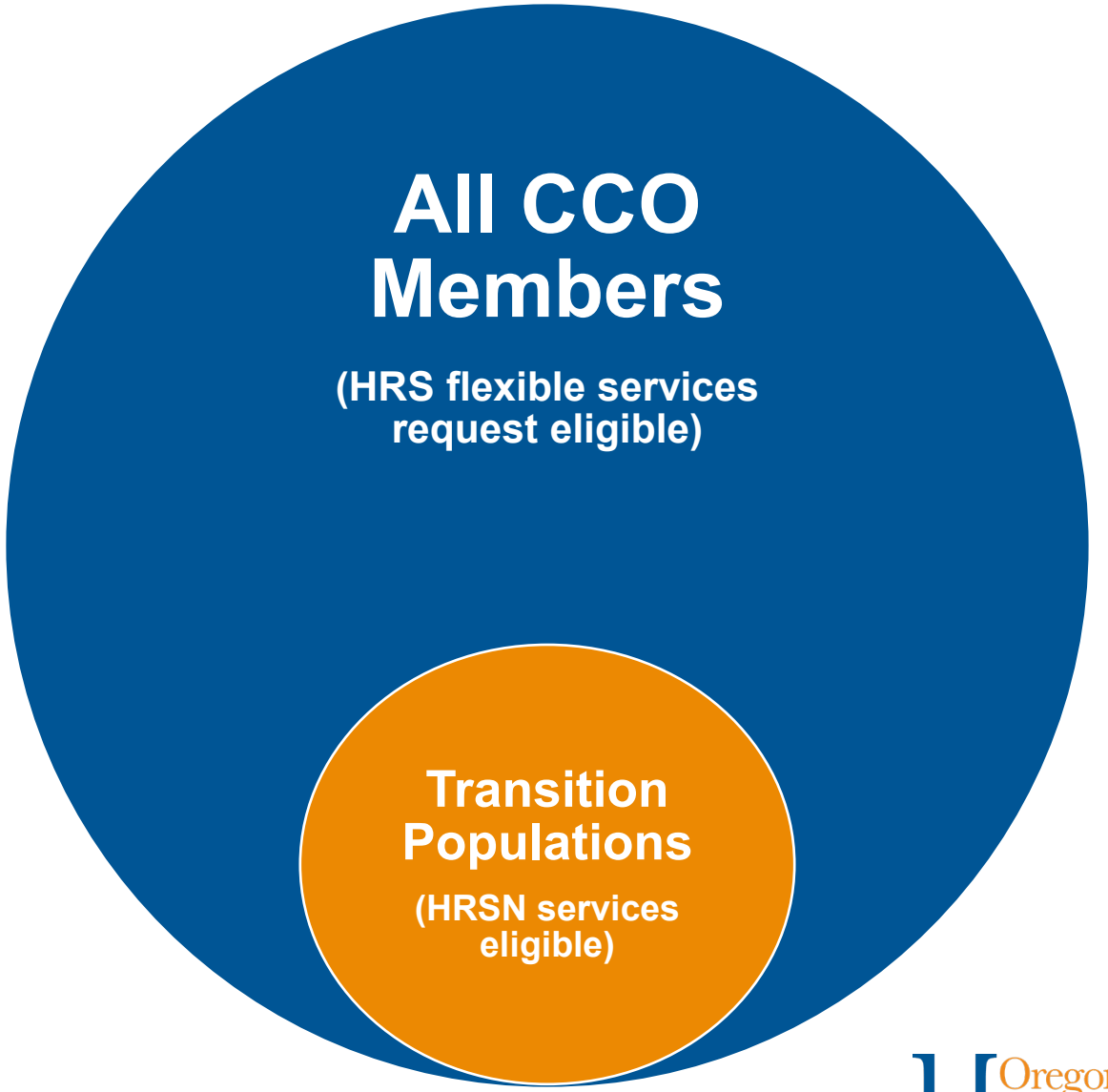


Image not representative of actual population sizes

Oregon Health Authority

2022-2027 Waiver Authorities

Comprehensive investments in Children's Health to Advance Health Equity

- Oregon will provide continuous enrollment for young children until they reach age six.
- OHP will include all Early Periodic Screening, Diagnosis, and Treatment (EPSDT) required services for children and youth to age 21.
- The Youth with Special Health Care Needs (YSHCN) eligibility criteria will allow these youth to have expanded benefits, including EPSDT, until age 26.
- Health-related social needs benefits will be available for YSHCN, children and youth who are welfare involved, and youth involved in criminal justice and their families.

Changes to the Prioritized List

- Oregon and CMS agree that the Prioritized List as it is currently used in Oregon's Medicaid program no longer requires waiver authority and that it is preferable to transition the Prioritized List to the State Plan.

- Given the nearly thirty-year history of the Prioritized List, the state will need to complete a detailed regulatory and operational review with the potential for meaningful changes in law, rules, or processes. Accordingly, the waiver of amount, scope and duration will terminate on January 1, 2027, to give the state sufficient time to make necessary changes.

What was not included in this waiver

- Rate-setting flexibilities for CCOs
- Pharmacy flexibilities
- Expediated Medicaid enrollment via the Supplemental Nutrition Assistance Program (SNAP)
- Employment and transportation HRSN benefits
- Covering peer-delivered behavioral health services outside a care plan (SPA)

Waiver Funding

- Designated State Health Programs Funding
- Legislative Concept

2022-2027 Waiver Authorities

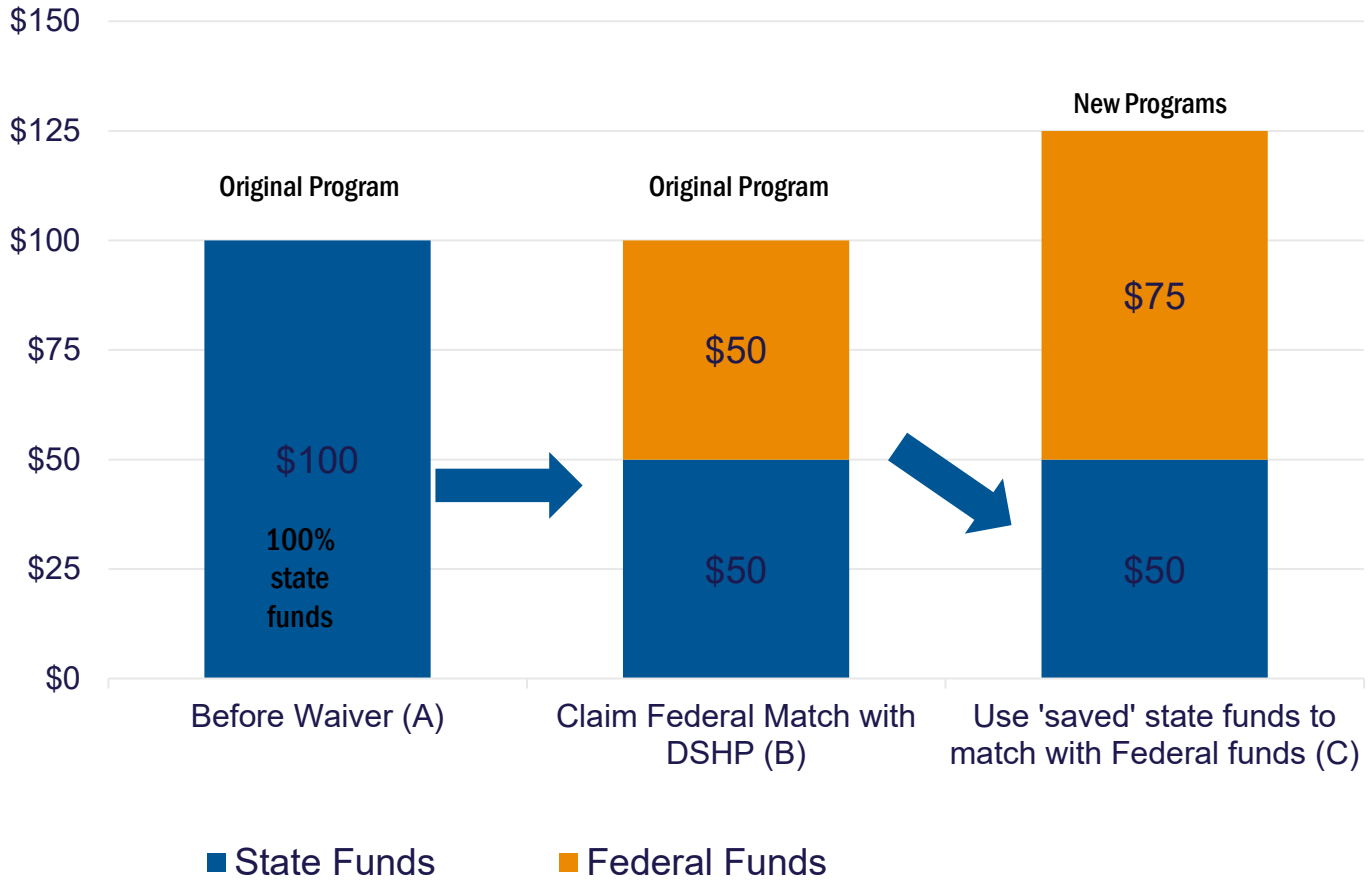
New Federal Funding through Designated State Health Programs: $1.1 billion

- 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 (DHSP)- Overview & Example

Waiver goal to maximize federal funding – DSHP is a CMS program used to accomplish this goal

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



$100 program example:

COLUMN A: Original program is funded by 100% state funds.

COLUMN 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.

COLUMN C: Invest state fund savings in Targeted Investments with Federal match.

2023 Legislative Concept

OHA submitted a placeholder legislative concept. Known changes needed for alignment with the proposed waiver include:

Implementing DSHP:

- **Goal**: Use funds freed up through DSHP to fund bundles of services addressing social determinants of health (SDOH) for populations undergoing a transition. Funds for SDOH service packages would flow through CCOs via a non-risk contract in the first three years of implementation and will be incorporated into CCO capitation in later years.
- **Statute Change**: OHA requires statutory authority for OHA to issue non-risk payments.

CCO Quality Incentive Program Committee:

- **Goal:** Revamp the committee overseeing the CCO Quality Incentive Program to equitably redistribute power.
- **Statute Change:** Change committee structure so those most affected by health inequities lead the CCO Quality Incentive Program. More seats for Oregon Health Plan (OHP) members, community members from diverse communities, individuals with lived experience of health inequities, health equity professionals and researchers.

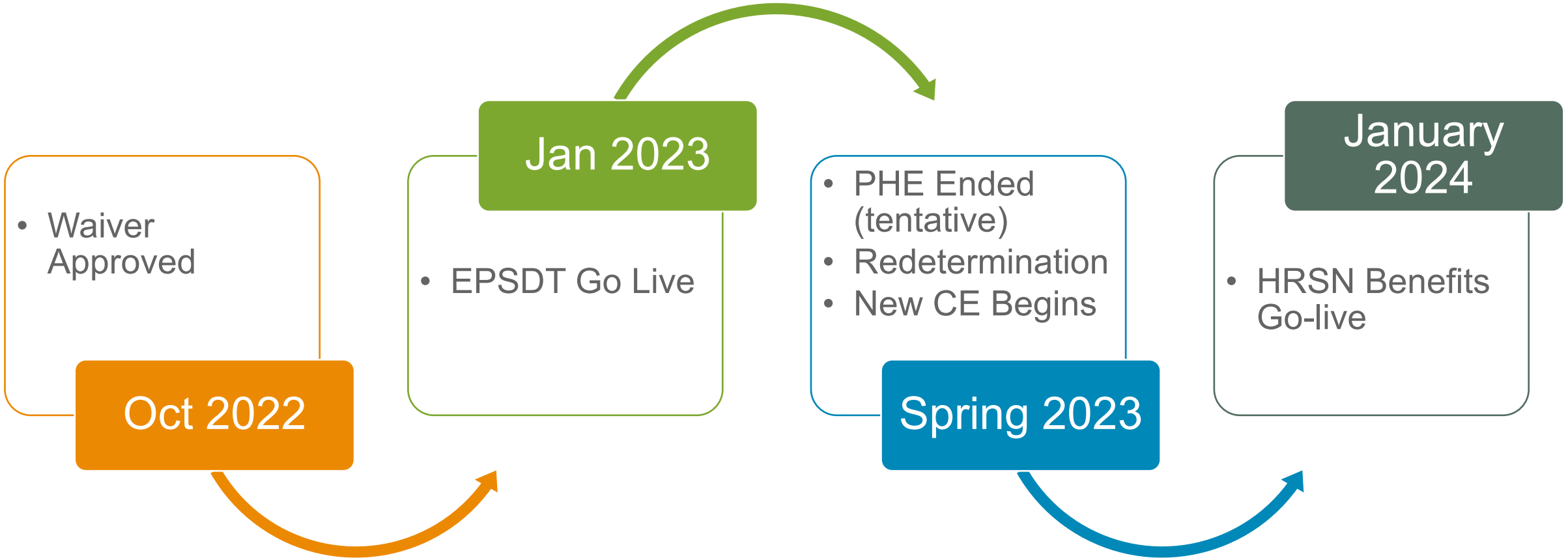
Next Steps and Timeline

Continued negotiations with CMS

These were not approved in September, but we are still talking to Center for Medicare and Medicaid Services about these topics:

- Tribal related requests
- OHP coverage before people leave custody (such as the jail or state hospital)
- Community Investment Collaboratives to fund local health equity efforts

Timeline for Implementation



Questions?

Thank you!

Updates and information:

oregon.gov/1115waiverrenewal

Reach out to us anytime:

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Oregon Health Authority