#### **Oregon's 1115 Medicaid Waiver**

## All Come Webinar

August 14, 2024





### **Zoom Meeting Tips**

#### This is an interactive meeting

If you'd like to ask a question or make a comment:

- Raise your hand
- Add it into the chat

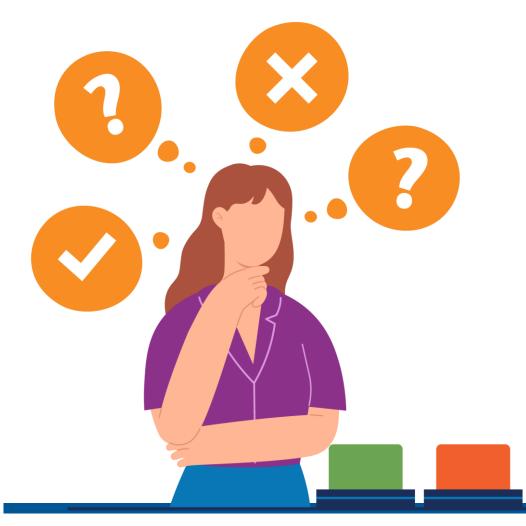
#### This webinar is being recorded

It will be shared on our OHA 1115 Waiver webpage after the presentation

#### For live captioning

- Click on the "cc" button located at the bottom of your screen
- Or click the link provided





## **Group Polls**

### Today's Agenda

- **1** 1115 Medicaid Waiver Background
- 2 Expanding Medicaid Services in Jails, Prisons, and Detention Facilities
- 3 Launch Plan for Housing and Expanded Outreach & Engagement Services
- 4 Rulemaking Update



### **1115 Medicaid Waiver Background**



### What is the Oregon Health Plan?

#### Medicaid

Medicaid is the nation's public health care program. In Oregon we call it the Oregon Health Plan (OHP).

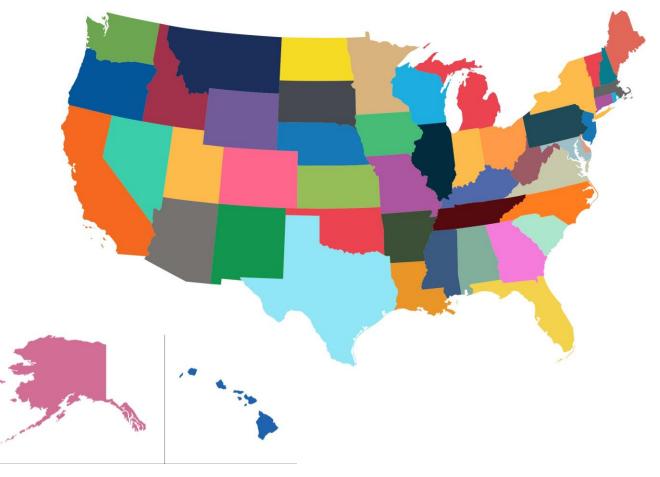
#### **Oregon Health Plan**

The Oregon Health Plan (OHP) is free health care coverage for low-income Oregonians from all walks of life. You can apply for OHP at any time during the year.



### What is a Medicaid Waiver?

- The federal government has rules states must follow to get Medicaid funding.
- States can ask **to change** their Medicaid rules. These changes are called a Medicaid waiver.



### **Oregon 1115 Waiver Key Changes**



#### Extended Oregon Health Plan (OHP) Eligibility and Benefits

The Waiver expands Medicaid coverage:

- Continuous OHP eligibility and enrollment for children up to age six\*†
- Two years of continuous enrollment for OHP members ages six and older\*†
- Coverage for health-related social needs (HRSN) supports including housing, nutrition and climate supports\*
- Coverage for young adults with special health care needs up to age 26\*
- Coverage for a limited set of services for people in a carceral setting 90-days prior to release

### **Expanding Medicaid Services in Jails, Prisons, and Detention Facilities**

#### **Offering Medicaid to People who are Incarcerated**

Limited expansion of Medicaid to incarcerated and formerly incarcerated people can increase positive health and social outcomes.

#### Current

Incarcerated / recently incarcerated people do not have Medicaid:

- Currently, incarcerated people lose Medicaid access due to federal law.
- Upon release from carceral facilities individuals experience a coverage gap.
- Gaps in coverage lead to difficulty in access to health care and vital services.

#### **Future**

Extending limited Medicaid eligibility in carceral settings will:

- Close a coverage gap.
- Create progress toward a healthier Oregon.
- Proactively reduce health equity gaps in Oregon.
- Reduce social and financial costs related to recidivism and other negative outcomes.

### Impact of Gaps in Coverage (1 of 2)

The health needs of people who are incarcerated are significant, unique, and inequitable.



Disproportionate adverse health outcomes

- **12.7** times mortality rate two weeks post release from prison.1
- **58%** of people in state prison and **63%** of people in jail meet the criteria for drug dependence or abuse.3
- **10x** more likely to overdose on opioids.4



Gaps in care exacerbate racial inequities

- 10% of incarcerated individuals in Oregon are Black, while Black individuals make up less than 2% of the state's total population.6
- 6x as many Black youth are incarcerated in Oregon as are white youth.7

### Impact of Gaps in Coverage (2 of 2)

The health needs of people who are incarcerated are significant, unique, and inequitable.



Social risk factors are exacerbated by incarceration

- **10x** homeless rates for formerly incarcerated people.
- **41%** of children in in Oregon's foster care system have at least one parent who is incarcerated.
- 70% of youth that exit foster care as adults are arrested at least once by age 26 nationally.



Preventable negative outcomes create significant costs

• Major cost expenditures are associated with incarceration, recidivism, overdose, and other related negative outcomes.

# Implementing Medicaid Expansion for people who are incarcerated

#### Two new expansion efforts

There are two efforts that are happening to support people who are incarcerated and on Medicaid (the Oregon Health Plan):

Federal Consolidated Appropriations Act (FCAA)
 Medicaid 1115 waiver (also known as "re-entry demonstration")

#### Federal Consolidated Appropriations Act (FCAA)

- Creates requirements to expand Medicaid coverage of some services to a subset of people who are or were formerly incarcerated.
- Who it's for: youth who are incarcerated.
- Is mandatory for all states.
- It requires that Medicaid enrollment be offered 30 days before release to:
  - Youth under age 21.
  - Former foster care youth up to age 26.
- It also includes certain Medicaid services like:
  - Targeted case management.
  - Medical, behavioral and dental screenings and diagnostic services.

#### Go-live is July 1, 2025

#### **1115 Reentry Demonstration Waiver (Medicaid)**

Builds on FCAA requirements and will provide a method for Carceral Facilities (CF) to build and pay for systems to offer new services.

- Adds that eligible youth and adults who are incarcerated must be offered Medicaid enrollment 90 days before release.
- Includes select Medicaid services such as medication assisted treatment (MAT), care coordination, and medication administration.
- Becomes effective January 1, 2026.
- Eligible CF must opt-in to participate.
- Offers capacity building funds to prepare facilities for implementation.

#### **Carceral Expansion Services**

#### 1115 Waiver

Family planning services

#### **FCAA**

#### \*Targeted Case Management\*

- Comprehensive needs assessments, development of a person-centered care plan, referrals and related activities, monitoring and follow-up activities, and TCM must continue for at least 30 days post-release.
- States must provide medical, behavioral, and dental screening and diagnostic services
- Screening services:
  - comprehensive health and developmental history, comprehensive unclothed physical examinations, appropriate vision and hearing testing, appropriate laboratory tests, and dental screening services.

#### Person centered care plan

#### **Behavioral & Physical Health**

- Behavioral health crisis & stabilization services
- \*Medication Assisted Treatment (MAT)\*
- Substance use disorder services

Diagnostic, treatment, & prevention services to stabilize common & communicable health conditions including:

- Hepatitis
  - /
- Blood pressureSTIs
- HIV Tuberculosis
- Diabetes

- Medication & Pharmacy
- \*Pharmacy-in-hand at release\*
- Pharmacy coverage
- Medication management

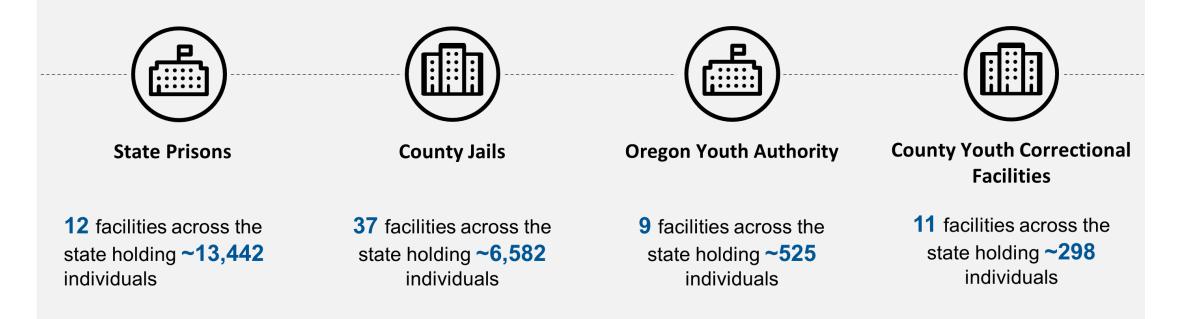
### How FCAA and 1115 Waiver Interact

		FCAA 2023 (H.R. 2617)	1115 Reentry Demonstration Waiver	
	Requirement & go-live date	Federally mandatory by State opt-in, January 1, 2026 July 1, 2025		
	Population	<b>Post-adjudicated youth</b> in custody (youth under the age of 21 or former foster care youth up to 26)	Adults and youth in custody	
	Eligibility Period	30 days prior to release	90 days prior to release	
Ð	Services	Screening and diagnostic services, case management	Services in FCAA and additional services	
	Capacity Building Funds	No	Yes	
	Special Terms and Conditions (STCs)	No	Yes	

#### **Impacted Facilities**

Eligible carceral populations are held across four types of institutions

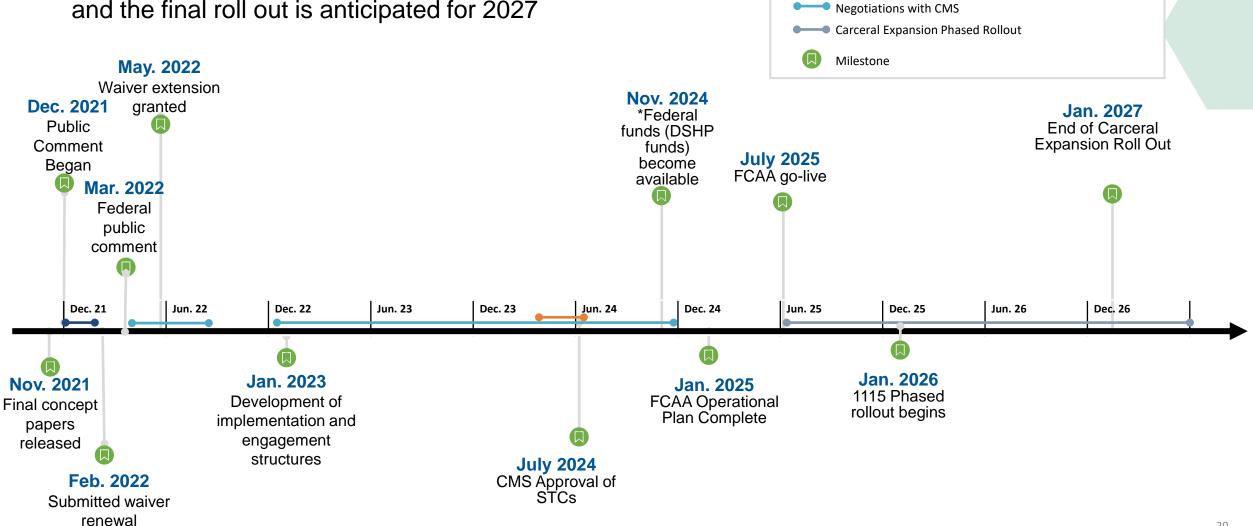
69 institutions with more than 20,000 beds may be included in carceral expansion.
 3,420 projected OHP suspensions in 2023 upon entry to DOC Prisons
 35,880 projected OHP suspensions in 2023 upon entry to County Jails & Juvenile Detention



### **Milestones**

application

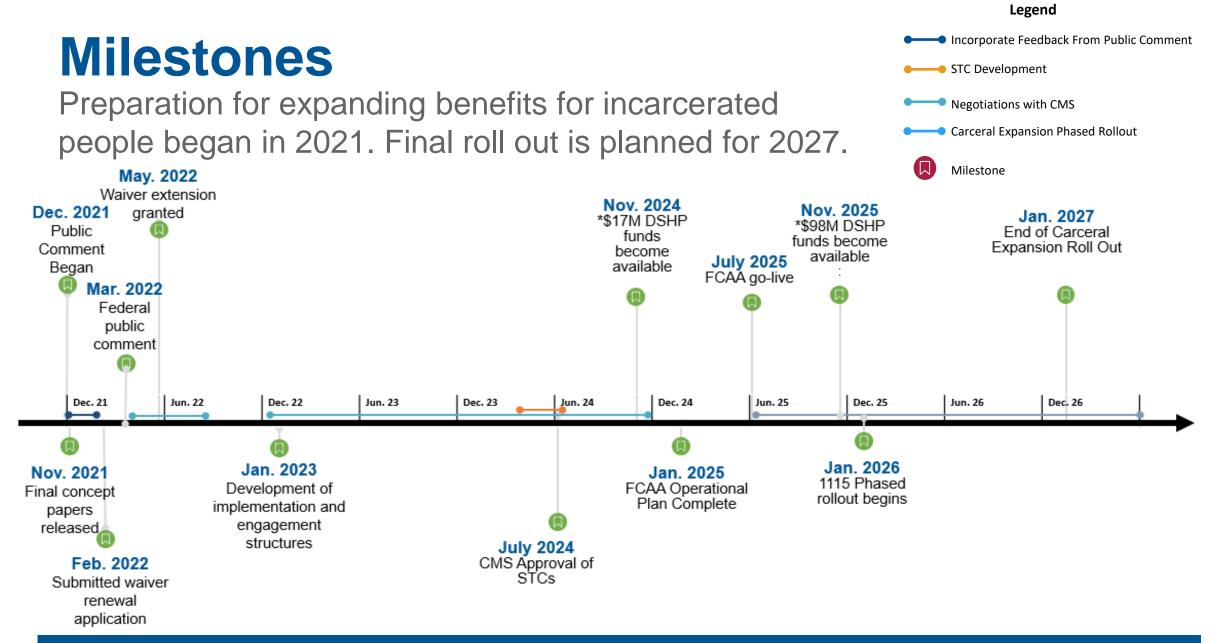
The initial carceral expansion preparation began in 2021 and the final roll out is anticipated for 2027



Legend

- STC Development

Incorporate Feedback From Public Comment



#### 

### **Next Steps**

- We're in the process of creating a website. We'll let you know when it's available!
- We're working with incarceration facilities to help them prepare for implementation.
- If you have questions, email ohp.carceralprograms@oha.oregon.gov



#### Launch Plan for HRSN Housing and Expanded Outreach & Engagement Services



#### **HRSN November 1 Milestones**

	July 2024	August 2024	September 2024	October 2024	November 2024
ss Rules		HRSN and Associated Rules Filed with Secretary of State	Public Comment Period	HRSN and Associated Rules Filed Permanently with Secretary of State	HRSN Housing and Expanded HRSN Outreach & Engagement Services are established and begin to ramp-up
CCO/FFS Readiness	CCO Amendment Reviewed by CCOs and FFS TPC	CCO and FFS TPC Amendments Finalized	CCO and FFS TPC An CCO and FFS TPC H		
<b>HRSN Partners</b>	Engage Partners on HR Enrollment, B	· · · · · · · · · · · · · · · · · · ·	HRSN N	ovember Launch Roadshov	v begins

#### November 1 Kick-off Key Objectives & Overall Strategy

**Key Objectives:** 

- 1. Ensure access to resources and communications for HRSN Service Providers, CCOs, FFS TPC and the public
- 2. Establish relationships to reach historically underserved OHP members
- 3. Support development of an adequate HRSN service provider network, especially in rural areas and for priority populations

#### **Overall Strategy:**

Emulate Climate Launch Roadshow while assessing for possible gaps and additional needs for the Housing and Expanded Outreach & Engagement Benefit Launch

### **Engagement Strategies**

- Provide information: Provide current resources including the webpage, products, info on upcoming, or past recordings of, HRSN Partner Work Sessions or All Come / Para Todos webinars, and technical assistance
- **Direct outreach:** Focused and personalized engagement with organizations in need of support
- Direct engagement: Presentations, feedback, and conversations either in a current HRSN meeting, a new meeting, or attending the partner's current staff or partner meetings
- Regional events: Regional Summit Series partner engagements to assist with building connections and relationships with housing providers as well as other current and potential HRSN service providers and connectors

### **Activities for Rollout of HRSN Services**

- Focuses on establishing relationships with partners and organizations where potential HRSN Service Providers and CCOs are providing information and directing to resources to support technical assistance
- Raises awareness and connections to provider enrollment, the HRSN team, and general Waiver support
- Kick off will include housing providers, culturally-specific organizations, HRSN connectors, member-facing & supportive programs, and more.

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### **Regional Summit Series**

OHA will work with Coordinated Care Organizations (CCOs) and regional partners to support the expansion of local networks with a menu of engagement options, including:

- In-person, hybrid and remote events
- A summit toolkit for CCOs who want to host their own event

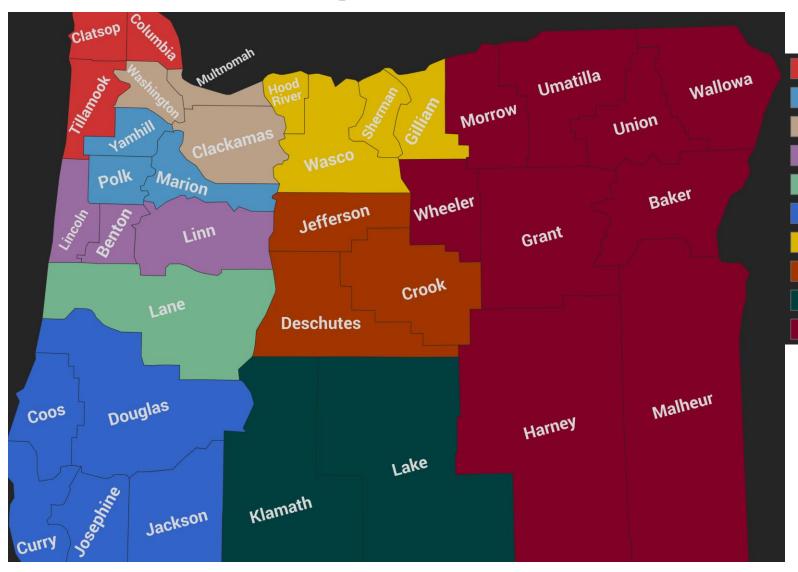
#### Examples of the types of groups that could be reached through HRSN Regional Summit series:

- HRSN service providers
- Community Action Agencies (CAAs)
- Coordinated Care Organizations (CCOs)
- Local Public Health Authorities (LPHAs)
- Continuums of Care (CoCs)
- Connectors
- Community-based organizations (CBOs)
- Healthcare providers
- Local government representatives
- Open Card representatives

#### **Examples of possible topics:**

- HRSN implementation and problem-solving
- Community Information Exchanges (CIE)
- Braiding funding/programs
- Fee-for-Service HRSN provider information

#### **Possible Regional Breakdown**



Region 1 North Coast & Metro
Region 2 Mid-Valley
Region 3 Portland Metro
Region 4 Central Coast & Valley
Region 5 Lane County
Region 6 Southern Oregon
Region 7 Columbia Gorge
Region 8 Central Oregon
Region 9 Klamath Basin
Region 10 Eastern Oregon

The 10 regions were defined based on the Community Action Agency network areas – and other considerations

### **HRSN Service Provider Resources**

- HRSN Service Provider Technical Assistance
  - Monthly interactive sessions to support becoming an HRSN service provider with recordings and slides posted on <u>https://www.oregon.gov/oha/HPA/dsi-</u> <u>tc/Pages/Health-Related-Social-Needs-</u> <u>Provider-Training.aspx</u>
- Support for quick turnaround of HRSN service provider applications
- Direct line for HRSN service providers to the HRSN team as well as provider enrollment



### **Ready to become an HRSN provider?**

#### **Review our past HRSN Training Sessions:**

• <u>https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Social-Needs-Provider-Training.aspx</u>

#### Apply to become an HRSN Provider for Open Card

- Find the Provider Enrollment application at: <u>https://www.or-medicaid.gov</u> (Under "Provider" > "Enrollment")
- Once you've completed the application, email the Provider Enrollment Team at <u>Provider.Enrollment@odhsoha.oregon.gov</u> letting them know that you submitted an application. This will ensure that your application can be processed sooner.
- If you have questions about enrolling as an HRSN Service Provider, please see the Provider Enrollment Guide, call the OHA Provider Enrollment team at 800-336-6016, option 6, or email the team at <u>Provider.Enrollment@odhsoha.oregon.gov</u>.

**Please note:** We are now enrolling Climate and Outreach & Engagement providers. Housing providers may start enrolling on August 1, 2024.

### **New Products for November 1**

- Updated information sharing authorization form & frequently asked questions
- Simplified and accessible eligibility framework
- Simplified and accessible climate, housing, and outreach & engagement service descriptions
- External newsletter
- Updated webpages both memberand provider-facing

- Media 101
  - Social media
  - Press release
  - Scripts for client services
- Housing factsheet and frequently asked questions
- General HRSN fact sheet
- Updated outreach & engagement factsheet
- Updated provider journey
- New HRSN housing webpage

### **Rulemaking Update**



## Rulemaking Update: Getting Community Feedback

- Coming Soon: HRSN Public Comment Period, September 1 – September 21
  - Regarding Health-Related Social Needs (HRSN) implementation: Housing services, Nutrition services, Outreach and Engagement updates, and Climate updates
- YSHCN Rules Advisory Committee (RAC) was held on August 8

 Public Comment Period will be October 1 – October 21

Rule(s)	Description of proposed changes	
410-120- 0000	Updates HRSN Services and related definitions.	
410-120- 2000	Updates HRSN Service Delivery to include housing, nutrition, and changes for climate and outreach and engagement services.	
410-120- 3835	Aligns and clarifies service authorization timeline for HRSN Services.	
410-141- 3510	Specifies HRSN-related details for provider contracting and credentialing, including housing and nutrition.	

To learn more, visit: https://www.oregon.gov/oha/hsd/pages/rac.aspx

### **Upcoming Sessions**

#### **Dates and topics**

September 11 Topic TBD

★ October 9 Topic TBD



#### **Question & Answer**

## What questions do you have at this time?



### **Stay Connected!**

For any questions related to today's presentation, please contact us: <u>1115waiver.renewal@odhsoha.oregon.gov</u>

For additional updates and information, check our website: www.oregon.gov/1115waiverrenewal



Subscribe to updates that will be sent out in the coming months: <u>https://public.govdelivery.com/accounts/ORHA/signup/37696</u>



# Thank you for your collaboration and ongoing partnership!



### **HRSN Current Communication Products**

- <u>1115 Waiver HRSN Webpage</u>
- HRSN Service Provider Webpage
  - HRSN Information Sharing Authorization Form
  - Provider Journey: <u>English</u> or <u>Español</u>
  - Member Journey: <u>English</u> or <u>Español</u>
  - HRSN Climate Fee Schedule
  - Outreach and Engagement Fact Sheet: <u>English</u> or <u>Español</u>
- Provider Qualification Fact Sheet: English or Español
- HRSN Climate Benefit Webpage
  - Climate-Related Supports Fact Sheet (available in 7 languages)
  - Climate-Related Supports Frequently Asked Questions (FAQ) (available in 7 languages)
  - HRSN Request Form for Climate-Related Devices (available in 11 languages)