



January 7, 2022

To: OHA 1115 Waiver Renewal Team

Re: 1115 Waiver Renewal Comments

From: Association of Oregon Community Mental Health Programs

These comments are submitted on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), representing all 32 CMHPs across the state, who have responsibilities for local behavioral health system management and services, from community-wide prevention to acute, forensic and crisis services delivery and coordination.

First, we agree with maximizing OHP Coverage in all categories listed in the draft 1115 waiver renewal.

Second, we agree on key benefit changes for populations who are transitioning from institutional care and incarceration, and from houselessness to residential treatment or supported housing. We also support key investments in social determinants of health to help people recover and thrive in their own communities.

In addition to Housing Supports, Food Assistance, Education Supports, Employment Supports, Health Related Transportation, and Climate Supports, we would like outreach and engagement, or pre-treatment services, to be included in the allowable service array. Outreach and engagement are essential to build trust and rapport with marginalized individuals who may not be willing to engage in other services for some time. Outreach and engagement serve as a bridge to the initial SDOH services, which hopefully lead to mental health and substance use treatment down the road. As mentioned in the draft waiver renewal, outreach and engagement could be paid through the flexible use of health-related services funds and meet the criteria for improving care delivery and overall health and well-being.

We highly value the focus on peer support services for various transitional services and support the wide expansion of peer support reimbursement. We would also add qualified mental health associates (QMHA) as a provider type to assist people during transitions, including outreach and engagement.

Our third comment is to express enthusiastic support for allowing people in custody to access or retain Medicaid benefits, including youth in the juvenile corrections system for the duration

of their involvement, adults in prison or jail up to 90 days pre-release, and adults within 90 days of discharge from the Oregon State Hospital. These are all policies we have been advocating for at the federal level for years. Maybe it will take states, through waivers, to demonstrate to the federal government that allowing people to retain their Medicaid benefits to access the care they need immediately will result in better health outcomes and lower costs.

Our fourth comment is to emphasize the need for behavioral health investment and incentives to enable the public behavioral health system to retain and recruit its workforce. As mentioned in the waiver renewal draft, one of the CCO 2.0 priorities was to improve the behavioral health system. However, it was noted that the “distribution of spending within Oregon’s health care system (e.g., the amounts split between physical, behavioral, and oral health) remains largely the same, indicating spending is following historical habits and market power, rather than a true shift in focus to population health.”

The public behavioral health system has always served many of the most marginalized people, who have been disproportionately impacted by the COVID-19 pandemic and climate disasters. The public behavioral health system, together with social service agencies, provides upstream services and are first responders to help community members in distress and to stay safe. We know upstream care prevents poor health outcomes and high cost care later. Therefore, we would like to see flexibility in moving funding from medical to behavioral health and social services, without impacting the 3.4% cost growth threshold. If the public behavioral health system were able to receive more Medicaid investments, coupled with state general funds and other funds, we will be able to retain and recruit a more sustainable and diverse workforce with living wages.

On behalf of our AOCMHP membership, I want to express our appreciation for OHA’s Medicaid program innovation and dedication to improving health outcomes and striving for health equity. Thank you for this opportunity to provide comments on the 1115 waiver renewal draft and we look forward to working with you as system partners to implement the 2022-2027 waiver.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl L. Ramirez". The ink is dark and the signature is fluid.

Cherryl L Ramirez
Executive Director, AOCMHP