



Oregon

Kate Brown, Governor

Alcohol and Drug Policy Commission

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Oregon Health Authority
Health Policy and Analytics Medicaid Waiver Renewal Team
Attn: Michelle Hatfield
500 Summer Street NE
Salem, OR 97301

Dear Ms. Hatfield:

The Alcohol and Drug Policy Commission (ADPC) is an independent state agency created by the Oregon Legislature in 2009 to improve the effectiveness of substance use prevention, treatment, and recovery support services for all Oregonians. Last year, ADPC completed a Statewide Strategic Plan for Substance Use Services, which was approved by the Governor and the Legislature and is now Oregon's Strategic Plan for Substance Use Services. After reviewing the Policy Concept Papers for Oregon's 1115 Waiver, I'm pleased to see there are several proposals which align with strategies or activities in the Strategic Plan and, if approved, will positively impact the work of ADPC. Among these proposals are:

Waive federal rule preventing a person in custody from accessing Medicaid benefits. Currently, individuals who are justice-involved are not eligible for Medicaid coverage while in custody. Upon release these individuals can enroll or re-enroll for Medicaid coverage, but that can often be a two-week process. At the same time, many providers will not place someone on a waiting list until that person has proof of health insurance. This results in justice-involved people frequently waiting long periods of time to connect with a provider even though this same population of people experiences higher rates of behavioral health conditions. For these reasons and more, the Strategic Plan calls for ensuring a continuum of care for justice-involved people before, during, and post incarceration (Strategic Plan Objective 3.a.6). Waiving the federal rule mentioned above aligns very well with the Strategic Plan.

Waive eligibility rules so that Youth with Special Health Care Needs are covered up to age 26. It is not entirely clear from the Policy Concept Papers if Youth with Special Health Care Needs includes youth with behavioral health conditions, but if not I strongly urge you to include behavioral health in this group. Youth with substance use conditions frequently have contact with multiple systems, including juvenile justice and child welfare, which makes the transition into young adulthood even more challenging. Additionally, young adults are a population of concern in the Strategic Plan—it is estimated that almost ten percent of adults in Oregon have a substance use disorder, but when looking specifically at young adults age 18 to 25 the number jumps to 18 percent. Actions we can take that ease the transition into adulthood and offer support to young adults will help Oregon make progress on the Strategic Plan.

Waive federal covered services rules so that Oregon Health Plan members experiencing major life transitions can have social supports. People who are homeless, exiting the criminal justice system, or transitioning in and out of foster care (which includes aging out of Child Welfare) frequently have inconsistent access to medical care and support services. These populations of people also have higher rates of substance use disorders. Providing supports such as housing, transportation, food, and employment services to these and other Oregonians facing major life transitions will help reduce emergency room visits and criminal justice involvement. And for those who also have a substance use condition, providing these supports will help them maintain a treatment or recovery plan. The Strategic Plan highlights the need for an array of supports, such as the ones listed above, for those in treatment or recovery (Strategic Plan Objective 4.b.3). This proposal to provide social supports to Oregon Health Plan members facing major life transitions is in alignment with the Strategic Plan.

Waive federal covered services rules so that Oregon Health Plan members can use more types of providers. The Centers for Medicare and Medicaid Services (CMS), as well as the Substance Abuse and Mental Health Services Administration (SAMHSA), recognize that peer-delivered services are an effective way to support people in treatment, recovery, and more. Yet, today, we are not able to use Medicaid funds to pay for peer services outside of a treatment plan. I have voiced my concern multiple times about this situation because treatment and recovery are equally important parts of the substance use continuum of care, as is prevention, harm reduction, and other points along the continuum. Waiving federal rules so that Oregon Health Plan members have access to peers and other traditional health workers outside of a treatment plan is directly on point with the Strategic Plan, which calls for increasing access to Peer Mentors and Recovery Support Specialists (Strategic Plan Objective 4.a.4).

Thank you for this opportunity to submit comments regarding Oregon's 1115 Waiver application. I believe there are several opportunities through the waiver to advance Oregon's Strategic Plan, and I look forward to working with you and your colleagues on any next steps.

Sincerely,



Reginald C. Richardson, Ph.D., LCSW, ACSW
Director