



December 16, 2021

TO: Oregon Health Policy Board and Oregon Health Authority
FROM: Children's Institute
RE: Investing in Children and Families to Improve Health Equity in Oregon's Next 1115 Medicaid Waiver

Dear Oregon Health Policy Board and Oregon Health Authority,

Children's Institute is a statewide research, policy, and advocacy organization working to ensure all young children in Oregon have the opportunity to thrive. We work in partnership with families, schools, and community organizations to improve health and learning outcomes for children.

We are excited to see a strong focus on children and families in the final policy concepts that the Oregon Health Authority (OHA) has developed for Oregon's next 1115 Medicaid Waiver. We believe that investing in young children, starting prenatally, is a crucial strategy for impacting the upstream determinants of health. By improving health care coverage, access, and service quality for children and their families, and through addressing the needs and barriers faced by communities furthest from opportunity, we can make significant progress toward eliminating health disparities and achieving health equity in Oregon.

We offer the below input, informed by our work in early childhood systems, early learning programs, and policy advocacy and reflective of feedback from many early childhood partners across the state committed to ensuring every Oregon family has the resources and supports needed to help children thrive from the start.

1. We strongly support ensuring continuous eligibility for children from birth through age 5 and two-year continuous enrollment for all Oregon Health Plan members ages 6 and up. Reducing barriers to coverage and reducing the burden of annual reenrollment will help families stay healthy and ensure children have consistent access to coverage during this important developmental period.
2. We are disappointed to see that Oregon proposes to continue waiving three-month retroactive coverage for pregnant women and children, along with other Medicaid beneficiaries. Retroactive coverage provides a critical protection to families against the financial burden of medical debt. If Oregon continues to waive retroactive coverage families will remain at risk of the added and unnecessary financial burden of costs incurred from needed medical services provided in the three months prior to enrolling in Medicaid.
3. We believe the time is overdue for Oregon to stop waiving Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. [EPSDT](#) is Medicaid's comprehensive and guaranteed pediatric benefit, ensuring all children from birth to age 21 receive all preventive, dental, mental health and specialty services that their doctor or other medical professional deems necessary. Oregon has previously been allowed to waive its provision of the EPSDT benefit, the full impacts of which are unknown since there is no mechanism to track and resolve issues with children's access to medically necessary services. Moving forward Oregon must reinstate the EPSDT benefit and establish

accountability mechanisms so that children have equitable access to timely prevention and treatment services for their healthy development.

4. We agree that supporting families' health and social needs through important life transitions is vital. Research shows that community health workers (CHWs), doulas, home visitors, and peer navigators are highly effective at supporting families during the prenatal and postpartum period and throughout early childhood, including for families experiencing developmental disabilities or special health care needs and navigating the foster care system. These interventions, particularly if they are culturally specific and representative, often achieve better health outcomes for families than the health care system can achieve on its own. We encourage OHA and CCOs to intentionally invest in this workforce so that more families get the trusted and responsive health care and navigation support they need.

This focus area presents an opportunity to align with the federal Build Back Better investment package, which includes proposed funding to support women and children throughout the perinatal period. Build Back Better would require all states provide 12 months of Medicaid coverage for postpartum women, offer states additional Medicaid funds to create "maternal health homes" as team-based care hubs for women and children, and provide new funding to grow and diversify the perinatal workforce, including expanding doula training programs. Oregon's early investments in these strategies could lay a strong foundation for future federal support, so we encourage OHA to double down on prioritizing and resourcing this work.

5. While behavioral health is named as a priority, we believe Oregon's next waiver needs to have a deeper focus on the behavioral health needs of children. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association have [declared a national emergency in child and adolescent mental health](#). Of the recommendations included in the declaration, several are ripe for advancement through Oregon's waiver:
 - Accelerate adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.
 - Fully fund comprehensive, community-based and at times community-developed systems of care that connect families in need of behavioral health services and supports for their child with culturally relevant evidence-based interventions in their home, community, or school.
 - Promote and pay for trauma-informed care services including those that are culturally specific and community-based to support relational health and family resilience.
 - Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, grow-your-own initiatives, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions.

Young children face unique and persistent challenges accessing services that promote social-emotional health and treat behavioral health challenges. Oregon will continue to lack workforce and service capacity and families will continue to suffer unless we intentionally name, resource, and prioritize these services for young children and their families.



6. We are encouraged to see how this waiver lifts up community and consumer engagement, particularly in the redesign of the CCO metrics program and in the formation and implementation of community investment collaboratives. Through our multi-year effort to recommend and develop CCO incentive metrics for the health aspects of kindergarten readiness, as well as our work engaging with community partners and families in early childhood advocacy, we have learned that engagement is most effective when it is 1) built on a foundation and community trust, 2) adequately resourced (e.g., paying parents as consultants, dedicating sufficient staff support for engagement), 3) designed with clear roles and responsibilities for a specific scope of work, 4) multimodal to offer a variety of engagement opportunities at multiple stages, and 5) flexible to allow for continuous improvement as feedback is gathered about what is working and what is not.

In order to advance Oregon's vision for healthy children, families, and communities, we also encourage OHA to consider ways to align CCO contracts, policy guidance, and resources with the spending priorities outlined in this waiver application.

Thank you for considering this input as you move forward to finalize the waiver application and enter into negotiations with the Centers for Medicaid and Medicare Services. We would be happy to connect if you have questions, reactions, or would like further details.

Sincerely,

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