



January 7, 2022

Oregon Health Authority
Attn: Oregon Health Policy Board
500 Summer Street NE
Salem, Oregon 97301

Re: Oregon Health Plan 1115 Demonstration Waiver Application

Thank you for the opportunity to comment on the Oregon Health Authority's Oregon Health Plan 1115 Demonstration Waiver Application. Multnomah County is especially encouraged by the application's efforts to uplift the values and necessary approaches to recognize and address systemic discrimination for people seeking health care coverage and services in our state. This work is particularly important to the diverse community members we provide services to in our region. People of color, LGBTQ+ community members, people living with disabilities, older adults and other populations with marginalized identities experience increased bias and discrimination, particularly in health care settings, which creates barriers to care. We know we can do better.

In hopes that we may help strengthen Oregon's health care services, housing and human services for all populations, Multnomah County's Department of County Human Services, Joint Office of Homeless Services and Health Department offer the following comments and recommendations to the demonstration application:

What we support:

- Acknowledging the negative impact of systemic racism and social determinants of health for ensuring better health care access for all populations in our state;
- Ensuring continued Medicaid coverage and access to care and medicine for marginalized and vulnerable populations during life transitions, including children, older adults (who are dual-eligible for Medicaid and Medicare), children in foster care and children aging out, people who are incarcerated and youth in the juvenile justice system;
- Increasing investments in climate event response/extreme weather support;
- Using person and community-centered approaches such as Personal Health Navigators, Traditional Health Workers, Peer Support Specialists and Peer Wellness Specialists;
- Using the proposed non-clinical screening model to provide social determinants of health housing services, ideally one with definitions aligned with housing provider best practice (right

now homelessness is defined as a transitional event that qualifies OHP recipients for housing supports); and

- Allowing exclusion of drugs with limited or inadequate evidence of clinical efficacy. There is currently an unsustainable spending increase for specialty drugs which are largely physician-administered and some of which have questionable value for both individual and population health outcomes.

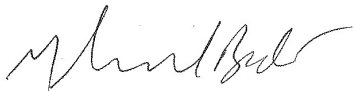
What we would like to see included/changed:

- We support providing coverage for rental assistance and supportive housing services but given their 12 month timeline ask that they be tied to coordination of services to ensure homelessness does not occur at the end of this care term;
- Further emphasize and address the role of transportation in health care access, particularly gaps and breakdowns in Non-Emergent Medical Transportation for older adults, elders and people with disabilities. Further, it is critical that the waiver acknowledges the growing need for speciality transportation for people transitioning care settings or who are experiencing cognitive impairment or decline. Multnomah County's 2021-2025 Area Plan on Aging needs assessment survey showed health care coverage, access and transportation among the top needs identified and prioritized by older adults and people with disabilities across all racialized identities and communities.
- Older adults, elders, and people 18-59 with disabilities were minimally referenced. We recommend explicitly calling out age and ability, particularly when intersected with race, gender identity, and sexual orientation in the waiver language in relationship to the social determinants of health. We also request that this population be called out as a prioritized population when appropriate and that their significant and documented barriers to accessing care be included in the narrative and identified initiatives.
- Add older adults and elders to the list of populations eligible for the defined set of social determinants of health transitional services. This will promote the wellbeing of these community members by increasing access to health care, bolstering healthcare utilization for low-income and marginalized older adults, elders, and people with disabilities when accessing necessary transportation services, transitioning care settings, and/or during extreme weather emergencies, such as extreme heat and air quality events.
- Provide access to funds for non-healthcare entities and local community based organizations and ensuring that practices for obtaining funding doesn't provide a barrier to community organizations, especially those better poised to do culturally specific services;
- Define benefits that exist without variance across the OHP population (i.e. CCOs cannot decide which benefits to provide and to whom) and that there is an appeals process available when benefits are not provided (this should be possible, but it needs to be clear) in order to ensure equity and higher utilization of such benefits; and
- We have concerns about the request that "those without current valid OHP coverage would be supported by the OHA Community Partner Outreach Program and local corrections staff in initiating, completing and submitting a new OHP application within 72 hours of arrest and

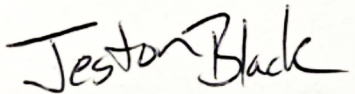
booking,” because many newly incarcerated individuals are in the process of detoxification, and discussing Medicaid enrollment is often not possible.

- There is a lack of analysis of how the increase in individuals that become eligible through the SNAP pathway could increase caseload and workload for the Type B Transfer Area Agency on Aging (AAA).
- We urge caution in creating one statewide formulary for FFS and CCOs. While it could be helpful to prescribers if there is sufficient coverage in most drug classes, it is unclear what the impact will be to OHP recipients unless there is a robust grandfathering plan for drugs that are no longer covered under the new formulary.

Sincerely,



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