

# Changes Made to Oregon's 1115(a) Waiver Renewal Concept Papers

This document describes changes made to Oregon's 1115(a) Waiver renewal concept papers between the first drafts (published in June 2021) and final drafts (October 2021). Changes are presented in the following categories:

- [Strategies that are NEW to the October drafts](#)
- [Strategies that were REVISED between June to October drafts](#)
- [Strategies that existed in the June drafts, but were DROPPED in October drafts](#)
- [Strategies that remained the same between June and October, but moved between concept papers](#)

In each section, tables are further organized by individual concept papers. Please note that concept paper titles have also shifted since the first draft released in June:

New or revised concept title (October 2021)	Original concept title (June 2021)
■ <i>Maximizing Coverage through the Oregon Health Plan</i>	■ <i>Coverage and Eligibility</i>
■ <i>Improving Health Outcomes by Streamlining Life and Coverage Transitions</i>	■ <i>Equity-Centered System of Health</i>
■ <i>Value-Based Global Budget</i>	■ <i>Future of CCO Global Budgets</i>
■ <i>Incentivizing Equitable Care</i>	n/a (concept paper is new)
■ <i>Focused Equity Investments</i>	■ <i>Reinvesting Savings in Communities</i>

## NEW waiver strategies (Oct. 2021)

The strategies described below are **new** to the waiver concept papers in October 2021. These strategies were not part of the first drafts released in June 2021.

Maximizing Coverage through the Oregon Health Plan	
New waiver strategy (October 2021)	Why was it added?
Provide an expedited OHP enrollment path for individuals who apply for Supplemental Nutrition Assistance Program (SNAP) benefits.	Aligns with Oregon's goal to maximize coverage, remove barriers, and reduce administrative burdens for those seeking health insurance.
Improving Health Outcomes by Streamlining Life and Coverage Transitions	
New waiver strategy (October 2021)	Why was it added?
Expenditure authority to draw down federal match on Medicaid funds spent to address Social Determinants of Health (SDOH) for OHP members experiencing specified life transitions or disruptions.	Further development of this strategy refined the proposal to the federal government and allowed for additional detail.

## Value-Based Global Budget

New waiver strategy (October 2021)	Why was it added?
Increase predictability of costs through closer management of pharmacy costs, by allowing a commercial-style closed formulary approach that may exclude drugs with limited or inadequate evidence of clinical efficacy.	Addresses concerns about rising pharmacy costs based on further research and development while protecting OHP members' access to needed pharmaceuticals.

## Incentivizing Equitable Care

New waiver strategy (October 2021)	Why was it added?
Restructure the Quality Incentive Program into two complementary components to reserve space for upstream work focused on equity	This is a new concept paper in October 2021 that expands upon the strategy “Revamp Oregon’s metrics program so that equity is the primary organizing principle” mentioned in the June <b>Value-Based Global Budget</b> paper
Redistribute decision-making power among communities.	
Rethink the incentive structure to better advance equity.	

## Focused Equity Investments

New waiver strategy (October 2021)	Why was it added?
N/A – no changes	

## REVISED waiver strategies

The table below describes waiver strategies that have **changed** since the first draft concept papers were released in June 2021.

Maximizing Coverage through the Oregon Health Plan		
Revised strategy <i>October 2021</i>	Previous strategy <i>June 2021</i>	Reason for change
Provide continuous Oregon Health Plan (OHP) enrollment for children until their sixth birthday (ages 0-5)	Provide 5-year continuous eligibility for children.	Narrowed age range to cover children at key developmental stage and to align with other initiatives on child health, including Raise Up Oregon and measurement of Health Aspects of Kindergarten Readiness.
Improving Health Outcomes by Streamlining Life and Coverage Transitions		
Revised strategy <i>October 2021</i>	Previous strategy <i>June 2021</i>	Reason for change
Expand and fund, with expenditure authority, the infrastructure needed to support access to services using providers outside of the medical model.	Allow recovery peers to be paid for providing services outside of a traditional treatment plan (i.e., pre- and post-treatment) or alternatively utilize in lieu of services to again allow for services outside of typical medical model that address social needs of individuals, as described in crisis strategy and further describe later around housing supports.	<p>This strategy has been reworded to align with the level of detail appropriate for CMS audience.</p> <p>The request for peers to be paid for providing services outside of a traditional treatment plan <b>remains the same.</b></p>
Value-Based Global Budget		
Revised strategy <i>October 2021</i>	Previous strategy <i>June 2021</i>	Reason for change
Mitigation Strategies #1-2 1. Develop strong programmatic safeguards to protect members 2. Develop robust annual financial monitoring	Increase CCO accountability to delivering care and supports that members need	Further development allowed for additional detail. These strategies address concerns about CCO accountability.
Incentivizing Equitable Care		
<b>Note: This is a new concept paper in October 2021; all strategies are new</b>		

## Focused Equity Investments

<b>Revised strategy</b> <i>October 2021</i>	<b>Previous strategy</b> <i>June 2021</i>	<b>Reason for change</b>
A new federal investment focused on improving health equity, including investments to (a) build local capacity for community-led health equity interventions ; (b) resource statewide infrastructure to support community-led health equity investments; (c) grant community-led collaboratives resources to invest in health equity.	Establish a methodology for projected savings to Medicaid and Medicare Advantage Programs in Oregon and retain those savings within the state.	The state is broadening the ask for more flexibility in this strategy.
	Reinvest savings by piloting new "health equity zones"	Conversations with community partners led to further policy and strategy development and changes in how this work is being described.

## DROPPED waiver strategies

The table below describes waiver strategies that were in the drafts released June 2021 and Oregon is no longer pursuing.

Maximizing Coverage through the Oregon Health Plan	
Strategy (June 2021)	Reason(s) removed
Adopt policies that keep families covered together as income changes	This strategy does not require a waiver. New policy proposals to cover OHP members age 6 and up for 2 years address this concern.
Seek more flexibility to leverage federal Affordable Care Act funding to enroll eligible people	Oregon is pursuing a constellation of other strategies related to enrollment.
Transitions...	
Strategy (June 2021)	Reason(s) removed
Reserved capacity for children in Child Welfare	OHA is pursuing further research on this topic before deciding whether to go forward with this strategy.
Extend OHP eligibility to every child at the point of diagnosis of behavioral health needs	Needed substantial further development to move forward as a viable strategy for the state at this time.
Value-Based Global Budget	
Strategy (June 2021)	Reason(s) removed
N/A – no changes	
Incentivizing Equitable Care	
Strategy (June 2021)	Reason(s) removed
<b>Note: This is a new concept paper in October 2021; all strategies are new</b>	
Focused Equity Investments	
Strategy (June 2021)	Reason(s) removed
N/A – no changes	

## Strategies that have MOVED (but did not change)

The table below describes strategies that have moved between concept papers. Intent of strategy did not change but some strategies have been reworded for clarity.

Old Strategy	Old location (June 2021)		New location (October 2021)		Reason moved
Hold CCO program to sustainable cost growth target	■	Value-Based Global Budget	■	Focused Equity Investments (background)	Does not require waiver authority
Shift power to community to direct community investments: working directly with Oregon RHECs on implementation of HB 3353	■	Value-Based Global Budget	■	Focused Equity Investments	To ensure all information about 3353 and RHEC collaboration is in one location.
Revamp Oregon's metrics program so that equity is the primary organizing principle	■	Value-Based Global Budget	■	Incentivizing Equitable Care	Further development of this strategy led to new concept paper.
Ensure Oregon's approach to evidence-based benefits enhances access to innovative and high-value care	■	Value-Based Global Budget	■	Transitions	Further development of this strategy led to our proposed set of SDOH transition services.
Tribal-specific strategies	■	Transitions		N/A- currently in development	Developing in partnership with Oregon's nine federally recognized tribes through tribal consultation process.

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