1115 Medicaid Demonstration Waiver, 2022-2027 renewal application

Summary of Public Comments and OHA Responses

OHA solicited public comments on the draft 1115(a) waiver renewal application from Dec. 7, 2021 through Jan. 7, 2022. Interested parties were invited to comment at a series of public meetings, via email or letter, or through a survey posted on OHA's website. Many people around the state provided a wide range of comments. Text of written comments and transcripts of verbal comments will be posted at Oregon.gov/1115WaiverRenewal shortly after submission of the final application to CMS. In the following tables, OHA summarized comments thematically and noted the agency's response.

1. Incentivizing equitable care

#	Summary of Comments Received	OHA Response
Summary: OHP member advocates, a CBO, and a CCO lobby group expressed support for changes to the metrics committee structure while a separate CCO expressed concern about the change. A member advocate expressed concern about inadequate focus on the children and youth with special health care needs (CYSHCN) population. A CCO lobby group expressed concerned that too many metrics would lead to provider burnout.		
1.	**Audience Group:** OHP members and Advocates **Summary of Comments:** Support: General support for the focus on social determinants of health and addressing structural racism Concerns and recommendations: Concern about inadequate focus on Children and Youth with Special Health Care Needs (CYSCHN)	**Response:** OHA appreciates the feedback about the incentive metrics program and the support for the focus on health equity. OHA is increasing the size of the upstream metric set from 3-5 to six to ensure adequate space to focus on multiple areas of health equity. The number of metrics has been carefully considered to ensure that equity can be adequately focused on without overburdening providers. The ability to distribute quality incentive funds directly to CBOs is prohibited by federal law and therefore is not a change that can be pursued.
2.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** Support: Some CCO and provider support for change in committee structure Concerns and recommendations: Health system desire to maintain current committee structure and consider adding new members to address health equity needs Request for quality incentive funds to be made available for CBOs Concern about keeping upstream metrics to a number/scope that does not lead to provider burnout Request for a guaranteed role for Local Public Health Authority (LPHA) representatives	

2. Continuous enrollment for adults and children

#	Summary of Comments Received	OHA Response
Summary: Advocacy organizations and non-CCO providers expressed support for Oregon's proposals related to continuous eligibility for children and adults. No parties expressed concerns or suggested changes.		
3,	**Audience Group:** OHP members and Advocates **Summary of Comments:** • Continuous eligibility increases equitable access to care • Could prevent negative health outcomes	**Response:** OHA appreciates the support for this policy and has maintained the policy as-is.
4.	**Audience Group:** Healthcare, Community Organizations, and Social Service Providers **Summary of Comments:** • Helps keep people covered and mitigate churn	

3. Retroactive eligibility

#	Summary of Comments Received	OHA Response
Summary: Commenters, all advocacy organizations or member advocates, oppose Oregon's request for a waiver of the requirement to provide retroactive eligibility and ask it be removed from the waiver.		
5.	**Summary:** Commenters, all advocacy organizations or member advocates, oppose Oregon's request for a waiver of the requirement to provide retroactive eligibility and ask that it be removed from the waiver.	**Response:** Although OHA has had a waiver to permit the state to not provide retroactive coverage, OHA has never made use of the waiver. As a result of this and the extensive feedback, OHA has decided not to pursue renewal of this long-standing waiver and has removed it from the current waiver renewal application.

4. SNAP pathway for expedited enrollment

#	Summary of Comments Received	OHA Response
Summary: Comments from members and advocates and non-CCO providers were supportive of the SNAP pathway proposed in the waiver. Some comments touched on issues related to SNAP that were outside the scope of the waiver and/or OHA.		
6.	**Audience Group:** OHP members and Advocates **Summary of Comments:** Decreases burden on family and children and could reduce administrative costs for state A member advocate requested processes related to eligibility for SNAP benefits that were outside the scope of the waiver	**Response:** OHA appreciates the support for this policy. Through discussions with CMS, OHA has determined that the waiver is not the appropriate pathway for this policy at this time and is removing it from the waiver application. OHA is exploring options with CMS to pursue this through policy State Plan Amendment (SPA).
7.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** General support for SNAP pathway to get more people covered	

5. Social determinants of health (SDOH) supports for members experiencing transitions

#	Summary of Comments Received	OHA Response
Summary: Comments were supportive of proposed waiver solutions. Commenters from CCOs and other providers requested that OHA be aware of the operational concerns associated with these changes and that extensive partner engagement inform planning efforts. A request for internet supports for climate SDOH transitions package is already being incorporated based on Tribal request so no further changes are needed.		
8.	**Audience Group:** OHP members and Advocates **Summary of Comments:** • Expression of support for the inclusion of access to SDOH supports for vulnerable populations that are transitioning through multi-system involvement and crisis. • Member advocates request internet supports for climate SDOH transitions package • Support for the ease and continuity being requested for Medicaid eligibility.	**Response:** These comments will be used to inform implementation planning for these support packages. The waiver renewal application is being updated to incorporate internet supports for the climate support

#	Summary of Comments Received	OHA Response
9.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • There was support from CCOs for the intent of the policy but concern about workforce capacity for this work and sustainable funding. • Recommendation that OHA partner with relevant partner agencies • Request for more information about what assessment tool will be used to determine whether an individual is at risk of homelessness	package as a result of this feedback and per request of the Tribes in the Tribal Consultation and Urban Indian Confer. Federal funding is being requested to support this work and many issues relating to workforce are being considered in Oregon's legislative session.
10.	**Audience Group:** Non-CCO providers and political advocacy organizations **Summary of Comments:** • Expression of support for the inclusion of access to SDOH supports for vulnerable populations that are transitioning through multi-system involvement and crisis. • Support for the ease and continuity being requested for Medicaid eligibility. • Support expressed for community health related to addressing the community and individual needs climate crisis. • Support for Medicaid access for youth in juvenile detention facilities and for incarcerated individuals • Support for community driven decision making. • Request from a service-providing CBO that outreach and engagement activities be included as an allowable SDOH transition support service. • Request to add qualified mental health associates (QMHAs) as a provider type to assist during transitions.	

6. Covered services

#	Summary of Comments Received	OHA Response
Summary: Concerns raised relating to implementation planning and considerations of what should be accomplished outside the waiver through SPA, contract, or legislation.		
11.	**Audience Group:** OHP members and Advocates **Summary of Comments:** • Request to include a provision affirming protections for persons with disabilities for those who express a desire to harm or kill themselves in a medical setting, even when they qualify for lethal drugs under Oregon's "Death with Dignity Act".	**Response:** We appreciate this feedback and will consider it for implementation planning.

#	Summary of Comments Received	OHA Response

	• Request change to payment models regarding children's behavioral health, specifically:
	  ○ Fund community-based care connecting families with services in their home, community, or school
	  ○ Pay for trauma-informed care
	• Include increased funding and policies to address workforce challenges
		No changes are needed to the waiver application as a result of this feedback.
		
		The comments around children's behavioral health will be considered to inform implementation planning for the CYSHCN and foster youth populations. Infrastructure support funding for community based organizations (CBOs) could be used to assist organizations in billing Medicaid for its services.

12.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Continue OHP coverage for incarcerated individuals who are accessing Medication-Assisted Therapy (MAT). • Cover drop in behavioral health services as a Medicaid covered service for psychiatric rehabilitation services.	

7. Juvenile justice system

#	Summary of Comments Received	OHA Response

13.	**Audience Group:** Government Partners
	
	Summary of Comments:
	• Recommendation to include the term "local juvenile detention facility" in the sections describing eligibility and benefits
	• The Oregon Youth Authority (OYA) provided written comment and engaged in substantive conversation with the Oregon Health Authority and noted the following concerns:
	  ○ Administrative burden: OYA does not have an infrastructure to bill Medicaid for services provided by OYA staff health care providers. OYA does not have adequate capacity to negotiate and maintain agreements with CCOs for OYA staff healthcare providers.
	  ○ Restrictions on Health Care services: OYA provides a more robust scope of services than Medicaid coverage allows based on the HERC Prioritized List.
	  ○ Access to services: OYA notes several examples where providers they use that are external to their facility either do not take Medicaid at all or will not provide services at Medicaid rates. This seems to be specific regionally and by specialty provider, though not an isolated issue (multiple examples).
		Response:
		
		Based on feedback from our local and state agency government partners, especially extensive conversations with the Oregon Youth Authority, OHA will be modifying the waiver proposal for youth in OYA closed-custody correctional settings to request limited Medicaid eligibility for CCO enrollment limited to the transition services benefit package. The benefit package request for youth in local juvenile detention facilities will remain unchanged.

#	Summary of Comments Received	OHA Response
	○ Coordination with CCOs: OYA cited concerns about CCO enrollment delays, lack of predictability of youth geographic placement in preparation for release resulting in limited/no pre-planning with receiving CCOs and subsequent access to care issues after they leave custody (i.e., obtaining or coordinating appointments, pharmacy, etc.). ○ Transition services (SDOH benefit package): OYA staff are very supportive of the package of transition services, and the extended timeline that young people in their custody could be supported with in their transition back to the community.	

8. Community Investment Collaboratives

#	Summary of Comments Received	OHA Response
Summary: Community members expressed strong support for the proposal. CCOs expressed concerns about the proposed governance structure, their role in it, and the relationship to Oregon House Bill 3353 (2021) as intended.		
14.	**Audience Group:** OHP members and Advocates **Summary of Comments:** • Prioritize community-based organizations and avoid duplication • Support for the CIC proposal, principles of HB 3353 • Strong support for expanding community-led investments • Value of partnerships between community development and healthcare • Addresses health disparities in the state • Shifts power and resources	**Response:** The Oregon Health Authority appreciates the strong support of the proposal from members and advocates and appreciates the concerns from CCOs and others regarding operationalizing this proposal. OHA will clarify the application to highlight the intent of the regional Community Investment Collaboratives (CICs) is to leverage existing, community-led entities and shift more power and resources to these entities. OHA will also clarify the request for the 3% of CCO spending as directed by HB 3353 to be counted as a medical expense. The other recommendations will be considered while developing the proposal further for implementation planning.
15.	**Audience Group:** Non-CCO Providers **Summary of Comments:** • General support with emphasis on potential for use in environmental improvement from a service-delivering CBO	
16.	**Audience Group:** CCO and Health System **Summary of Comments:** Support for: • Including 3% upstream investments as part of medical expenditures • Flexibility to make upstream investments; support intention and show desire to do this work Concerns: • The proposal silos funding structures	

#	Summary of Comments Received	OHA Response
	• Lack of clarity around connection to CHPs, Health Equity Plans, Comprehensive BH plans, and CCO financial arrangements • Belief that as proposed, it contradicts intent of HB 3353 • Geography and funding structure of CICs and the roles of people included in the Oversight Committees and CICs. • Concerns and questions regarding clarity of the state's role with the Oversight Committee and CICs • Concern upstream investments don't currently "count" and are instead counted as administrative expenditures	
17.	**Audience Group:** Lobbyists or political advocates **Summary of Comments:** • One request made to guarantee a role for local public health officials in CICs within each service area.	

9. Federally Recognized Tribes and Tribal Services

#	Summary of Comments Received	OHA Response
18.	**Audience Group:** Members and advocates **Summary of Comments:** • Question about whether there is an effort to include those who identify as tribal but are not a member of a federally-recognized tribe	**Response:** For Medicaid services, the Oregon Health Authority follows the federal Centers for Medicare and Medicaid Services' definition of American Indian/Alaska Native at 42 CFR § 447.51. This definition is inclusive of individuals who identify as tribal, based on descendancy and/or eligibility for IHS services, but who are not enrolled members of a federally-recognized tribe. Oregon maintains a government-to-government relationship with the state's nine federally-recognized tribes, the tribal priorities section was developed in partnership with Oregon tribal representatives. Note: The Tribal Consultation and Urban Indian Health Program Confer process is documented separately from public comment received.

10. Finance and rates

#	Summary of Comments Received	OHA Response
19.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Expressed concern about the lack of annual rate rebasing and wanted to ensure that any changes to rate development were still actuarially sound	**Response:** OHA appreciates the concern about actuarially sound rates and will work with federal partners to ensure any rate changes adequately reflect financial risk.

11. Evaluation plan

#	Summary of Comments Received	OHA Response
Summary: A CCO expressed comments around the use of surveys in the evaluation plan and a concern about using Health Related Services (HRS) investment to test proposed hypotheses.		
20.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Expressed concern about community surveys to evaluate demonstration, in particular the funding mechanism for this endeavor • Requested that Health Related Services (HRS) investment not be a method of testing hypothesis around redistributing power and resources	**Response:** OHA appreciates this feedback and the full details of the evaluation plan will be developed with federal partners after the approval of the demonstration.

12. Immigration and citizenship

#	Summary of Comments Received	OHA Response
Summary: OHA received strong support for the Healthier Oregon Program and several suggestions on how to improve member experience regardless of immigration or citizenship status.		
21.	**Audience Group:** Members and Advocates **Summary of Comments:** • Expressed strong support for Healthier Oregon Program (formerly known as Cover All People and Cover All Kids) to cover individuals regardless of immigration status • A request to cover the immigration legal services costs borne by OHP members, including green card holders, refugees, asylees and humanitarian visa holders because the cost of immigration legal services can be prohibitive for many new Oregonians living at or below the poverty level • Request support for undocumented individuals on OHP over age 65	**Response:** OHA appreciates the support for the Healthier Oregon Program. At this time, strategies related to covering individuals regardless of immigration status is outside of the scope of our current waiver policy efforts. We have passed on these comments to the Healthier Oregon Program

#	Summary of Comments Received	OHA Response
	• Request to consider families with mixed immigration statuses when making eligibility determinations • Need for easier access to medical and dental coverage for those who are undocumented, especially for children with disabilities • Navigating the fee-for-service or "open card" system is particularly difficult for immigrants	team for consideration in implementation and will consider how to use these comments to make operational improvements to OHP for all members regardless of immigration or citizenship status.
22.	**Audience Group:** CCO, Hospital, and Health System Representatives and Healthcare, Community Organization, and Social Service Providers **Summary of Comments:** • Expressed strong support of Healthier Oregon Program (formerly known as Cover All People and Cover All Kids) to cover individuals regardless of immigration status	

13. Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data

#	Summary of Comments Received	OHA Response
23.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Encouraged OHA to ensure accurate and consistent collection of REALD data when planning the operationalization of health equity metrics • Cautioned that REALD data collection can place burdens on providers and community partners, especially with multiple entities across the health system collecting information	**Response:** OHA agrees that it is imperative to collect consistent and accurate data on member race, ethnicity, age, language and disability (REALD), as well as sexual orientation and gender identity (SOGI) from front line providers and CCOs in order to assess the impact of policy changes on reducing health inequities. This will be especially critical for operationalizing health equity incentive metrics and for evaluating the outcome of the demonstration. OHA appreciates that collecting data can pose challenges for smaller organizations such as community-based organizations and can be particularly difficult and will be a consideration in planning for any future requirements.
24.	**Audience Group:** Legislative / Policy Makers, Political Lobbyists / Special Interest Groups **Summary of Comments:** • Expanding the infrastructure to allow CBOs to submit data when providing services will create challenges for smaller organizations with limited administrative funding • Recommendation that any requirements should ensure that billing for social services is as simple and efficient as possible • Suggestion to look to FQHCs for insights as they have often been at the forefront of piloting how to collect and utilize data that demonstrates a patients' non-medical needs	

14. Pharmacy

<table>
<tr><th>#</th><th>Summary of Comments Received</th><th>OHA Response</th></tr>
<tr><td colspan="3">Summary:
Concern that a closed formulary will limit providers ability to make medical decisions for the care of their patients and negatively impact access to prescription drugs for persons with behavioral and mental health needs, disabilities, and other chronic conditions.

Concern that limiting access to drugs approved under the FDA's Accelerated Approval process is based on an inaccurate understanding of the FDA's accelerated approval pathway and if implemented would cause significant harm to persons with rare diseases.</td></tr>
<tr><td>25.</td><td>Audience Group: OHP members and Advocates

Summary of Comments:
Closed Formulary (Concerns)
Appeal processes would be necessary for access to non-formulary medications
Potential adverse impact on persons with rare diseases, HIV, and cancer
Limits the ability of providers to make medical decisions
Potential for inequitable adverse outcomes for people of color or those in historically disadvantaged populations
Potential conflict with federal regulations governing the Medicaid Drug Rebate (MDR) program
Limited Access for Accelerated Approval Drugs (Concerns)
Harm to patients by restricting access to novel and lifesaving therapies
Assertion the proposal undermines the FDA's scientific approach to determine drug safety and efficacy and discourages innovation for the treatment of rare diseases.</td><td rowspan="2">Response:

The draft application included two proposals related to pharmacy. One was to allow OHA and CCOs to operate a closed formulary. The second was to allow OHA to exclude certain drugs that have inadequate evidence of efficacy. Based on the feedback received, OHA is removing its request for a closed formulary from the final application.
OHA is requesting approval from CMS to allow the exclusion of accelerated approval drugs with limited or inadequate evidence of clinical efficacy.</td></tr>
<tr><td>26.</td><td>Audience Group: CCO, Hospital, and Health System Representatives

Summary of Comments:
Closed Formulary (Concerns)
Diminishment of the FDA's statutory role
Conflicts with the federal Medicaid Drug Rebate (MDR) program
Required use of a closed formulary would dramatically increase costs by disrupting efficiencies inherent in integrated health systems
Limited Access for Accelerated Approval Drugs (Concerns)</td></tr>
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#	Summary of Comments Received	OHA Response
	• OHA has demonstrated skepticism of the clinical merits of drugs approved via the accelerated pathway, which reflects a strong bias and concern OHA would not conduct a review with the same rigor as the FDA in its approval process.	
27.	**Audience Group:** Healthcare, Community Organization, and Social Service Providers **Summary of Comments:** Closed Formulary (Concerns) • Potential for problems with psychiatry, including the SPMI population, concern about burdens on providers with paperwork and bureaucracy of prior authorizations taking time away from patient care and delaying access that could lead to negative outcomes and increased system costs including hospitalizations.	
28.	**Audience Group:** Legislative / Policy Makers, Political Lobbyists / Special Interest Groups **Summary of Comments:** Closed Formulary (Concerns) • In direct conflict with the Medicaid Drug Rebate (MDR) program and federal law • The model could harm Medicaid beneficiaries and restrict access to life saving medications leading to negative outcomes • Interchangeability of epilepsy drugs • Model runs counter to OHA's mission of health equity and will exacerbate health inequities • Reported literature that shows limiting formularies correlates to poor medication adherence outcomes. Limited Access for Accelerated Approval Drugs (Concerns) • OHA lacks an accurate understanding of the FDA's drug approval process and evidentiary standards • Patients with serious and unmet medical needs will likely be harmed by this initiative o If new drugs for rare diseases are not covered by Medicaid, this will curtail innovation and the development of new treatments	

15. Prioritized List and use of Quality Adjusted Life Years (QALYs)

#	Summary of Comments Received	OHA Response
Summary: Advocates and members and some health care providers expressed concern about the use of QALYs in the Prioritized List as discriminatory against people with disabilities. Advocates also raised concerns about the Prioritized List leading to denials of care.		

29.	**Audience Group:** OHP members and Advocates
	
	Summary of Comments:
	Concerns about QALYs:
	• Oppose the use of QALYs in deciding what conditions will be covered or not covered in Oregon's Medicaid Program
	• Concern that QALY scores are inherently discriminatory, placing an arbitrary value on the lives of people with disabilities, patients, older adults and people of color because of existing disparities in healthcare
	• Concern that the Health Evidence Review Commission (HERC) uses cost effectiveness reports that use and draw attention to QALY scores and other concepts closely resembling QALYs
	• Concern that the use of QALYs is in violation of the Americans with Disabilities Act (ADA) and contrary to the mission of OHA to promote health equity.
	  ○ Cites changes made to 1992 waiver application in 1993 to be incompliance with ADA
	• Request OHA negotiate of allocation of resources alongside disability rights advocates to promote equity
	• Request inclusion of the following provision in the waiver application
	  ○ "Prohibition on Reliance on Discriminatory Measures. The state shall not develop or utilize, directly or indirectly, in whole or in part, through a contracted entity or other third-party, a dollars-per-quality-adjusted life year or any similar measures or research in determining whether a particular health care treatment is cost-effective, recommended, the value of a treatment, or in determining coverage, reimbursement, appropriate payment amounts, cost-sharing, or incentive policies or programs."
	
	Concerns about Prioritized List:
	• Statement that the Prioritized List functions to ration health care services to Medicaid recipients in Oregon
	• Concern that Prioritized List is inflexible around medical necessity and medical appropriateness such that medically appropriate and necessary services are routinely denied
		Response:
		
		OHA understands that advocates have concerns that some uses of Quality-adjusted life years (QALY's) may create or exacerbate disparities in coverage for people with disabilities. OHA and the Health Evidence Review Commission (HERC) take these concerns very seriously and work to ensure equitable treatment and services for OHP members.
		
		QALYs currently play only a minor role in decisions by the Health Evidence Review Commission, usually in comparing two treatments for the same condition. OHA does not believe they are used to discriminate against people with disabilities. Most often, a more cost-effective treatment may be preferred over a less cost-effective one. At other times, a trial of a lower-cost treatment must be tried before a more costly service can be used. Regardless, any estimate of QALY's would only be one consideration among many in terms of evaluating cost-effectiveness.
		
		The Prioritized List is developed by the Health

#	Summary of Comments Received	OHA Response
	• Concern that those who have a condition above the line of coverage on the list are still left without adequate treatment because their treatment isn't paired with their condition • Request that the 1115 waiver be amended "to include specific instructions requiring approval of medically necessary, medically appropriate care for OHP enrollees if their particular combination of conditions requires treatment that does not perfectly match the Prioritized List condition/treatment pairings"	Evidence Review Commission using a transparent public process, applying medical evidence and taking into account the values and preferences of providers and members. If there are concerns about lack of coverage for particular services, the Commission will consider reprioritization, addition to the funded region, or changes in guideline notes. Alternately, members of the public can suggest a topic for review during the public comment period which is a part of HERC meetings.
30.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Request that the waiver include a provision explicitly renouncing the use of discriminatory measures such as QALYs	

16. Community information exchange (CIE) and health information technology (HIT)

#	Summary of Comments Received	OHA Response
31.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • OHA should plan for robust data sharing and coordination processes, building on the successes of data sharing in other contexts, to support people in the custody of an institutional system who retain Oregon Health Plan benefits	**Response:** OHA understands and agrees with the importance of data sharing to support transitions of care including infrastructure needed to support providers and CBOs.
32.	**Audience Group:** Healthcare, Community Organization, and Social Service Providers **Summary of Comments:** • Quality care coordination, including referrals across both the health care system and social services agencies, require an improved and expanded IT infrastructure. OHA should support and prioritize the work of the Health Information Technology Oversight Committee which can improve member experience and support health and social services workforces.	

#	Summary of Comments Received	OHA Response

33.	**Audience Group**: Legislative / Policy Makers, Political Lobbyists / Special Interest Groups
	
	Summary of Comments:
	• OHA should recognize and incorporate the important work to build and support Community Information Exchanges (CIE) which are tools to support social care navigation by making it easier for connecting individuals to available community resources
	• To address health-related social needs and advance health equity, it is critical that CBOs are adequately and sustainably funded
	• OHA's waiver application should recognize the importance of the HITOC/CIE Workgroup to set direction as state builds capacity to support SDOH benefits for transition populations and progress toward meeting upstream metrics related to SDOH screening and referral
	• OHA should consider the overlaps of ongoing CIE work in Oregon with those proposed in this waiver, including existing CIE governance structures and the Community Investment Collaboratives;
	• OHA pursue federal Medicaid matching funding to support CIE infrastructure investments, and should use this Waiver opportunity, coupled with administrative claiming opportunities, to communicate intent to build long-term sustainable financing of the CIE.
	• OHA's CIE work should include:
	  ○ Establish a single set of standards to allow for standardized data collection and streamlined care coordination efforts across the state, including CIE alignment with REALD regulations
	  ○ Establishing privacy and security requirements and protecting individual data privacy, with individuals maintaining control over their personal information.
	  ○ Billing systems adopted and/or procured by and/or for CBOs participating in reimbursement arrangements with CCOs should be seen as shared infrastructure
	  ○ Supporting a truly interoperable approach - OHP can play a role in this process by requiring integration and advancing interoperability standards,
	  ○ Fostering an open and focused network and giving members the opportunity to seek services through self-navigation, without being required to have someone else do it for them;	

17. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Please note, due to a longer response, this comment is formatted differently with the response below the summary of comments.

#	Summary of Comments Received
Summary: From all audiences who commented, OHA received strong feedback requesting removal of the waiver of EPSDT. Members and advocates, CCOs and health system representatives, and healthcare, community organizations cited concerns around children's health.	
34.	**Audience Group:** Members and Advocates **Summary of Comments:** • The waiver authority would be discriminatory against children with disabilities and their families • Oregon is the only state in the country to have a limit in place on these benefits for children under 19 • Limiting this benefit undermines the very core of what Oregon purports to do with its demonstration—advance health equity and maximize equitable access to coverage • OHA did not explain the services that would not be covered nor what protections the state has in place to ensure that restrictions on EPSDT services do not have a disparate impact on children of color • The proposal excludes treatment for disorders common in children with developmental disabilities, including selective mutism, conduct and impulse disorders, deformities of the upper body and limbs, sleep disorders, and pica • Many of the condition / treatment pairs that are "below the line" are debilitating but treatable, and denying coverage can lead to significant harm
35.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Waiver of EPSDT would deprive children with epilepsy of needed services • Request removal of EPSDT waiver • EPSDT ensures access to medical care for children in alignment with Congressional intent • EPSDT is particularly important for children and youth with special health care needs
36.	**Audience Group:** Healthcare, Community Organization, and Social Service Providers **Sumary of Comments:** • Request to end the waiver of EPSDT coverage • Concern that EPSDT is not needed for OHA to meet its stated goals for children's health • Request to provide medically necessary orthodontia services to advance health equity • Need for meaningful reporting and accountability structure once EPSDT waiver is removed • A request for data reporting stratified by subpopulation to ensure children are being served equitably under new orthodontia benefit

OHA Response

The Oregon Health Authority (OHA) appreciates the clear feedback from the community, including advocates, children's service organizations and other interested parties, regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to children and adolescents enrolled in the Oregon Health Plan (OHP). OHA has taken this feedback seriously.

After careful consideration of community input and a comprehensive internal review, the Oregon Health Authority (OHA) has made the decision *not* to seek a renewal of its longstanding waiver regarding the EPSDT benefit for children and adolescents in its upcoming 1115(a) Medicaid waiver renewal application in its current structure. In its waiver application, OHA will propose to the Centers for Medicare and Medicaid Services (CMS) to cover all treatments and services determined as medically necessary in accordance with the EPSDT benefit, after a phase out period, in the following manner.
The public and transparent process of Oregon's Health Evidence Review Commission (HERC) and of the Prioritized List of Health Services will retain important roles in determining OHP benefits for children, adolescents and adults. Oregon will specifically meet the ESPDT benefit requirements for children and adolescents in the following ways:

- Any covered treatment according to the Prioritized List of Health Services will, by default, be considered medically necessary for all people covered by OHP.
- For services not covered according to the Prioritized List, the medical necessity of services for individual children and adolescents will be considered on a case-by-case basis as required by EPSDT.

In preparation for this transition, OHA will take several steps to ensure that Medicaid-eligible children, adolescents and their families are aware of EPSDT and have access to required screenings and medically necessary treatments. These steps include but are not limited to:

- The HERC will complete a comprehensive review of services not currently covered according to the Prioritized List of Health Services with attention to the unique needs of children and adolescents. The HERC will adjust the Prioritized List to ensure that all medically necessary EPSDT services for the population of children and adolescents are covered.
- For services not covered according to the Prioritized List, OHA will ensure there are accessible and effective pathways for individual case-by-case review of medical necessity as required by EPSDT. OHA is aware that these processes can be lengthy and burdensome to providers and families and aims to improve that experience. OHA understands that children, adolescents and families managing complex medical needs require processes that are accessible and responsive to their needs.
- OHA will develop clear guidance and communications for providers and families to ensure they are aware of the change in benefits, including the right to an individual determination of medical necessity.

In order to achieve OHA's goal of ending health inequities by 2030, barriers to medically necessary care must be removed for children and adolescents in accordance with EPSDT. OHA appreciates the feedback from all interested parties regarding this important topic and looks forward to ongoing collaboration to optimize child and adolescent health as part of the state's next Medicaid waiver renewal.

18. Workforce

#	Summary of Comments Received	OHA Response
Summary: Consensus recognition of the impact workforce issues have had on the healthcare delivery system. Opportunities identified for Traditional Health Workers (THWs) to play an increased role in providing OHP services and increasing access to healthcare for people to receive services from providers they trust in their communities. Opportunities exist for payment reform and to address provider shortages in rural areas including dental providers, substance abuse treatment, and preventative services.		
37.	**Audience Group:** Members and Advocates **Summary of Comments:** • Support for using peer-based and community health workers, especially needed in rural areas • Expressed a need to further invest in workforce, in particular community health workers, doulas, home visitors, and peer navigators in order to support families' health • Request that Oregon work to create incentives and increase opportunities for people of color to be hired in medical settings or clinics to address generational trauma and mistrust in communities so that all can receive equal and appropriate care. • Request change to payment models regarding children's behavioral health, specifically: ○ Fund community-based care connecting families with services in their home, community, or school	**Response:** OHA appreciates the extensive comments on issues related to the healthcare workforce. We recognize a need for investment in the healthcare workforce, especially for behavioral health. OHA also appreciates the support for the proposal to expand the use of Traditional Health Workers (THWs) in the waiver application. OHA evaluated the recommendations provided by the Traditional Health Worker Commission and incorporated several of the recommendations into the application. This includes proposing that peer-delivered services not be limited to a treatment plan, the enrollment of justice-involved individuals 90-days prior to release, requesting coverage of non-medical transportation to access SDOH support services, housing supports including rent assistance, and the proposed changes to metrics to incentivize improvements in health equity. Those recommendations that fell outside the scope of the waiver or that were more appropriate
38.	**Audience Group:** CCO, Hospital, and Health System Representatives **Summary of Comments:** • Broaden the ability of OHP to use federal match for Traditional Health Worker (THW) services • There is a shortage of dental providers, especially in rural areas. • Concern about cost-effective provision of transportation benefit in rural areas. • Request that OHA clarify or address certificate of approval requirements and supervision requirements for Traditional Health Workers (THWs) • Request confirmation that the term "recovery peer" would encompass those peer specialists whose scope of work includes assisting individuals in their recovery from behavioral health and substance use disorders • Concern that the state's Traditional Health Worker Commission recommended enhancements to the waiver which were not reflected in the draft application	

#	Summary of Comments Received	OHA Response
39.	**Audience Group:** Healthcare, Community Organization, and Social Service Providers **Summary of Comments:** • Request that OHA address access to care issues for trauma-informed crisis services when providers are available but not contracted with the CCO in a rural area • Ensure that Traditional Health Workers, Community Health Workers, navigators – are covered at a livable wage rate to promote the quality and quantity of these positions in our state.	to pursue through contract or State Plan Amendment will be considered in the future.
40.	**Audience Group:** Legislative / Policy Makers, Political Lobbyists / Special Interest Groups **Summary of Comments:** • Open access to safety net providers and other community providers would create meaningful change for patient access and provider burden • Reinforced the need for increasing access to quality preventive and sexual and reproductive care when setting requirements for CCO provider network • Concerns about the ability of OHP members to receive care from providers within their own communities regardless of location or whether they are "in-network" for their CCO • When establishing CCO provider network requirements, commenters highlighted the importance of receiving care from community health workers, personal health navigators, peer wellness and support specialists and doulas to ensure trust between providers and patients, and allow for culturally responsive services for OHP members • OHA should explore other types of non-traditional community care/healing work that federal requirements may not allow to receive payment or that are not considered to be Traditional Health Workers (THW)	
41.	**Audience Group:** Government Partners **Summary of Comments:** • Support to use person and community-centered approaches such as Personal Health Navigators, Traditional Health Workers, Peer Support Specialists and Peer Wellness Specialists	

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