Joint Task Force on Universal Health Care

December 10, 2020

Chair Goldberg

Vice-Chair Junkins

Public Testimony – November/December

November (five written submissions; two oral testimonies)

- 399,000 Oregonians living with diabetes, 1 million Oregonians living with prediabetes; diagnosed diabetes costs $4.3 billion in Oregon, annually; people with or at risk of diabetes need robust health care (testimony)
- Health care system is inadequate, biased, broken; people are suffering; health care system needs significant if not monumental change (testimony)
- Direct and indirect costs of the current system; guarantee universal access to comprehensive cost-effective health care, especially primary care; broad progressive tax base to fund universal care (testimony)
- Insurance-driven health care system; profiteering; innovation at the state level (testimony)
- Commentary on the scope of work for the Task Force and TAGs (testimony)

December (eight written submissions)

- Commentary on plan eligibility, provider reimbursement, and affordability (see Dec. 10 meeting materials for written testimony)

Oregon Revenue and Public Financing Structure

Chris Allanach, Director, Legislative Revenue Office (LRO)
Dae Beck, Revenue Economist, LRO

Main Health Care Funding Sources

- **Employer—**contributions to premiums for self-insured and fully insured plans, payroll taxes for Medicare
- **Individual and household—**employee contributions to premiums, individually purchased premiums, and out-of-pocket spending on covered benefits
- **State and local government —** Medicaid expenditures, premium contributions PEBB/OEBB, state and local tax subsidies for employer-sponsored coverage (ESI)
- **Federal government—**Medicare, federal tax subsidies for ESI, federal share of Medicaid, ACA subsidies, and other government programs (e.g., payments to federally-qualified health centers)

Oregon Public Financing

- What is the projected tax revenue needed to fund the program biannually?
- How will employer payments for ESI, which are excluded from employees' taxable income for state income and payroll taxes, be addressed?
- If based on a "progressive" tax structure, what are the tax rates and the degree of progressivity?
- Based on the health plan's design, what is the impact on federal revenue currently used to fund health spending in Oregon (e.g., Medicaid)?
- How will Oregon's health care provider taxes and the Oregon Health Plan be addressed?
- What types of revenue stream(s) will not impose a burden on individuals who would otherwise qualify for Medicaid or ACA subsidized coverage?

Overview of Oregon's Revenue System

HEALTH CARE TASK FORCE

DECEMBER 10, 2020

State of Oregon
LEGISLATIVE REVENUE OFFICE

Presentation Outline

- Provide some contextual background on Oregon's public finance system
- Start to lay a foundation for policy discussions and decisions

- Initial Context
- Revenue System
- State Comparisons
- Tax System
- Tax Expenditures and New Taxes
- Kicker and Reserve Accounts

Tax Revenue Policy Fundamentals

- Tax system goals in ORS 316.003
  - Not regressive
- Adequacy
  - Purpose of revenue is to finance public goods & services
- Equity
  - Ability to Pay
  - Benefits Received
- Administrative Efficiency

Oregon Economy Basics

2019

- Personal Income: $224 Billion
- Gross State Product: $254 Billion
- Employment: 1,943,337
  - Private Nonfarm: 1,644,642
  - Government: 298,696
    - Federal: 28,477
    - State: 40,823
    - Local: 229,396
- Oregon is about 1% of the U.S. ….

Source: BEA, OEA

State Revenue

GENERAL PURPOSE REVENUE

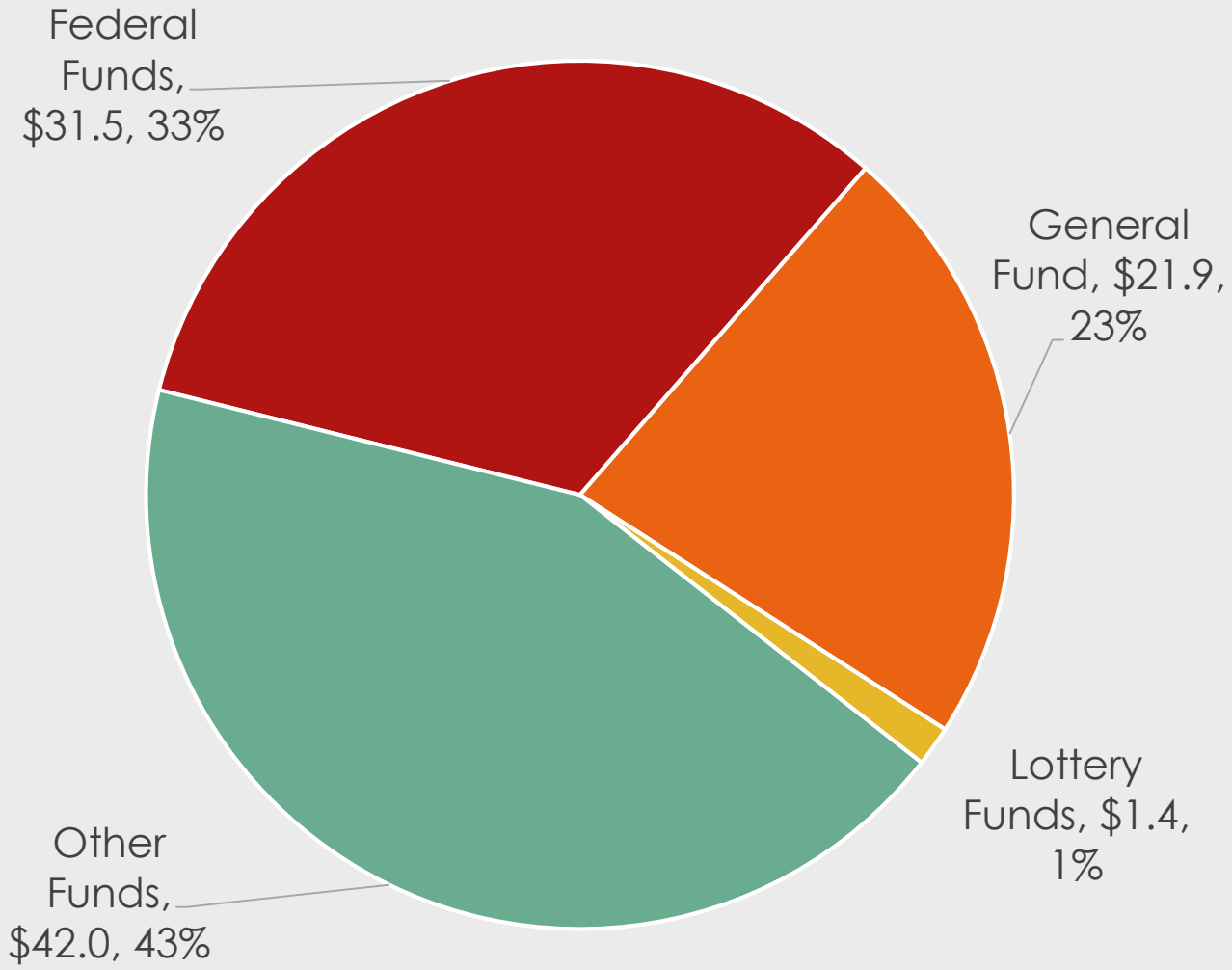
DEDICATED REVENUE

(NOT LOCAL GOVERNMENTS)

2019-21 "All Funds"

- $96.9 Billion

- By Revenue Source

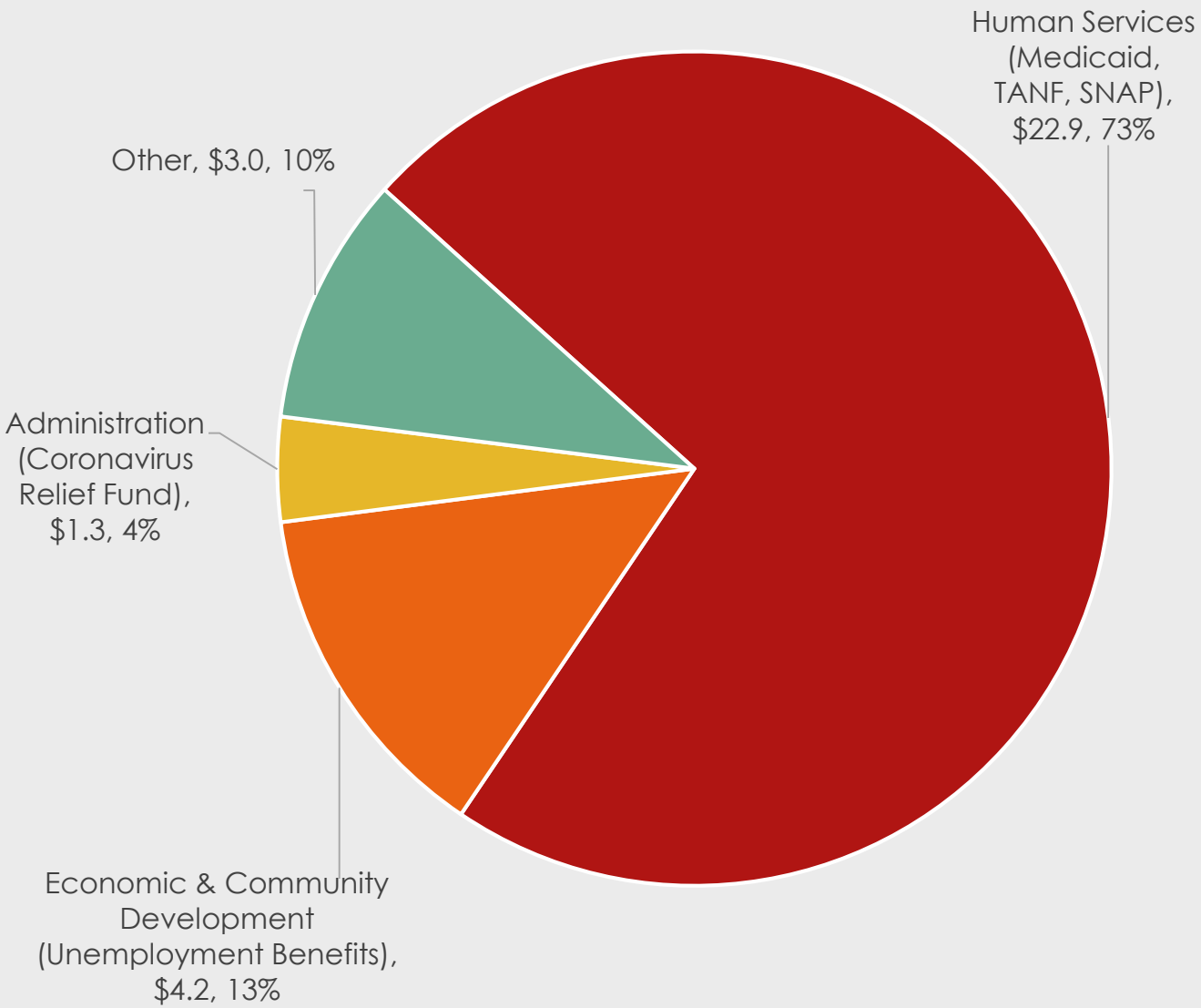


Source:
LFO, 2019-21 Budget Highlights
September 2020

2019-21 Federal Funds

- $31.4 Billion

- By Spending Category

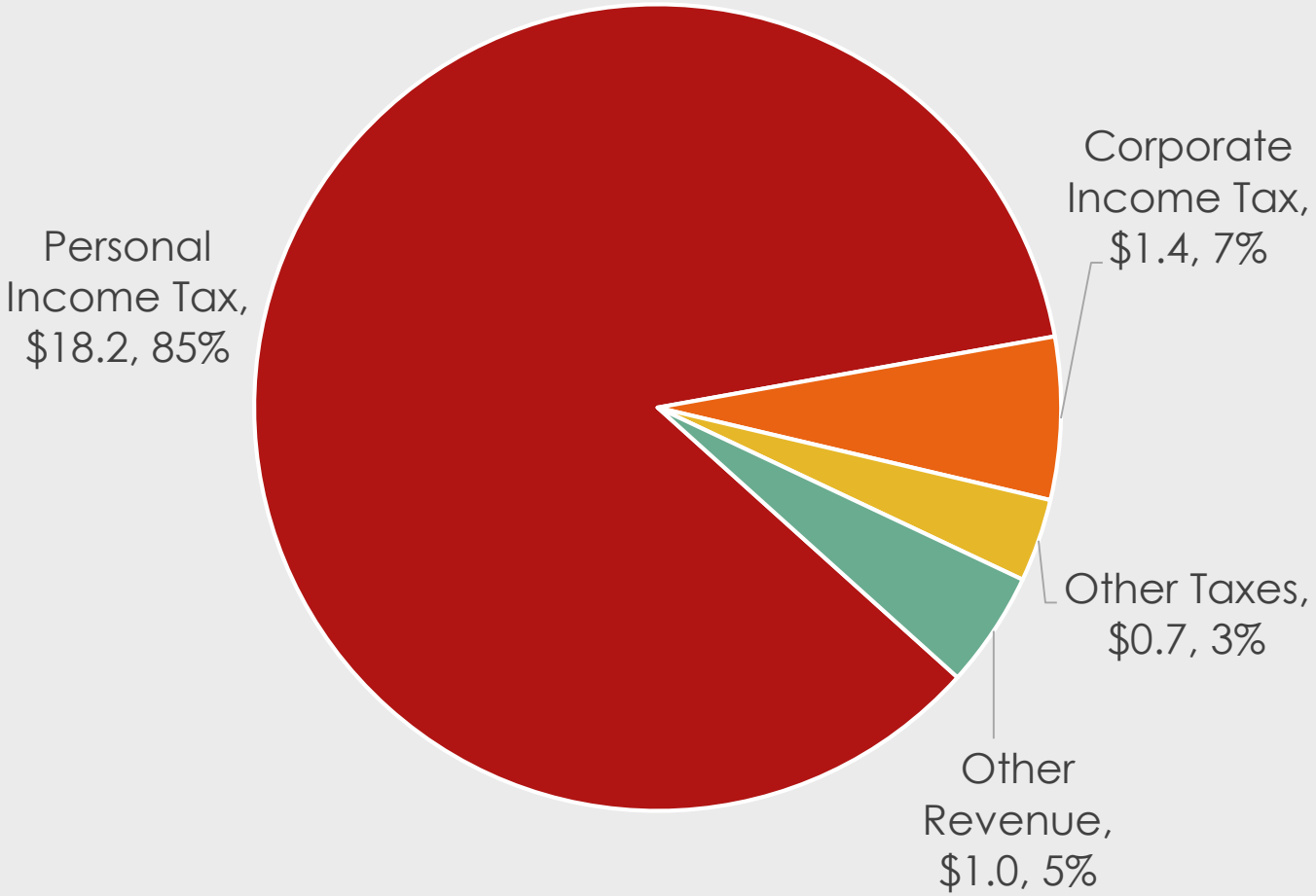


Source:
LFO, 2019-21 Budget Highlights

2019-21 General Fund

- $21.3 Billion

- By Revenue Source

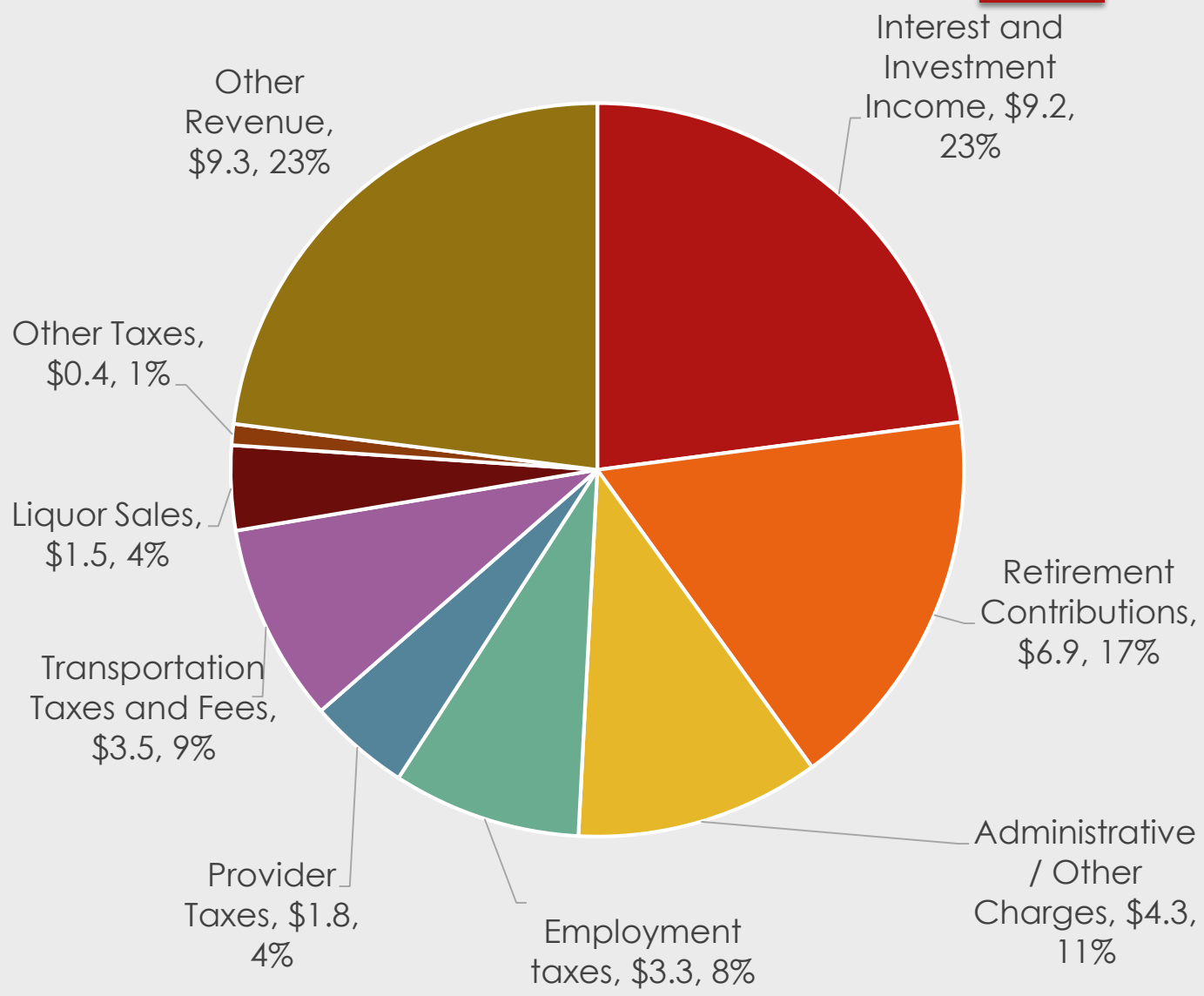


Source:
OEA, December 2020 Forecast

2019-21 Other Funds

- $40.3 Billion

- By Revenue Source



Source:
OEA, November 2020

Oregon in Comparison

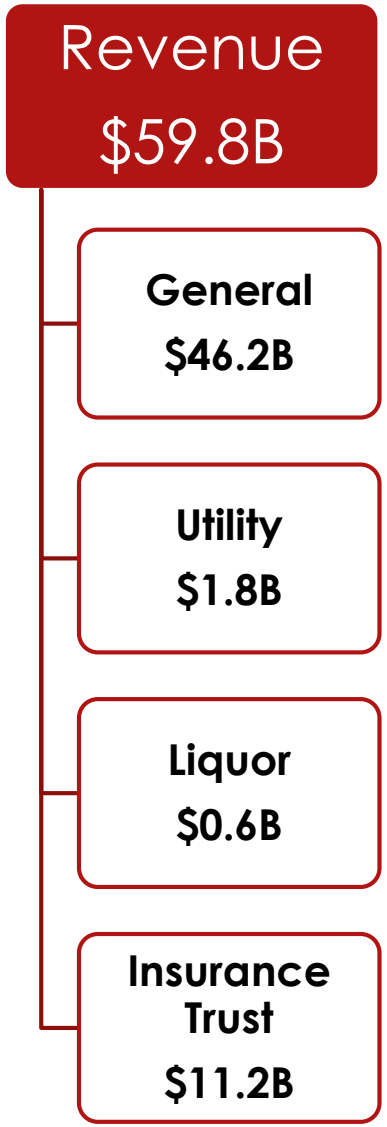
2018 CENSUS DATA

STATE AND LOCAL GOVERNMENTS

State of Oregon
LEGISLATIVE REVENUE OFFICE

Data Overview

2018 Census of State and Local Government Finances



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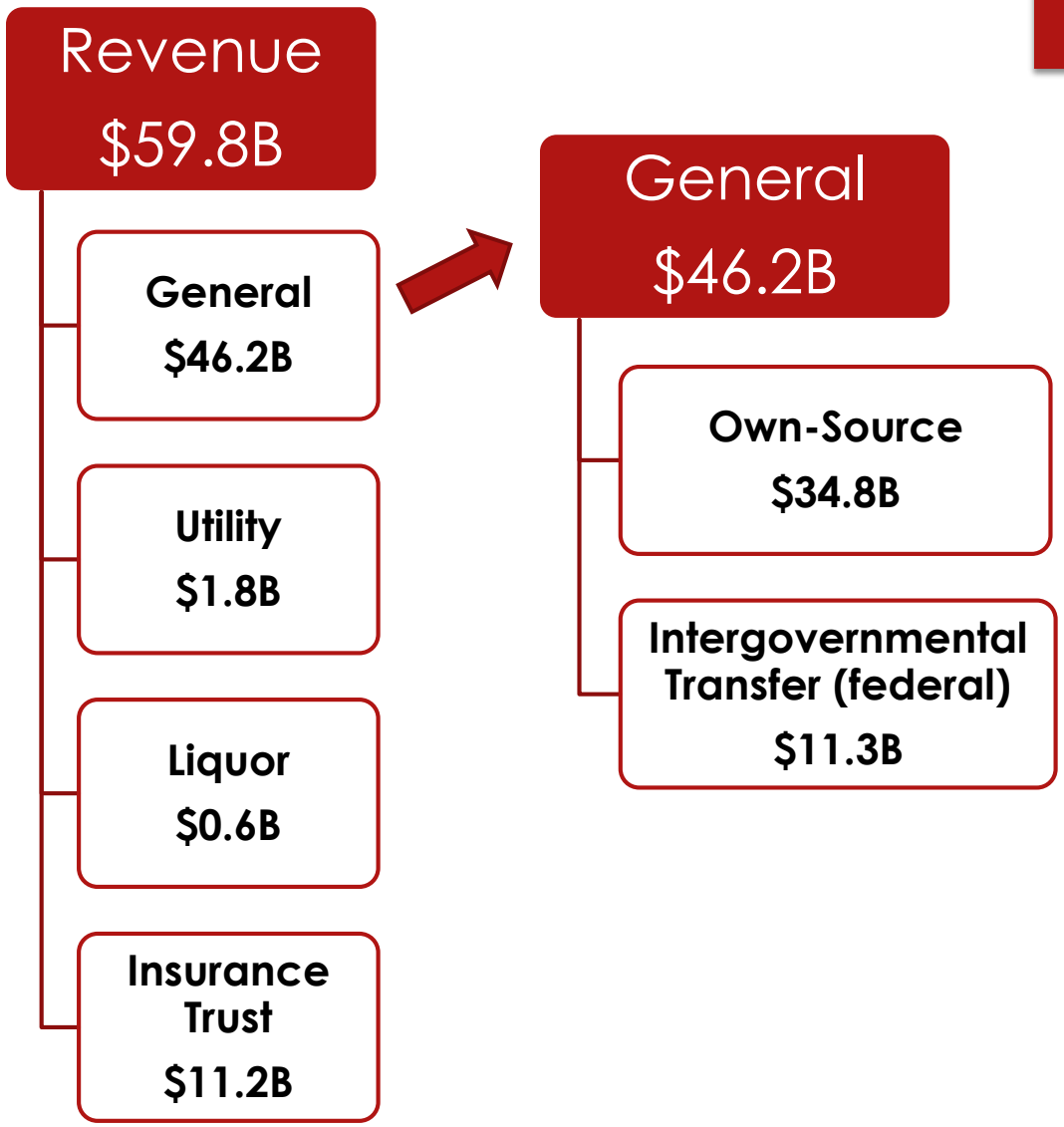

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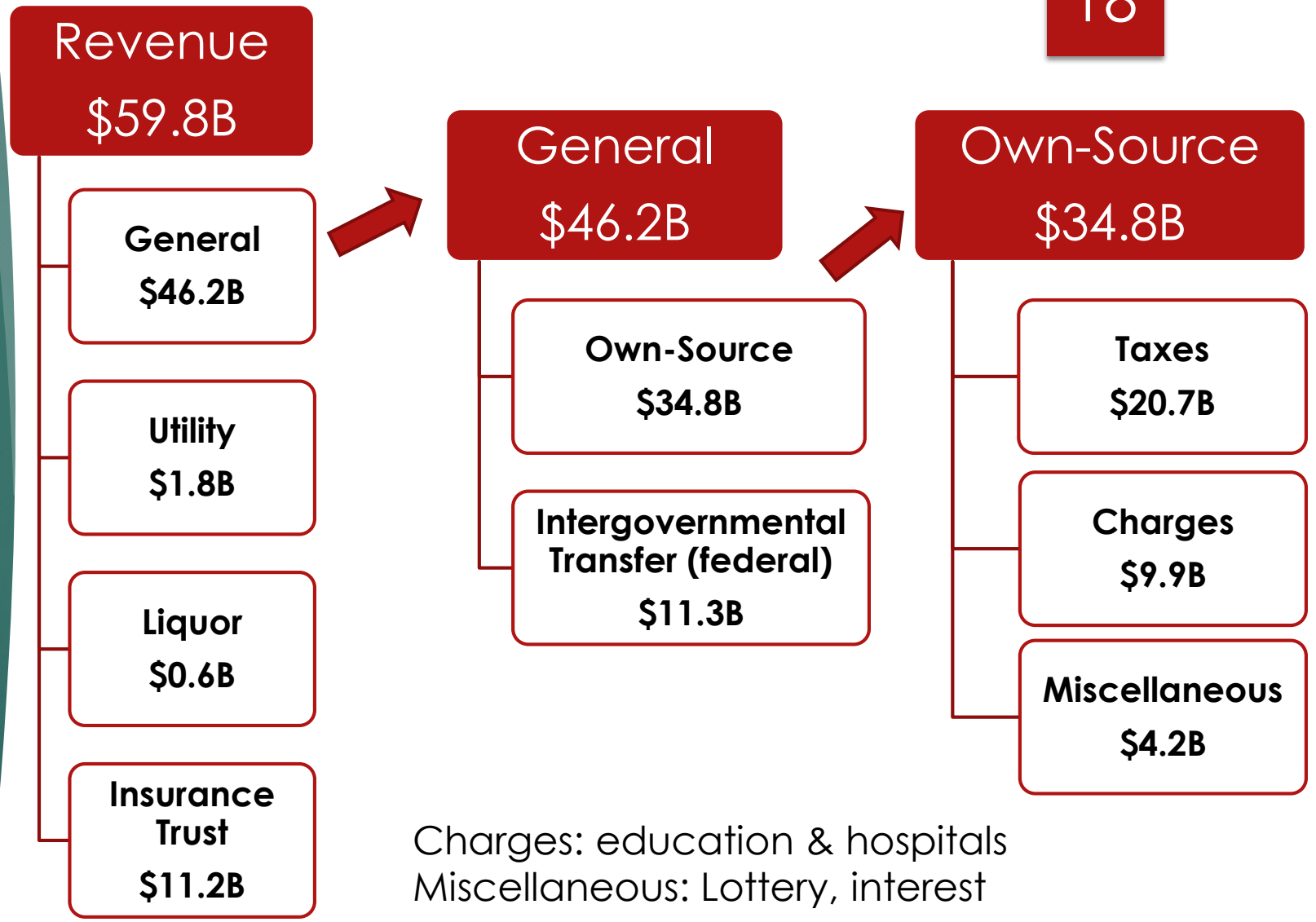
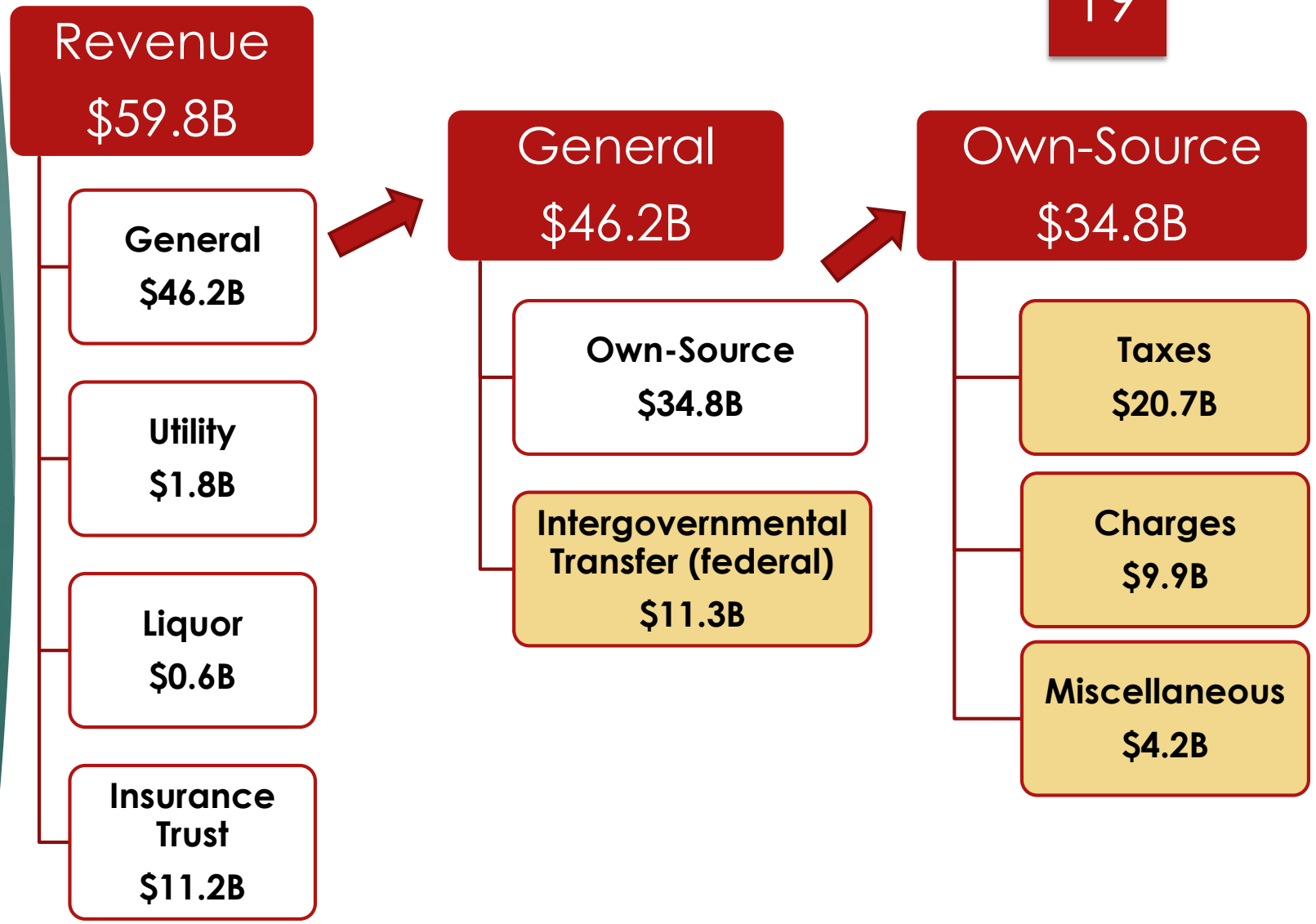


Charges: education & hospitals
Miscellaneous: Lottery, interest

Data Overview

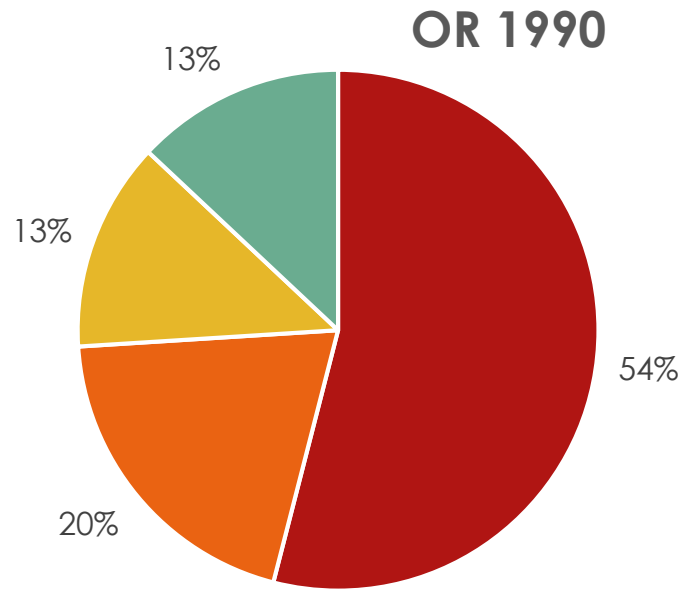
2018 Census of State and Local Government Finances

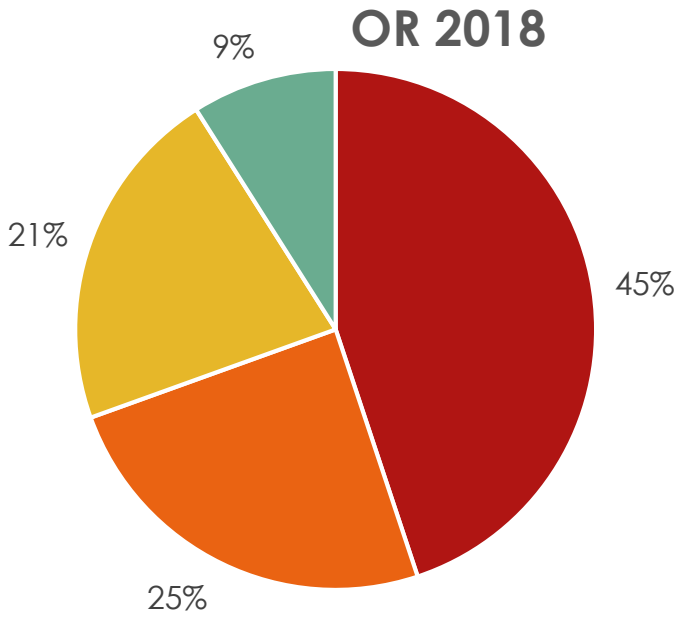


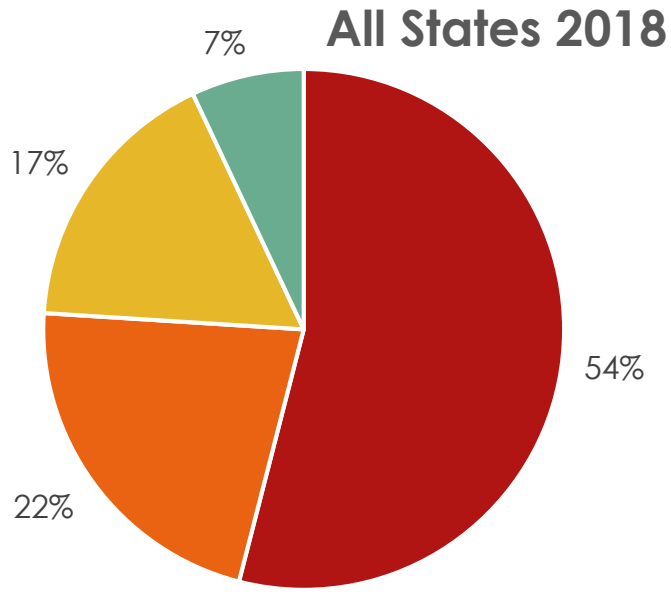
State and Local Revenue Sources

Oregon and the "average" state

2018 Census Data

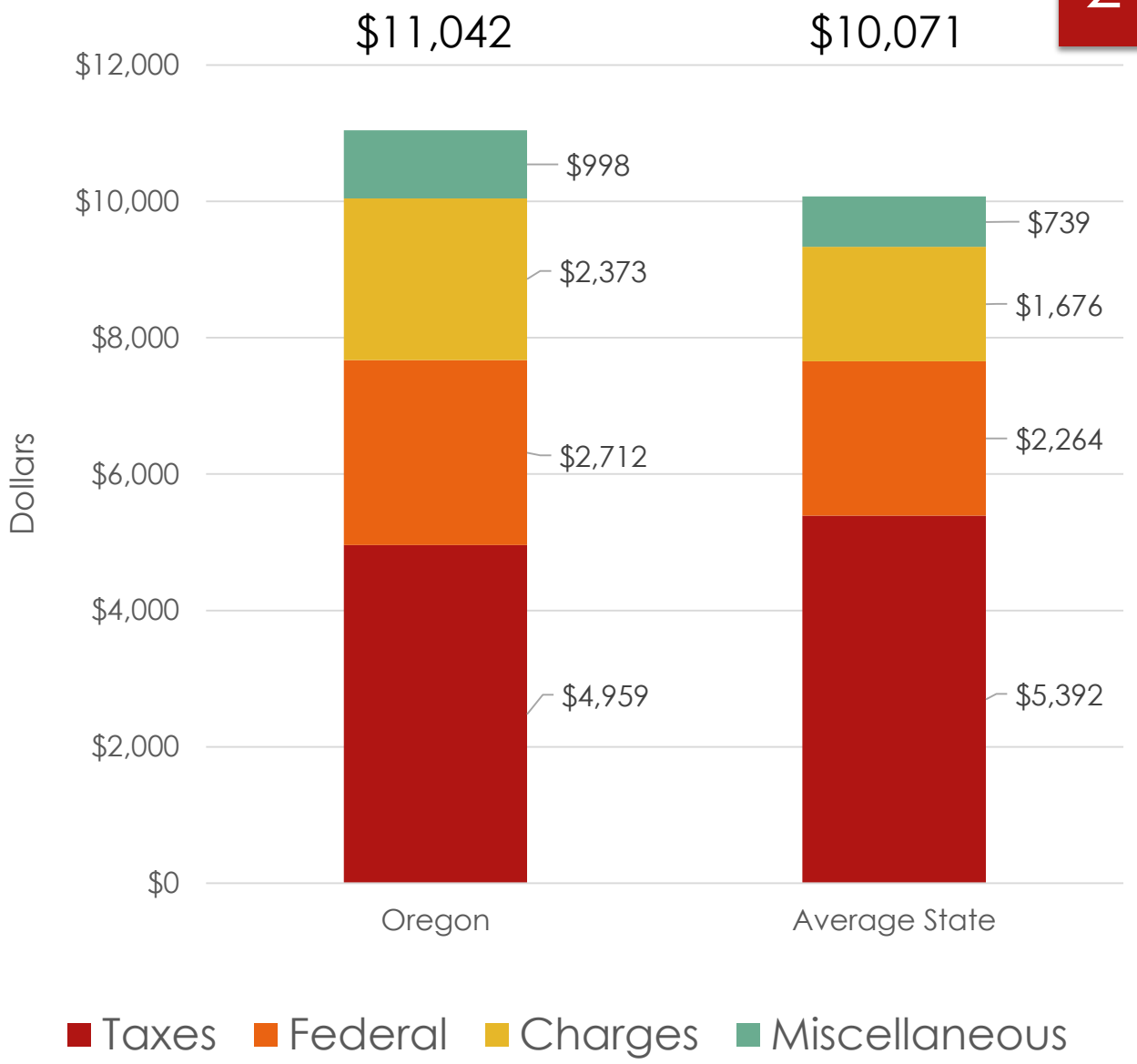






State and Local General Revenue Sources: Per Capita

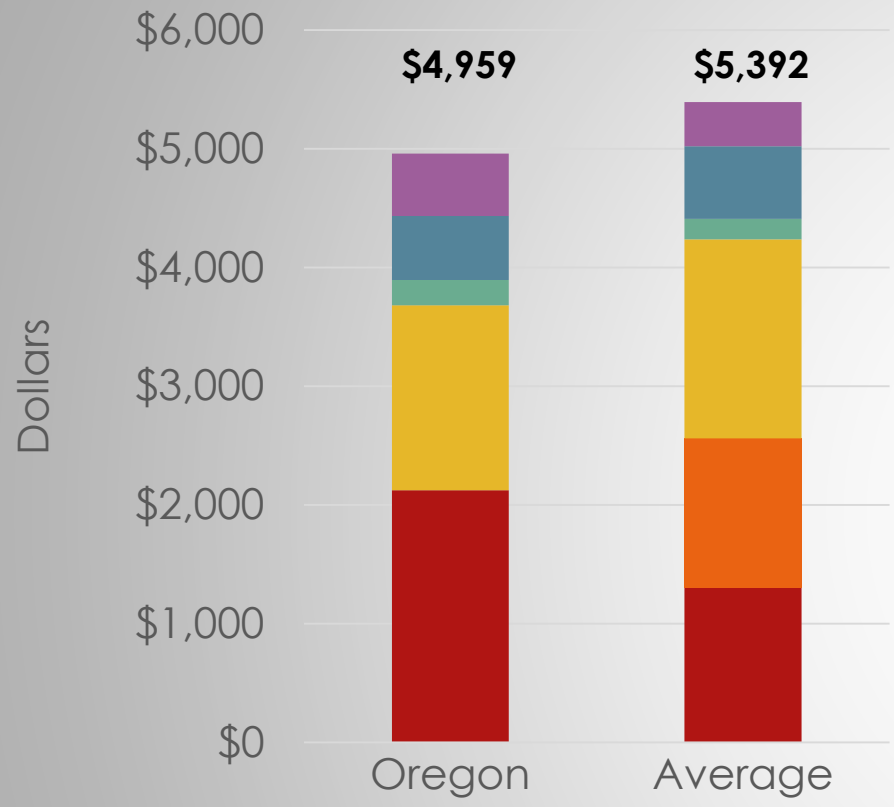
2018 Census Data



State and Local Tax Comparisons

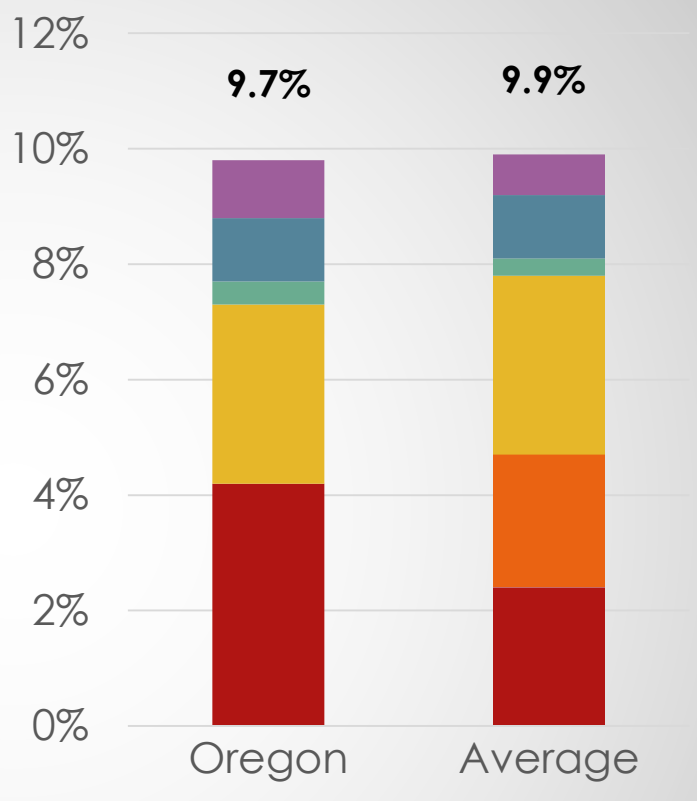
2018 Census Data

Per Capita



	Oregon	Average
Other	$527	$371
Sel Sales	$538	$613
Corporate	$215	$172
Property	$1,557	$1,675
Gen Sales	$0	$1,258
Income	$2,123	$1,303

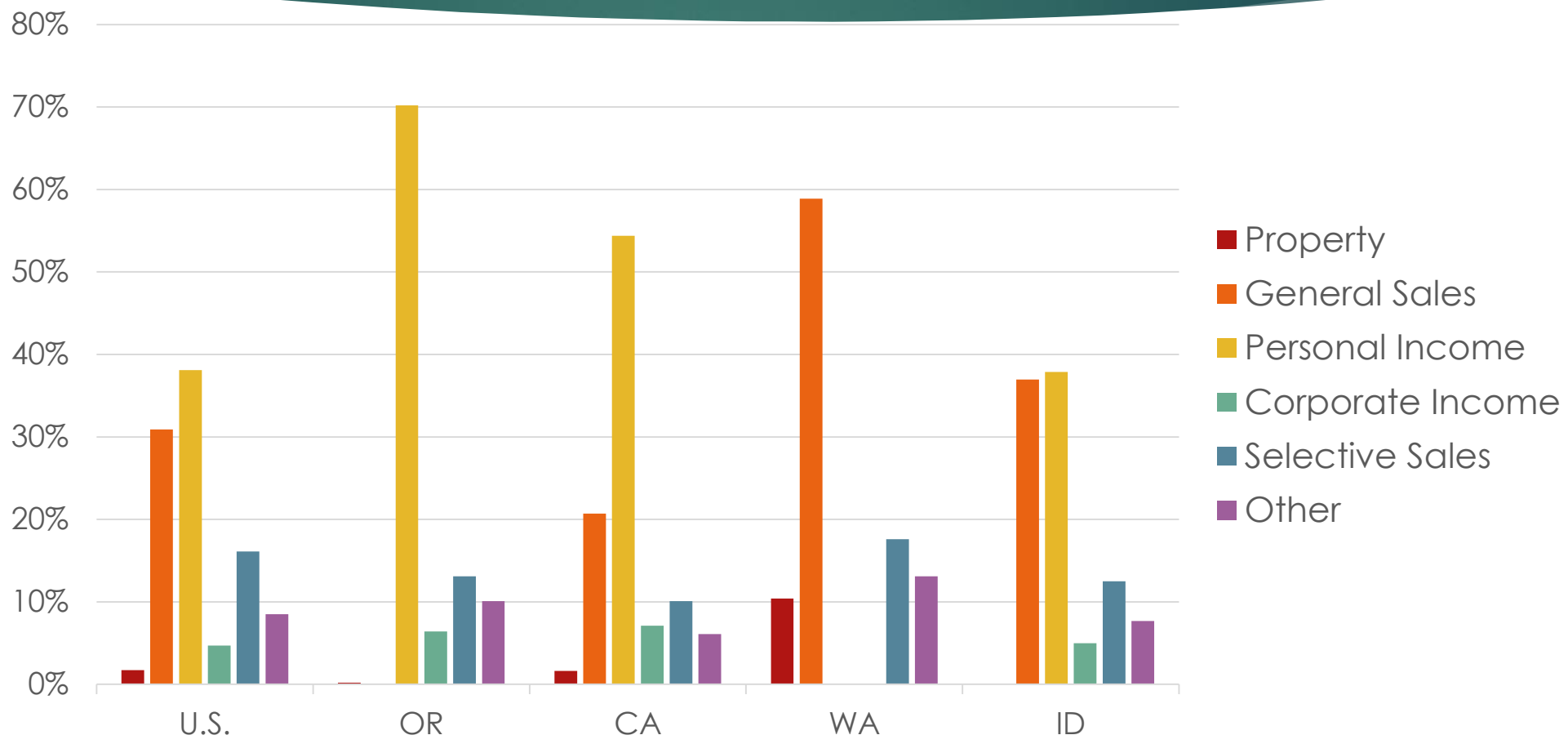
% of Income



	Oregon	Average
Other	1.0%	0.7%
Sel Sales	1.1%	1.1%
Corporate	0.4%	0.3%
Property	3.1%	3.1%
Gen Sales	0.0%	2.3%
Income	4.2%	2.4%

State Taxes By Source
(not local)

2018 Census Data



Tax System Details

2019-21 Taxes

Source:
OEA, December 2020 Forecast and Other Funds Report

Tax	Type	$ Millions
Personal Income Taxes	General Fund	$18,182
Employment Taxes	Other Funds	$3,343
Transportation Taxes	Other Funds	$2,782
Provider Taxes	Other Funds	$1,798
Corporate Income Taxes	General Fund	$1,384
CAT	Other Funds	$1,224
Estate Taxes	General Fund	$468
Cigarette and Tobacco Taxes	General & Other Funds	$434
Marijuana	Other Funds	$307
Insurance Taxes	General & Other Funds	$180
Total		$30,103

Personal Income Tax Rates

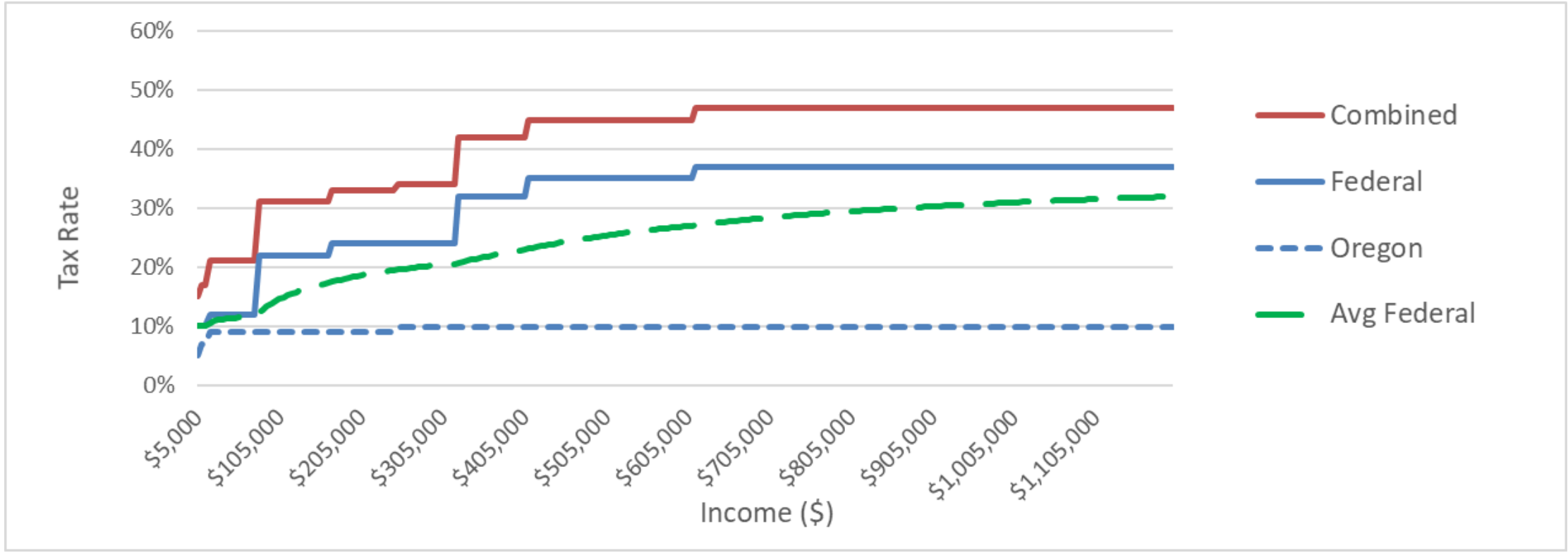
Joint Filers, 2019

Federal Base Rates	
Taxable Income	Tax Rate
Not over $19,400	10.0%
$19,400 to $78,950	12.0%
$78,950 to $168,400	22.0%
$168,400 to $321,450	24.0%
$321,450 to $612,350	32.0%
Over $612,350	35.0%

Oregon	
Base Rates	
Taxable Income	Tax Rate
Not over $7,100	5.0%
$7,100 to $17,800	7.0%
$17,800 to $250,000	9.0%
Over $250,000	9.9%

Pass-Through Entities	
Taxable Income	Tax Rate
Not over $250,000	7.0%
$250,000 to $500,000	7.2%
$500,000 to $1,000,000	7.6%
$1,000,000 to $2,500,000	8.0%
$2,500,000 to $5,000,000	9.0%
Over $5,000,000	9.9%

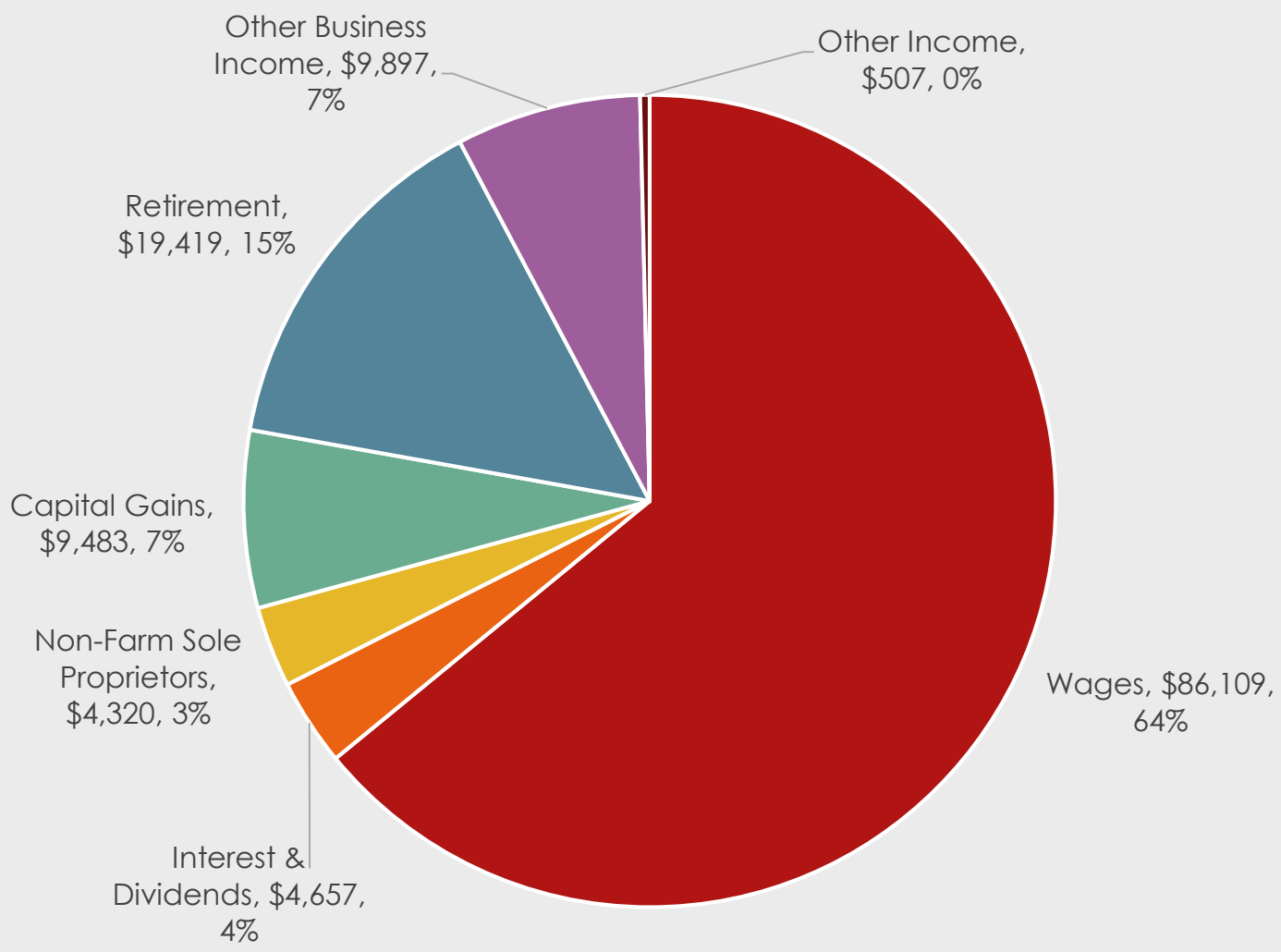
Personal Income Tax Rates, 2019



Personal Income Tax Gross Income

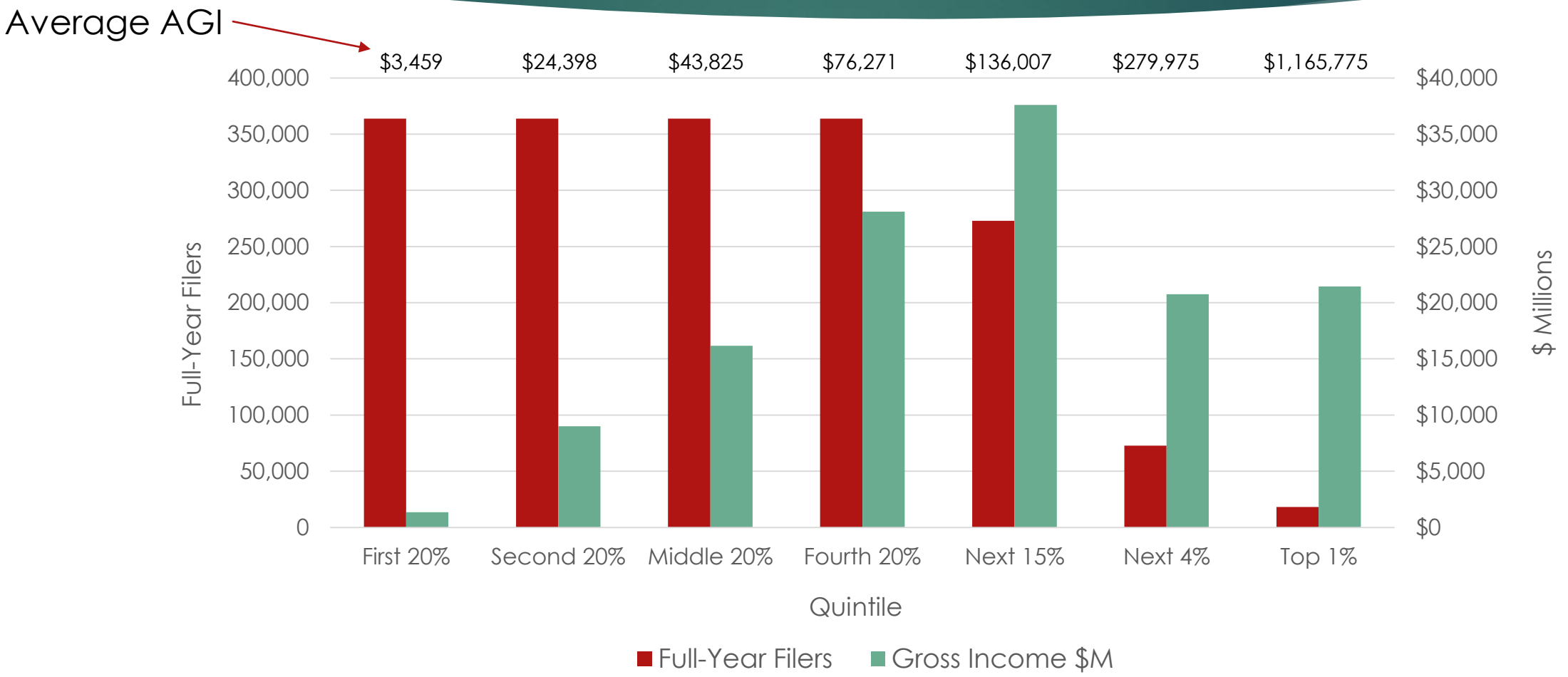
Full-year filers, 2018
$134,392M

Source: Department of Revenue



Personal Income Tax, 2018

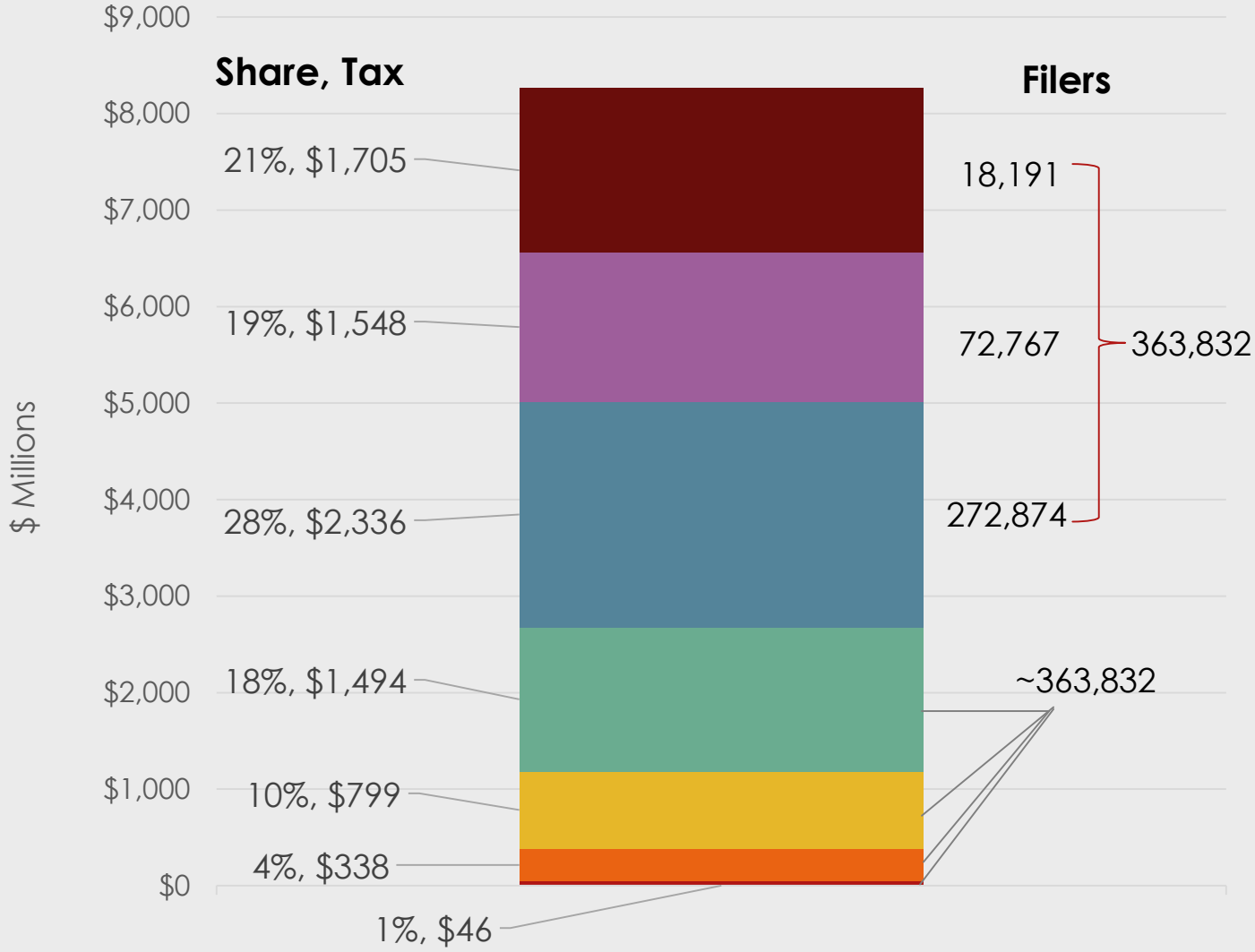
1,819,167 Full-Year Filers
$134,392M of Gross Income



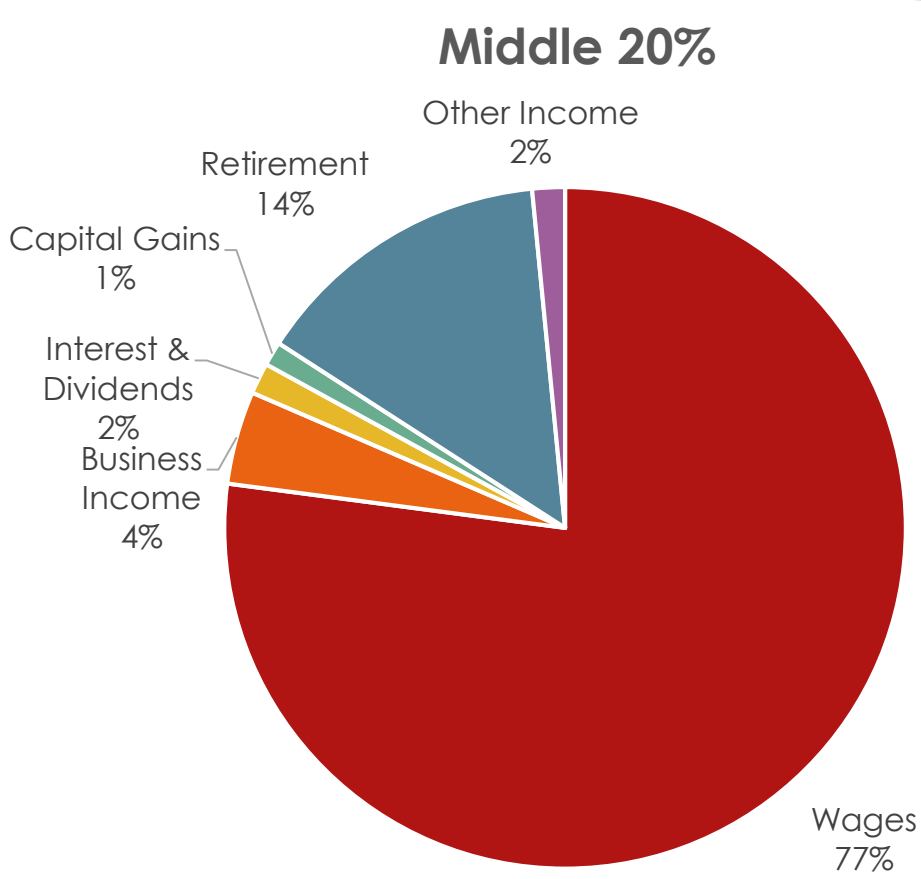
Personal Income Tax

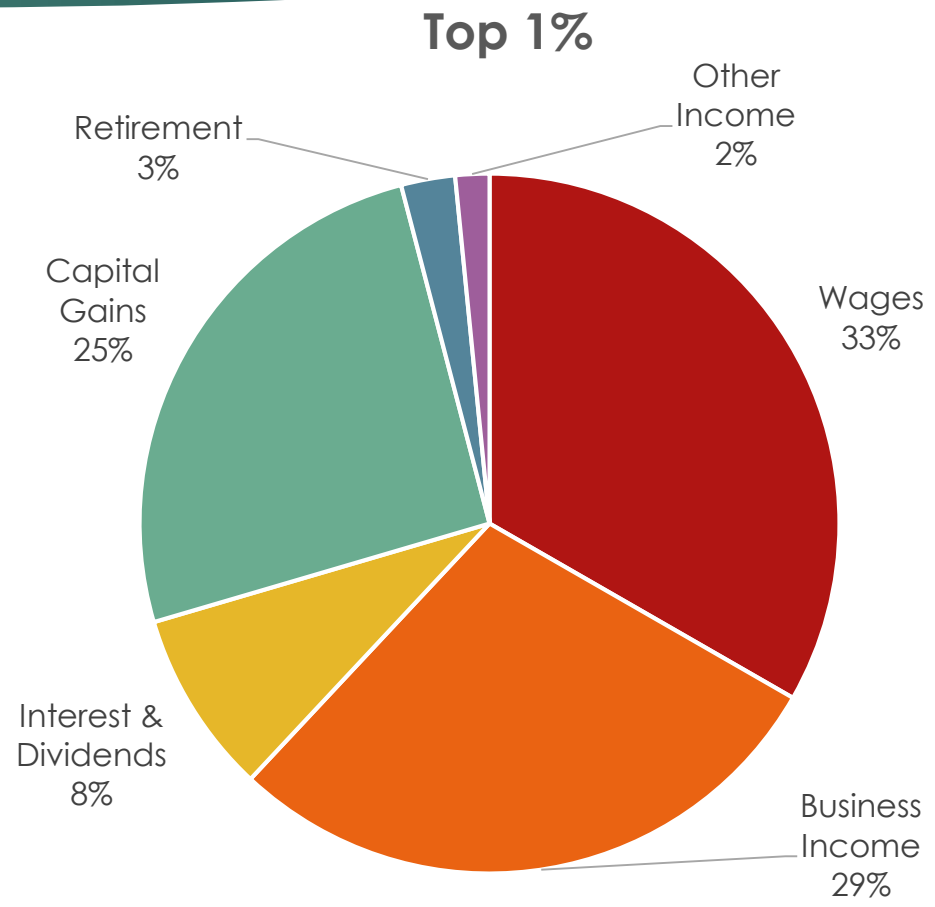
Full-year filers, 2018
$8,267M

Quintile Group	AGI Range
Top 1%	over $458,700
Next 4%	$202,600 - $458,700
Next 15%	$100,100 - $202,600
Fourth 20%	$57,100 - $100,100
Middle 20%	$32,900 - $57,100
Second 20%	$16,100 - $32,900
First 20%	under $16,100



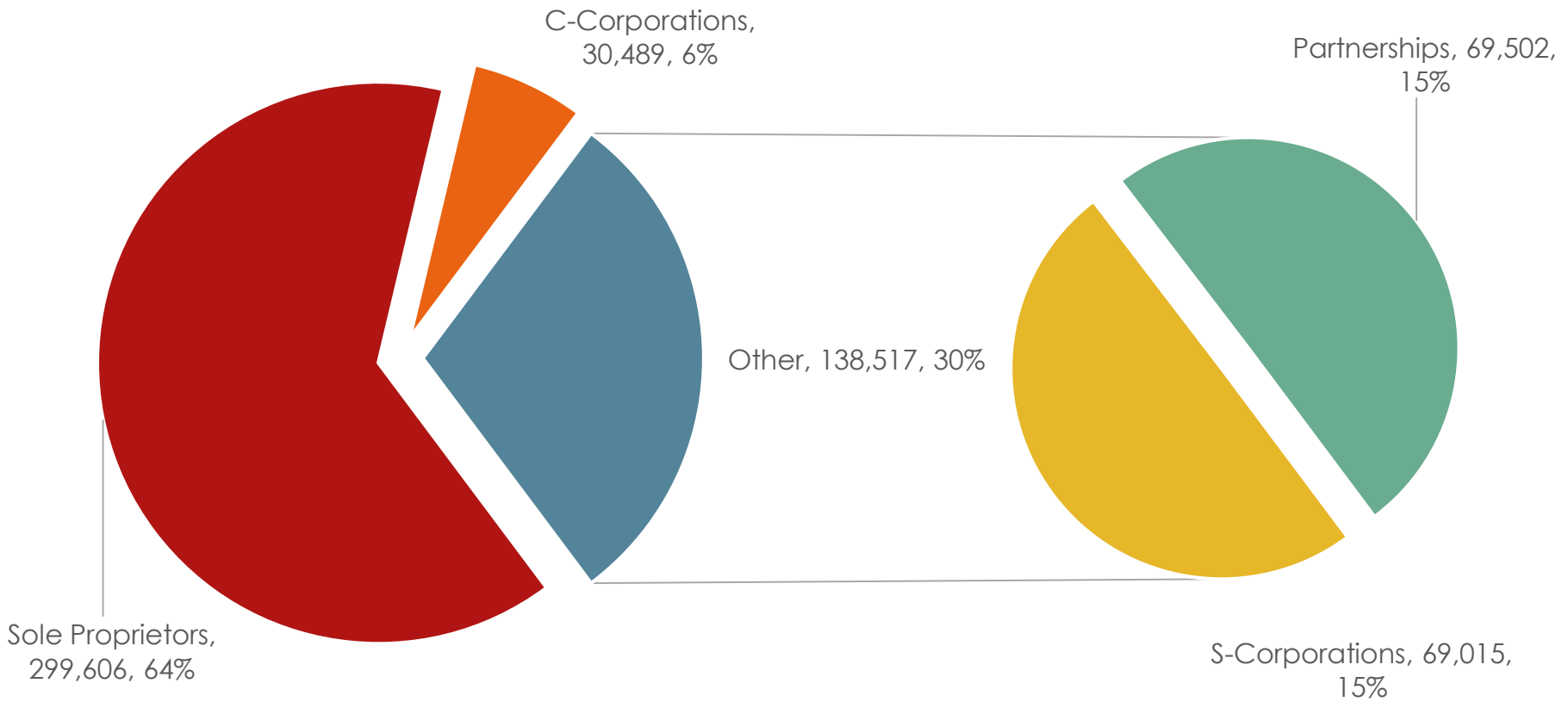
Personal Income Tax, 2018
Income Components by Income Level





2017 Tax Returns with Business Income

468,612 Businesses

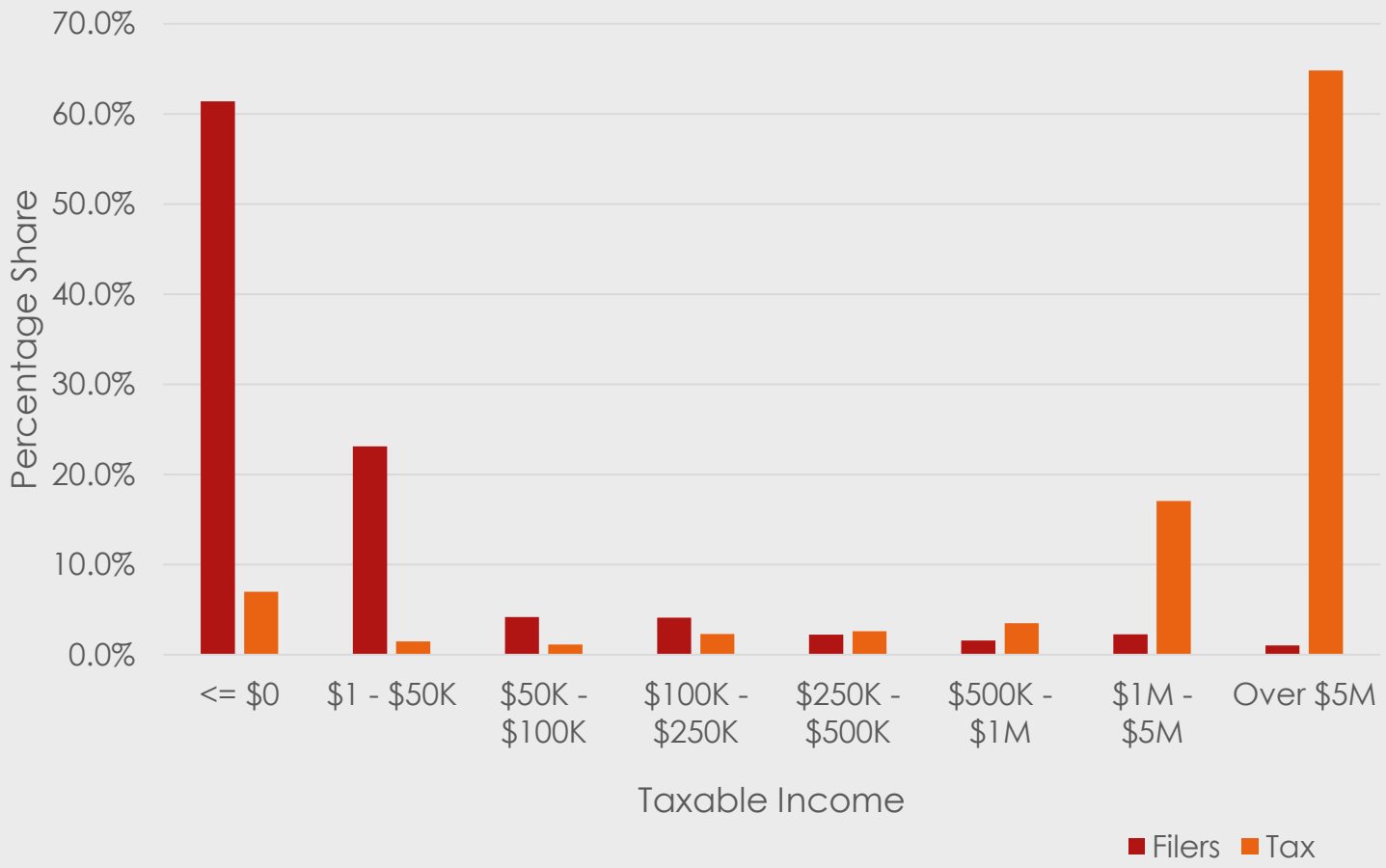


Corporate Excise & Income Taxes

Share of Total

Tax Year 2017
30,589 Filers
Tax of $608M

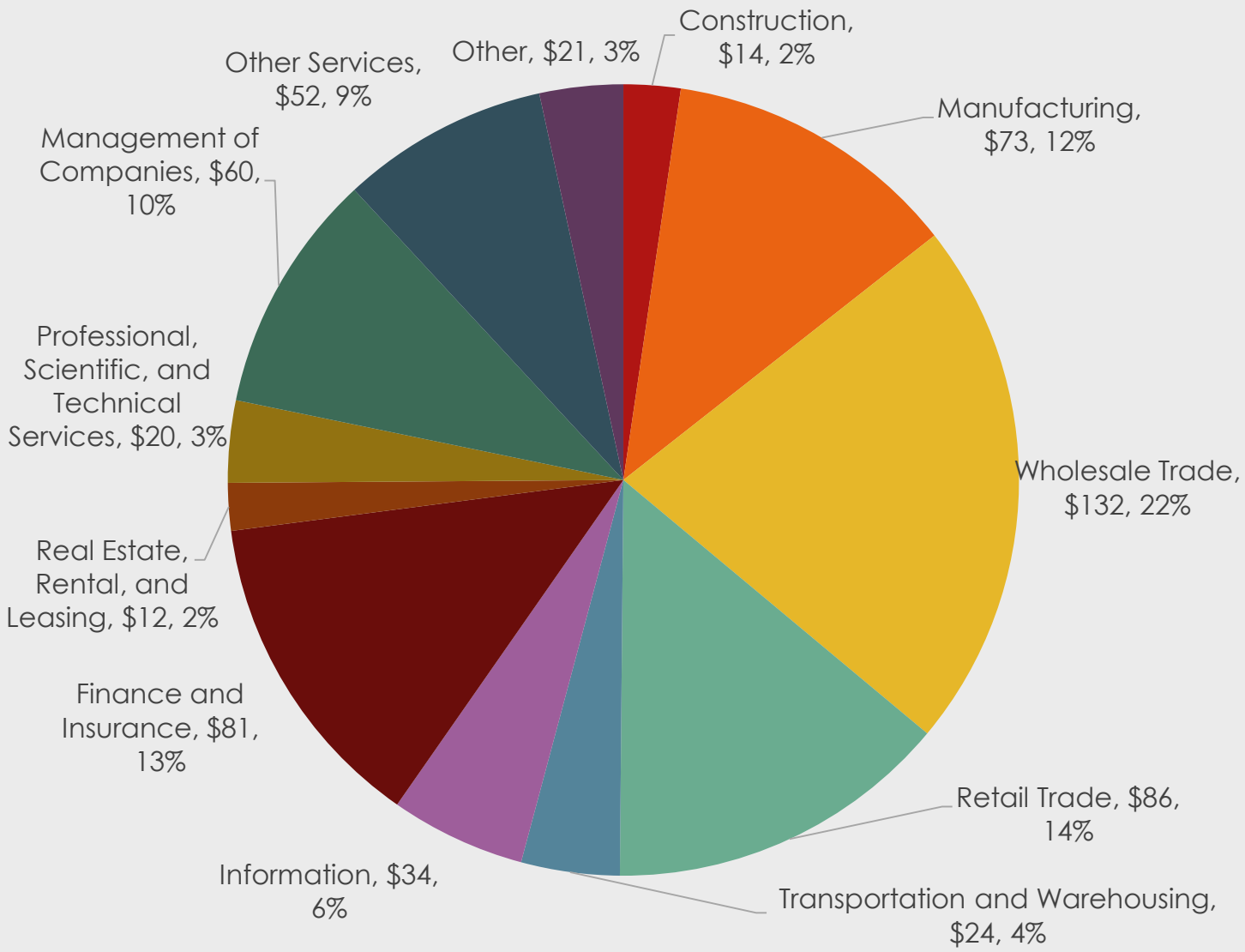
Base Rates	
Taxable Income	Tax Rate
Not over $1M	6.6%
Over $1M	7.6%



Corporate Excise & Income Taxes

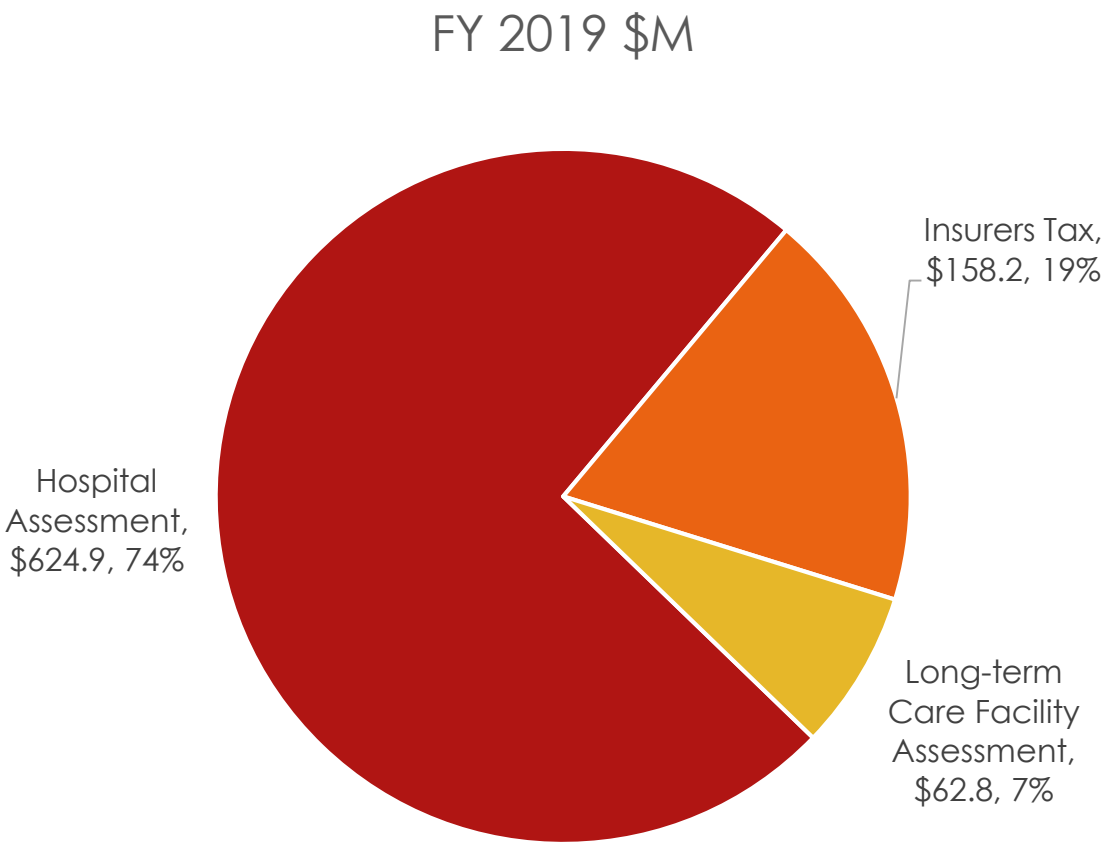
Share of Total Tax

Tax Year 2017
30,589 Filers
Tax of $608M



Medical Provider Taxes $846M

- Hospital Assessment
  - 4% / 6% of net patient revenue
- 2% Insurance Premiums Tax
  - gross premiums derived from health benefit plans delivered or issued for delivery in Oregon.
- Long-Term Care Facility Assessment
  - About $25 per patient per day



Other Considerations

Health Related Tax Expenditures

- Employer Paid Medical Benefits $1,681M
- Self-Employment Health Insurance $95M
- Health Savings Accounts $54M
- Medical and Dental Expenses $310M
- Medical Subtraction for Elderly $64M
- Rural Medical Credit $14M

Source: 2021-23 Tax Expenditure Report

New Taxes Starting in 2020 or later

- Corporate Activity Tax
  - $250 + 0.57% of commercial activity
  - Effective 1.1.20
- Paid Family Medical Leave
  - 1% of payroll (40/60 split employer/employee)
  - Effective 1.1.22
- Local Taxes
  - Portland gross receipts
  - Metro income tax for housing support

Local Taxes FY 2018-19 $Millions

- Total is $9.3 Billion

PROPERTY TAXES	$7,127
TRANSIT PAYROLL & EMPLOYMENT TAXES	$414
FRANCHISE TAXES	$317
HOTEL-MOTEL	$200
PORTLAND BUSINESS LICENSE TAX	$149
MULTNOMAH COUNTY BUSINESS TAX	$85
MOTOR VEHICLE RENTAL TAX	$31
MOTOR FUEL TAXES	$37
WASHINGTON COUNTY TRANSFER TAX	$7

Source:
LRO, Basic Facts, January 2020

Oregon Kicker and Reserve Accounts

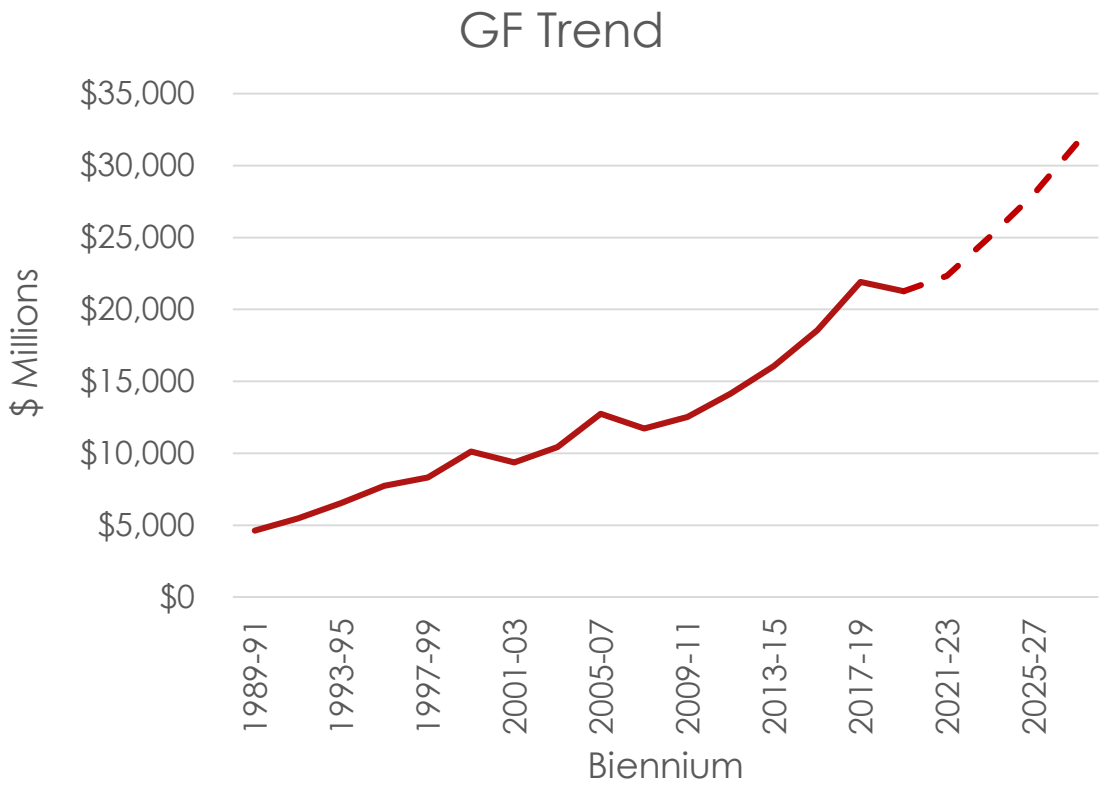
Oregon's 2% Kicker

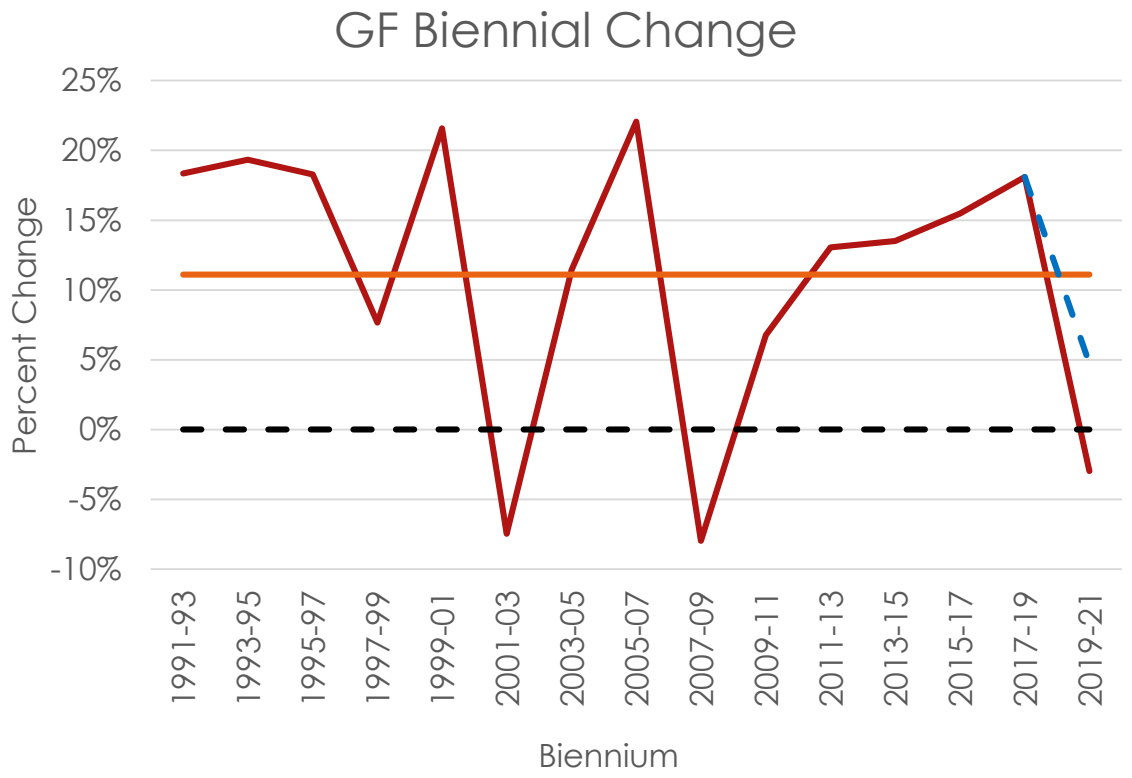
- Based on all General Fund revenue except corporate—mostly personal income tax collections
- Comparison of regular session forecast with actual revenue
- If actual >2% above—all revenue above forecast returned to taxpayers as credit

Kicker history

- Put in statute in 1979; constitution in 2001
- Personal kicker has been triggered 12 times (suspended once) in 20 biennia since 1979
- Personal kicker has triggered for a total of $5.3 billion between 1979 and 2019—an average of 2.7% of General Fund revenue for that period
- Current kicker is $1,688 million or 7.7% of 2017-19 General Fund revenue.

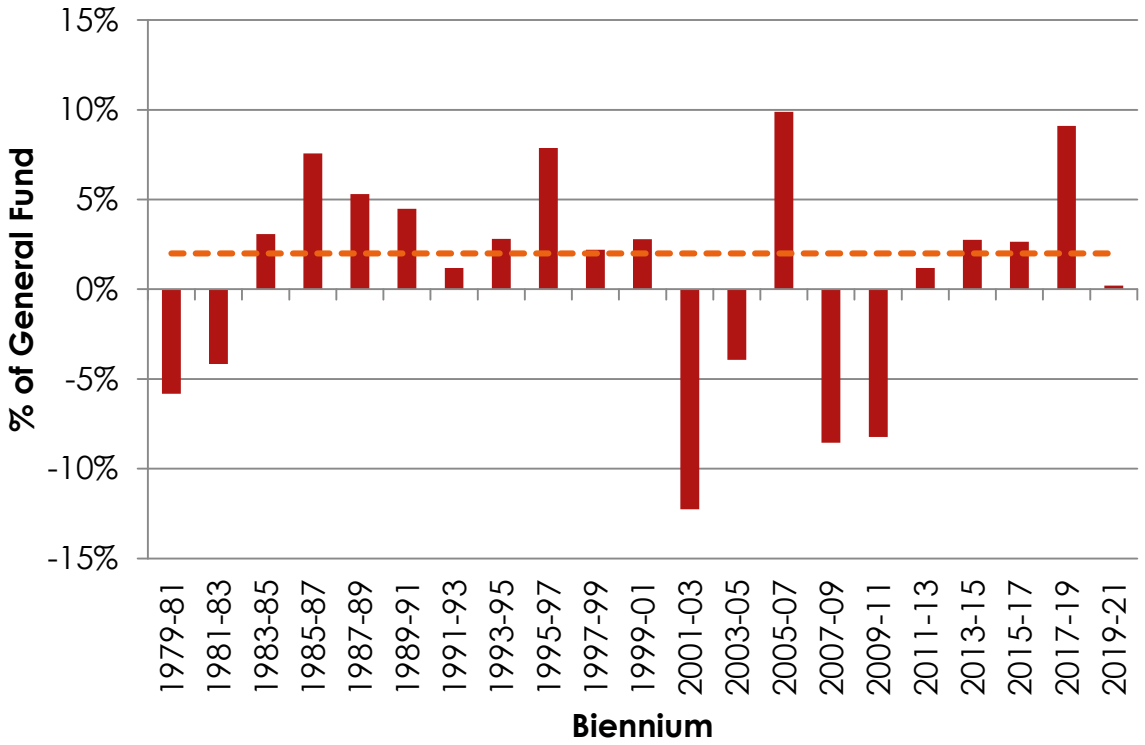
General Fund Revenue Volatility
(Trend and Biennial Percentage Change)



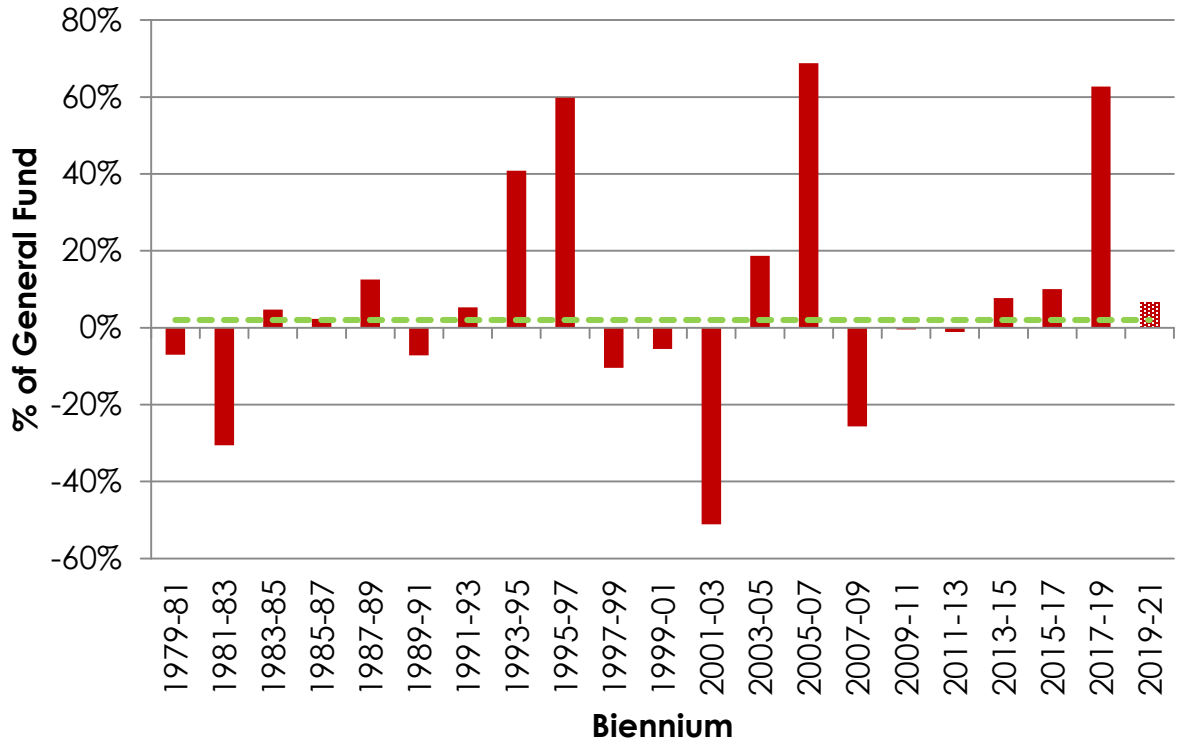


Kicker History and the 2% Threshold

Personal Kicker



Corporate Kicker



State Reserve Position ($ Millions)

	Education Stability Fund	Rainy Day Fund	Total Reserves
Source of Funds	Lottery	1% of Appropriations; Corporate Income Tax	
Use of Funds	Public Education	General	
Beginning Balance	$621	$667	$1,288
Deposits	$227	$275	$509
Withdrawals	$420	$0	$419
Projected Ending Balance	$427	$942	$1,377
Cap	$1,095	$1,643	

For More Information

- LEGISLATIVE REVENUE OFFICE
- 900 COURT ST. NE, ROOM 160
- SALEM, OR 97301
- 503-986-1266
- HTTPS://WWW.OREGONLEGISLATURE.GOV/LRO

Long Term Services and Supports

- Office of Aging and People with Disabilities
- Office of Developmental Disabilities Services

December 10, 2020

PRESENTATION

Aging & People with Disabilities Overview

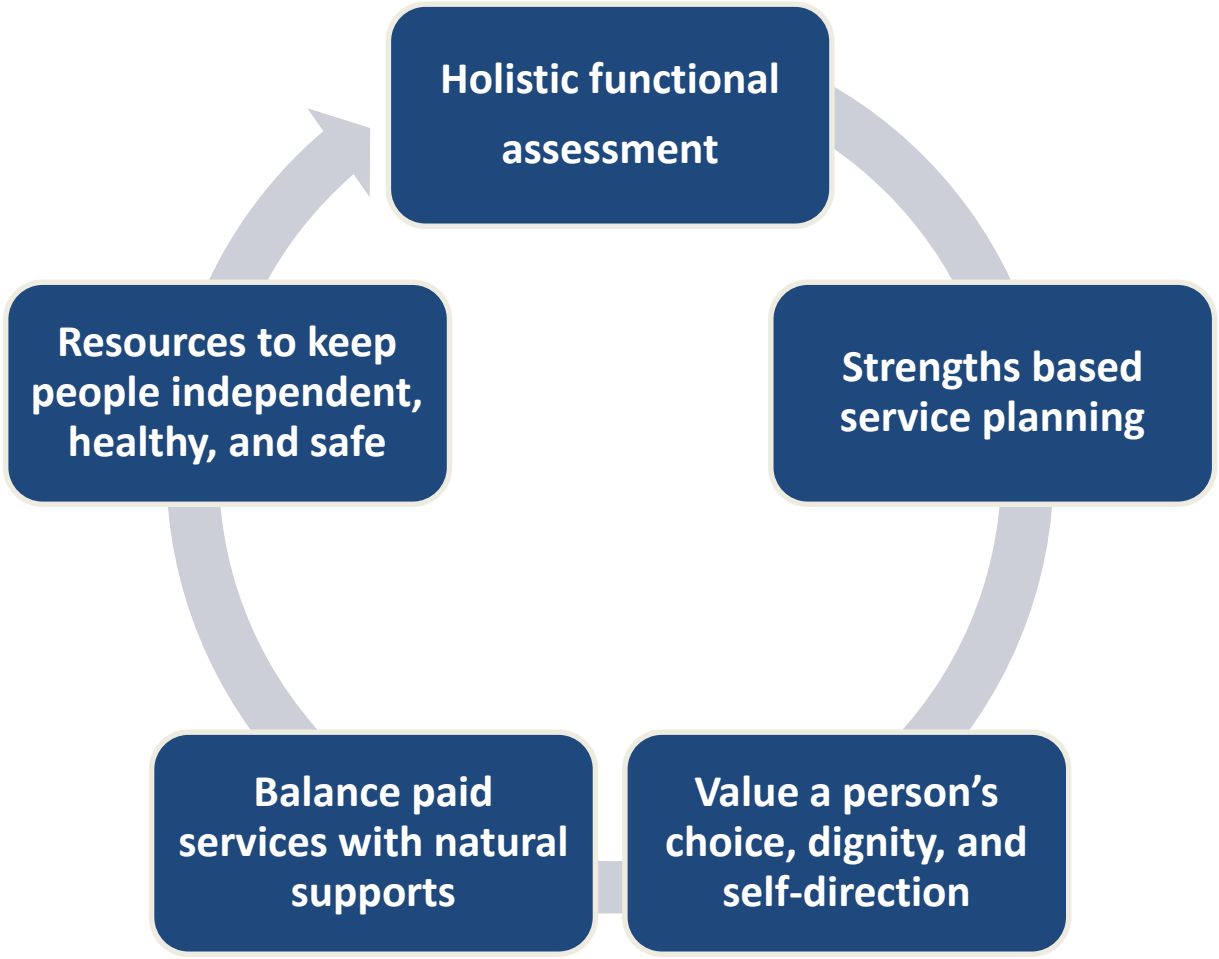
Jane-Ellen Weidanz
Administrator, LTSS

December 10, 2020

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

DHS | Oregon Department of Human Services

A Social Model of Services



Medicaid and LTSS

- Nursing facility services are a **mandatory service** in a state's Medicaid State Plan
- However, states can use home and community-based services state plans and **waivers** to provide non-institutional long-term services and supports.

Medicaid and LTSS

- Oregon uses:
  - A 1915(k) State Plan Amendment (SPA) to pay for most LTSS services
    - Adds a higher federal match rate
  - 1915(c) Waivers through APD and ODDS to provide:
    - Access to individuals whose income is greater than standard Medicaid;
    - Add LTSS services and supports to targeted individuals
  - A 1915(j) SPA to allow APD eligible individuals to purchase their services directly.
  - A 1915(i) SPA to allow OHA to serve individuals with a mental illness

Mandatory Services in 1915(k)

(1) Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, and/or cueing

(2) Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks.

(3) Backup systems or mechanisms to ensure continuity of services and supports.

(4) Voluntary training on how to select, manage and dismiss attendants.

State Optional Services in 195(k)

- Non-excluded services and supports that are linked to an assessed need or goal in the individual's person-centered service plan.
- Oregon has included:
  - Transition costs from nursing facility and the state hospitals
  - Expenditures that increases an individual's independence or substitutes for human assistance

Federal Assurances

- Waivers and State Plans require states to meet assurances ensuring:
  - There is a standardized level of care tool that it uses for everyone;
  - Services follow an individualized and person-centered plan of care that meets the assessed need of the individual;
  - The protection of people's health and welfare;
  - Adequate and reasonable provider standards to meet the needs of the target population; and
  - Waivered services won't cost more than providing these services in an institution

Medicare & Medicaid

Medicare

- Entitlement program, administered by the federal government
- Does not pay for LTSS except when short stay skilled nursing care is needed
- Eligibility is determined by the Social Security Administration

Medicaid

- Means tested program, administered by the state
- Pays for LTSS for individuals meeting LOC criteria
- For APD LTSS, eligibility is determined by APD or Type B AAAs
- May pay Medicare out of pocket costs such as co-pays, premiums and deductibles

Oregon Department of Human Services

LTSS Funding: Medicaid

- Funded jointly with a combination of Federal Funds (FF) and state General Funds (GF).
- Amount of FF is determined annually and based on specific program:
  - Home and Community Based Services through 1915(k): 70%/30% FF/GF
  - Nursing Facility Care, 1915(i), 1915(j) and State Plan Personal Care: 60%/40% FF/GF
  - Medicaid administration (case management, eligibility): 50%/50% FF/GF
- Medicaid is the largest payor for LTSS in the United States

Other LTSS Funding Sources

- Private Pay
  - consumer's own resources
- Natural Supports
  - unpaid supports by consumer's family
- Long Term Care Insurance
- Veterans Administration benefits

Average Cost per Case

Setting	Medicaid*	Private Pay**
Nursing Facility	$ 10,788	$ 10,114 semi-private $ 11, 178 private
Community Based Care	$ 3,607	$ 4,659 Assisted Living, 1-bedroom
In Home	$ 2,132	$ 5472 Homemaker Services $ 5529 Homemaker Health Aide

* Medicaid figures approximate, based on March 2020 caseload counts and 2019-2021 LAB costs published in ODHS's Agency Request Budget

** From Genworth Financial, Inc. Genworth 2020 Cost of Care

Oregon Department of Human Services

APD Vision Statement

Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.

APD Goals

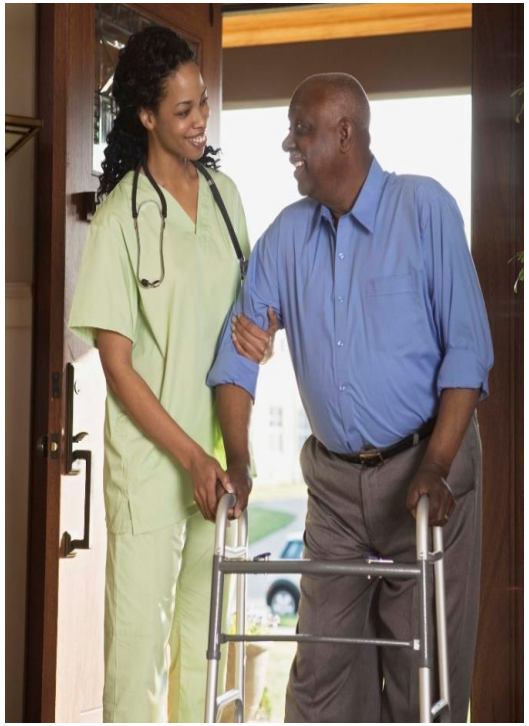
- **Well Being:** Older adults and people with disabilities feel safe and experience their best quality of life.
- **Accessibility:** Oregonians can readily and consistently access services and supports to meet their needs.
- **Quality Outcomes:** Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.
- **Service Equity:** Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.
- **Engagement:** Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

APD Population Served

- Medicaid
  - Individuals 18 and over who are either
    - An individual over 65
    - A person with a disability as determined by SSA or by APD Medicaid Presumptive Disability Determination except those with a mental illness
- Older American Act
  - Individuals over age 60
  - Family Caregivers
- Oregon Project Independence
  - Individuals over age 60 or younger with dementia
  - Individuals 18-64 in 12 counties pilot

APD Main Services

- Financial Eligibility for Medicaid, SNAP & Medicare Assistance Programs
- Long Term Services & Supports
- Adult Protective Services
- Facility Licensing & Regulation
- Disability Determination Services
- State Unit on Aging & Older Americans Act programs & services
- Aging & Disability Resource Connection
- Oregon Deaf and Hard of Hearing Program
- Boards, Commissions & Committees



Oregon's Long-Term Care System

DHS | Oregon Department of Human Services

APD Medicaid Long Term Services & Supports Eligibility

- Individuals must meet:
  - Financial eligibility;
  - Age requirements; and
  - Nursing Facility Level of Care criteria (NF-LOC)
- NF LOC is determined by using a standardized assessment tool
- Algorithm in tool assigns a Service Priority Level (SPL) from 1 to 18
- Medicaid APD currently serves SPL 1-13

SPLs are combinations of functional needs in Activities of Daily Living.

APD Service Priority Levels (SPLs)

411-015-0010 Priority of Paid Services

1	Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.	7	Requires Substantial Assistance with Mobility and Assistance with Elimination.	13	Requires Assistance with Elimination. (13 is current cutoff for Medicaid)
2	Requires Full Assistance in Mobility, Eating, and Cognition.	8	Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.	14	Requires Assistance with Eating.
3	Requires Full Assistance in Mobility, or Cognition, or Eating.	9	Requires Assistance with Eating and Elimination.	15	Requires Minimal Assistance with Mobility.
4	Requires Full Assistance in Elimination.	10	Requires Substantial Assistance with Mobility.	16	Requires Full Assistance in Bathing or Dressing.
5	Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.	11	Requires Minimal Assistance with Mobility and Assistance with Elimination.	17	Requires Assistance in Bathing or Dressing.
6	Requires Substantial Assistance with Mobility and Assistance with Eating.	12	Requires Minimal Assistance with Mobility and Assistance with Eating.	18	Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.

Medicaid LTSS Services

- Case management
- Personal care for Activities of Daily Living and Instrumental Activities of Daily Living
- Adaptive Equipment
- Environmental Modifications
- Transition Costs from
  - NF to in-home or CBC
  - From hospital to in-home
  - From CBC to in-home
- Home Delivered Meals
- Emergency Response Systems
- Behavior Support Services
- Co-administered mental health specific programs

Medicaid LTSS Settings

- APD offers individuals an array of service settings. These include:
  - In-home: About 56% receive in home services
    - Homecare workers – including spousal pay
    - In-home care agencies
    - Adult day services
  - Community Based Care:
    - Adult Foster Homes
    - Residential Care Facilities
    - Assisted Living Facilities
  - Nursing Facilities- less than 14% of individuals
  - Memory Care Endorsed Facilities
  - Specialized Living

Consumer chooses the services, provider type and specific provider

In-Home Service Providers

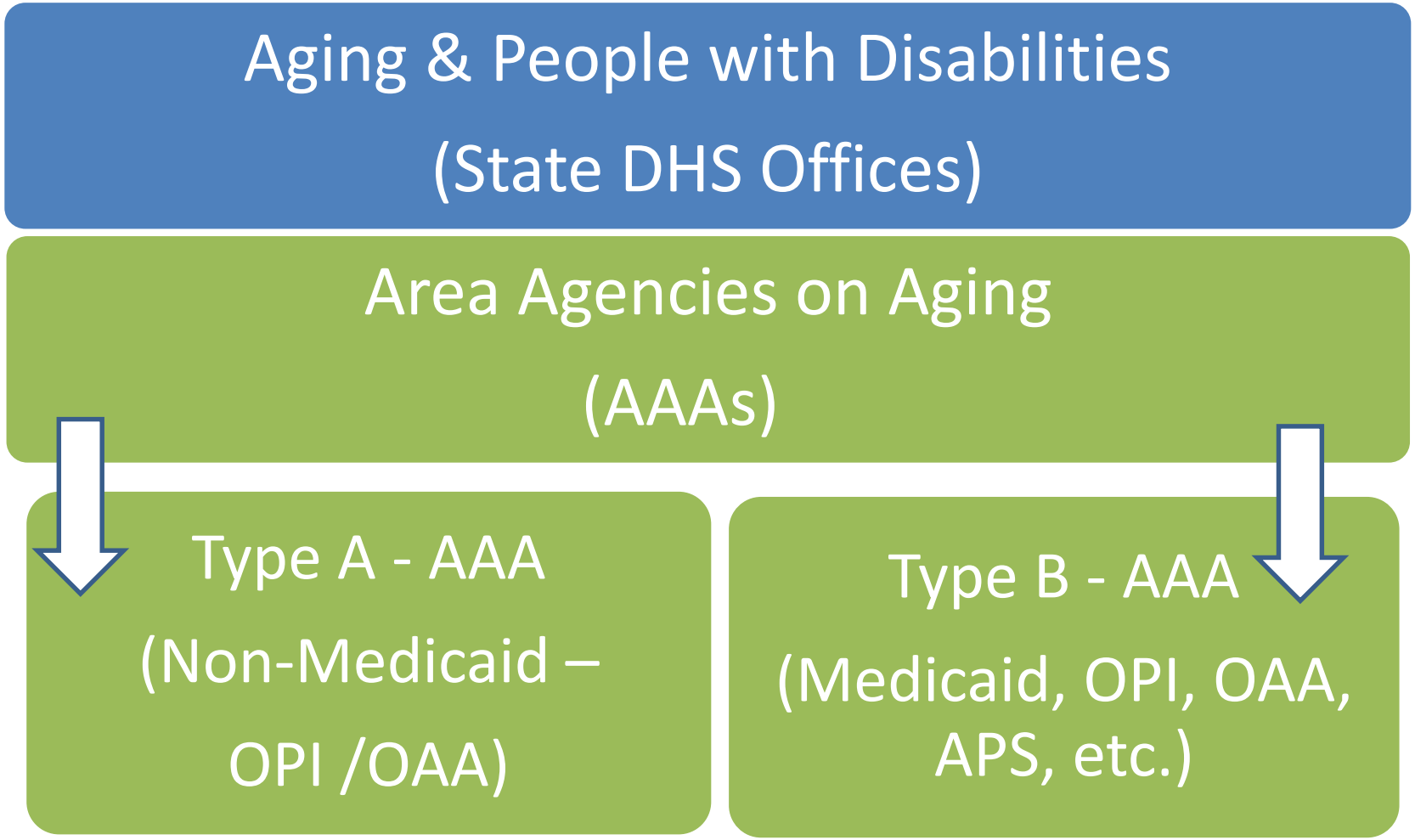
- Consumer-Employed Providers/Home Care Workers
  - Approximately 20,000 Home Care Workers employed by consumers of in-home services
  - Union represented
- In-Home Agencies
  - 181 currently licensed In-Home Agencies
  - Licensed by OHA, Medicaid contracts with APD

Facility Settings

Settings	Number of facilities	Memory Care Endorsed
Nursing Facilities	129	11
Assisted Living and Residential Care Facilities	536	191
Adult Foster Homes (***Union Represented)***	1402	N/A

Not all facilities accept Medicaid consumers, and very few take more than 50% Medicaid consumers

Service Network & Delivery System



Presentation to the
Joint Task Force on Universal Health Care

Intellectual/Developmental Disabilities Overview

Anna Lansky
Deputy Director

December 10, 2020

Oregon Department of Human Services

Our Vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.

Oregon Department of Human Services

Our Mission

ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Our Values

- Choice, self-determination and person-centered practices
- Community inclusion and community living
- Children and families together
- Strong relationships
- Service equity and access
- Health, safety and respect

Oregon Department of Human Services

History of I/DD System in Oregon

- **1982** fist HCBS I/DD Waiver approved in Oregon (Comprehensive Waiver)
- **February 24, 2000** Fairview Training Center closed
- **2000** Staley v. Kitzhaber Lawsuit, settled in 2001. Settlement established specific conditions for the development and implementation of support services throughout the state over a multi-year period and led to ICF/IDD Support Services Waiver established in 2001.
- **2001:** Medical Fragile (Hospital) Model and Behavioral ICF/IDD Model Waiver established
- **2008** Medically Involved Children's Waiver
- **2009** Closure of the last institution for people with I/DD in Oregon
- **July 1, 2013:** K-Plan implemented (Community First Choice Option)
- **Sept. 2020:** Ended sheltered workshop admissions

Children and Adults

We serve more than 30,000 people who experience Intellectual and/or Developmental Disabilities (I/DD)

- 9,811 children
- 21,148 adults

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Service Eligibility

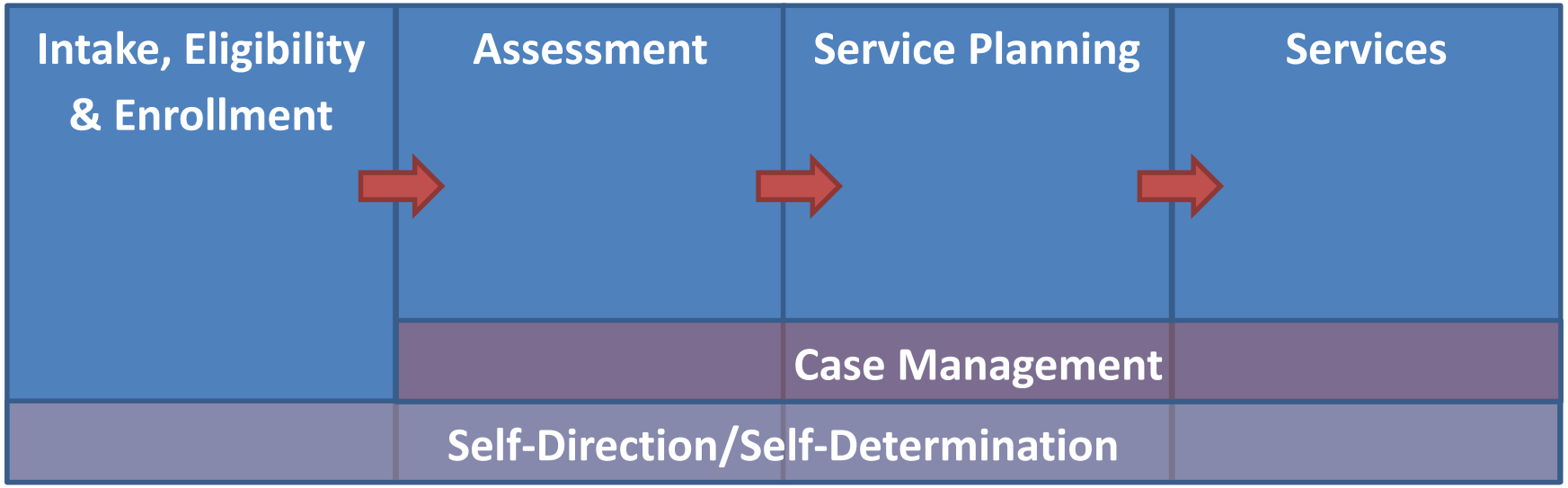
People with intellectual disabilities (IQ 75 or below) and limited ability to handle day-to-day activities

People with developmental disabilities, conditions like autism, down syndrome and cerebral palsy

They must also meet financial eligibility requirements for Medicaid services

Oregon Department of Human Services

Core Service Delivery System Components



Medicaid Administrative (FFP 50%)

1915(c) Waivers (FMAP)

Community First Choice (K-Plan) (FMAP+6%)

Accessing Services

Community Developmental Disabilities Programs (CDDPs) determine eligibility

The Eligibility Specialist in a person's CDDP will help with the necessary paperwork and guide a person through the process.

There are 29 CDDPs covering every county in Oregon. The largest CDDPs are county-run.

Case Management

CDDPs	Brokerages	ODDS Staff
29 entities statewide	14 organizations statewide	45 ODDS state staff
Serve 13,598 adults and 9268 children	Serve 7,613 adults	Serve 543 children with significant needs
Adult in-home services and Supported Living	Adult in-home services	Children's In-home Intensive Services (CIIS)
Adult Residential Services and Adult Foster Homes		Children's Residential Services
Children's in-home & I/DD Foster Care		

Some services are available regardless of case management choice.
Examples:

- Employment
- Behavior consultation

Oregon Department of Human Services

Individual Support Planning

A Services Coordinator (CDDP) or Personal Agent (Brokerage) help children/family and adults:

- Identify their desired outcomes/goals
- Address assessed needs
- Choose services to support their goals and needs
- Follows up with person to make sure the ISP is working for them

In-home Services

For children and adults, supports for everyday activities, such as:

- Bathing
- Dressing
- Making meals
- Help with behavioral or communication challenges

Providers that offer these services:

- Provider agencies/organizations that employ Direct Support Professionals (DSPs)
- Personal Support Workers (PSWs)

Residential Services

Residential services

- Children or adults
- For people who are unable to stay at home on their own or with their family

Providers that offer Residential services:

- Provider agencies that employ DSPs
- Adult Foster Home providers
- Supported Living agencies that employ DSPs

Employment Services

Supports a person to

- Learn about employment
- Find employment
- Keep employment

Providers that offer these services:

- Provider agencies/organizations that employ Job Coaches and DSPs
- Personal Support Workers (PSWs)

Oregon Department of Human Services

Other core services

Community living supports

- Help promote integration, independence and participation in the community

Ancillary services

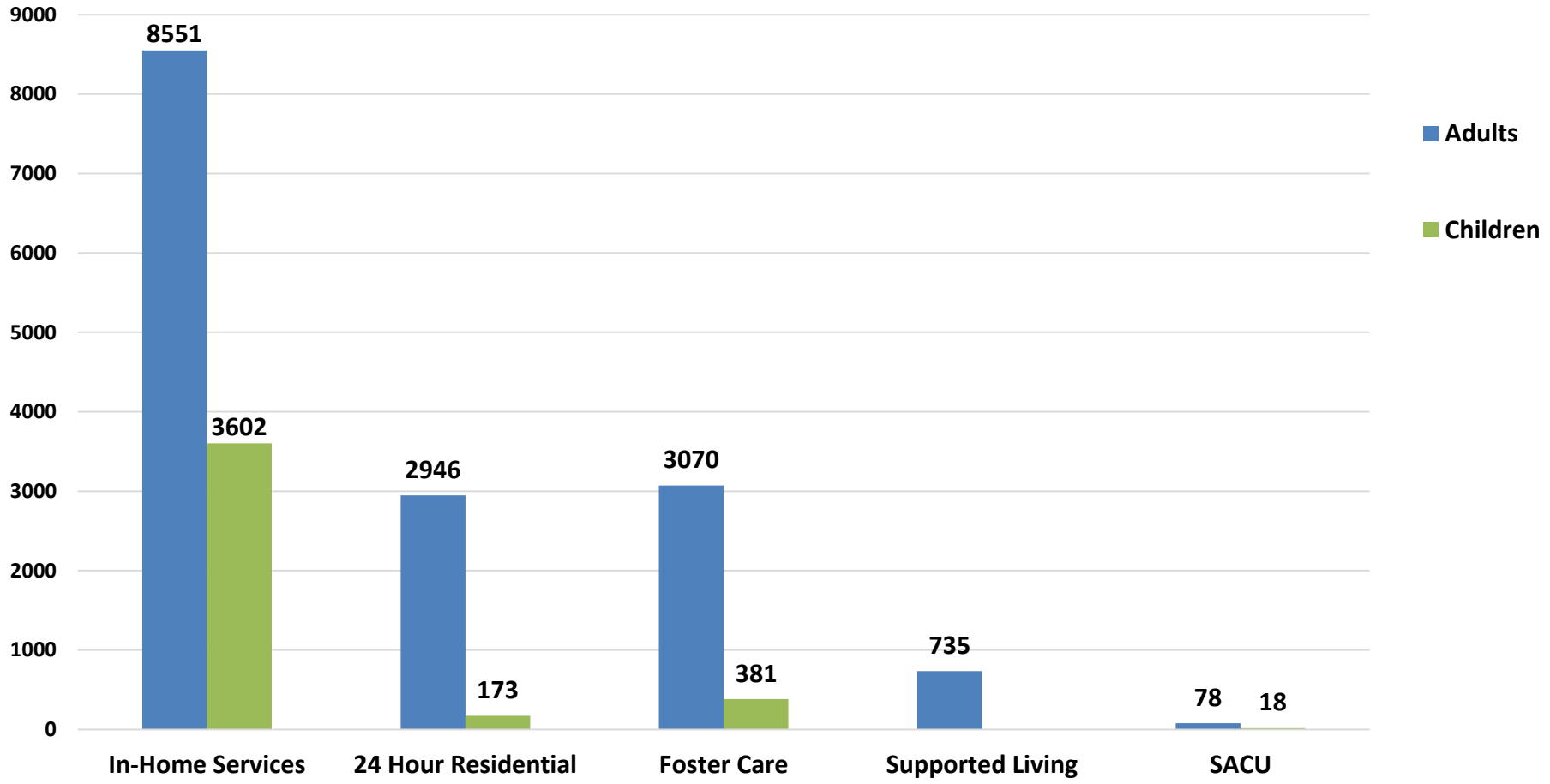
- Behavioral consultation
- Assistive devices and technology
- Environmental modifications
- Nursing services
- Family supports for families with a child under the age of 18 who is not eligible for Medicaid. The program offers minimal support services, typically respite care.

Stabilization and Crisis Unit

- Created as group homes managed and operated by ODDS in 1990s with closure of Fairview Training Center
- Became “SACU” in January 2014
- Primarily supports people with significant behavioral challenges
  - Homes for children and adults
  - Most people living at SACU have a dual diagnosis, I/DD and mental health challenges

Oregon Department of Human Services

Adults and Children by service settings



Oregon Department of Human Services

Closing

Thank you!

Contacts:

- Jane-ellen Weidanz, LTSS Administrator
  Office of Aging and People with Disabilities
  Jane-ellen.Weidanz@dhsoha.state.or.us

- Anna Lansky, Deputy Director
  Office of Developmental Disability Services
  Anna.S.Lansky@dhsoha.state.or.us

Technical Advisory Groups (TAGs)

TAG Leads and SB 770 Project Staff

Eligibility, Benefits & Affordability

TAG Report Back

- Supports a “Nobody out, everybody in” high-level approach to the plan.
- Everybody in Oregon gets covered.
  - Visitors get covered to a certain extent.
  - If we don’t have to establish a residency duration, we don’t want to.
- Ideally, Medicaid, Medicare and other public programs will be fully integrated into the Plan. We wish to pursue this option until we can’t.
- A priority—figure out how multiple coverages and dual eligibles will fare in this plan (e.g., someone on Medicare or OHP). Need to avoid unintended consequences.
- We want to decouple insurance from employment.
- Enrollment should be as simple and easy as possible.
- Getting specific feedback from the Consumer Advisory Committee (CAC) about tradeoffs will be helpful

Provider Reim-bursement (slide 1)

TAG Report Back

- Develop a proposal that incorporates a mix of individual provider reimbursement models to account for differing needs of providers.
- We would like to go model by model and discuss each model in depth. We are envisioning a matrix that gives model recommendations for provider types.
- We need clarity on the process for drafting the policy proposals and the level of detail that should go into them.
- It is hard to say how providers should be paid if we do not yet know what services those providers will be providing.
- We wish to bring the hospital association, medical association, and other industry groups into the conversation when we have something for them to react to.

Provider Reim-bursement (slide 2)

TAG Report Back

- Like with individual provider reimbursement, our recommendation for institutional provider reimbursement will need to incorporate a mix of models in order to account for differing needs of providers.
- It is insufficient to simply state that institutional providers will be reimbursed with global budgets, as is suggested in SB 770.
- Fee For Service may be acceptable for individual providers, but it is unacceptable for institutional providers.
- Capital budgets are an important tool for ensuring equitable distribution of resources for rural providers.

Charter Revisions

Eligibility, Benefits, and Affordability

Provider Reimbursement

Request: ***extend*** the timeline and schedule 1-2 ***additional meetings*** for both EBA and Provider Reimbursement TAGs

TAG Questions for CAC

List of questions identified by the TAGs for the Consumer Advisory Committee

- How would you define the term “affordable health care”?
- How do you feel about the prospect of decoupling health insurance coverage from employment?
- How do you feel about the prospect of Plan participation being mandatory for individuals? What about employers?
- What services are the most important for you to have covered? Which services would you be willing to leave out of the Plan in order to make sure as many people are covered as possible?
- Where do behavioral health, dental and vision fall on your prioritized list of services?
- How do you feel about cost-sharing? Do co-pays, co-insurance and/or deductibles impact your decision to seek care?
- Knowing we want to have a plan with generous benefits that are also affordable, are there situations where you feel like some cost-sharing is appropriate?

Process for drafting recommendations

Consumer Advisory Committee
(slide 1)

Report Back

List of Terms

- Health Care Consumer
- High Quality of Health Care
- Health
- Health Care Services
- Access barriers
- Patient impacts
- Health care costs
- Health care benefits and coverage
- Quality of care
- Health Care Access
- Health Equity
- Social Determinants of Health

* Prepared by Glendora Claybrooks, (link)

Consumer Advisory Committee

(slide 2)

Report Back

Health Equity Definition*

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Health Equity Definition⁺

Is the just and fair distributions of health information, social determinants of health, healthcare services received, and affordable access to care.

* OHA's Health Equity Committee, Health Equity Definition (link); ⁺ Prepared by Glendora Claybrooks, (link)

Task Force Guidance and Discussion

Chair Goldberg

Draft Design Framework

- Initial list of design choices and policy decisions to inform the TAGs and recommendations by the Task Force in June
- Framework will be used to track whether and how a proposal from one TAG may affect the work of another TAG (interdependencies)
- Working draft; expectation is for members to refine and add to the set of questions

---

- Does the framework and its layout make sense?
- What questions do you have?
- Are there modifications you would like to see made to enhance the utility of this tool?

Plan Feature	Design Element	Key Considerations	TAG Interdependencies†	Description of Issue	Draft Proposal(s)
Eligibility	Eligibility	• U.S. citizens who are state residents • Lawfully present immigrants who are state residents • Undocumented immigrants • Temporary residents and visitors • Residents who work outside of Oregon • Nonresidents working in Oregon and dependents • Nonresidents employed by Oregon-based companies • Medicare, VA, Tricare, Indian Health Service, other	*Eligibility, Benefits, & Affordability (EBA)* *Finance & Revenue*	1. Who will be eligible for the Plan? 2. How will eligibility impact cost? 3. Depending on Plan eligibility, what is the likelihood of feasibility from a federal perspective? What federal approvals are necessary? 4. For eligible enrollees that live out-of-state, how will the Plan pay for patients who seek care out of state?	
	Enrollment mechanism	• Duration of residency/waiting period • Criteria for short-term/long-term visitors • Income-based eligibility • Eligibility based on criteria for current public programs	*EBA* *Finance & Revenue* Governance	1. When does eligibility begin? 2. How will the Plan verify eligibility? 3. Will mechanisms to determine eligibility rely on administrative oversight; if yes, how will these impact cost? 4. What documentation is required to demonstrate eligibility? 5. What triggers termination of eligibility and disenrollment? 6. How will the Plan bill patients who cannot demonstrate eligibility? 7. What is the likelihood of feasibility from a federal perspective? What federal approvals are required?	
	Enrollment requirements	• Autoenrollment (passive enrollment) • Enrollment periods	*EBA* *Finance & Revenue* *Governance*	1. What new administration roles and functions are required, and how much time will it take to establish those? 2. Can enrollment be integrated into existing enrollment programs or processes? Or will enrollment operate separately from enrollment for other public programs?	
	Opt-out provisions	• Consumer choice • Moral and religious preferences	*EBA* *Finance & Revenue* *Governance*	1. Can individuals opt out of Plan coverage? If so, will these individuals be required to pay into the Plan or have alternative coverage? 2. Will individuals who opt out impact the cost and administrative	

Foundational Question

Should the Task Force include long-term care services and supports in designing the plan? If yes, how best to support the work?

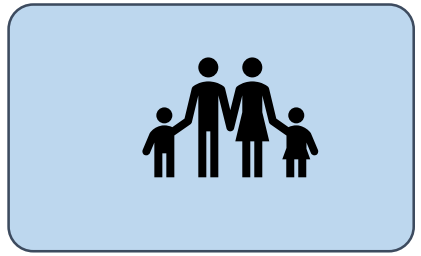
Long-term Care Services and Supports

- Mandatory coverage of nursing home services in Medicaid
- Multiple eligibility programs for LTSS through Medicare and Medicaid
- Currently, services are jointly funded with federal funds, state funds, and/or private pay
- Long-term care insurance coverage (private coverage)
- Layers of complexity in Oregon's existing long-term care system (payers, service settings, populations served, federal requirements)
- Intellectual and/or Development Disabilities (I/DD))(~30,000 individuals)

Long-term Care Services and Supports – Options for Task Force Consideration

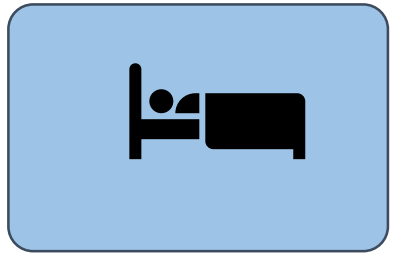
Option A: Include LTSS in the "Plan Design" as it currently exists in Oregon

- Advantages: addresses fragmentation, any proposed plan could integrate LTSS as currently structured – minimal to no modifications
- Disadvantages: federal requirements, complex system, additional financing, limited time and staff resources; need additional expertise and resources



Option B: Redefine Oregon's LTSS system

- Advantages: allows for innovation; potentially redesign system as envisioned in SB 770 *(§ 6, sub section 4*)
- Disadvantages: federal requirements, complex system, additional financing, need additional expertise and resources; limited time and staff resources



Option C: Explore the effects of excluding LTSS

- Advantages: allows the TF to focus on potential downsides; remain focus on key elements in SB 770; request LTSS in extension bill (*§ 6, sub section 6)*
- Disadvantages: does not include LTSS in the final recommendations

Question

Should the Task Force include long-term care services and supports in designing the plan? If yes, what is the best way to support the work?

Options

Option A: TF direct one or more of the TAGs to include long-term services & supports (LTSS) in its work based on Oregon's current LTSS system.

Option B: TF direct one or more of the TAGs to determine the benefit structure, funding, and service delivery and reimbursement model(s) for LTSS (*per SB 770, §6, sub sec. 4p*).

NOTE: Options A or B will require re-prioritizing existing work (delaying the launch of Governance TAG, not meeting all current TAG requests, etc.). Due to its complexity, LTSS requires extensive coordination, technical expertise, and may not be possible to address quickly.

Option C: (*per SB 770 §6, sub sec. 6*): explore the effects of *excluding* LTSS from the plan, including but not limited to the social, financial and administrative costs. Request LTSS be included in any task force extension

Accessing Virtual Meetings

How to join—all meetings of the **Consumer Advisory Committee** and the **Technical Advisory Groups** can be accessed via Zoom:

Join Zoom Meeting
Conference Call Phone Number: (669) 254-5252
Meeting ID: 161 411 7859 | Password: 787886

How to provide public comment—anyone may provide written or oral public comment to the Consumer Advisory Committee or a Technical Advisory Group

- Please email written comments to jtfuhc.exhibits@oregonlegislature.gov
- Provide oral comment by computer or phone by calling the number above or joining the virtual meeting via Zoom (click on link).

See public comment handout available online - Handout

Meetings in December

Task Force — January 6, 2021 (1-4pm)
- Topic: ERISA

Consumer Advisory Committee - December 14 (4-6pm)

Technical Advisory Groups
- Eligibility, Benefits, and Affordability – Dec. 17 (9-11am)
- Provider Reimbursement – Dec. 18 (11-1pm)
- Finance and Revenue – Dec. 15 (1-3pm)

Access meeting materials and follow the CAC and TAGs at: https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx