
1115 Medicaid Waiver Update: Housing

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Agenda

- Overview of 1115 Waiver goals and HRSN benefit
- Waiver Goals
 - Tracking
 - Transition
- Ongoing communication
 - Prioritization
 - Measuring success of housing providers
 - Long-term outcomes

Overarching Waiver Goal: Advance Health Equity

To achieve this, our policy framework breaks down the drivers of health inequities into actionable sub-goals:



Ensuring people can maintain their health coverage



Improving health outcomes by addressing health related social needs



Ensuring smart, flexible spending for health-related social needs and health equity



Creating a more equitable, culturally- and linguistically-responsive health care system

OR 1115 Waiver: Health Related Social Needs (HRSN) Covered Services



Housing



Nutrition



Climate



**Outreach &
Engagement**

Who can receive HRSN services?

Transition populations may include:

- Young adults, ages 19-26, with Special Healthcare Needs (YSHCN)
- Adults and youth discharged from mental health, substance use, and residential programs
- Adults and youth released from incarceration
- Youth involved in the child welfare system or the Indian Child Welfare Act (ICWA)
- Individuals transitioning from Medicaid-only to dual Medicaid and Medicare coverage
- Individuals who are houseless or at risk of becoming houseless
- Individuals with a high-risk clinical need in a region experiencing extreme weather

Clinical and Social Risk Factor Criteria



Clinical risk factors: Individuals must be experiencing at least one of the following:

- Pregnant/Postpartum
- Children less than 6 years of age
- Adults 65 years or older
- Needs Assistance with activities of daily living (ADLs), instrumental activities of daily living (iADLs), or eligible for long-term services and supports (LTSS)
- Behavioral Health Need
- Complex Physical Health Need
- Young Adult with Special Health care Need (YSHCN)
- Developmental Disability
- Repeated Emergency Department Use and Crisis Encounters
- Interpersonal Violence Experience



Social risk factor: Individuals must have at least one need related to housing, nutrition, or climate.



HRSN Housing Services



Pre-tenancy & housing navigation and tenancy sustaining services



Medically-necessary home accessibility modifications such as safety improvements, lead and mold removal



One-time assistance with housing costs, including security deposits, first month's rent, utility start up cost, inspection or application fees, and basic household goods



HRSN Housing Services



Rent/temporary housing for up to 6 months



Utility costs for up to 6 months

Note: Those eligible for rent/temporary housing will initially be people who meet HUD at-risk of homelessness definitions.

OHA is exploring an approach to incentivize a focus on supporting individuals with complex behavioral health conditions.

Utility costs are only available to individuals receiving rent/temporary housing.

Population Sequencing for HRSN Services

Phase 1:
1/1/2024

Climate Services Launch for all eligible populations

Phase 2:
11/1/2024

Housing Services Launch for Select Populations:

- Focus on those “at risk” of becoming houseless and prevent more people from entering the chronically houseless population

Phase 3:
1/1/2025

Nutrition Services Launch for all eligible populations

Phase 4: **Timing TBD**

Remaining Populations Launch

- Launch housing services for remaining eligible populations, including those experiencing houselessness

2024

2025

2026

Evaluating Health Outcomes

The waiver is a demonstration to show how access to HRSN services like housing, nutrition, climate **positively impacts the health outcomes** of OHP members. The state is required to contract with an independent evaluator to **assess effectiveness and outcomes** including:

- Increases in the utilization of preventive and routine care
- Decreases in the utilization of emergency and urgent care
- Improvements in physical and mental health outcomes
- Reductions in disparities in health care access, quality of care, and health outcomes

Primary 1115 Medicaid Waiver
Evaluation Deliverables:

Evaluation Design (early 2024)

Interim Evaluation Report on
years 1-2 ½ of the demonstration
(late 2026)

Summative Evaluation Report on
all demonstration years (late
2028)

Data Systems Coordination

- What we know:
 - CCOs will be determining eligibility and providing referrals for HRSN services (ex: housing supports)
 - CCOs will submit medical claims, for HRSN services just like any other benefit
 - The evaluation of HRSN benefits will use information derived from claims data and reporting about who is accessing services
- Continued work is needed to create coherence between health and housing data systems:
 - OHA's Medicaid Management Information System (MMIS)
 - OHCS-funded housing programs are moving toward more comprehensive tracking of supports via Homeless Management Information System (HMIS)

Transitioning from Waiver Supports

- The Medicaid 1115 Waiver is intended to serve as an added stabilizer for Oregonians experiencing transitions
- Oregon is building out more comprehensive systems to slow the inflow into homelessness
- Longer-term, regional approaches will be needed to ensure continuity of supports.
 - CCOs and healthcare providers to coordinate with local housing service providers to support transitions
- Ongoing conversations regarding capacity and resource needs across housing systems

Stay Connected!

For any questions related to today's presentation, please contact us: 1115waiver.renewal@odhsoha.oregon.gov

For additional updates and information, check our website: www.oregon.gov/1115waiverrenewal

Subscribe to updates that will be sent out in the coming months: <https://public.govdelivery.com/accounts/ORDHS/signup/14507>

Thank you!

The logo for the Oregon Health Authority. It features the word "Oregon" in a small, orange, serif font. Below it, the word "Health" is written in a large, blue, serif font. Underneath "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

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