



Current and ongoing cross-agency work regarding 1915 services and screening processes

Enhancing Home and Community-Based Services (HCBS) Access Roadmap

September 2024

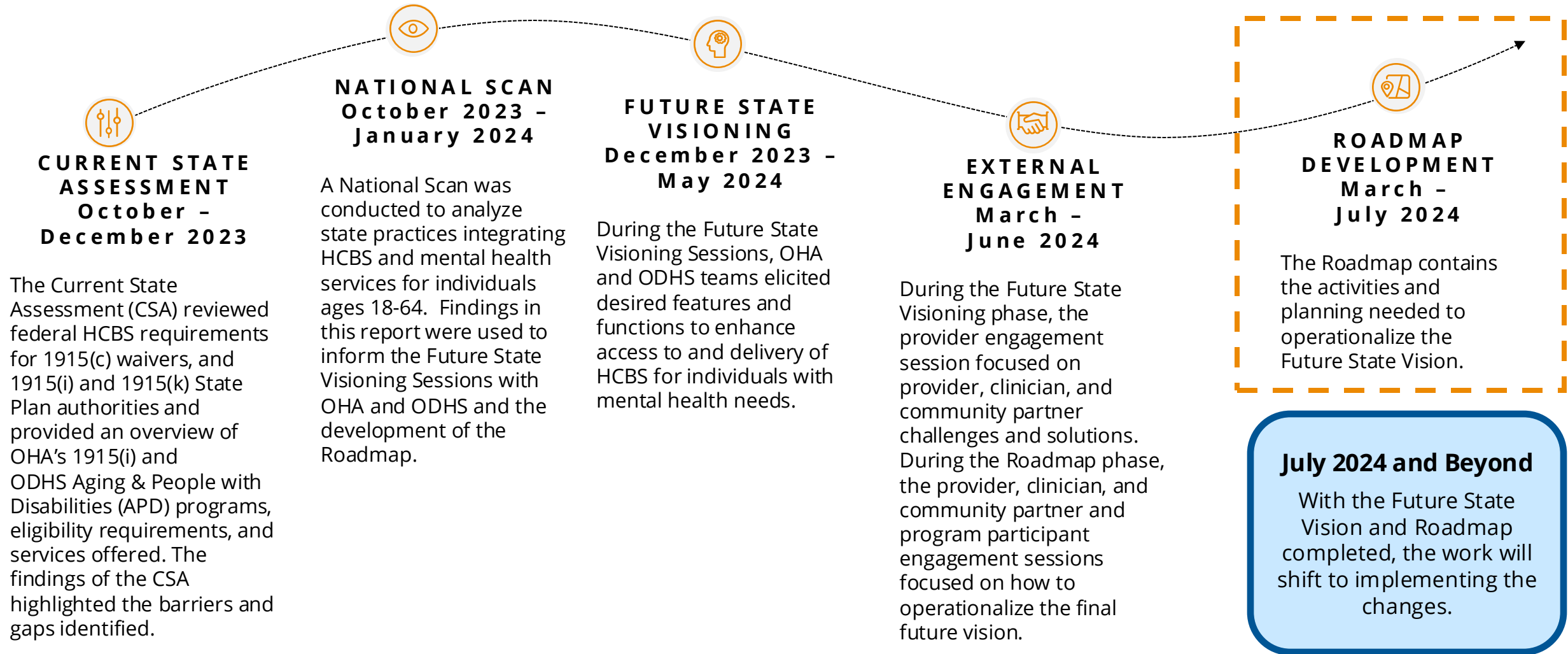
Services provided through 1915 Medicaid Waiver Overview

- 1915k
 - State plan option authorized under the Affordable Care Act and allows Oregon to provide home and community-based services and supports while receiving a six percent increase in federal medical assistance funds for those services.
 - Serves individuals with intellectual and developmental disabilities and those in need of nursing facility level of care.
 - Administered through Office of Aging and People with Disabilities (APD).
 - Currently APD does not serve people whose primary need is a mental illness.
- 1915i
 - Allows Oregon to use matching federal Medicaid funding for Home-Based Habilitation, Behavioral Habilitation and Psychosocial Rehabilitation services.
 - Serves qualified recipients 21 years of age or older who have been diagnosed with a chronic mental illness.
 - Administered through the Oregon Health Authority.



Path to Future State Vision and Roadmap Development

Oregon Health Authority (OHA) and Oregon Department of Human Services (ODHS) have been diligently working on understanding the current barriers and gaps to HCBS access for individuals with mental health needs, scanning select states to understand potential solutions to these barriers and challenges and defining a Future State Vision. From here, the work continues external engagement and roadmap development.



Future State Vision: Goals Overview

OHA and ODHS have defined goals (or values) for the HCBS programs as a whole and for each HCBS program component. These values underpin the Future State Vision, support the identification and refinement of solutions, and ground the prioritization of solutions for the HCBS Roadmap.

ADVANCE EQUITY

The State can move towards achieving its health equity goal by providing individuals access to HCBS through a No Wrong Door approach using the tenets of Whole Person Care (WPC).

IMPROVE OUTCOMES

The State can facilitate better care coordination and quality of life outcomes for individuals through aligned and integrated care coordination between agencies along with a robust Case Management (CM) system.

SUPPORT WORKFORCE

The State can expand, build, and retain a robust HCBS workforce that meets an individual's needs through strategic recruitment, workforce training and communication, along with providing access to better data and technology solutions.

INCREASE ACCESS

Evaluate and refine existing HCBS program design and structure and provide training and education to providers, clinicians, and community partners to streamline access to services and supports.

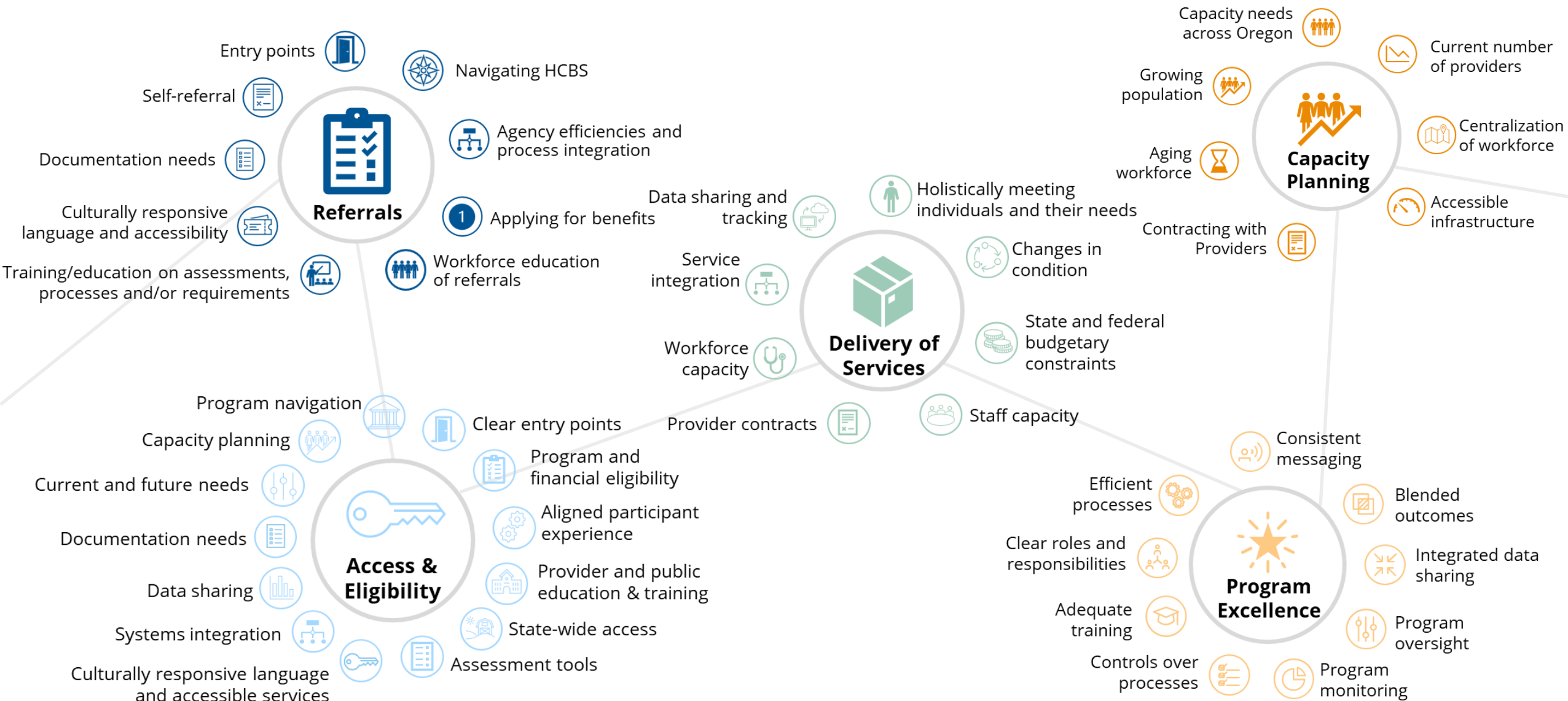
MAXIMIZE FEDERAL FUNDING

The State can make operational and programmatic process improvements to reduce costs and provide additional substantiation to Centers for Medicare & Medicaid services (CMS) through improved CM system functions and reporting to maximize Federal reimbursement.

CONTINUOUS IMPROVEMENT

HCBS providers and individuals needs are efficiently met by continuously monitoring, assessing, and evaluating program processes and policies.

HCBS Program Components



ARPA Initiatives Overview

OHA and ODHS aim to spend American Rescue Plan Act (ARPA) funds on Home and Community-Based (HCBS)-related initiatives by March 2025. A summary of the initiatives is included below.

OHA-led Initiatives

Enterprise Case/Care Management (CM) System to increase data sharing capabilities across agencies and providers.
Total funds: \$13M

Comprehensive Level of Service Determination Assessment Tool that can be used across OHA/ODHS to support the Independent and Qualified Agent (IQA) and 1915(i) HCBS providers.
Total funds: \$2M

Hospital Pilot; collaboration with APD and hospitals during the assessment tool rollout to enhance visibility and assess functionality for individuals with complex needs. Total funds: \$2M

Co-occurring & Provider Expansion Pilot to improve accessibility to assessments through increased collaboration with community partners.
Total funds: \$6M

Quality and Access to Care Improvements; communications services and engagement sessions to increase provider awareness and receive feedback about the HCBS program. Total funds: \$4M

Evaluation of Investments & Continuous Improvement; evaluation of the impact and effectiveness of ARPA spending to enhance the HCBS program.
Total funds: \$2M

ODHS-led Initiatives

Home Care Worker (HCW)/Personal Care Attendant (PCA)—Consumer Matching Service to assist with detailed, in-person matching of participants with personal care attendants.
Total funds: \$1M

HCW/PCA Navigation to develop a new process to assist potential workers in navigating the process to become a HCW or PCA.
Total funds: \$2M

HCW/PCA Recruitment to improve recruitment mechanisms contributing to a more robust HCW/PCA workforce.
Total funds: \$2M

Adult Foster Home (AFH) Recruitment to improve recruitment mechanisms supporting recruitment and retention of AFHs.
Total funds: \$2M

Note: The total fund amount reflects both General Funds and the Federal Fund match.

Medium-Term Activities: Overview

In the 25-27 biennium, OHA and ODHS will continue to implement activities already in progress and will start work on more significant projects.

PHASE 1

PHASE 2

July 1, 2025 – June 30, 2026

July 1, 2026 – June 30, 2027

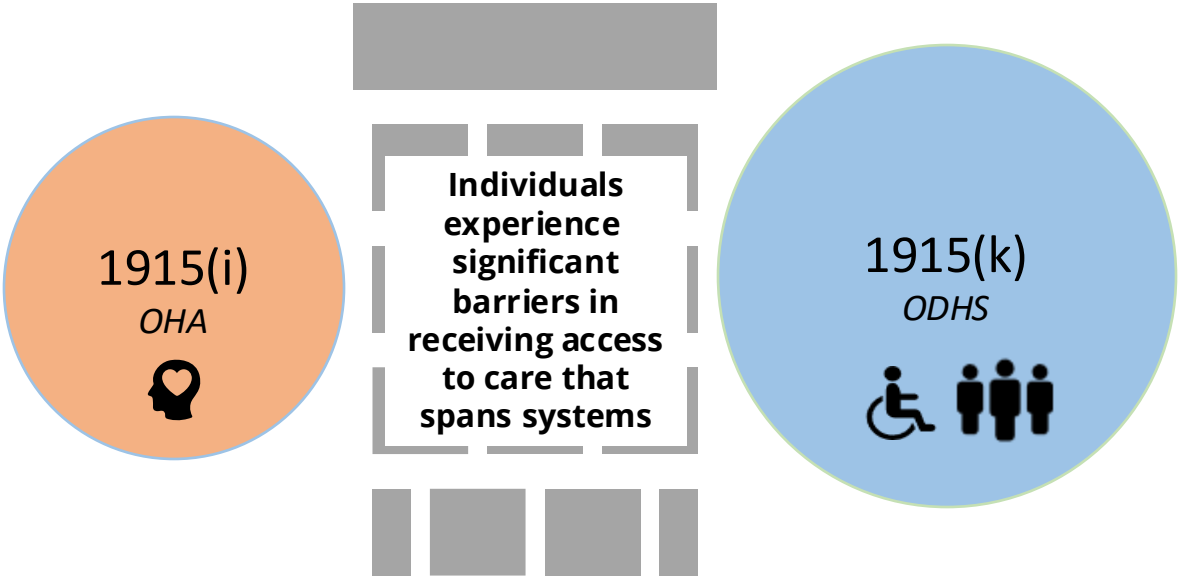
- Develop change management plan for new initiatives
- Develop new recruitment and retention strategies
- Evaluate funding and billing/rate information
- Evaluate for WPC tenets
- Implement a Grant Management System
- Evaluate, enhance, and operationalize referral processes
- Support transitions from Oregon State Hospital
- Evaluate and expand contracts with service providers
- Develop a capacity dashboard
- Identify pilot projects
- Adopt a consistent documentation system

- Evaluate OARs to support workforce capacity
- Evaluate program and financial eligibility information
- Review existing waivers for equity impacts
- Evaluate existing systems to enable information exchange across agencies
- Understand how the Choice Model can be used to support individuals in need
- Develop a shared regulatory and licensing framework
- Implement outcomes-based metrics
- Tailor services to community needs (e.g., improved coverage in rural and frontier areas)
- Create data governance strategy

Note: Solutions not completed during the short-term will continue in the medium-term.

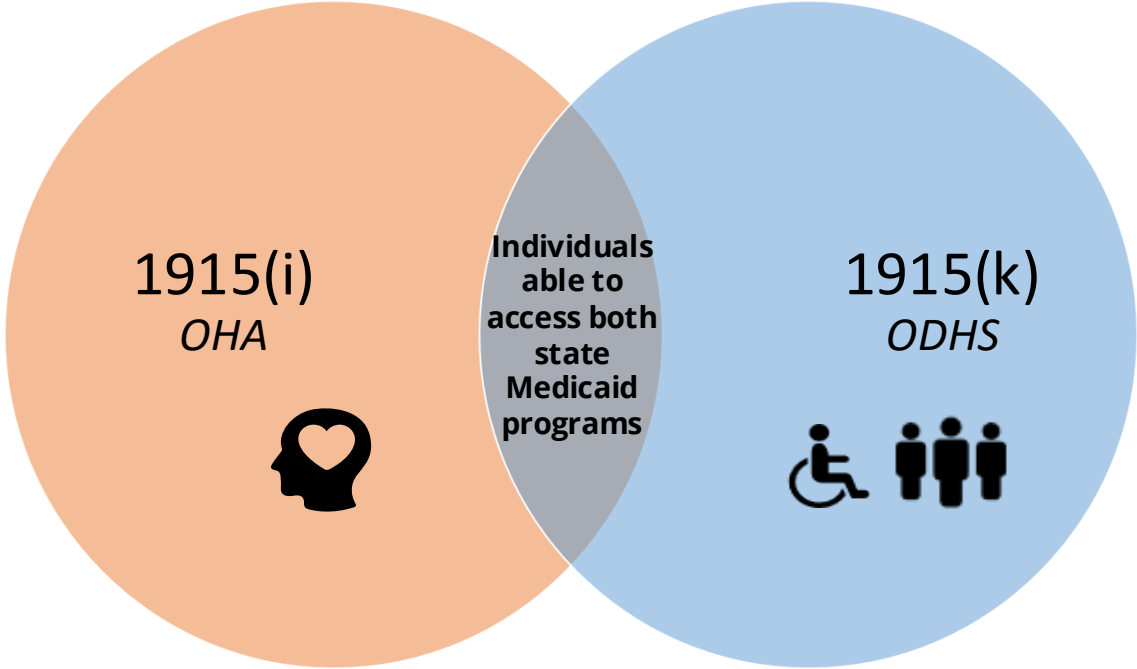
Current Eligibility system:

Referral for individual with behavioral health needs



Future State Vision system:

Referral for individual with behavioral health needs



Home and Community Based Services (HCBS)

Joint-agency Policy Option Package (POP)

OHA Behavioral Health (BH) POP

- Develop and implement a comprehensive array of BH respite services and support CCOs in developing BH respite care options through various mechanisms.
- Build out a care coordination model at acute care hospitals, nursing facilities, and mental health residential settings to transition participants to the community on an expedited basis through HCBS, starting at the referral stage.
- Implement new assessment tools for level of care determination that are more comprehensive and understood by clinicians and providers.
- Develop a regional care coordination team to work across all HCBS programs and local behavioral health systems to ensure Oregonians can access the HCBS program.

Aging and People with Disabilities (APD) POP

- Remove the exclusion of APD serving individuals in the 1915(k) whose primary driver of need is a behavioral health concern.
- Fund specialized case managers and ensure funding to the LTSS providers serving these individuals.