

MEMORANDUM

TO: Clackamas County Board of County Commissioners (BCC)
FROM: Adam Brown, Deputy Director, Health, Housing & Human Services and Vahid Brown, Deputy Director, Housing & Community Development Division
RE: Letter in support of collaboration and alignment on Oregon's Section 1115 Medicaid Demonstration Waiver implementation
DATE: July 20, 2023

REQUEST: Staff are seeking Board approval of a letter in support of collaboration and alignment between the State of Oregon and metro area health and housing system partners on implementation of the Housing Supports benefit in Oregon's 2022 – 2027 Section 1115 Medicaid Demonstration Waiver. Staff are also seeking Board approval for the County Administrator to sign the letter on behalf of Clackamas County.

BACKGROUND: Medicaid is a national program that provides free or low-cost health care to people of all ages with limited income and resources. Each state has its own Medicaid program and program names are different from state to state. Oregon's program is the Oregon Health Plan (OHP).

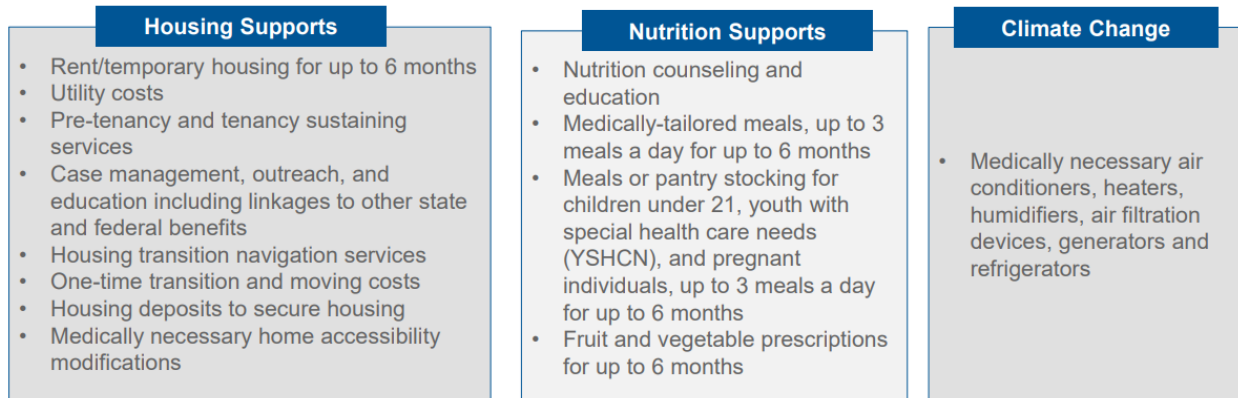
Every state must follow a standard set of rules determined by the federal government on how to operate. States can, however, ask the federal government for permission to set aside certain rules through a waiver application process. This includes what's known as a Section 1115 Demonstration Waiver, which allows states to pilot innovative approaches to evaluate and demonstrate state-specific policy approaches aimed at better serving Medicaid populations, largely with the goals of covering more people, covering more benefits, or delivering care in a different way (see Attachment B for Oregon's Medicaid Waiver History). States are able to propose Demonstration Waivers every five years as part of renewing their Medicaid agreement with the federal government.

Oregon's 2022 – 2027 application to the Centers for Medicare and Medicaid Services included a request to pilot coverage for certain evidence-based services designed to mitigate the negative health impacts of unmet Health Related Social Needs (HRSN). Specifically, the State of Oregon requested the ability to cover benefits related to Housing Supports, Nutrition Supports, and Climate Change for certain populations. The State's Demonstration Waiver request was approved, and the HRSN services will be rolled out starting in 2024. The Oregon Health Authority (OHA) and the Oregon Department of Housing & Community Services (OHCS) are currently working on how these benefits will be administered under the Oregon Health Plan.

The populations and benefits include:

- Youth ages 19 to 26 with special health care needs.
- Youth involved with child welfare, including youth leaving foster care at age 18.
- People experiencing homelessness or at risk of homelessness.

- People who are transitioning from Medicaid-only to both Medicaid and Medicare coverage.
- People released from settings such as jail, residential facilities, and Oregon State Hospital.
- People who experience weather-related emergencies. The Governor or federal government declares weather emergencies.



In anticipation of the benefit rollout for Housing Supports, which is currently planned to start July 1, 2024, tri-county housing system staff have been holding regular meetings with local health system partners since April to start planning for the integration that will be needed between these two systems to successfully administer the benefits. These meetings include housing system staff from Metro and Clackamas, Multnomah, and Washington counties, along with health system partners from Health Share, Trillium Community Health, and Oregon Health & Science University, plus Central City Concern, which has been administering a housing benefit pilot program.

This group has identified a number of next steps that will be critical to successful implementation of this unique opportunity to treat housing as a defined Medicaid benefit, including the need to:

- Convene a table between OHA, OHCS, and metro area homeless services system lead agencies to collaborate on waiver implementation; and
- Make policy-oriented decisions together and at the local level to allow for flexibility and system alignment in implementation, since every decision point impacts county homeless systems and system.

To this point, the State has not engaged Clackamas County or metro area health and housing system partners in its Housing Support benefit rollout activities. In an effort to communicate the need and desire for engagement and collaboration, this group has written a letter (Attachment A) to the Governor’s Office, OHA, and OHCS. The group is eager to start working with the State to share local expertise on things like system capacity, care coordination, data sharing, and leveraging existing resources alongside those that will come with the benefit. It is also eager to share lessons learned through pilot programs, like Health Share’s housing benefit pilot and the Metro 300 project, and to ensure that the Medicaid resources are aligned within the existing systems of care, rather than be used to design a new housing and homeless services system within the healthcare system.

This important advancement in healthcare and housing can only be achieved through strategic and fundamental alignment of our housing and healthcare systems. This approach will help to ensure successful rollout of the benefit, improved system coordination, and permanent stability for Medicaid members that need housing supports, many of whom are touching our systems today.

Staff are seeking Board approval of the letter in support of collaboration and alignment between the State of Oregon and metro-area health and housing systems partners. Staff are also seeking Board approval for the County Administrator to sign the letter on behalf of Clackamas County.

Respectfully Submitted,

Adam Brown, Deputy Director

Attachments:

Attachment A – Medicaid Waiver Letter for Partnership

Attachment B – Oregon Medicaid Waiver History

Tri-County, Portland Metro area Medicaid Waiver proposal

A vision for alignment of Medicaid and Continuum of Care (CoC) systems to maximize community impact and housing stability for our shared members

Draft 7.13.2023

To: The Governor's Office, Oregon Health Authority, and Oregon Housing and Community Services

From: Clackamas County, Health Share of Oregon, Metro, Multnomah County, Trillium Community Health Plans, and Washington County (and others TBD)

Dear Esteemed State Partners in Health and Housing,

The State of Oregon has a tremendous opportunity to implement its Section 1115 Medicaid Waiver and be among the first states in the nation proving housing is health, and health is housing. The 1115 Waiver allows Oregon a unique opportunity to treat housing as a defined Medicaid benefit, enabling the State to use Medicaid dollars to pay for critical housing expenses to stabilize the health of Oregon Health Plan (OHP) members across the state. If Oregon can demonstrate cost savings to Medicaid after five years, this innovative use of Medicaid funds can be established in perpetuity and set a new national standard in care.

In order to ensure the success, we write to raise two important considerations to effectively move this work forward:

- A table needs to be convened with the County homeless services systems lead agencies to collaborate on waiver implementation.
- Policy-oriented decisions need to be made together and at the local level, to allow for flexibility and system alignment in implementation, as every decision point impacts County homeless systems and services.

This important advancement in healthcare and housing can only be achieved through strategic and fundamental alignment of our housing and healthcare systems. This approach will help to ensure improved coordination, advancements in equity, and permanent stability for Medicaid members who need help longer than the six months that are provided under the waiver benefit.

In the Portland Metro area, healthcare and housing systems have worked together through several demonstration pilots focused on learning to leverage funding, system capacity, care coordination, and data sharing to better serve our mutual members. The lessons learned have not only focused on the successes, but have also included "what not to do" to create better and more effective use of limited public resources. The Portland Metro area is uniquely positioned with three well established, and quickly expanding Continuum of Care County homeless services systems. The new voter approved Supportive Housing Services measure has tripled investments in homelessness in the Portland Metro Area to more than \$300 million annually, activating the region to scale services in eviction prevention, housing navigation, rent assistance, case management, and permanent supportive housing.

With Health Share of Oregon's leadership, the region has blazed new trails aligning health and housing systems integration. We worked together through the Metro 300 project funded by Kaiser to house more than 400 homeless seniors, many of whom remain stably housed with permanent rent assistance

provided through Supportive Housing Services funding. Additionally, Health Share launched a housing pilot in January 2022 to prepare for the 1115 Waiver implementation. To date, the pilot has helped over 300 members connect to housing. But more significantly, the housing pilot has created a critical learning opportunity for system design and integration. Building on this work, Health Share and the three metro counties are working together to ensure long-term housing stability for the participants who need continued housing support after they reach the end of the pilot. Additionally, we are working to align the pilot with County Coordinated Entry systems for future program referrals.

Though funding and providing housing needs are new to health systems, it is the exact expertise our homeless services systems possess and provide. Our Continuum of Care agencies use Coordinated Entry systems to prioritize resources and align housing services to meet the individual housing needs of each priority population. Coordinated Entry systems are designed to address a number of key components that include: to protect people from eviction; to connect families who need short-term help back into housing; and to provide coordinated services to those who have long histories of being homeless and will not find housing or health stability without permanent supports. We do not need to design new housing and homeless services systems. What is needed is to fund, leverage, and align these new Medicaid resources with the existing systems of care.

In partnering to implement pilot projects that integrate health and housing systems, we have learned valuable lessons including:

- **Leveraging all housing funding sources together to create a system of care that fully meets the needs of each member** – or risk setting members up to fail with short-term fixes that don't connect to long-term housing stability.
- **Aligning Medicaid funding with existing homeless services systems to maximize community impacts** – or risk building redundant systems and services that confuse members and waste critical public resources.
- **Maximizing local success and capacities with implementation flexibility designed for local contexts** – or risk designing systems in vacuums that don't work in our actual communities.
- **Aligning commitments to eliminate racial disparities in our health and housing** – or risk continued harm to and inequitable access for Black, Indigenous, Latino/a/e and other communities of color who have been disproportionately impacted by our historic health and housing systems.
- **Supporting housing providers by aligning Medicaid funding with existing homeless services funding streams, networks, and contracting structures** – or risk further burdening our provider network with redundant and complicated billing and reporting structures.

We have a tremendous opportunity in the state of Oregon that should not be taken for granted or risked. We urge you to support the knowledge and expertise available within the County homeless services systems and embrace local flexibility to leverage Medicaid as a funding source by including the health and housing systems in the Portland Metro area in the design and implementation of the 1115 Medicaid Waiver. We firmly believe that together we can get this right for Oregon and low-income, housing-burdened communities across the country. Working together, we can and will build strong and efficient systems providing coordinated health and housing care for all Oregonians.

Sincerely,

Statement of Commitments for the above signed organizations and jurisdictions:

Here in the Portland Metro region, we:

- are **uniquely positioned** to strategically implement the new Medicaid housing benefits in 2024 through an integrated, cross-sector approach leveraging both health and housing systems;
- will **leverage local and flexible resources** designed to achieve housing stability, with the voter-approved Supportive Housing Services program that provides over \$200 million annually, growing the homeless services system in the tri-county to more than \$300 million annually;
- have built **strong partnerships** between County Homeless Services systems, Metro, and our CCO's Health Share of Oregon and Trillium to improve system integration towards quality for care for our shared members; and
- have **piloted** implementation of a housing benefit through the Health Share Housing Pilot and are **building off learnings** from that project to advance system integration with housing providers and County Homeless Services systems.

Our services are rooted in quality of care and will be:

- Designed to achieve **equitable outcomes** in our communities;
- **Person-centered** from point of access through the journey of services for each member;
- Easily accessed through a **bi-directional system** where there is no wrong door to access housing or health care services; and
- Balanced to **prioritize current population needs** and aim towards a more **aspirational scale** and scope as the system evolves and funding increases.

Our vision for integrated health and housing services will:

- Align and **leverage housing and homeless funding sources** to maximize community impact and reduce system redundancies;
- Achieve statewide fidelity with a **regionally strategic approach**, while allowing county application and supporting provider flexibility;
- **Reduce administrative burden for contracted CBO providers** to prioritize service provision and access for diverse communities;
- Ensure cross-systems communication with **data sharing tools** to coordinate care and resources;
- **Embrace efficiency to increase impact** by leveraging existing:
 - provider networks,
 - contracting structures, including reimbursement and monitoring processes,
 - coordinated referral procedures,
 - priority populations and housing services definitions, and
 - data management systems.

We urge our state partners to:

- **Embrace the unique conditions and opportunities** in the Portland Metro area;
- Acknowledge that many **regions have invested considerable effort to develop housing services and supports** that are responsive to their local communities;

- Commit to strategies that **reduce potential duplication** of efforts and **promote integration** across systems;
- Adopt an implementation approach that allows areas to leverage local funding and align with existing partnerships and strategic approaches already underway;
- Commit to **include our key leaders in housing and health systems** to inform strategy, policy and design work underway in the planning for Medicaid 1115 Waiver implementation; and
- Commit to implement the waiver in **alignment with existing homeless services system structures** including Coordinated Entry and existing provider networks.

Oregon Medicaid Waiver History

1994: Established the Oregon Health Plan (OHP). This made most people living in poverty eligible for Medicaid, regardless of age, disability or family status. It also based coverage on the Prioritized List of Health Services. This list defines the health condition and treatment pairs that OHP covers in priority order.

1997: Gave Children's Health Insurance Program (CHIP) members the same benefits and delivery system as Medicaid members.

2002: Established OHP Plus and OHP Standard benefits. Added the Family Health Insurance Assistance Program.

2007 and 2009: Expanded CHIP and established the Healthy Kids program.

2012: Established the coordinated care model and initiated Health System Transformation.

2017-2022: Continued and expanded all elements of the 2012 waiver, particularly around integration of behavioral, physical and oral health integration, and include a focus on social determinants of health, population health, and health care quality. It promotes a performance-driven system to improve health outcomes and bend the cost curve. It includes:

1. An expanded focus on the integration of physical, behavioral, and oral health care.
2. A strong focus on social determinants of health and health equity to improve population health outcomes for all low-income Oregonians.
3. A commitment to an ongoing sustainable rate of growth. The 2-percent test puts the federal investment at risk for not meeting that target. CCO payment and contracting protocols promote increased investments in health-related services and use of value-based payments.
4. Expanding the coordinated care model with innovative strategies for ensuring better outcomes for members eligible for both Medicare and Medicaid.