|  |  |
| --- | --- |
|  |  |

December 14, 2015

Sandy Cafourek, Rules Coordinator and Hearings Officer

Oregon Health Authority (OHA), Division of Medical Assistance Programs

500 Summer Street NE

Salem, OR 97031

**Subject: Rule 410-141-3150, Flexible Services Definition, Direction and Reporting**

Multnomah County appreciates the opportunity to submit comments for the above-referenced proposed rule. Flexible services offer an opportunity to improve health and reduce Oregon Health Plan (OHP) costs for patients served through Coordinated Care Organizations (CCOs).

Multnomah County’s health and human services departments provide primary care, behavioral health, dental, pharmacy, mental health and support services for low-income and vulnerable people in Oregon’s most populous county, including thousands of OHP members.

* We operate Oregon’s largest Federally Qualified Health Center. Our 22 clinic sites served nearly 72,000 OHP and uninsured patients in 2014.
* We provided OHP addictions treatment to 6,000 adults and youth, and served 5,500 children with mental health needs through our OHP mental health plan in 2014.
* We serve as the federally designated Area Agency on Aging and Disabilities and determine OHP and SNAP benefits for over 31,000 adults, and provide eligibility and care services for over 8,300 people with OHP long term services and support needs.
* We serve hundreds of high-needs clients and community members each year with OHP services including adults in nursing homes, people with developmental disabilities, and families experiencing domestic violence and homelessness.

**Multnomah County applauds OHA for this proposed rule.** This rule provides a clear and transparent definition for how CCOs can transform care. Flexible services offer an important way for CCOs to achieve the Triple Aim of improving OHP members’ health while decreasing cost and improving care.

**Every day Multnomah County provides care to OHP patients whose health could be improved with a flexible service.** At our Rockwood Community Health Center in Oregon’s poorest ZIP code, we provide nutritious food to patients with health conditions where diet can improve health outcomes. The program is grant-funded and not fiscally sustainable long-term. Daily we serve clients for whom a short-term flexible service could make the difference between an expensive, poor health outcome or improved health that is less costly. For many of our patients experiencing homelessness, a brief hotel stay after surgery could reduce emergency care costs and improve health.

**This rule as proposed upholds the CMS 1115 waiver’s intent by giving providers and patients a venue to realize CCOs’ vision for transformation.** We are particularly supportive of the fact that this rule clarifies that CCOs may provide flexible services at both the individual patient level and also at a community based level. Narrowing this flexible service rule would hamstring CCOs and their providers by limiting their ability to create innovative solutions to challenging health problems.

Multnomah County respectfully requests OHA approve these rules with slight improvements to better align the intent of flexible services with their use:

1. **CCOs should be required to inform their members and providers about the existence of and criteria for flexible services.** Consistent with the principles of patient-centered care, information about flexible services should be transparent to patients and providers.
2. **CCOs must be required to give written denials to patients and providers with an explanation of why the request was denied.** An OHP member or provider cannot challenge something (even just to correct an error if one was made) unless he or she knows the decision and the basis for it.
3. **In section 2 about flexible services policies and procedures, CCOs must be required to work with providers and members in the creation of policies and procedures.** This aligns with the community-driven nature of CCOs. As such we respectfully request the last sentence in section 2 be rewritten to read, “Flexible services P&Ps shall require transparency and provider and member engagement…”
4. **CCOs should prioritize flexible services that focus on prevention.** We recommend adding this in section 5: “Prioritize flexible services that impact social determinants of health.” The CMS 1115 waiver’s intent was to shift OHP resources away from crisis care toward strategies that decrease cost and improve health in upstream, prevention-oriented ways. CCOs should be required to prioritize prevention strategies.
5. **Flexible services should not be allowed to count towards the community health improvement activities that are already required by state statute.** Rather flexible services are unique and different from community health improvement activities.
6. **Create an advisory committee on the integration of flexible services** to ensurethat flexible services are effectively administered in all CCO service areas. This committee would help the OHA to assure that the policy objectives of effective integration of CCO services with those of public health and mental health authorities statewide is met. This advisory committee would report to the Oregon Health Authority, and would coordinate with CLHO, the Office of Equity and Inclusion, and the Medicaid Advisory Committee.

Thank you for your consideration of our comments. We respectfully encourage OHA to finalize the rule with recommended changes. If you have questions, please contact ….

Respectfully,