



Governor Kate Brown

April 2, 2020

Speaker Tina Kotek

Senate President Courtney

Cc: OHA Director Pat Allen, DHS Director Fairborz Pakseresht, OYA Director Joe O’Leary, OHCS Director Margaret Salazar, JSCCR Chairs Arnie Roblan and Paul Holvey, Members of the Joint Committee on Ways/Means

Dear Oregon Leaders,

We write today to ask you for your urgent assistance to ensure that your community and non-profit partners and workforce survive the C-19 crisis. **Our ability to remain afloat and continue to provide critical services to Oregon’s most vulnerable populations depends on your quick action.**

Specifically, we would urge you to **rapidly implement the following six recommendations:**

- 1) **Shift payment methodology from fee-for-service to a fixed monthly payment rate, as requested in Oregon’s 1135 waiver request.** Agencies and CCOs would review a provider’s last 12 months of contracted capacity to determine the average monthly capacity and provide a fixed monthly rate, regardless of utilization, for the remaining months of the crisis. This ensures the provider a guaranteed revenue stream to maintain capacity and deliver services as utilization fluctuates. Providers must

continue to submit "encounter claims" to the state and CCOs to document services delivered to enrollees, maintain their essential billing infrastructure, and to continue data collection during the emergency action period. This data provides useful feedback in determining when fixed-monthly rates should be lifted as typical utilization returns. Existing state budgets and CCO PMPM receipts fully cover this change. This could protect our fragile system of care for vulnerable children, seniors, adults with developmental disabilities and others. Oregon has made this formal request to CMS, and immediate agency implementation and legislative support for this effort is critical.

- 2) Immediately take action to **ensure that Oregonians who are homeless, are older, are in residential or day treatment settings and who have more health conditions—people with disabilities— do not go without care or treatment.** While insured individuals tend to receive care in a traditional clinic or hospital setting, hundreds of thousands of Oregonians rely on their human services providers and nonprofits for much of this similar care. Non-profit, home and community-based services serve critical populations and need immediate support.
- 3) Issue a directive to state agencies that **federal funds be made immediately available for medical respite care and any/all health and case management services in shelters and temporary housing.**
- 4) Ensure that **all unemployment insurance funds**, including those utilized by Oregon non-profits and their employees, are **reimbursed at the same enhanced rates.** The Federal Stimulus seems to allow for this change, but states must implement it as part of their overall unemployment changes. This needs to be explicitly referenced in any Special Session legislation. The "Montana" Rule could be a model for Oregon to consider. And ensure that workers who aren't covered, for whatever reason, through the formal system, are eligible for assistance.
- 5) Clarify that **non-profits are eligible to participate in all state and local small business relief and support efforts**, particularly given the issues with the federal stimulus package.
- 6) **Work to approve critical programs already advanced during the 2020 Short Session by the Ways and Means Committee which could provide immediate assistance**, including HB4039 (Unaccompanied/Homeless Youth), HB4001 (Homeless Shelter Funding) and HB4120 (Independent Living Program) and Budget Option Package #120 (Provider Workforce), etc. Allocating immediate funding for critical programs that leverage federal resources should also be a **priority.** For instance, a small \$15.3 million investment in Certified Community Behavioral Health Clinics would **leverage \$62.9 million in additional funding** directly into programs and communities directly impacted by this health crisis.

Oregon is a full month into this crisis. Suicide rates are up, critical mental and behavioral health resources have already been shuttered, drug and alcohol use is reportedly on the upswing and workforce stress and trauma is increasingly of concern. We look forward to working together on these critical steps.

Sent on behalf of the several hundred thousand vulnerable and at-risk Oregonians we work with daily.

For questions, contact:

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