



TO: Oregon Health Authority
Chelsea Holcomb, Child and Family Behavioral Health Director
Dave Inbody, CCO Operations Manager
Kyleen Zimmer, Behavioral Health Deputy Director

FROM: CCOs and Providers convened by CCO Oregon

DATE: October 26, 2020

SUBJECT: IIBHT Concerns and Recommendations, October 2020

Thank you for addressing several of the questions raised by CCOs at the September CCO BH Directors' meeting regarding implementation of the Intensive In-Home Behavioral Health Treatment (IIBHT) model. We appreciate the time of the actuaries and policy staff that attended the meeting and the consideration given to our points.

While that time and energy is appreciated, CCOs and coordinated care providers continue to have concerns about the desired operationalization and sustainability of the IIBHT program as currently outlined. We respectfully offer the following recommendations and look forward to further discussion with the Oregon Health Authority (OHA) leadership in order to maximize the potential benefits of IIBHT. Our recommendations address financial and operational issues, and we believe that our concerns, if not adequately addressed, may negatively impact not only CCOs and providers, but also Oregon Health Plan (OHP) members.

IIBHT Financial build and sustainability

We appreciate that according to actuarial analysis at the state level the IIBHT program cost may be too small to call out in budgets or to develop a risk corridor (as CCOs have requested). At the regional or CCO level, however, these line items are not too small to impede successful implementation. And, while each of these concerns and recommendations impacts all CCOs and contracted providers, we know the challenges are greater in rural and frontier communities. We request revisiting options to ease these concerns and therefore increase the chance of program success.

- We respectfully recommend slowing the IIBHT implementation process to provide time for capacity building and a staged roll out. Aware of the existing workforce challenges and stated fiscal concerns, we recommend allowing CCOs and providers to implement IIBHT over the first

six months of 2021. This would allow for capacity building, training, referral, and utilization management processes to be solidified before enrolling members into care. This would also give OHA additional time to review and credential new IIBHT providers.

- We further recommend launching IIBHT for a specific number of members based on funding before fully implementing the benefit for all members. We are concerned by the lack of program specific or prevalence data to adequately inform the full roll out of the program. Beginning with a standing number of available placements and growing to the extended benefit may mitigate known and unknown risks.
- We request information or analysis from the OHA of how IIBHT, as currently outlined, would function in a value based payment system as this is a central goal of CCO 2.0 and the Oregon Health Policy Board over the next 5 years.

Program Implementation and Operations

It is well understood by stakeholders and behavioral health leaders at the Oregon Health Authority that there are significant challenges to recruiting and maintaining teams of staff in both rural and urban areas for various reasons. Obviously, the health care system is experiencing further constraints in keeping or recruiting staff due to the ongoing pandemic and economic downturn, which we will endure for some time. Together, these challenges lead to concerns about the implementation of IIBHT as currently outlined.

- We, again, recommend a slower implementation timeline to ensure there is ample state agency capacity for credentialing providers and standing up the necessary program supports.
- We request technical assistance and written information/guidance for potential IIBHT providers.
- We recommend that OHA and the CCOs collaborate on drafting guidance addressing risk assessment, screening, and response to strive for equity across the system and implementation. By offering best practices, we can help ensure that clients get a more consistent and quality assessment.
- We recommend including language in rule or formal guidance to clarify what will happen if a family does not engage in four hours per week of planned IIBHT direct service.
- We request revisiting the rule and guidance for transfers and continuity of care to ensure that a) residential providers receive all necessary and relevant documentation and b) that the care plans are reviewed with the OHP member and include their perspective on what worked and what didn't.

- We request guidance on implementation of a fidelity program with less than one full caseload in rural areas; or an understanding of the waivers available and the processes for acquiring the waiver.

In closing, CCOs and coordinated care providers consider implementation of IIBHT to be a critical addition to the service array available to children and youth in Oregon. It is important that we focus on successful implementation and not rush to the finish line. The CCO and provider community had concerns before the pandemic and the impact of COVID and then the wildfires on community service providers cannot be underestimated.

Please review the recommendations we've made and respond in writing. Further, as was shared at the October QHOC, we know the OHA is planning a series of internal and external conversations regarding IIBHT, Wraparound, and the risk of the Oregon State Hospital waitlist; please include our concerns and recommendations in these forums for discussion and potentially collaborative resolution.

Please contact Samantha Shepherd, Executive Director of CCO Oregon, at 928-699-1343 or samantha@ccooregon.org for further information.

[CCO Oregon](#) is a statewide, nonprofit member association representing coordinated care organizations, hospitals, health systems, providers, and other system partners across the state. Our vision is to hold objective space for subject matter experts across the coordinated care model to convene and identify evidence-based, stakeholder-driven strategies and solutions that improve care, experience, and cost. Our primary role is to facilitate convenings and organize issue-specific discourse. CCO Oregon discourse represents and is strengthened by the diversity of organizations we convene.