

May 20, 2026

**The Honorable Tina Kotek**  
Governor of Oregon

**RE: Implementation of Emergency Order 26-01 and Medicaid Long-Term Care Pathways for individuals experiencing homelessness and severe persistent mental illness (SPMI)**

Dear Governor Kotek,

On behalf of Multnomah County, we would like to express our sincere appreciation for your continued commitment to ending homelessness in Oregon. The extension of the homelessness state of emergency through Emergency Order (EO) 26-01 represents a vital recognition of the crisis at hand.

We specifically applaud the EO's acknowledgement that a significant portion of individuals experiencing chronic homelessness also struggle with serious persistent mental illness (SPMI) and, often, co-occurring conditions such as substance use disorder (SUD). As the EO recognizes, these individuals often face a cycle of "repeated interactions with emergency departments, inpatient psychiatric facilities, jails or prisons, and crisis response systems." EO 26-01 correctly states that helping this population requires "sustained, integrated solutions that align housing and health care systems, particularly for individuals who are exiting acute care treatment, residential treatment or the Oregon State Hospital who are unable to stabilize and likely to experience unsheltered homelessness without attentive housing and wraparound services."

In our previous [letter](#) dated December 22, 2025, Multnomah County shared its attempts to utilize Medicaid 1915 (i) & (k) to fund these "wraparound services." Multnomah County has been diligently submitting long-term care applications for individuals with SPMI to the Oregon Health Authority (OHA) and the Department of Human Services (DCHS). These Medicaid programs are uniquely positioned to provide the intensive wrap-around supports and "housing-ready" services necessary to stabilize individuals disabled by Severe and Persistent Mental Illness (SPMI). Despite alignment in our goals, these applications are either being denied or are not being processed. This blockage prevents vulnerable Oregonians from accessing their legal right to Medicaid long-term care benefits — which we believe is in violation of federal law.

We were encouraged to see EO 26-01 acknowledge the role of Medicaid 1915 waivers to fund the supports needed for those experiencing homelessness and SPMI. However, we have significant concerns regarding the EO's identification of the **1915(c) waiver** as the primary mechanism for federal funding. Multnomah County is consulting Health Management Associates (HMA) to identify Medicaid opportunities for services currently funded through County general fund and Supportive Housing Services (SHS). Multnomah County asked HMA to evaluate the feasibility of implementing a Medicaid 1915(c) waiver aimed at assisting individuals experiencing chronic homelessness who have behavioral

health needs. HMA identified several challenges 1915(c) presents, including that applicants must meet an institutional level of care (e.g., nursing home or hospital). [HMA reported](#) that “Oregon is already in a strong position to support Medicaid funded supportive housing under its 1915(i) State Plan authority” and “1915(c) features such as levels of care eligibility, caps and waiting lists can create heightened parity/integration risk when used to structure access for SPMI populations.”

Multnomah County appreciates the opportunity to participate in the 1915(k) & (i) workgroup with OHA and ODHS to address enrollment barriers for individuals experiencing SPMI. This is also an appropriate space to discuss upcoming 1915(i) reauthorization and the opportunities that presents. As OHA is preparing 1915(i) State Plan Option renewal application for December 2026 submission, considerations around expanding the [allowable uses](#), enrollment, and moving away from a single eligibility contractor. Making these changes could also open up the ability to explore Intergovernmental Transfer (IGT) or Certified Public Expenditures (CPE) arrangements to address operational challenges that currently exist. Outside of the workgroup, we are awaiting the State addressing enrollment barriers for those currently eligible for Medicaid long term care.

Multnomah County appreciates our partnership with the State of Oregon to address the homelessness crisis. We are encouraged by the urgency expressed in EO 26-01 and the shared vision to leverage Medicaid funding to provide wraparound services and supports to individuals experiencing homelessness and severe persistent mental illness. We look forward to the opportunity to collaboratively utilize the most effective tools currently available within the Oregon State Medicaid Plan — Medicaid Long-Term Care 1915(i) and 1915(k) — and future opportunities available through the 1915(i) State Plan Option renewal.

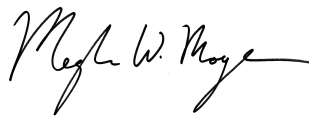
Thank you for your leadership and for your consideration of these opportunities to jointly address homelessness challenges for individuals experiencing behavioral health needs.

Sincerely,

Multnomah County Board of Commissioners



Jessica Vega Pederson, Chair



Meghan Moyer, District 1



Shannon Singleton, District 2



Julia Brim-Edwards, District 3



Vince Jones-Dixon, District 4

CC: **Dr. Sejal Hathi**, Oregon Health Authority Director  
**Amy Baker**, Behavioral Health Initiative Director, Office of Governor

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