

**State of Oregon, State Unit on Aging
2010 MIPPA Project Narrative**

1.
 - a. Will all funds provided for LIS, MSP outreach and assistance efforts be used solely to support outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes who may be eligible for LIS or MSP programs? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) – **YES**
 - b. Will a portion of the funds be directed toward Medicare beneficiaries for outreach aimed at preventing disease and promoting wellness?- **YES**

2.
 - a. Will all activities described by the SHIP to reach people likely eligible for LIS or MSP programs be above and beyond those regular activities that the SHIP has planned in response to funding provided under the Basic SHIP Grant Award? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, please describe how this supplemental funding will extend or enhance the LIS or MSP outreach and assistance efforts that you will provide in response to the Basic SHIP Grant Award funding. **See Oregon SHIBA/SHIP Project Narrative**
 - b. Will all activities described by the AAA or ADRC to reach people likely eligible for LIS/MSP programs be above and beyond activities funded under the 2009 MIPPA award? If yes, please describe how this funding will extend or enhance these activities. - **YES, activities will be above and beyond those funded under the 2009 MIPPA award. The 2009 funds were targeted to a subset of AAAs who were SHIBA/SHIP sponsors and served consumers in Tier 1 zip code areas. Those activities focused on mailings, media campaigns and direct presentations to notify consumers of the availability of LIS and MSP programs.**

The 2010 funding will build on these activities through the development of a closer partnership between SHIBA/SHIP and Medicaid. The AAA funds will be awarded to an AAA who is a SHIBA/SHIP sponsor and also administers the Medicaid program for older adults and adults with physical disabilities. This AAA is also participating in an ADRC grant to develop a 5-county ADRC. The AAA will use the funds to provide enhanced outreach to Medicare beneficiaries that have been identified by the Social Security Administration (SSA) as having requested “Extra Help” with healthcare-related costs. The AAA will utilize the monthly list of beneficiaries provided to Oregon’s Medicaid agency to follow-up through phone calls and mailings with beneficiaries who have requested a MSP application or may be eligible for MSP to determine if assistance is needed. Currently these lists identify approximately 700 Oregonians per month who are seeking “Extra Help”. At the same time the beneficiary will be provided information about Medicare’s prevention benefits and chronic disease self-management programs available in Oregon. This approach will provide targeted outreach by an AAA with

expertise in both Medicaid and Medicare to assist Oregonians on a statewide basis that have self-identified a need for help with healthcare costs. If the consumer needs personal assistance locally, this AAA will facilitate a referral to the individual's local Medicaid agency, AAA or SHIBA/SHIP sponsor as appropriate.

This AAA will also be funded to collaboratively develop and deliver regional trainings about Medicare and Medicaid benefits statewide with the SHIBA/SHIP program staff. It has been identified that beneficiaries will be served in a more streamlined manner if SHIBA/SHIP staff and volunteers have an increased knowledge of Medicaid and Medicaid staff an increased knowledge of Medicare. The trainings will be delivered regionally to provide an opportunity to facilitate networking and enhanced partnerships among the respective staff/volunteers. The training materials will also be utilized in a webinar format for staff/volunteers with travel restrictions or barriers.

3. Will your State use county and zip code specific data provided by CMS or AoA to target efforts related to reach beneficiaries who are likely eligible, but not enrolled for LIS, MSP or State Prescription Assistance Programs? If yes, please indicate how that data will be used to target the outreach and assistance efforts of the SHIP. If no, please indicate how the State will identify and target people who are likely eligible, but not enrolled for LIS, MSP, or SPAP programs? **YES, the data will be used to prioritize the level of enhanced outreach to Oregonians identified on the lists provided by the Social Security Administration. The lists are available to the funded AAA in a format that allows it to be sorted by zip code. The funded AAA will sort the list based on the tiered zip code data provided by CMS and will prioritize its outreach in accordance with the tiers.**

4. How will the State use the funding to enhance or expand application assistance available in communities with beneficiaries who are likely eligible, but not enrolled for LIS or MSP programs? (Examples – recruiting and training counselors placed in low-income neighborhoods or communities, training community-based organizations that serve low-income beneficiaries to provide application assistance, establishing new local counseling sites in low-income communities, etc) – **The State of Oregon will utilize staff from an AAA that both currently administers the Medicaid program for Seniors and People with Disabilities (the State Medicaid agency) and is a SHIBA/SHIP sponsor. Staff at this AAA are trained in MSP eligibility criteria and will contact and assist consumers identified on the monthly lists provided to the Medicaid agency by the SSA in applying for MSP over the entire state.**

This AAA in partnership with the SHIBA/SHIP will jointly deliver training on Medicare and Medicaid benefits to the staff/ volunteers from the SHIBA/SHIP and Medicaid service delivery network. Enhanced knowledge

of the respective programs will enable staff/volunteers to provide accurate information and effective referrals to consumers.

5. a. What specific activities will the State use to conduct outreach likely to persuade beneficiaries who are likely eligible, but not enrolled in LIS or MSP to apply for one or both of these programs? (Example – direct mail, outreach events, public and media activities, door-to-door outreach). Please be specific about the State outreach plan. – **Since January 2010, Oregon has received an average of 710 names monthly from SSA of individuals who are potentially eligible for a MSP. Oregon proposes to provide enhanced outreach to these identified consumers and initiate telephone calls and person specific letters to those who appear to be eligible for a MSP. Oregon sees this as an opportunity to provide personalized attention to these consumers from a trained individual who can verbally explain the MSP in greater detail and assist consumers in the application process.**

b. What specific activities will the State use to conduct outreach likely to persuade beneficiaries to participate in disease prevention and wellness activities? We encourage States to think creatively about how they can encourage beneficiaries to take advantage of the new wellness and prevention benefits. How can you integrate these outreach activities with LIS/MSP or other outreach? What new innovative activities focused on prevention and wellness might be implemented? **Individuals receiving follow-up calls about possible MSP eligibility will be asked about their awareness of Medicare’s preventive services, including the annual wellness check, immunizations, and diabetes screening. All those called – regardless of eligibility determination – will receive information on Medicare preventive services and available Oregon evidence-based self-management programs as part of their follow-up mailing. The mailing will include:**

- **Overview of Medicare preventive services;**
- **One-page overview of Oregon self-management programs with toll-free contact info and websites – Living Well/CDSMP, Oregon Quitline, and physical activity programs including Arthritis Foundation Exercise Programs and Tai Chi;**
- **Living Well/CDSMP brochure.**

State Unit on Aging (SPD/SUA) will also provide training – via webinar and/or in person – for new and existing SHIBA and Medicaid staff/volunteers on Medicare’s preventive services, chronic health issues and risk factors among older adults, and the availability of evidence-based healthy aging programs in local communities. Where possible, local training will include representatives of local evidence-based programs (Living Well, Arthritis Foundation, or Tai Chi). Training will address ways to assess possible health issues among clients, promotion of Medicare preventive services, and referrals to community health promotion programs.

6. a. Will the State establish or expand partnerships that will enable the State to reach and/or provide application assistance to people who are likely eligible, but not enrolled in LIS or MSP programs or who may be eligible for prevention or wellness activities? (Yes or No) If Yes, what specific partnerships will the State establish or expand and what populations (described either geographically or demographically) will the partnership allow the State to reach? What specific activities will result from the partnership? **Yes. Oregon proposes to cultivate a greater collaboration between the SHIBA/SHIP and AAA's/State Medicaid Offices, through cross training and information sharing on LIS, MSP and wellness/prevention activities in our local communities. Grant funds will be used to facilitate development of curriculum and implementation of these trainings.**
- b. Where applicable, how will the State coordinate with the Native American programs on LIS, MSP, Medicare Part D or prevention and wellness outreach? SHIP/AAA/ADRC Rural Medicare Part D Outreach Funds? **Elder Coordinators from the nine Tribes in Oregon will be invited to participate in the proposed regional trainings about Medicare and Medicaid. The training will increase their knowledge of benefits and provide the Coordinators with an opportunity to develop partnerships with the SHIBA/SHIP and Medicaid programs in their local communities.**

The sixth annual Native Caring Conference will be held in March of 2011 and will include informational tables about LIS/MSP and the Medicare wellness benefits. The conference will also have a specific breakout session on Medicare and the new health care law. The Native Caring Conference is attended by approximately 200 tribal members from across Oregon who provide care under Title VI of the Older Americans Act and Elder Coordinators who oversee the Title VI programs.

7. Will all funds provided for rural outreach to Medicare Part D eligible beneficiaries be used to reach and assist people who live in rural areas and who are eligible for Medicare Part D? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)- **YES**
8. Will all the activities described by the State to reach Medicare Part D eligible beneficiaries in rural areas be above and beyond those regular activities that the State has planned in response to other funding, e.g. Basic SHIP Grant Award, OAA outreach, or MIPPA 2009 outreach? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)- **YES**
9. What specific activities will the State use to conduct outreach likely to reach beneficiaries living in rural areas with information about Medicare Part D coverage and the associated LIS/MSP programs for beneficiaries with limited incomes? (Example – direct mail, outreach events, public and media activities) **30% of Oregonians live in a rural area. The CMS data indicates that the tier one zip codes are predominately in rural Oregon. All of Oregon's proposed activities will include rural areas. The proposed activities include enhanced outreach**

to Medicare beneficiaries identified by the SSA as having requested “Extra Help” with healthcare costs, the SSA lists will be prioritized based on the CMS zip code data and thus will be targeted to rural areas of Oregon. Additionally, the proposed cross-training of SHIBA/SHIP and Medicaid will occur across the state on a regional basis.

10. How will the State use the funding to enhance or expand application assistance available in rural areas of the State? (Examples – recruiting and training counselors deployed to serve rural areas, training community-based organizations that serve beneficiaries living in rural areas, establishing new local counseling sites in rural areas, etc). **By utilizing a centralized approach, consumers from around Oregon, (including rural communities) will receive personalized contact from a trained staff member to assist them with MSP applications.**

The proposed cross-training of SHIBA/SHIP and Medicaid will include rural areas of the state and will increase the knowledge and skill level of counselors to serve consumers in a more effective and streamlined manner.

State Questions – Collaborative Efforts

1. What are the quantifiable outcome targets of the collaborative efforts of the SHIP, AAAs and ADRCs to reach and provide application assistance to beneficiaries who are likely eligible, but not enrolled in LIS, MSP and/or Medicare Part D programs and how will the effort be measured? For example, the State may propose to generate a target number of applications for these programs and track those applications through a specific data system or tool. Please do not state the targets in terms of a number of outreach events or counseling sessions, but rather in terms of a number of applications submitted or another quantifiable target that will demonstrate progress in getting more beneficiaries enrolled in these programs
2. How will the State measure and report progress toward the stated outcome target?
3. What specific work plan will the State utilize to coordinate the efforts of the SHIP, AAAs and ADRC that are funded under this program to assure that work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness, and that work is not duplicative?
4. Please provide a timeline for the 24 month duration of this grant that will outline the planned activities of the SHIP, AAA, and ADRC programs and the anticipated progress toward achieving the goal the State outlined in response to Question 1 of this section.