
Community and Partner Workgroup (CPWG)

Meeting 12
December 15, 2022

Sarah Dobra, OHA
Michael Anderson-Nathe, Consultant

Meeting Objectives

1. Continue to build relationships among members
2. Continue focused conversation on Non-MAGI populations with a focus on programmatic, data, and outreach considerations
 - Dual eligible and Long Term Services and Supports
3. Discuss and solicit CPWG recommendations on maximizing use of Marketplace Assisters and grant opportunity

Agenda

- Welcome and introductions
- Updates and follow up
- Marketplace Assisters and grant opportunity
- Continuation of deep dive on Non-MAGI populations focusing on dual eligible and Long Term Services and Supports
- Finalize Non-MAGI recommendations
- Wrap up

Introductions

Starting with CPWG members then state staff

Please share your:

- Name
- Pronouns you use
- Any needs you might have to help you participate fully
- Check in question: Originally, we planned on doing a deep dive on the pregnancy/newborn group. Given new continuous eligibility for children up to age 6, is this a group you still want to discuss? If so, what do you want to hear about and/or who do you want to hear from?

Updates and follow-up

Updates and follow up on issues raised

MET Group Update

Prioritized Audience/Population	Focus Group	Survey	CBO input session
People with low or no literacy who speak English	Focus Group		
People living in remote and rural area areas of Oregon	Focus Group	Survey	
Older adults (65+)	Focus Group	Survey	
People living with intellectual or developmental disabilities	Focus Group		CBO input session
Members of Oregon's sovereign nations who are not served by tribal health clinics	Focus Group	Survey	
People living with physical disabilities (including low vision or vision loss and hard of hearing or Deaf)		Survey	CBO input session
People living with mental health condition or illness		Survey	CBO input session
People leaving custody of the judicial system			CBO input session
People who speak language other than English		Survey	CBO input session
People leaving Oregon State Hospital			CBO input session
Latinx community members		Survey	CBO input session
Black & African American community members		Survey	CBO input session
Recent immigrants			CBO input session
Asian community members		Survey	CBO input session
Youth aging out of foster care			CBO input session
Seasonal workers (e.g. ski industry)		Survey	CBO input session
Farm workers		Survey	CBO input session
Unhoused or housing insecure community members		Survey	CBO input session
Undocumented residents			CBO input session
Residents with substance use disorders			CBO input session
COFA Islanders			CBO input session

MET Group Update

<u>Methodology</u>	<u>Timing</u>
Focus Group	Holding focus groups between Jan 9-18
Survey	Open Dec 9 – Jan 13 (<i>may extend to Jan 20</i>) Link: www.surveymonkey.com/r/52FKCMF
CBO input sessions	By Jan 20 (one session per audience; 3-5 CBOs that serve/work with that audience)

MET Group Update

<u>Prioritized Audience/Population</u>	<u>Paid Campaign Advisors</u> <i>Green highlight = Confirmed</i>	<u>Geographic representation</u>
People with low or no literacy who speak English	Oregon Primary Care Association	Statewide
People living in remote and rural area areas of Oregon	OHSU Office of Rural Health	Rural statewide
Older adults (65+)	Age+ Oregon	Statewide
People living with intellectual or developmental disabilities	Community Vision	Portland metro (with statewide network of relationships)
Members of Oregon's sovereign nations who are not served by tribal health clinics	Northwest Portland Area Indian Health Board (NPAIHB)	Statewide
People living with physical disabilities (including low vision or vision loss and hard of hearing or Deaf)	Eastern Oregon Center for Independent Living	Eastern Oregon
People living with mental health condition or illness	NAMI Clackamas	Tri-county (with statewide network of relationships)
People leaving custody of the judicial system	Helping Hands Reentry (Astoria)	Coast
People who speak language other than English	<i>TBD (waiting until other Paid Campaign Advisors confirmed to see which languages are not represented)</i>	--
People leaving Oregon State Hospital	<i>TBD</i>	--
Latinx community members	EUVALCREE	Eastern Oregon
Black & African American community members	Black Parent Initiative	Portland Metro
Recent immigrants	IRCO: Immigrant & Refugee Community Organization	Portland Metro
Asian community members	Asian Health and Service Center	Portland Metro
Youth aging out of foster care	P:ear	Portland Metro
Seasonal workers	NW Seasonal Workers Association of Medford	Southern Oregon
Farm workers	Farmworker Housing Development Corporation	Willamette Valley
Unhoused or housing insecure community members	<i>Multiple organizations (separate strategy – see next slide)</i>	Statewide reach
Undocumented residents	<i>TBD – partnering with Healthier Oregon</i>	--
Residents with substance use disorders	<i>TBD</i>	--
COFA Islanders	Micronesia Islander Community (MIC Oregon)	N/A

CPWG Spokesperson

As state agencies continues preparing for the end of the Public Health Emergency continues, OHA and ODHS will be implementing CPWG's recommendations on the redeterminations process. We anticipate receiving media and community questions and requests for information on how community input was factored in. **We are seeking volunteers from CPWG who may be willing to field requests that fall within their expertise.**

Anticipated commitment:

- Be available for media or community requests as they come in (approx. 1-2 day turnaround)
- Speak as a member of the CPWG on your experience and the process the group used
- Partner with OHA to prepare to respond to request



Marketplace Assistors

Leveraging Marketplace Assistors and grant opportunity

Medicaid to Marketplace Migration (3M) Grant Fund Allocation



Miranda Amstutz and Micheil Wallace
Community Partner Liaison and Agent and Small
Business Liaison



Overview

- Over 300,000 Oregonians will have their Medicaid eligibility be redetermined.
- More Oregonians will be informed of their health coverage options and have access to affordable health coverage with the help of trusted coverage experts.
- Many Oregonians moving from a Medicaid to a Marketplace plan may not know how to utilize their plan or navigate their health coverage.
- The Medicaid to Marketplace Migration Community Partner and Agent Grant Program will provide funding and support to partners providing outreach and enrollment assistance in Oregon.
- Grant funds will support an increase of Marketplace outreach and enrollment assistance for Oregon's communities that are at a higher risk of being harmed by health inequities, experiencing disadvantage, and most affected by social inequities.

Objective

Budget

- The budget allocated under HB4035 for Agent and Community Partner support during the Medicaid to Marketplace migration period is \$2.5M (\$2M to community partners and \$500,000 to agents).
- Grant funding will be made available to all current partner grantees to ensure continued support throughout the redetermination period after the Public Health Emergency (PHE) ends.
- Grant funds will also support new grantee partnerships to address potential equity gaps in identified target communities.
 - New grantees will support Marketplace enrollment and health coverage education throughout the redetermination period, prioritizing expanding their reach into communities that are at a greater risk of being harmed by healthcare inequities, experience disadvantage, and most affected by social inequities.

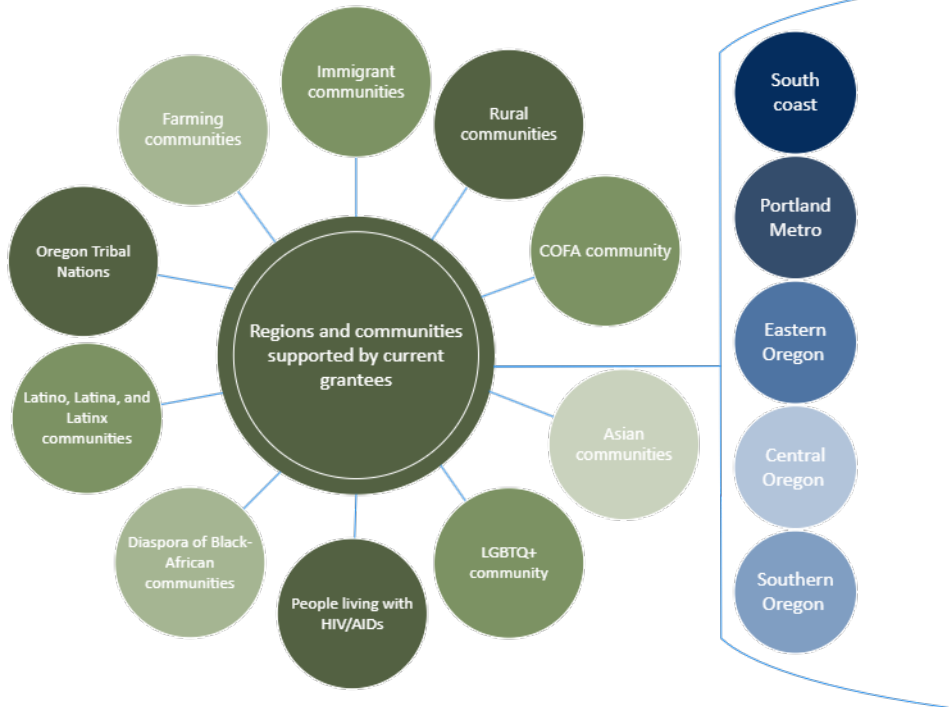
Marketplace Community Partner Grantees

- Adapt
- Asian Health and Service Center (AHSC)
- Cascade AIDS Project
- Centro Latino Americano
- Grand Ronde Tribal Health Clinic
- Immigrant & Refugee Community Organization (IRCO)
- Interface Network
- Mosaic Medical
- Northeast Oregon Network (NEON)
- One Community Health
- Project Access NOW
- Unete Center for Farmworker Advocacy
- Urban League of Portland
- Waterfall Community Health Center

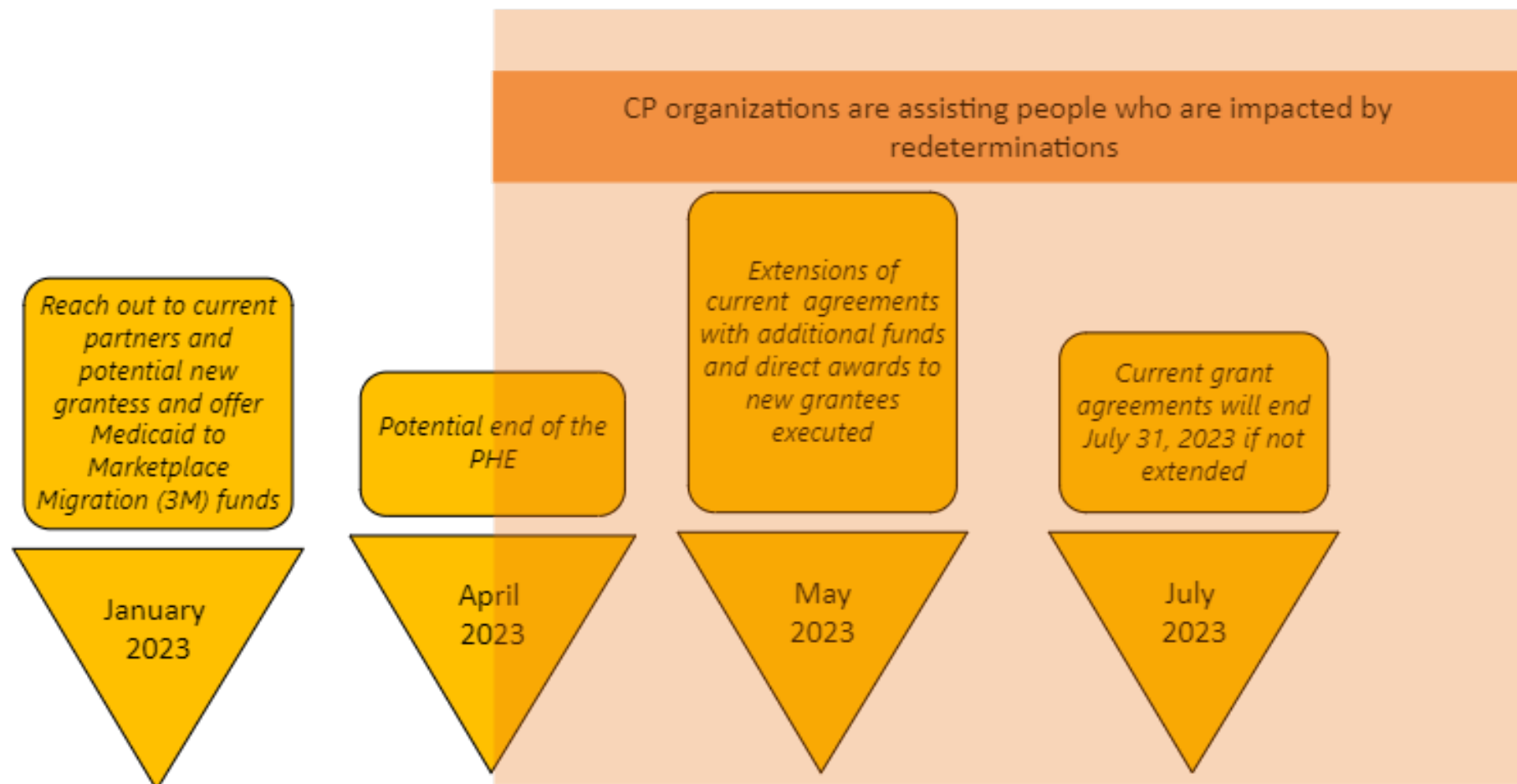
Current grantee support

Our current grantees prioritize assistance and support to communities harmed by health inequities and most affected by social inequities. Our partner support is more robust than it has ever been, reaching all regions of the state.

- Our current grant agreements will be ending July 31, 2023



Timeline



Service gaps

- The Marketplace used Public Use Microdata Areas (PUMAs) and cross-referenced with current grantees. The following gaps for community partner or additional service needs were identified.

Additional Service Needs	Gaps Identified
Southern Oregon	Benton county
Deschutes county	Linn county
Clackamas county	Yamhill county
Multnomah county	
Douglas county	
Josephine county	
Jackson county	

Service gaps

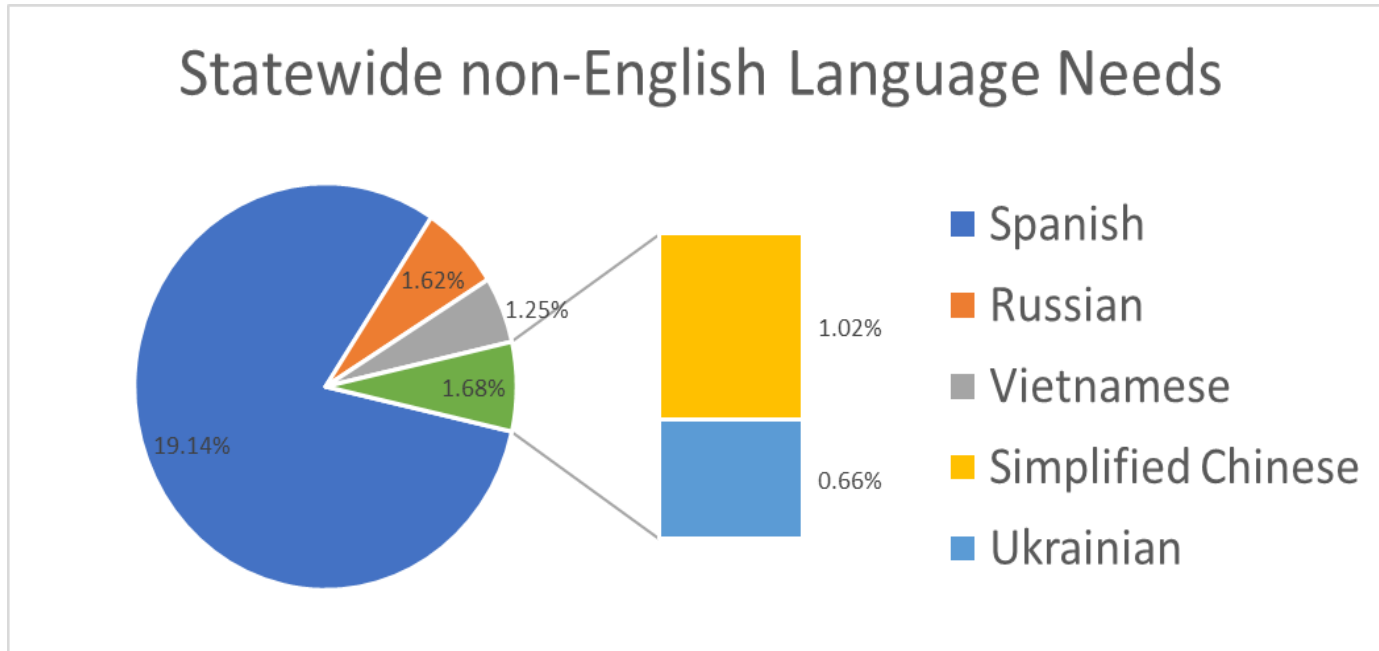
- The Marketplace used prior years' HealthCare.gov enrollment data to identify the following needs

Community-based Organization (CBO)	Currently supporting	Additional support needed
Latino, Latina, Latinx community	Yes	No
Asian community	Yes, one CBO	Yes
Russian, Slavic, Ukranian communities	Yes, minimal	Yes

Agent Support	Currently supporting	Additional support needed
Latino, Latina, Latinx community	Yes	Jefferson county
Asian community	Yes	Lane county

Service gaps

ONE System Demographic Data



- The remaining languages are under 1% with the majority being less than 0.10%. This data did not identify any additional service gaps when compared to the other data analysis methods

Service gaps

Community input has identified the following gaps or additional service needs:

- There is a gap in the Russian, Slavic and Ukrainian communities.
- Marketplace grantees identified the need to bolster assistance for the Spanish-speaking community, but no additional gaps.

Sources:

- Public Health Emergency Community and Partner Workgroup (CPWG)
- Marketplace grantees survey
- Marketplace CP grantee monthly meetings and monthly enrollment outcome reports
- Marketplace Outreach and Education coordinators who are out in the field and hear about community support needs.

Grant funding

Allocation options

Option 1 – Current partners and new:

- Allocate most of the funding to current Marketplace grantees and allocate some funding to direct award new grantees to support service gaps or additional service needs.
- The focus of this funding would be to allow our grantees to add additional assisters and agents to support the redetermination workload.
- Current partner allocation of funds will be determined by partner interest, workplans submitted, equity and language support of communities most harmed by healthcare inequities and most affected by social inequities, and the capacity of the partner to support additional Marketplace enrollment.

Option 2 – Current partners only:

- Allocate all \$2.5 million dollars to current Marketplace grantees with the ask that they broaden and expand their reach to address the identified gaps in service equity.
- The focus of this funding would be to allow our grantees to add additional assisters and agents to support the redetermination workload.
- Fund allocation will be based on the bandwidth and ability to address Oregon's service equity needs to communities and populations of focus.

Feedback and other considerations

The Marketplace is interested in the Public Health Emergency Community Partner Workgroup feedback please feel free to share your feedback at this meeting today or by using this survey:

- <http://bit.ly/3UHTXjQ>
- or scan QR code to the right.



Questions?



Stretch break

- Let's take a 5-minute break – make sure to mute your microphones





Non-MAGI Discussion

Dual eligible and Long Term Services and Supports

Medicaid Long-Term Services and Supports (LTSS)

Program description:

Medicaid LTSS provides long-term care services for eligible individuals with physical, mental health, and intellectual or developmental disabilities.

What will change:

- Anyone receiving Medicaid LTSS who no longer qualifies for Medicaid based on their financial eligibility **will lose both medical and LTSS benefits**, which may include their housing if they are living in a long-term care facility or adult foster home.
- Anyone whose eligibility for Medicaid is based on meeting LTSS criteria and who no longer meets that criteria will lose all Medicaid coverage.
- There are no equivalent benefits that provide Medicaid long-term services and supports. The state bridge plan does not include LTSS. Oregon Project Independence (OPI) services may be available for some individuals. This program provides limited supports to individuals who are not receiving OHP plus benefits.
- People may have reductions to LTSS benefits based on assessed needs, but their medical coverage will continue.

Medicare Savings Programs (MSPs)

Program description:

Medicare Savings Programs help eligible Medicare beneficiaries who have income below certain limits with out-of-pocket Medicare costs. They are the Qualified Medicare Beneficiary program (QMB), the Specified Low-income Medicare Beneficiary program (SMB) and the Qualified Individual program (SMF). All MSPs pay the Medicare Part B premium; however, QMB also pays the Part A premium (if no free Part A) as well as Part A and Part B deductibles, coinsurance, and copayments. The MSP income limits are based on the Federal Poverty Level and change every year in March. Beneficiaries can receive QMB and SMB concurrently with OHP Plus, but SMF is a stand-alone program and not available to those who qualify for OHP Plus. There are no resource limits for MSPs in Oregon.

What will change:

Individuals who no longer qualify for MSPs and who also are not eligible for OHP Plus benefits will be responsible for their out-of-pocket Medicare costs currently paid by Medicaid. They may choose to privately purchase Medicare Supplemental Insurance (Medigap) or enroll in a Medicare Advantage Plan.

Supports are Being Put in Place to Assist Benefit Recipients through Transitions

We are preparing now by:

- Phasing medical renewals by population to allow more time for outreach and longer coverage for those most at risk of losing OHP coverage
- Creating the Bridge Health Care Program, a new option for people with income below 200% FPL who lose OHP during renewals
- Strengthening connections with the Marketplace team for people transitioning from OHP to commercial market
- Equipping our resource and referral networks like the Aging and Disability Resource Connection (ADRC) and Senior Health Insurance Benefits Assistance (SHIBA) Medicare certified counselors to support people
- Inviting partners to help us raise awareness and support people
- Communicating directly with benefit recipients in many ways

LTSS Consumers Examples

In-Home Services

Darlene is a 70-year-old female that lives alone in an apartment complex. She has been diagnosed with Multiple Sclerosis and her care needs have increased since she came on Long-Term Care Services and Supports (LTSS) in June of 2020. Her most recent assessment has determined that she is a Service Priority Level (SPL) 7. She needs assistance using the restroom and needs assistance getting out of bed in the mornings. Her current SPL provides her with 60 hours a pay period, or 30 hours a week of care. She uses an In-Home Agency. They come in every day for a few hours to assist her in getting out of bed and using the restroom. Without this assistance, Darlene would be unable to get out of bed and would have incontinence accidents. She does not have any family that are nearby to assist her, so she is dependent on her caregivers. She doesn't have a lot of bills, so her savings account has increased to \$6,000. This means she is over the resource limit for her medical program, which is \$2,000. When the PHE unwinds, if action is not taken, Darlene will lose her medical program. If she is not eligible for medical, she will lose her LTSS benefits and will no longer be eligible for a care provider.

LTSS Consumers Examples

State Plan Personal Care

Charles “Chuck” is a 67-year-old man that lives alone in a mobile home park in a home he purchased over 30 years ago. Chuck came on services in 2019 following a pretty significant stroke. He was eligible for Title XIX services with an SPL of 10 because he needed assistance walking and getting out of his chair and off the toilet. Following his stroke, Chuck worked with Physical Therapy on walking and transferring. During his reassessment in 2021, it was determined that he was no longer eligible for Title XIX services but was eligible for State Plan Personal Care (SPPC) because he needs assistance getting in and out of the shower and some help with his medications. This program gives him 10 hours a pay period or 5 hours a week. Chuck’s initial eligibility for his medical program was because he met SPL requirements. When the PHE started, he retained that eligibility which allowed him to receive SPPC. When the PHE ends, he will lose his medical eligibility, which will cause him to lose SPPC and the 10 hours he receives.

LTSS Consumers Examples

Facility

George is an 80-year-old man that lives in a Residential Care Facility. George is an SPL 3 and has lots of physical needs. George is dependent on the facility staff to help him in and out of his wheelchair, to push his wheelchair around the facility and for all his restroom needs. George has never been able to save much and most of his monthly income goes towards his share of the facility. However, last year during the PHE, George's brother Fred passed away. George was the beneficiary of Fred's life insurance. George received a payment of \$15,000 and he has spent very little of it. He says he doesn't have anything to spend the money on. This places George of the resource limit for his medical program of \$2,000. When the PHE ends, George will no longer be eligible for his medical program. This also means that George will not be eligible for services. Without service eligibility, George will have to pay for the facility at the monthly private pay rate or he will have to move. Without service eligibility, he will not be eligible for any special funding to help with any costs of moving, buying furniture, etc.

Workgroup Discussion

Experiences and Practices

CPWG

Recommendations

Discussion on programmatic, outreach, and communication considerations for Non-MAGI populations

Recommendations from CPWG



Recommendations from CPWG



- Support assisters and navigators in building relationships, having the ability to go to meet people where they are, and do personal follow up with individuals.
- Work directly with partners. For example, Centers for Independent Living have direct relationships. APD offices and AAAs have staff and case workers who can conduct outreach.
- Reach out to caregivers, such as through the Home Care Commission, avenues that reach paid caregivers, and forums that engage unpaid caregivers.
- Be creative with how to reach the members and the organizations and people who work with and care for members, such as care managers, brokerages, registries, etc.
- Have the treatment team included in the messaging. The more people who are included, the less likely someone is to be missed.
- Have a strategy to make sure people who are in residential treatment centers do not fall through the cracks when the treatment center updates their address to the center, which may be outside the service area and may not be updated when they leave the facility.
- CCOs can share OHA notices through their own communications channels, such as MyChart.
- Reach out to county IDD offices and other programs that work directly with people with disabilities.

Recommendations from CPWG



Equity and Accessibility

- Identify and implement strategies to provide additional time and resources to people who face additional barriers when trying to understand notices and what is required of them to verify eligibility, such as people disabilities, elderly persons, and people with limited English proficiency.
- Needs and common circumstances of migrant and seasonal workers should be kept in mind when providing support and resources to members of this population.
- Review of member appeals in response to a Notice of Adverse Benefit Decision (NOABDs) by language, race and ethnicity, to determine if members with limited English proficiency or other populations are less likely to appeal NOABDs.
- Develop auditing strategies to ensure language access services are active and accessible across all medical provider offices.
- Build member experience and voice into OHA's compliance framework for language access.

Recommendations from CPWG



Protecting Coverage

- Allowing continuous enrollment while eligibility is being verified allows people struggling to navigate the renewal process time to resolve issues.
- Simultaneously extend deadlines up to 90 days for medical assistance program (MAP) enrollees and increase the promotion and use of *accessible* application assisters to give people the time and additional support needed to correctly apply for coverage and respond to requests for information.
- Inform clients who have been denied coverage about navigational assistance resources they can use to help transition to another form of coverage.

Renewal Processes

- Minimize stress and burden for consumers by streamlining and simplifying the redetermination process and related communications.
- Provide proper training for agency staff and partners engaging in redetermination-related outreach and communications with MAP enrollees, community-based organizations (CBOs), Coordinated Care Organizations (CCOs), and other partners.
- Phase in renewals by population to help prioritize people with disabilities, elderly populations, and other groups who may utilize healthcare services more frequently or are in greater need of continuous, uninterrupted health coverage.

Thank you!

Feel free to reach out if you have any questions or need any support.

Appendix

Slides that we might want to come back to.

Consensus Decision-Making

Thumbs up, Thumbs sideways, Thumbs down



Fully Agree



Fully Disagree



Could go either way

Fist to Five



5 fingers = Fully Agree and will champion

4 fingers = I'm fine with it

3 fingers = I see minor issues we can resolve later

2 fingers = I see minor issues we need to resolve now

1 finger = I see major issues that we need to resolve



Fist = I can't support this

Upcoming CPWG Recommendation Areas

2022

2023

Oct. 27	Nov. 10	December	January	February	March
<ul style="list-style-type: none">• Unhoused population• Populations that prefer a language other than English	<ul style="list-style-type: none">• Met Group• Non-MAGI populations – people with disabilities	<ul style="list-style-type: none">• Continue non-MAGI – dual eligible• Marketplace Assisters• Application assistors	<ul style="list-style-type: none">• Pregnancy and Newborn population• Online dashboard	<ul style="list-style-type: none">• Bridge Plan• Overview of draft report	<ul style="list-style-type: none">• Final Report• Wrap-up

QUESTIONS FOR CPWG:

- Do we need to add additional topics?
- Do we need to add a second meeting in January?
- Do we need to add a second meeting in February?

Draft Timeline and Workplan

Month	Work
May 26, 2022	Mtg 1 – Review background and redetermination process
June 2022 - 2 mtgs, TBD	Mtg 1 – strategies for obtaining and updating contact information Mtg 2 – strategies for outreach and communication
July 2022 – 2 mtgs, TBD	Mtg 1 – strategies to maximize navigation assistance Mtg 2 – strategies to minimize loss of coverage
August – September 2022	Review plan and responsiveness to input
October 2022 – January 2023	Monitoring and oversight of redetermination process
February – March 2023	Review and endorsement of report to legislature

Draft Working Agreements

- We will focus on equity
- Show up with good intentions and be accountable for what you say and do
- Commit to addressing and repairing any harm we cause one another
- Listen respectfully to each other
- Make sure everyone's voice is heard/Share the microphone
- Be respectful to each other
- Commit to being uncomfortable
- Know that we are greater together
- Avoid using acronyms or explain them when we do

**What is
missing or
what would
you add?**

Draft Group Commitments

- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone understands the material and they have the information they need to participate

CPWG Website:

<https://www.oregon.gov/oha/Pages/phe-maintain-coverage.aspx>

The screenshot shows a web browser window displaying the Oregon Health Authority website. The page title is "Provisions under House Bill 4035". The navigation bar includes "OREGON.GOV", "About OHA", "Programs and Services", "Oregon Health Plan", "Health System Reform", "Licenses and Certificates", and "Public Health". The main content area includes sections for "Creating a 'Bridge Program'", "About the Joint Task Force On the Bridge Health Care Program", "Outreach and Communication Strategies with Community Partners", "About the Community and Partner Workgroup", "Members", and "Meeting Info and Resources".

Provisions under House Bill 4035

HB 4035 Report to the Legislature: Unwinding the Federal Public Health Emergency

Creating a "Bridge Program"

About the Joint Task Force On the Bridge Health Care Program

House Bill 4035 requires OHA to create a new "bridge program" to provide an affordable, comprehensive source of health coverage to adults in Oregon with income between 138-200% of the Federal Poverty Level. Implementing this program will prevent coverage loss among some people who would otherwise lose OHP during the unwinding of the Federal Public Health Emergency and will improve coverage continuity by reducing instances of "churn" due to small and/or temporary income gains among OHP members. HB 4035 directs OHA to work with the Legislative Policy and Research Office (LPRO) to convene a Task Force to inform development of this program. Oregon will seek Centers for Medicare & Medicaid Services (CMS) approval before implementation of the program.

[Click here for membership details, upcoming meeting dates and times, and links to meeting recordings.](#)

Outreach and Communication Strategies with Community Partners

About the Community and Partner Workgroup

As established in HB 4035, the Community and Partner Workgroup (CPWG) advises OHA, ODHS, and DCBS on the development of outreach and enrollment assistance and communications strategies to communicate and assist medical assistance program members in navigating the redetermination process and any transitions to coverage through the health insurance exchange. This work has the dual goals of:

1. Maintaining the most individuals covered possible so that benefits are not lost, and
2. Ensuring additional protective measures for identified vulnerable populations, priority populations, and populations and individuals facing health inequities during this transition and process.

The CPWG brings together representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, and members of Oregon's Medicaid Advisory and Health Insurance Exchange Advisory committees to advise the state and the departments on the development of outreach and enrollment assistance and communication strategies to communicate and assist OHP members in navigating the redetermination process or transition to coverage through the health insurance exchange.

[Read the charter here](#)

Members

Members were selected based on their availability and willingness to attend CPWG sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon's priority populations were given preference.

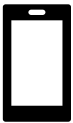
Meeting Info and Resources

Date	Materials	Notes
May 26, 2022 3:00 pm – 5:00 pm	5.26.22 Materials	5.26.22 Notes

One place to go for information and materials on our work

Recommended Outreach and Communication Strategies

Recommended strategies and avenues for obtaining and updating contact information for medical assistance program (MAP) enrollees – identified by participants of the Oregon Eligibility (ONE) Learning Series Webinar during the 4/27/2022 meeting.



Digital: phone call, email, text message – recommended in 42/76 (55%) responses.

- “A callback line, or callback option within the automated system.” **ONE Customer Service Center will be implementing a call back option later this year.**
- “More frequent check-ins, such as semi-annual courtesy calls, to check in with patients.”



Paper-based communication: poster, flyer, letter – recommended in 14/76 (18%) responses.

- “notices with minimal words--often times, my clients will say that the letter was too long so they didn't read it”
- “Flyers that i can put up in our lobbies would be wonderful. I'm also going to let intake staff know about this so they can direct the client to me.”



Community partner (CP) and OHA outreach- recommended in 14/76 (18%) responses.

- “Cp's can-do outreach since they likely have contacts and connections that are able to access.”
- “CP's attending local events and having information available”



Media platforms: social media, radio, television, other methods of advertising – recommended in 10/76 (13%) responses.

- “In our rural area, Facebook is one of the popular ways to reach our ranchers and outlying small communities.”



Coordinated care organizations (CCOs), healthcare system/provider – recommended in 7/76 (9%) responses.

- “outreach to the member PCP to see if they can add a msg in their system or hand out flyers on how to update (using CP assisters, using 800 numbers)”



Others – recommended in 7/76 (9%) responses.

- “Offer raffle prize, they have to enter contact info to enter/win”

Additional Recommended Outreach and Communication Strategies

A summary of all additional outreach and communication comments and recommendations made by those who utilize medical assistance programs (MAPs), do work related to MAPs or is participating in MAP redetermination work.

Closely collaborate with community-based organizations (CBOs), community-based organizations (CCOs) and community partners (CPs) when preparing and distributing communications and navigation resources to enrollees.

Work closely with OHA/ODHS community outreach programs for communications and engagement planning. Utilize existing infrastructures to support this work.

When able, provide CBOs and CCOs with tips and talking points to use with consumers. This could ease some confusion and burden they may face as their financial state shifts and consumers transition to new plans.

Providing CBOs, CPs, and CCOs with advanced notice of communications that OHA/ODHS is sending to consumers, so they have a heads-up and are prepared to support.

Utilize admin staff at healthcare facilities to obtain updated contact information for people currently receiving services because the staff likely has frequent contact with the patient.

Minimizing stress and burden for consumers by streamlining and simplifying the redetermination process.

“I feel like asking consumers to participate in **overhaul activities needs to be delivered in the most light weight way possible. people are already exhausted** and asking them to do extra is concerning to me.” – Medicaid Advisory Committee (MAC)

“Completely agree with _____. that the **complexity of the redetermination process is as much a factor in churn as income**” – Medicaid Advisory Committee (MAC)

Key Communications to Share Throughout the Redetermination Process

During the [4/27/2022 meeting](#), Oregon Eligibility (ONE) Learning Series Webinar attendees were asked to list the top 2-3 messages they think OHA/ODHS should highlight for community during the redetermination process.

There were 54 total responses and **almost all suggestions centered around notifying people of the two key actions they must take to avoid losing coverage**, which includes:

1

Responding to notices when they receive them.

- “Letter response is super important so if you are over-income, still respond to keep your other health ins options open, use a CP to help!”
- “If you get a letter and do not respond, you may lose your coverage EVEN IF YOU ARE STILL ELIGIBLE.”

2

Making sure their contact information is up to date.

- “Please communicate with partners during redeterminations. Update your information. No response; coverage will end”
- “if contacted by ohp correspondence to contact by phone 1 800 699 9075 to update their information to avoid loss of coverage”
- “Coverage is important to keep, please make sure to Call your CP to update information.”



Unhoused Populations

Outreach, enrollment assistance and communications strategies

Populations with additional considerations: Houseless Population

At least one individual address, which is identified as 'No Permanent address

- Does the workgroup agree with planned approach for this population?
- Modified: Workgroup recommended spread throughout approach other than in January when Community Partners do federal housing (HUD) applications.
 - Discussion of other approaches
 - Workgroup recommendation:
- Is this a population that the workgroup would like to recommend communication and outreach strategies and approaches for in a future meeting?
 - YES – requested at 7-28-2022 Meeting

Est. cases
47,255



Houseless Population

**Planned approach:
Spread-
throughout *other*
than January**

Considerations for Redeterminations

- **Sequencing:** Currently planned to spread over the entire redeterminations process.
- **ONE System** has an unhoused modifier. (No permanent address listed)
- **Considerations:** Unhoused very likely to be eligible (based on income threshold), but much more vulnerable to the complexities of the process.



CPWG Summary: Unhoused Populations

July 28th CPWG meeting

What outreach strategies might work?

- **Social media** and **billboard campaigns**
- Working with **community partners and shelters**

Recommendation to partner closely with County Mental Health Programs and other local safety net services to support outreach to unhoused populations.



Sept. 29th CPWG meeting

Considerations

- Estimated cases are **likely underreported**, because many people use business addresses for mail.
- **Community partners** may be good avenues for outreach.

Recommendation to avoid redeterminations in January for capacity reasons, because people are applying for Section 8 assistance.



Barriers / Gaps

- **Update-to-date contact information** a challenge for effective communication
- Can be difficult to get into **contact** and stay in contact
- Lack of housing can **compound stressors**, including health, finances, social supports, etc.
- May struggle with **behavioral health conditions**
- Need for assisters coming **directly to shelter sites & encampments**
 - It's difficult getting a health navigator / enrollment assister on site.
 - Process has become convoluted, making it far more complicated than just requesting a navigator.

Successes & Lessons Learned



Successes

- On-on-one, **relationship-based communications** are effective.
- **In-person visits** from health navigators often most effective.

Lessons Learned

1. Homeless service providers should have similar **access to the ONE system** as community partners.
2. Be aware of the **unique challenges** faced by those in this group when designing processes and providing support.
3. **Partners and shelters** are the best way to communicate with unhoused populations.



COVID Outreach

Lessons learned from COVID vaccine outreach to unhoused populations

COVID Outreach Successes & Lessons Learned

Successful events for the unhoused will rely on 5 primary strategies:

1. **Establish trust.** Unhoused service providers and local health organizations must work together to meet the needs of individuals in this population
2. **Meet people where they are.** It's hard to worry about vaccination when you don't have water to drink, or you are avoiding a violent situation
3. **Multi-purpose events.** Multi-purpose events like a health connect, allow for individuals to receive better services along with vaccination
4. **Provide vaccine outreach early and often.** Better communication means better results
5. **Make the event repeatable.** This ties to building trust and the nomadic nature of individuals in this population

There is no wrong door:

It takes great community partnerships to ensure our unhoused community members have good access to vaccination services

COVID outreach Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

•Local Public Health Authority and Community Partners

Klamath LPHC and Community Partners

- Two videos: (health literacy; vaccine education)

•Lane County

- Showing up to encampments each week.

Community Based Organization

•Burrito and vaccine education:

- Eugene

- Vaccine event with hotel rooms

-YCAP, Yamhill County Community Action Partnership



Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

Federally Qualified Health Centers

- Drop-in center example:
 - HOPE (Marion & Polk County, Northwest Human Service)
- Walk-in appointments
 - White Bird Clinic: Lane County
- Regional Pharmacy Events with CBO/OHA
 - PeaceCorp outreach, HUD outreach
 - Interpreter Services
 - Pharmacist that had a cultural humility background



Case Study Example – Z Codes & Kepro



COVID-19 vaccines and Z-Codes

Z590	Homelessness
Z591	Inadequate housing
Z592	Discord with neighbors, lodgers and landlord
Z593	Problems related to living in a residential institution
Z598	Other problems related to housing and economic circumstances
Z599	Problems related to housing and economic circumstances, Unspecified problem related to housing or economic circumstances

Oregon Department of Human Services

Youth Experiencing Homelessness
Self-Sufficiency Programs Housing Policy

ODHS

SNAP



- Specialized SNAP Outreach partners who help unhoused persons connect with resources (mailing options, application assistance etc.)
- Eligibility staff work at community drop-in sites to help people apply
- Population-specific CBO partnerships (unhoused veterans, people transitioning out of carceral settings, migrant and seasonal farmworkers)
- Not redetermination related – Restaurant Meal Program POP
- Opportunities to accommodate with communication – text, natural touchpoints (like EBT app), etc. not currently being used.

Employment Related Day Care (ERDC)

- Not redetermination related - Priority processing for those who meet the McKinney-Vento definition of homeless. Families to have their benefits opened using client statement as verification of income and the requirement to have an interview is waived. Family receives benefits more quickly and changes are made when verification is received.

ODHS



TA-DVS

- No redeterminations

Temporary Assistance for Needy Families (TANF)

- Language change from “home visiting” to “community and home visiting,” allows flexibility in location
- Lots of opportunity!

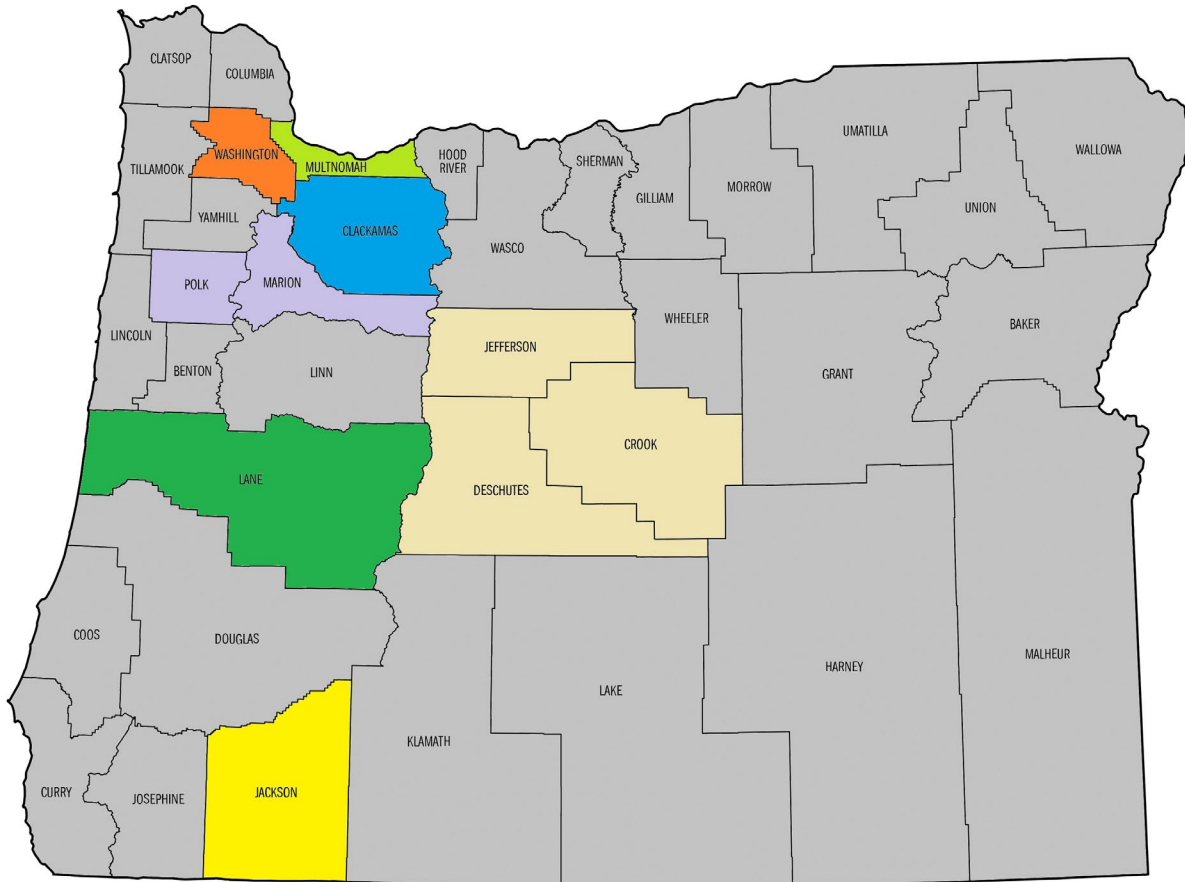
Youth Experiencing Homelessness Program (YEHP)

- YEHP works directly with ~35 youth-serving programs across the State
- Youth homelessness is not the same as adult homelessness
- Connectedness is hard with YEH
- Lack of Trust and Misinformation

Oregon Housing and Community Services

Presentation and discussion: Overview of OHCS work,
Community Action Agencies and Lane County Housing
Information Management System

HUD Continuum of Care (CoC) Organizations



CoC
Contact
Information



Public Health Emergency Unwinding Project

Communications Strategy and Coordination

Overview

July 14, 2022

Robb Cowie, OHA Communications Director

Lisa Morawski, ODHS Communications Director



Agenda Today

- Introductions
- Goals and principles
- National point of view
- Communications approach
- Discussion
- Wrap-up and next steps



The Goal: Preserve benefits

1

Ensure **all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner** without interruption

2

Give those **no longer eligible for benefits clear direction and coordination** of additional resources

3

Give those who assist people receiving benefits **clear information about how they can help**



Our Principles

Our principles are focused on providing equitable communication to all people receiving benefits



National Point of View



Why communications and outreach matter

BENEFIT RECIPIENTS ARE ALREADY OVERWHELMED

Following all the steps to apply for and maintain benefits can feel like a second job to an already resource-strapped benefit recipients.

MISMANAGING THIS CHANGE CAN LEAVE FAMILIES HURTING

The onus is on us to support people receiving benefits and partner organizations as they're adapting to these changes.

COSTS RISE WHEN THINGS AREN'T CLEAR

When people receiving benefits and partners are confused, their first instinct is to call customer support for help. If customer support staff aren't prepared to help, costs rise even more.

THE POTENTIAL RISKS ARE REAL

Negative experiences can have long-term negative consequences for trust in government.

CHANGE IS A CHALLENGE – AND AN OPPORTUNITY

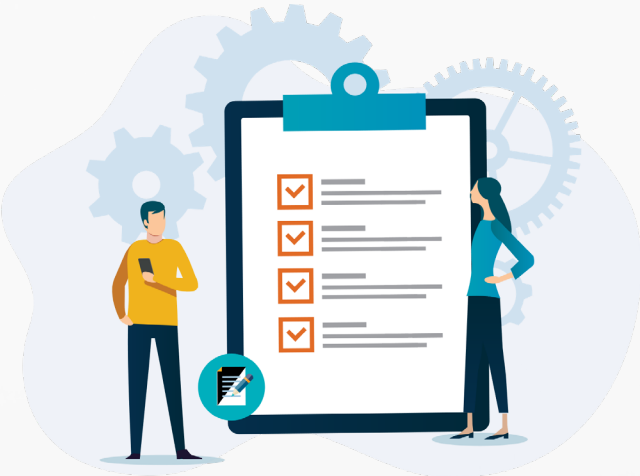
People receiving benefits and partner organizations will be paying attention. Now is the moment to clearly and proactively communicate so we can help them navigate the transition and build trust.

It Takes a Village

States will need to engage and empower a wide variety of partners to successfully communicate and support people receiving benefits.




Communications Approach



Public Health Emergency Ending

How we'll communicate by phase

	Pre-PHE Ending	PHE Ending Notice	Renewal Period
	Fall 2022	TBD	TBD
Objectives	<p>Encourage people to update their contact, income and household information.</p>	<ul style="list-style-type: none"> • Let people know what to expect and how to prepare. • Reinforce importance and urgency of updating their information. 	<ul style="list-style-type: none"> • Encourage people to read their notices and respond if information is needed to continue benefits. • Let people know what they need to do to maintain coverage or seek other services.
Bedrock Strategies	<ul style="list-style-type: none"> • Equip internal staff with scripts and supporting materials to use in every client interaction. • Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes. • Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it. 		<ul style="list-style-type: none"> • Coordinate with the Marketplace to ensure people who lose OHP are supported in their transition to a private plan. • Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.
<p>Solicit and use partner, benefit recipient and Community Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-unwinding efforts.</p>			



Lessons learned from COVID-19 for more accessible, equitable communications

Work closely with community partners to communicate health information



Create culturally responsive strategies, tools and content



Our COVID-19 Feedback Team wants to learn from you!

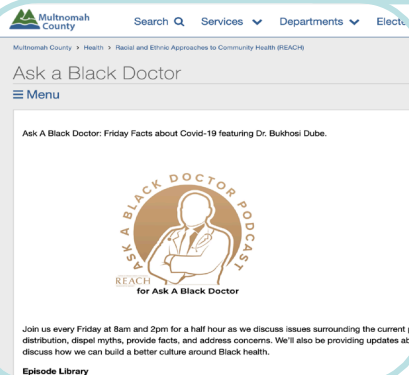
Share your comments, concerns and questions about the Oregon Health Authority's COVID-19 response.

Ways to share

- Fill out and mail this postcard
- Email CHA.Feedback@dhscha.state.or.us
- Leave a voicemail at 503-945-5488
- Submit feedback online: <https://govstat.us.egov.com/CHA-CR-COVID-19-feedback>

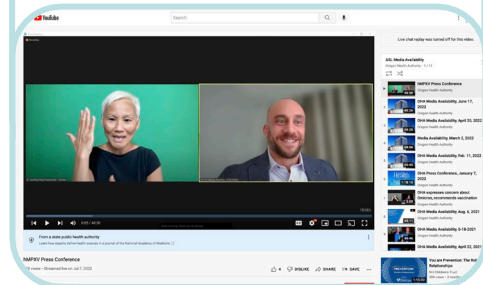


Solicit and use feedback from beneficiaries and partners to improve operations, communication and outreach



Work with providers who come from community to serve as trusted messengers to engage people they serve

Build accessibility into our channels and tools



Barriers and risks identified by CPWG

Challenge

Project Approach

"One size does not fit all"

- Use a variety of channels to reach people receiving benefits
- Equip trusted messengers in community to help

Culturally responsive communications

- Apply lessons learned during pandemic
- Equip trusted partners in communities to carry messages using a variety of channels

Confusing notices and messages

- Develop communications in plain language
- Revising medical notices
- Equip staff and partners to answer questions

Accurate contact information

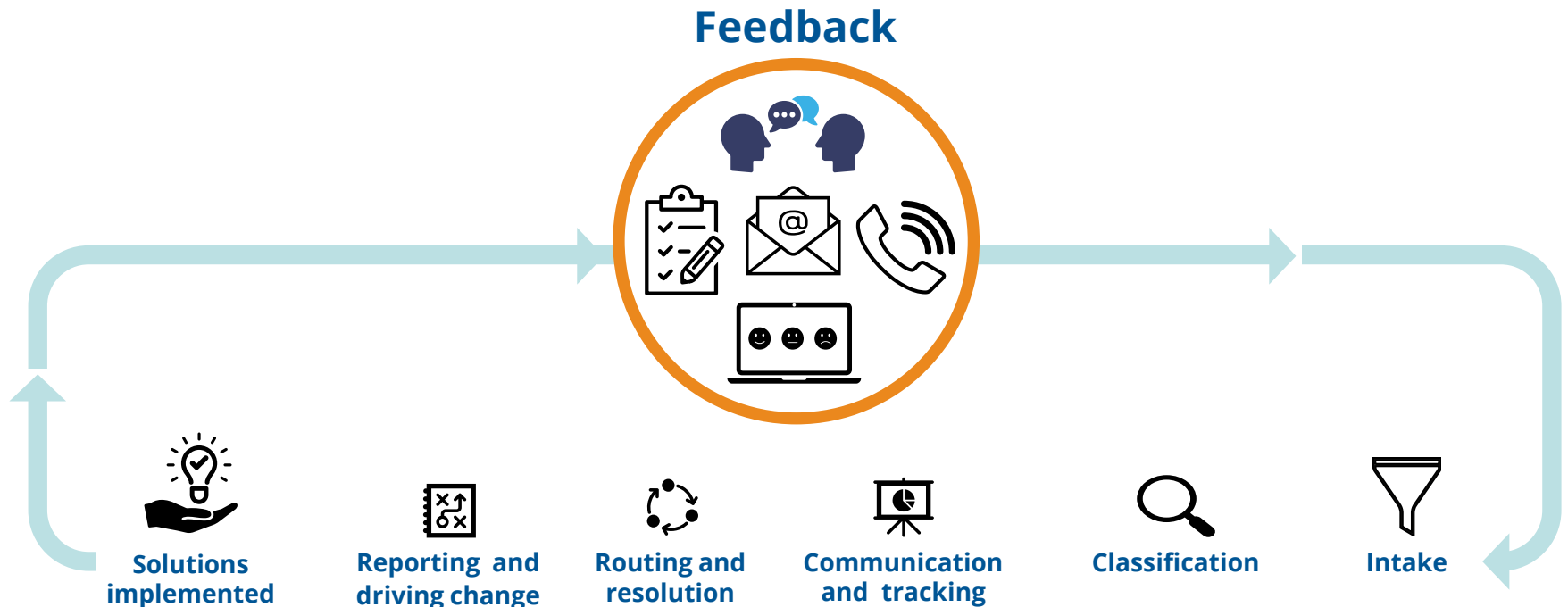
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

Mistrust of information sources

- Equip trusted partners in communities to carry messages using a variety of channels
- Utilize information sources with name or brand recognition
- Conduct outreach in community settings like libraries

How we'll use feedback to improve our work

Core objective: Ensure feedback from people receiving benefits, CCOs, providers and partners is woven throughout communications messages, strategies and tactics throughout the PHE unwinding.



Tactical overview

External Website

One-stop-shop for critical, phase-specific information, calls to action, and resources for various external audiences.

Benefit Recipients

Partners & Providers

Staff

Earned Media

Proactive use of news releases and other existing media outreach channels, and timely response to media inquiries.

Benefit Recipients

Partners & Providers

Benefit Recipient Communications

Letters, email, text messages, FAQ, Applicant Portal Message Center.

Benefit Recipients

Social Media Advertising

Broad awareness campaigns across various state and partner-owned social media platforms to boost reach.

Benefit Recipients

Partners & Providers

Paid Media Campaign

Broad awareness campaigns across paid media to increase understanding and action related to Oregon's PHE unwinding.

Benefit Recipients

Partners & Providers

Partner Toolkit

Toolkit with customizable content to inform partners of changes and equip them with tailored resources to educate and support the people they serve.

Partners & Providers

External Partner Webinars

Recurring touchpoints for key staff to share the latest information, answer questions, and solicit feedback related to Oregon's PHE unwinding efforts.

Partners & Providers

Internal Communications

Internal website, training, all-staff messages, staff scripts, presentation toolkits, leadership meetings and briefings.

Staff

Discussion Questions

- What are some of the communications outreach lessons you learned during the pandemic?
- In reflecting on your own interactions with people receiving benefits, which of our tactics or tools will be most helpful?
- What else should we consider?



Next Steps

- Incorporate CPWG feedback into our overall communications and outreach strategy
- Follow-up with CPWG in August

Workgroup recommendation questions and considerations

- What risks or barriers to communication and outreach exist for this populations?
- What has worked well?
- What is essential for us to consider or implement for this populations?
- Would this population benefit from front determinations, end determinations, or redeterminations across the entire time period?

