



**Oregon Home Care Commission (OHCC)
Meeting Minutes
January 5, 2023**

Members Present:	Commissioners Ruth McEwen, Marsha Wentzell, Randi Moore, Paul Johnson, George Adams, Mary Mayer
Members Absent:	Commissioner Mark King
Others:	Nakeshia Knight-Coyle, Phil Warnock, Nicole Palmateer Hazelbaker, Brian Holman, Jillian Johnson, Erika Miller, Judi Richards
Staff:	Cheryl Miller, Roberta Lilly, David Vining, Abdirizak Ahmed, Massarra Eiwaz-Ransom, Heidi Alasio

Meeting Called to Order

The meeting was called to order at 10:03 a.m. by Chair McEwen.

Introductions

Phil Warnock from O4AD is joining us.

Adoption of Agenda

Motion to approve the agenda was made by Commissioner Mayer and **seconded** by Commissioner Adams. **Motion carried.**

Approval of Minutes

Motion to approve the minutes was made by Commissioner Mayer and **seconded** by Commissioner Johnson. **Motion carried.**

Announcements

Commissioner Adams announced that he met with Care Oregon representatives, and he was told that CMS is now a Medicare Board in Jackson County. He was asked by the director and vice president of Care Oregon to be the chair of this board. He accepted and will oversee bylaws, applications, and recruiting. The first meeting will be February 24, 2023.

Secondly, the new ADA Transportation Plan for ODOT will be introduced in the Senate. Once passed, the board will take it to the next level. The intention is to create a permanent committee.

Public Testimony

Public testimony from Avery Horton was shared.

If I did not send this to the right people, **you are directed to** forward this email to the right people.

You are directed to make sure my testimony is not redacted in any way, shape or form, and is included in entirety in the meeting minutes.

*** Begin testimony ***

PUBLIC TESTIMONY FOR JANUARY 2023 OHCC MEETING

FULL DISCLOSURE: I am a SEIU Local 503 Board member. I am not speaking for the union.

Simple request – put the next pay date on the check stub/remittance advice. So many care providers ask when the next pay day is. Let's end the confusion.

DHS needs to train consumers better. Part of the annual visit by the case manager should include them going over the rules with the consumer. Reminding them workers only do what's on the task list and we are not on call.

A worker brought up this issue: "I feel if there are dangers in the house that prevent tasks from safely being done, they should not be on the task list at all, especially if they led to WC claim."

From another worker: "To have family members not telling the provider what they can and can't do even if it's on the tasks list. I have reported to case manager and no one reached out to family members. I literally can't touch my consumer dishes because her family members think she is "lazy". If I do, I get rude comments from my consumers son in law."

And another worker: "When the case managers tell the client that they are the Boss rather than saying, you are the EMPLOYER it gives the client the sense of entitlement to gas light us, demand things they should not, or simply treat us like total sh*t because they think they should because they think it keeps us in line when they do. It implores them to do so."

Another worker: "Workers need to be able to add their travel miles on the app. Shouldn't have to wait for questions about tests being scored incorrectly. Zoom by some instructors. Very disjointed with interruption. Grief class was the latest but it happens on others.

Simple structure of waiting to take questions would help. When instructors respond to every chat someone does, there is little class instruction left."

Another worker: "When getting approved for new employer and still waiting 2 weeks to be added to the PTCDCI app and the online website! Case manager has the input but still not showing up to log in the worked hours! I called and e mailed many times, talked to the DHS supervisor."

Another worker: "I completed my enhanced classes and first aid in July. In the switch to Pace and new personnel I am still not getting the pay differential. The classes must be taken every 2 years. The clock started ticking on those classes in July. I should get retroactive pay or the clock should start ticking when they process the paperwork."

Another worker: "When it's time to change your password it would be nice to be given 24 hours or something to do so. It sucks that it surprises you while you're trying to sign in. So you have to sign in late after changing your password. Or not sign in at all if you can't remember it."

Another worker: "When we go over our prescribed time even a few minutes they should roll over to the next pay period. Also certain places are expressed in decimals. They need to always express time spent or left in hours and min (ie: 3:46) it would be easier to figure what was left or used. Also when you log in on your last day to be able to set an alert that you are at your prescribed time would be great!"

Another worker: "1)The system doesn't separate consumers so hcws have to constantly recalculate each consumers hours
2) because of #1, I (at least) am always over by the last work period day - it would be nice if the system gave at least a 5-10 overage "grace" period"

Another worker: "Get training stipends in a timely manner. I'm still waiting for a stipend from September. I emailed ohcc training a month ago. It's not a good incentive if we have wait and bug them for it."

Another worker: "I have no complaints about the system. I've never had a problem with it. Now, with that said, it would be nice to have a heads up for changing the password. I use the same password but change the number at the end. I'm on the 7th password change. I get ready to clock in minutes ahead of time so this isn't a bother to me."

Another worker: "Exprs has to go. I will never be able to be a psw again because.of the stress of using exprs. It is a genuine cause of stress for psws I

know some can tolerate it, but after all these years it has contributed to my burnout on being a psw. The dhs DD services can use an app like the hcws use. As much as people complain about the orptc app it is a pleasure compared to exprs. Having to print out papers to sign is also stressful. Why doesn't dhs give us electronic signatures.”

Another worker: “I stopped getting paid for caring for one of my family members because I never really learned how to submit my exprs hours - I had close to \$2k in hours logged that I lost during the pandemic because I didn't know how to make them submitable for pay. Not a huge deal since I'm only allowed like to work 6 hrs/wk as PSW because my HCW hours are 34, and we can't get paid past 40 combined”

Another worker: “That family members are expected to be non paid natural support but give up their lives to be available and can't exactly do a job outside the home when they are supporting a family members care. Hours are reduced to nothing for natural support. I didn't choose to care for my mom. It chose me. She has no one else. If I didn't do it she wouldn't be alive. I work 24/7 and get only paid minimal pay with lots of cuts in hours over the years. No way to find back up care providers for a few hours. Both registries have nothing available for workers. So where's my respite????

Next what about a bonus for those of us who stay working and employed? Make an incentive for workers that do what they need to kind of like hiring bonus but to keep workers working through the bs of hour cuts and major requirements. The requirements to continue hcw/psw are crazy for the minimum hour that we work or employers can get hours to work. Employers are being cut left and right giving workers 5-10 hours a week work. This is not sustainable to keep working and it's no wonder we have care provider shortages.”

Another worker: “If I have to use the OHCC or PPL as my employer or to confirm hours please have the employment department do the same...or some other safer method.

During the pandemic I discovered the employment department sent letters to all of my special needs clients (employers) to verify employment information. These letters had my full social security number on them! The state is so worried about our client's privacy...what about safeguarding ours?! My clients had no idea what to do with this form and my private info could have easily been used to steal my identity if not dealt with properly!”

Another worker: "Whoever made the rule that respite providers can't exceed 40 hours a week doesn't understand respite care. When someone needs close to full time care, you can't leave town for 2 days in a row unless those days are Saturday and Sunday."

Another worker: "How about the fact it is being reported that PSWs work for PPL and therefore we are not eligible for student loan forgiveness due to it not being a non-profit and that employment info shows I've only been a PSW for 7 years(the amount of time PPL has been the fiscal agent) not the 20 yrs I have actually been doing the work !"

Another worker: "Wishing for a new policy regarding emergency over time pay not dependent on case manager approval (as they never reply anyway) for power outages, fires, snow and ice events."

Another worker: "I think we should somehow get a 3 hour minimum. It's crazy to expect people to save time slots and come over to help someone in the morning to get 15 minutes of pay. No other industry pays like that. If this is our livelihood why not respect our time."

Another worker: "Exactly this ... you can create a whole schedule & then something can happen outside of your control & even outside of the clients control & we are just expected to go without that income & literally no other health care home provider is expected to work that way ... they all have time minimums & they all have the ability to get paid something once they arrive... many of them are paid through the same funds we are, so why can't we have minimums or something in place when we have time set aside & are ready to work but clients are unavailable?? It's not like we can make up that time later unless it happens within the same pay period, even though we usually have more work once the client is available again ... it's ridiculous..."

Another worker: "The other matter is that our W-2 shows our employer as PPL excluding us from student loan forgiveness and non-profit waivers"

Why not poll the 30,000 care providers and find out what else?

DHS/OHCC must educate the consumers. And there should be consequences when the consumers violate the agreement.

How does DHS/OHCC justify not giving care providers the same number of paid holidays that they receive? How does DHS/OHCC justify not paying care providers holiday pay?

While DHS/OHCC workers are home enjoying the holidays and getting holiday pay, some Homecare workers are working and not getting any holiday pay. How did this happen in the first place? Is DHS/OHCC going to allow this to continue?

For the next OHCC meeting, please have the answers to the following questions:

1. How many care providers worked on Christmas and New Year's?;
2. How many hours were worked by care providers on Christmas and New Year's?.

Stipends for OHCC classes are still taking months to be received by some workers. Years ago, I outlined a method to streamline this system. No additional work is needed, just a reordering of the timing of the processing steps. Why hasn't this been done?

TIME IS OF THE ESSENCE!

Now that the OHCC and DHS has been made aware of their shortcomings and failures in a public meeting, they can not take the position they did not know.

Testimony respectfully submitted by,

Avery T. Horton, Jr.
Home Care Worker,
Citizen, Voter, Taxpayer
State of Oregon
As always, ACTING IN INDIVIDUAL CAPACITY

*** end of testimony ***

OHCC Response

Cheryl Miller appreciates comments made about the workforce and provider issues with systems they are using or processes that are in place. Concerns and complaints can be submitted through the OHCC online tool along with our public phone numbers and email addresses. This information is widely distributed and is also included in the Collective Bargaining Agreement (CBA). [OHCC Customer Relations](#)

Remittance Advice and CBA – Article 7, Union Rights, Section 17. Paycheck Remittance Advice.

The CBA addresses the provider remittance advice. ODHS/OHA ensures that the union is allowed to comment at least 4 times a year on this topic. We address this through the Collective Bargaining Agreement.

We meet with the Joint Issues Committee to review the remittance advice messages and determine the status of messages. This request could be given to OHCC or SEIU.

In the last bargaining session, holiday pay was bargained. The first opportunity for providers to receive Holiday Pay this year is on the 4th of July, Thanksgiving, and Christmas. This topic is subject to bargaining.

Emergency Overtime Policy

During the last couple of years, overtime was allowed during ice storms, fires, and heatwaves that allowed workers to work extra hours, if needed. Providers were allowed during the heatwave to take consumers to cooling centers. Messages were sent to providers through email and text messages and were posted on ODHS/OHCC websites.

Providers can submit payment concerns through the OHCC online Customer Service for or through the Member Assistance Center. We work with APD/AAA local offices, OHA/Health Systems Division contractor Comagine, and ODDS Case Management Entities to resolve payment issues. Providers who submit concerns to the Member Assistance Center will also be supported by the OHCC Customer Relations Team.

Stipends

Commissioner Adams asked about the stipend backlog and if messages have gone out to providers. The backlog has been addressed by the Training Unit for providers who have taken classes.

Additional Questions

Commissioner Adams suggests that adjustments be made for consumers when case managers are not available. APD is working with local offices on this issue. There is a workforce shortage which is often the cause of the delay. Many people are working remotely, and in-home case managers are out of the office meeting with people in their homes. He suggests that there be a way for consumers to contact the case manager for emergencies. This can be done through a manager or the case manager of the worker of the day at the local office.

Commissioner Mayer wants to know what happens with public testimony like this. Some items are in the CBA, and there are procedures for many of these issues. We are going back into bargaining this year. Chair McEwen noted that in the past, public testimony has been shared and referred to proper venues. There is already a process for holiday pay and the remittance advice.

There was an issue with a family member directing a provider on which tasks to perform or not perform with the consumer. The consumer-employer is responsible or their representative for this action.

Cheryl notes that the information Mr. Horton cannot be addressed in a public forum. We also we do not know if the providers have contacted the Member Assistance Center or OHCC Customer Relations. Providers are welcome to contact OHCC, the union, or local offices for assistance on specific cases.

Commissioner Johnson noted that if providers have concerns about tasks to contact the case manager. It is important that Mr. Horton not be set up as the intermediary between OHCC and providers. Some of these issues should be addressed by PTC or other adversaries. Cheryl again shared our contact list for providers that has been shared in various forms, including in the CBA, via text, email, and on our website.

Important links:

[OHCC Provider Website](#)

Contacts and resources guides

Homecare Workers

Personal Support Workers

Personal Care Attendants

Aging & People with Disabilities (APD) Report

None.

OHCC Budget Report

Brian Holman, APD Fiscal Analyst, reported for November 2022.

OHCC Budget

- Total budget-\$9,916,680
- General Funds (GF) & Other Funds (OF)-\$ 6,580,359
- Federal Funds (FF) expended-\$528,177 (15.83%)
- General Funds (GF) & Other Funds (OF) expended-\$3,867,625 (58.78%)
- Total Fund Expenditures-\$4,395,802 (44.33%)
- Projected Deficit-\$137,069

OHCC Administration

- Total budget-\$9,404,032
- GF & OF expended-\$3,669,882 (58.83%)
- Total FF expended-\$414,397 (13.09%)
- Total Expenditures to date-\$4,084,279 (43.43%)

OHCC Admin Units-Breakdown of the admin budget referenced above. The admin units consist of:

- Administration total budget-\$5,664,256
- Admin expended-\$2,744,978 (48.99%)
- Homecare Worker Training expended-\$374,114 (18.23%)
- Employer Resource Connection expended-\$880,789 (80.78%)
- HCW Registry (FF Match) expended-\$11,808 (14.39%)
- HCC Commissioners expended-\$3,374 (30.10%)
- Workforce Development expended-\$34,283 (9.07%)
- Provider Parking Reimbursement expended-\$3,932 (3.28%)

Personal Support Worker (PSW)-Developmental Disabilities/Mental Health (DD/MH)

- Total Budget-\$262,349
- Total expended-\$252,802

Employer Resource Connection (ERC)

- Total Budget-\$261,360
- Total expended-\$252,802 (96.73%)

DD/MH Committee

Total Budget-\$989

Total expended-\$0 (0.00%)

Traditional Health Worker (THW)

- Total Budget-\$88,000
- Total expended-\$5,111
- THW Training budget-\$86,500
- THW Training expended-\$5,111 (5.91%)
- THW Committee budget-\$1,500
- THW Committee expended-\$0 (0.00%)

Enhanced/Exceptional Workers

- Total Budget-\$162,299
- Total expended-\$52,175 (32.15%)

Training Stipend

Total Budget-\$1,090,000

Total expended-\$ 488,943

Training Stipend by Unit

- PSW/DD budget-\$180,000
- PSW/DD expended-\$100,119 (55.62%)
- PCA/HSD budget-\$ 10,000
- PCA/HSD expended-\$2,473 (24.73%)
- HCW/APD budget-\$900,000

- HCW/APD expended-\$386,352 (42.93%)

Training Revenue to date-\$662.50

Oregon Association of Area Agencies on Aging (O4AD) Report

Phil Warnock and Nicole Palmateer Hazelbaker joined with Commissioner Moore today.

Nicole Palmateer Hazelbaker provided the update.

O4AD is preparing for the legislative session and a new governor. There are new agency heads and 36 new legislators. The governor will be sworn in on Tuesday, January 10th with her official inauguration on January 21st.

O4AD's priorities can be viewed here:

<http://www.o4ad.org/useful-links--documents.html>

- Budget stability for consumers and people with disabilities is their top priority. There are increasing needs and caseloads associated with the pandemic, the federal public health emergency is coming to an end, and re-determinations are about to start. Services and supports are one of their highest
- ODHS budgets and impacts on services are a high priority. There are approximately 25 policy option packages are in the governor's process. Nothing can officially happen until January 10th. The fiscal ramifications are huge for proposals, as there will be a dip in the revenue. The governor is looking to propose a budget with approximately a 2.4% decrease for the Continuing Service Level (CSL).
- Oregon Health Authority has a budget for APD paired with the 1115 Waiver. There is a broader conversation regarding social determinants of health for people transitioning from incarceration, homelessness, and dually eligible Medicare recipients. OHA prioritizes a state-based health insurance exchange. The Oregon State Hospital is a priority, as well as long-term care systems and the health care workforce.

- ONE Implementation workload and staff impacts are important. O4AD secured a budget note through Democratic leadership on these impacts.
- Mental health services gap is a key priority for O4AD. When consumers transition from Medicare to long-term services, benefits drop off. The mental health services should come with them, as they are entitled services. The report was submitted when chairs were transitioning, and this will be addressed in the legislature.
- ODHS/LGBTQIA is a bill of rights bill for some facilities in this area. O4AD supports this movement, and it is waiting for the governor's response.
- Medicaid re-determination is significant. There is a provision that says these need to begin on April 1, 2023, superseding what the Biden Administration had said.
- OHA estimates that 300,000 will lose services, because they are no longer eligible for Medicaid. They will need to go through the redetermination process causing an incredible workload impact.
- Roll out of Oregon Project Independence-Medicaid (OPI-M) would be able to receive matching funds. The 1115 Demonstration Waiver is awaiting approval still
- NEMT was addressed in the last session. O4AD is monitoring what actions OHA is taking on this.
- O4AD has a placeholder on budget note for mental health services.
- Session officially opens January 17, 2023, and APD will be one of the first divisions to address the legislature.

Commissioner Adams asked about redetermination on Medicaid. In April, this will begin for every person receiving services in the state from OHA, since there will be an end to continuous enrollment. There is an alternative healthcare program for people who may lose services, and it will be a long and difficult process. The

federal determination supersedes state and local decisions. Commissioner Moore noted that Medicare, not Medicaid, benefits could be affected for people with disabilities.

Oregon Disability Council (ODC) Report

Commissioner King is absent.

Governor's Commission on Senior Services

None.

Community Advisory Committee

None.

Workforce Collaborative Report

Cheryl Miller and David Vining reported for January 2023.

The OHCC Workforce Collaborative Meeting will be Thursday, January 26th from 1:00-2:30 PM. We have one commissioner already and would like to have more consumer voices. David sent out a link to join, and three commissioners are already signed up. There is also a link on the Executive Director's Report.

OHCC Provider Recruitment Pilot Project will have an online method to apply for becoming a provider.

- Streamlined system
- Attract providers who can use a computer
- Work with families and community partners

DocuSign wants to highlight this program nationally, since we are on the cutting edge of technology and recruitment.

APD Executive Director Report

Erika Miller, APD, Interim Deputy Director, introduced herself and spoke of her various positions.

She has been with the department since July 2003 in the roles of disability analyst, policy analyst, and managing self-sufficiency programs. In APD, she has been the Administrator for Medicaid financial eligibility.

Nakeshia Knight-Coyle, APD Director, reported for APD.

Budget Update

Agency Request budget (ARB) was released September 1, 2022. The ARB represents ODHS's best effort to recommend improvements to how it can deliver services; however, this is just the first step in the state setting ODHS's budget for the two-year period that runs from July 1, 2023 to June 30, 2025. The ARB includes Policy Option Packages (or POPs) for our next governor to consider as she prepares her Governor's Recommended Budget (or GRB) – the next step in setting a budget.

This year, we are looking at some difficult budget conversations as we pull back on some of the spending that federal COVID funding allowed. The GRB is due on Feb. 1, but may be released sooner, and until then we do not have any details on what it will include.

Our Agency Recommended Budget included a POP that would build out OHCC staff to:

- provide human resources functions,
- offer technical assistance for online training and webinars,
- ensure accurate and timely pay processing,
- expand consumer access to information and resources,
- improve access to training, certifications, and job opportunities for providers,
- improve services to consumers and providers, and
- meaningfully improve provider job satisfaction during this workforce crisis.

Again, we do not know if this POP will be included in the GRB. We will learn more in the weeks to come.

Policy Update

The legislative concepts proposed by APD are under review. The governor will determine which ones move forward in the legislature. There are limited resources available.

APD proposed four bills:

- Expansion scope of Oregon Deaf and Hard of Hearing Committee by renaming it. This would allow for additional areas of focus for deaf people with additional disabilities.
- Personal Care Assistants who were hired at long-term care facilities during the pandemic would fast-track their certification and credit past training.
- LGBTQ+ Older Adults Commission to meet needs through policy changes, community outreach, and budget recommendations. It would also create a bill of rights and would require training for long-term care facilities to meet their unique needs.
- Service Navigation Program for people with brain injuries. This bill has been introduced by a legislator.

Question & Answer

- Commissioner Adams asked if she could have case managers respond to consumers and providers when they call. Nakeshia responded that there is an issue with timely responses due to the workforce shortage. APD is working with local offices on solutions and benchmarks around customer service. We also want to address workforce issues that create challenges for consumers and providers.
- Commissioner Adams would like to suggest giving Julie Ormand a reward for her diligence and a job well-done. He also requests a larger building for her staff. Nakeshia thanks him for this commendation, and she will email him about this issue.
- Commissioner Wentzell asked about efforts to increase the number of case managers to assist response time. APD could request additional positions, but the issue is filling and retaining them. Even the long-term care workforce has issues with earning a livable wage. We do not set wages. APD is working with Human Resources and is sharing information on the inability to fill key positions. Finally, APD is collecting anecdotal information from hiring managers in local offices to better understand the issues and challenges.

PSU Wage & Cost Study

Senate Bill (SB) 703 directed APD to conduct a study on licensed residential care facilities, including memory facilities and assisted living facilities. APD contracted with PSU to do this. Arrangements could be made for PSU to share results at a future meeting.

The purpose of the study was to explore total cost of providing care to residence and the sufficiency of reimbursements to facilities. Cheryl can arrange for PSU to come and provide the full report. Currently, the report is being finalized.

New APD Director Role

Nakeshia initiated a SWOT (strengths, weaknesses, opportunities, and threats) analysis or a diagnostic of our system, looking at the strengths and weaknesses of our programs. The data has been compiled and organized into themes, and Nakeshia will be reviewing the data soon. The diagnostic will serve as a tool for listening and engaging with internal APD teams. It is also useful for engaging in ODHS discussions that are looking at our system as a whole, beyond individual programs. Third, the SWOT will be used as an engagement tool with our external agency partners. This information will also be used to engage with our communities. Finally, as we move towards becoming a stronger data informed system, the SWOT will help us establish benchmarks we want to attain and track.

APD Organizational Structure

In the next couple of weeks, APD will be rolling out a new organizational structure to be used and shared more broadly. This will improve efficiency and functional alignment.

Safety, Oversight, and Licensing

Nakeshia is currently working with an internal APD team to map out regulatory processes in order to identify specific strategies for strengthening communication, roles and communication, internal processes, and shared understanding about how to leverage existing data systems for tracking and quality improvement purposes. We will also be working with a consultant to help us strengthen areas needing improvement.

Focus Priory Areas

Nakeshia shared that her highest priority areas of focus are customer safety and supporting a well-compensated, quality workforce.

The next couple months will be spent in legislative session. Nakeshia spent time in Klamath Falls in December 2022, did a home visit, and visited an assisted living facility. She met with the AAA office and hopes to do more of this soon in other areas of the state.

OHCC Executive Director Report

OHCC Executive Director, Cheryl Miller reported for January 2023.

Oregon Homecare Workforce Collaborative

The Oregon Homecare Workforce Collaborative is working on resiliency, sustainability, and growth for the homecare workforce. There is a severe shortage of workers nationwide. OHCC is addressing this through community partnerships.

The next OHCC Workforce Collaborative Meeting will be Thursday, January 26th from 1:00-2:30 PM. So far, only one commissioner has expressed interest in participating, and we would love for more to join. Click on link to join the [OHCC Workforce Collaborative](#).

OHCC Provider Recruitment Pilot Project

This will be discussed in the Workforce Collaborative meetings. OHCC is partnering with AlignMark and DocuSign to implement the new Provider Recruitment Pilot Project. This is a 6-month pilot project that will include marketing, technology, and an online application that will be sent directly to local offices. Participants in the OHCC Workforce Collaborative and the Commission will receive monthly updates.

Rulemaking and APD Consumers

APD would like to create a training for consumers who are interested in participating in Rules Advisory Committee meetings (RACs). Thus far, only one commissioner has responded. We want consumer-employers to be fully represented, so please join.

ONE System Report

Jillian Johnson, Interim Deputy Director with Oregon Eligibility Partnership (OEP), reported.

Commissioner McEwen had to leave early today. She received two letters in one day from the ONE System. One letter said she was approved, and the other said she was denied, and both came on the same day.

ONE Notices

- They are working on a re-design of all ONE notices. They know that there are multiple notices, and they are, long, confusing, and contradictory.
- Last summer, they began pilots in Jackson, Umatilla, and Marion counties. They are working with focus groups and community partners for feedback and hope to have all notices go through this process by the end of the year.

Commissioner Adams noted his concerns for consumers with dementia, mental illness, benefits being denied and then approved. Consumers with VDQ are in dire need of caregivers. If services are cut off, it could be very devastating for them. He requests that this be kept at the forefront of the ONE System. Jillian notes that they are working to ensure people do not fall through the loop, and they are making efforts to connect with them.

ONE Customer Service Center Call Times (Dec. 2022 avg. wait time)

- Eligibility-21 minutes
- Support Staff-17 minutes
- Applicant Portal Technical Support-2 minutes

Applications for Medical, Food, Cash and Childcare Assistance

- Applications are past federal processing time. There are people who have applied for benefits and are not receiving them, because staff are unable to keep up with the requests.

ONE Customer Service Improvements/Efficiencies

- Language access lines
- Call back option
- Robotic process Automation (RCA) for text, email, processing returned mail
- Interactive Voice Response (IVR)-connect with people as they call for self-service options.
- Oregon ONE Mobile App
- OEP is creating a team of long-term care focused eligibility workers.

Long-Term Care Eligibility

- OEP is working to create a team for LTC focused staff and dedicated eligibility workers.
- Project goals include having efficient eligibility teams and improving customer services/operational efficiencies

Workload is too high for timely processing

- 80,000 tasks cannot be processed timely each month
- Adding non-budgeted positions will hopefully enable ODHS to process current application volume and redeterminations
- Maintain staffing levels to prevent additional delays

Preparing for the End of the Public Health Emergency

- Allowed for continuous medical eligibility during the pandemic
- Now people will need to be re-assessed for medical benefits
- Oregon will be able to provide SNAP Emergency Allotment for January and February 2023
- Continuous Medical Eligibility will end April 2023.
- Medical redetermination dates will be changing. This means that somebody could have a redetermination in November 2022 and have another one in May 2023. The changing dates will allow ODSH to redetermine all medical benefits for Oregonians over the federally allowed timeframe.

Question & Answer

Q: When the expanded food stamps stop, are there any interim helps?

A: SSP has been partnering with state food partners in preparation for this. This is a federal program, and we cannot override the decision. Oregon was approved to extend the emergency allotment for one extra month, which means that the last month of SNAP emergency allotments in Oregon will be February 2023. There will be media campaigns, and Jillian has provided the following resources for people:

Know the supports in your area. To find some near you, contact:

- Aging and Disability Resource Connection (ADRC) at 1-855-673-2372 or call 2-1-1.
- You may also visit www.oregonfoodfinder.org
- Connect with your local Community Action Agency at <https://caporegon.org>.

Q: Commissioner Adams-If medical coverage is ended and reimbursed, quadriplegics will need to go to nursing homes, and there will not be enough room for them. Will there be a backup plan?

A: Our mission as an agency is to support individual independence. OEP has a good partnership with APD in order to prepare to care for people with paraplegia and quadriplegia. People should not be taken off and then put back on in-home care services. Medical coverage will come up to be renewed, letters will be sent out to consumers, and people will need to respond timely by calling. This can help with redeterminations and can help avoid gaps in coverage.

Note: Vice Chair Commissioner Wentzell is a consumer of homecare services and receives many ONE Communications. Multiple copies of the same document arrive. Last week, she received the COLA benefit for being a senior, but her food stamps were reduced, making it impossible to keep up with inflation. On the other hand, she received a communication a month ago that was very well organized.

Adjournment

The meeting was adjourned at 1:06 P.M. PM by Chair McEwen.

2022 Attendance Record												
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Johnson	P											
King	E											
McEwen	P											
Moore	P											
Wentzell	P											
Mayer	P											
Adams	P											
E=Excused, U=Unexcused, I=In-Person, P=Phone, effective 3/1/18												

Attachments:

- Oregon Home Care Commission Agenda, January 5, 2023
- Oregon Home Care Commission Minutes, December 1, 2022
- OHCC Executive Director Report, January 2023
- OHCC Budget Report, November 2022
- Oregon Eligibility Program Presentation, January 2023
- Public Testimony, January 5, 2023