	Oregon Home Care Commission (OHCC) **Meeting Minutes** March 7, 2019
Members Present:	Gabrielle Guedon, Roxie Mayfield, Ruth McEwen (chair), Mat Rapoza, Marsha Wentzel
Members Absent:	Randi Moore, Laurie Schwartz-VanZandt
Others:	Masaki Fujimoto, Rachel Hansen, Paul Johnson, Ellen Pinney, Paula Taylor, Jennifer Valentine
Staff:	Nancy Janes, Roberta Lilly, Cheryl Miller

Meeting Called to Order

The meeting was called to order at 10:20 a.m. by Chair McEwen.

Introductions

Introductions were made by all in attendance.

Adoption of Agenda

Commissioner Rapoza **moved** to approve the agenda. Commissioner Wentzel **seconded**. **Motion carried**.

Approval of Minutes

Commissioner Wentzel **moved** to approve the February minutes as written. Commissioner Guedon **seconded**. **Motion carried**.

Announcements

Cheryl Miller, Oregon Home Care Commission (OHCC) Executive Director stated that Jenny Cokeley and Yetu Dumbia would not be available to provide their reports. They were at a job fair

Public Testimony

Mike Volpe, former OHCC Commissioner, asked if there was any way to shorten the time to approve a new provider. He has been hearing from the local office that it can take up to 10 weeks for a provider number to be approved. Cheryl asked if Mike had contacted the Background Check Unit (BCU) to expedite the process. She reminded Mike that there are other variables which need to be considered such as how long the person has lived in Oregon or does the person need to provide their fingerprints. Both can add time to how long it might take. Commissioner Mayfield added that she has sent an expedited process to BCU and received response in about a week.

Mike is also concerned that Senate Bill (SB) 1534 will limit the worker pool. He would like to see the mandate be as flexible as possible considering how much trouble he has hiring homecare workers (HCWs). Cheryl responded that the statute has already passed. There will be mandatory orientations that potential workers must attend prior to enrolling to be a worker. Currently, workers must attend an orientation within 90

days of being approved as a provider. This changes when SB 1534 is implemented. New workers must complete mandatory core trainings within 120 days of receiving approval to be a worker.

Cheryl Miller read Mr. Avery T. Horton, Jr.'s, HCW, public testimony.

- He is concerned about why so many HCWs and personal support workers (PSWs) have not received their W2s.
- He is concerned that PSWs are still having the same payroll issues they were having a year ago.
- He asked why it takes three months to process stipends.
- He is also concerned that OHCC is holding unadvertised meetings that do not have recorded minutes.
    - He would like to see these meetings made public and minutes to be taken.
- He would also like to know who are OHCC committee members, how long each has served, and how they were selected for their respective committee.

Cheryl has reported the W2 issues with SEIU Membership Resource Center (MRC) on how workers can request a replacement W2. This has also been posted on the OHCC Facebook page. We are not currently aware of any issues PSWs are experiencing. If there is a problem, the Office of Developmental Disabilities Services (ODDS) informs us. This information is communicated to the MRC and others that need to know. Currently the stipends are caught up through January. Cheryl often meets with the Joint Issues Committee, which is a labor/management committee meeting with SEIU members and DHS policy team. This committee is identified in the Collective Bargaining Agreement and is held according to labor/management guidelines.

Office of Developmental Disabilities Services (ODDS) Update

Lilia Teninty, ODDS Director, stated that their primary focus right now is on legislative bills and budget. The ODDS budget presentation happened in early February and is waiting to present specific program budgets. Budget issues revolve around ensuring that agency providers can hire and retain staff. Another issue is that funding for Community Developmental Disability Programs (CDDPs) and brokerages was cut during the last biennium and there is another proposed budget cut for the 2019-2021 biennium.

Lilia talked about Senate Bill (SB) 19 which proposes that any worker type providing services to this community be mandatory reporters. It will also help clarify which foster care settings will be affected when changes occur. It was determed that the

focus is on APD. It will also enable them to incorporate corrective penalties for agencies, etc. who are not providing services as expected. Currently, they can only tell a provider they need to make corrections or revoke their license. There had been included changes to eligibility for individuals with intelligent quotient of 71 to 75 making them ineligible for services. This was of great concern to everyone. One last thing that is being removed is old eligibility terminology which was vague or disrespectful.

Lilia said that SB 20 is trying to unify CDDPs and brokerages into one statute around case management. She continued that they have been working on this for at least four years. There was a workgroup meeting that established some language that will be able to be used.

Some of the ODDS policy team is participating in the rules advisory committee (RAC) for SB 1534.

The electronic visit verification (EVV) pilot project has rolled out in Jackson County. Roughly 50 percent of personal support workers (PSWs) are using it. Issues have been identified that are being corrected prior to moving to the next pilot area. The goal is to have all PSWs statewide using EVV.

OHCC Budget Update

Paula Taylor, APD Fiscal Analyst, provided the OHCC budget report. She reported that there is still a savings. She has been working on the 2019-2021 budget. There is no rebalance items which is good because we are near the end of the biennium. The Employer Resource Connection for Aging and People with Disabilities (APD) has utilized 87.17 percent of its budget; however, this is good.

Governor's Commission on Senior Services (GCSS)

Commissioner McEwen reported that GCSS has not met for a while but will meet soon.

Oregon Association of Area Agencies on Aging and Disabilities (O4AD)

There was no report.

Oregon Disabilities Commission (ODC)

There was no report.

Aging and People with Disabilities (APD)

Commission Rapoza, Medicaid Services Manager, reported that APD is restarting the process to find a new vendor for the EVV project. They are looking at other options, which includes another request for proposal (RFP). They are also reviewing existing systems to see if they can provide the time capture and EVV requirements.

He also spoke about Extended Waiver Eligibility. If consumers have been denied continuing services, they can apply for this program. If they are approved, they can stay on services until they can safely transition away from the Medicaid program. These include service priority levels (SPLs) 14-18. They recently added SPL 18.

Mat talked about the risk assessment policy changes. Originally this was supposed to begin on April 1, 2019. Implementation has now been delayed to late June or July 2019. The policy means that if a person has any high risk, they must be monitored by a case manager every month. High risk needs have been defined. “Is there anything with the consumer that within the next 30 days, more likely than not, significant harm can come to the consumer?” Examples provided were loss of housing or high potential to be hospitalized. They will send out a survey regarding workload impact to case managers. Commission Chair McEwen suggested that surveys be sent to consumers as well. Cheryl stated that the consultants often do this as part of their interactions with consumers and case managers.

Workforce Development Update

Cheryl Miller spoke about the pre-assessment tool that is part of the workforce development action initiatives. Workforce ETS has been selected. There will be a pilot project where we will partner with Self-Sufficiency JOBS and the ABAWD program. Their case managers will be able to track everyone through the process. The pilot will be in Marion, Yamhill, Polk, Benton, and Linn counties. We are also considering Clackamas county. The pre-assessments tool will allow potential workers to determine if they are a good fit for homecare. If there are soft skills that need to be improved the tool offers training modules. Reporting will happen during the pilot and post pilot.

Carina

Eva Owens, Carina Manager of Marketing, showed a PowerPoint presentation on the Washington State consumer/worker web-based match system. This system is completely self-service. There are some nice advantages including text or email alerts. It also allows for an advanced filter search. About 70 percent of users access it through their smartphones. The system verifies that both consumers and workers are authorized to receive or provide services through the Washington State system.

Training/Registry Monthly and Annual Reports

Roberta Lilly, Training Unit Program Manager, reviewed the January report. The training team is looking at ways to improve training stipend processing time. They are in the process of hiring new instructors. They are looking to have more Spanish speaking instructors. Currently they are having training classes using interpreters, but it will be better to have the training taught in the language.

Traditional Health Worker Commission Report

Report provided, but not reviewed.

Coordinated Care Organization (CCO) Paperwork/Update

Commissioner McEwen sent several questions she wanted Ellen Pinney to answer related to the transition from Medicare to Medicare plus Oregon Health Plan. (a) How new enrollees are notified of their CCO. (b) How do CCOs and Medicare plans work together. (c) Why are consumers told when they become eligible for services to keep their Medicare plans. (d) Why do consumers get paperwork from more than one plan when there is only one plan listed for the area.

Jennifer Valentine, Medicare Medicaid expert for OHA's Health Systems Division joined Ellen at the meeting.

Ellen and Jennifer provided the following answers:

- People new to the Oregon Health Plan get a welcome notice in the mail and then, subsequently, they receive a letter from the CCO to which they have been assigned.
- At this time, the system tends to err on the 'send lots of information' side.
- When people are first accepted into the Oregon Health Plan (OHP), they initially receive open card. However, they soon are enrolled in a CCO.
- Medicare members have the option of staying out of a CCO, but a process called passive enrollment will go live in July 2019.….
- Passive enrollment means Medicare members who qualify for Medicaid will automatically be enrolled in their local CCO when their local CCO has both a Medicare and Medicaid plan. They can elect out of their CCO if they want.
- Most people who choose out of their CCO are wanting an 'open card' or Oregon Health Plan fee for service. They can then see any provider willing to accept open card.
- It can be very confusing for OHP and Medicare members who have two different plans. Being in one plan, a plan charged with coordinating both Medicare and Medicaid on behalf of individuals, can make it easier.
- Research has shown that individuals who are enrolled in a CCO and have Medicare have been receiving the best services with the least

service fragmentation. That is why CMS is allowing states to use passive enrollment

- Income eligible people who qualify for / receive Medicare MUST keep their Medicare coverage in order to qualify for Medicaid. Enrollment in OHP is always secondary if a person receives Medicare. Medicaid is an enhancement to Medicare. For example, Medicaid covers non-emergency transportation, but Medicare does not.
- There is a webpage where information coming from CCO's can be accessed.
- OHP eligible people who have Medicare have the option of being in a CCO…or can choose not to be.
- People with private insurance who are also OHP eligible and enrolled CANNOT be in a CCO.
- Over one million people receive Medicare in Oregon. About 66,000 of those are full duals. They receive both Medicare and full OHP. A number of other Medicare recipients receive Medicaid support that pays for premiums, deductibles and other out of pocket costs associated with Medicare. They do not qualify for full OHP. But they do get help (again) paying for out of pocket costs associated with Medicare.
- There can be great confusion during transition from OHP only to Medicare primary with OHP secondary or visa versa. There is a lot of paperwork that seems to say conflicting things. This is where having your APD caseworker or someone in the local APD or O4A office provide options counseling would be beneficial.

Executive Director's Report

Cheryl Miller spoke about her routine monthly meetings. The following is a list of the meetings she attended in February:

- Ashley Carson Cottingham
- Grievances and complaints meetings
- APD Central Leadership Team meeting
- Labor Relations Director
- Central Office Service Equity Sustainability and Improvement Steering Committee
    - Local offices are creating their own plans and collaborates with this team as necessary.

  - District 8 is working with LGBTQ+ and deaf and hard of hearing communities and will be joining our LGBTQ stakeholder group.
  - Cheryl has also met with the LGBTQ+ team and the Deaf and Hard of Hearing community to create trainings.
- Cheryl met with APD regarding making OHCC trainings free to Adult Foster Home (AFH) providers. We may create specific trainings in the future with financial support.
- Met with the Stabilization and Crises Unit to discuss workforce development.
- Met with the Office of Reporting, Research, Analytics, and Implementation to discuss how to access data which could help OHCC.
- Had a kick-off meeting to make some needed Registry updates.
  - There will be an auto-user password reset enabled soon.
  - An old phone number will be removed
  - Home Care Choice will be removed.
  - CIIS/PSW-DD will be able to access one location instead of two.
- Cheryl and Yetu Dumbia met with Cheryl Coon from Rise NorthWest.
- Cheryl continues to attend DHS Bill Huddle meetings. She recently reviewed the following bills:
  - HB 2569-The universal provider number.
  - HB 3031-FMLA/OFLA which would include HCWs and PSWs.
  - HB 3051-APD workload report
  - SB 669-Expands SB 1534 to include agencies, etc.
- She and Nancy Janes attended the Employer Resource Connection (ERC) RFP pre-proposal conference.
- African American Management Council ERG meeting.
- Met with Kristen Eisenman's Lean Academy mentor.
- Contract check in with Oregon Health and Science University (OHSU) COMPASS team.
- Cheryl and Nancy met with Terese Rummell and Adam Brudney, the new NWSDS ERC supervisor.
- Attended an internal meeting regarding HB 2569 with partners to create non-IT changes to get as close as possible to a universal provider number.
- Met with SAIF for a retrospective evaluation.
  - This is done for each policy year after ten years. If there are any claims that have an outstanding reserve at the 10th year, DHS pays SAIF. Any outstanding reserves after that is paid by SAIF.

- There two claims still active from 2008. They totaled about $479,000.
- Typically, we receive a large reimbursement, but due to the reservesm our reimbursement was only $9,000.

- Roberta Lilly, Yetu, and Cheryl met with Charissa Raynor of Next Step Careers.
  - This business works on creating trainings that can be completed on a cell phone or tablet.
  - Most HCWs and PSWs have smart phones with which they can access trainings.
  - Community Health Worker (CHWs) pilot training in Washington state is currently done this way.
- Cheryl attended the SB 1534 Rules Advisory Committee meeting.

Adjournment

The meeting was adjourned at 2:01 p.m. by Chair McEwen.

2019 Attendance Record												
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Guedon	E	E	P									
Mayfield	P	P	P									
McEwen	I	I	I									
Rapoza	I	I	I									
Schwartz-VanZandt	E	P	E									
Wentzell	I	I	P									
Moore	I	I	E									
E=Excused, U=Unexcused, I=In-Person, P=Phone, effective 3/1/18												

Meeting Materials:

- Agenda
- February 7, 2019 Minutes
- Home Care Commission Budget Report 17-19 January 2019
- 2018 Adult Foster Home Resident Community Characteristics Report on Adult Foster Homes
- Legislative Deadlines Approaching
- Coordinated Care Medicare Information
- Monthly Traditional Health Worker (THW) Report
- Training Report-January 2019
- Executive Director Report for the Month of February 2019