
Medicaid Advisory Committee

June 28, 2023



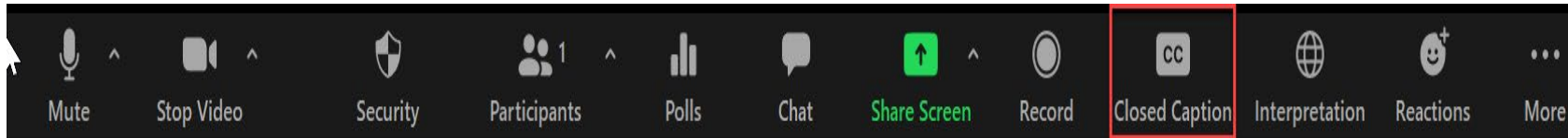
Logistics

- Committee members: please remember to mute when you're not speaking.
- If you have joined us by phone, please avoid putting the line on hold. If you must leave the meeting, please hang up and rejoin us when you are able.
- We will open up for public testimony after each presentation. Please use the raise hand or chat function to allow us to identify and unmute you if you want to speak.
- Public testimony will be limited to two minutes per speaker.
- This meeting is being recorded and will be posted online, along with meeting materials:
<https://www.oregon.gov/oha/HPA/HP-MAC/Pages/MAC-Meetings.aspx>

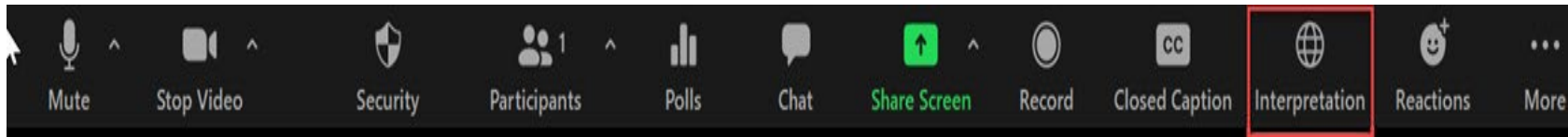


Webinar Logistics

- This session will be recorded
- Closed captioning is available



- Todos los participantes de habla hispana deberán seleccionar el botón Interpretación y luego el canal en español para que aparezca el sonido.



- American Sign Language (ASL) interpretation is available. Pin the ASL interpreter's video by clicking on the "More" button next to their name

Today's Agenda

Item	
9:00	Welcome, roll call, and minutes approval
9:10	OMBUDS program update
9:40	Advancing Consumer Experience Update
9:55	OHA/ODHS update
10:15	PHE unwinding update
10:35	BREAK
10:45	1115 Waiver update – evaluation opportunity
11:10	Adult Protective Services (APS) reporting
11:30	Public Testimony
11:40	MAC member discussion
11:55	Plus/Delta

Previous minutes



Oregon Health Authority Ombuds

Q1 2023 Report

January 1 through March 31, 2023

Presented by Jaime Niño and Colin Sanders

To the Medicaid Advisory Committee

June 28, 2023



EXTERNAL RELATIONS DIVISION
OHA Ombuds Program

Agenda

- Introduce new Ombuds Feedback Application
- Review Ombuds Quarter 1 2023 data
- Discuss emerging Durable Medical Equipment (DME) issues

Ombuds Definition

Swedish: “Representative of the People”

Spanish: “Defensor del Pueblo” (Defender of the People)

Arabic: “Ameen Al Mathalim” امين المظالم (Safeguarder against Injustices)

Amharic: “Emba Tebak’i” (Keeper of the People’s Tears)

**Oregon Revised Statute sets
OHA’s Ombuds Program up as an
advocacy program**

New Ombuds Feedback App

- As of June 5th, the OHA Ombuds have transitioned to a new feedback tracking and management system
- Previously we used a Microsoft Access database, now we are using the PowerApps platform with Microsoft Dynamics 365
- This new app integrates our intake, communication, case notes, and data
- This app was developed for use with COVID feedback, but is now being used by more teams within OHA



Our Vision

Provide an equity-centered Medicaid Complaint process for all people in Oregon.

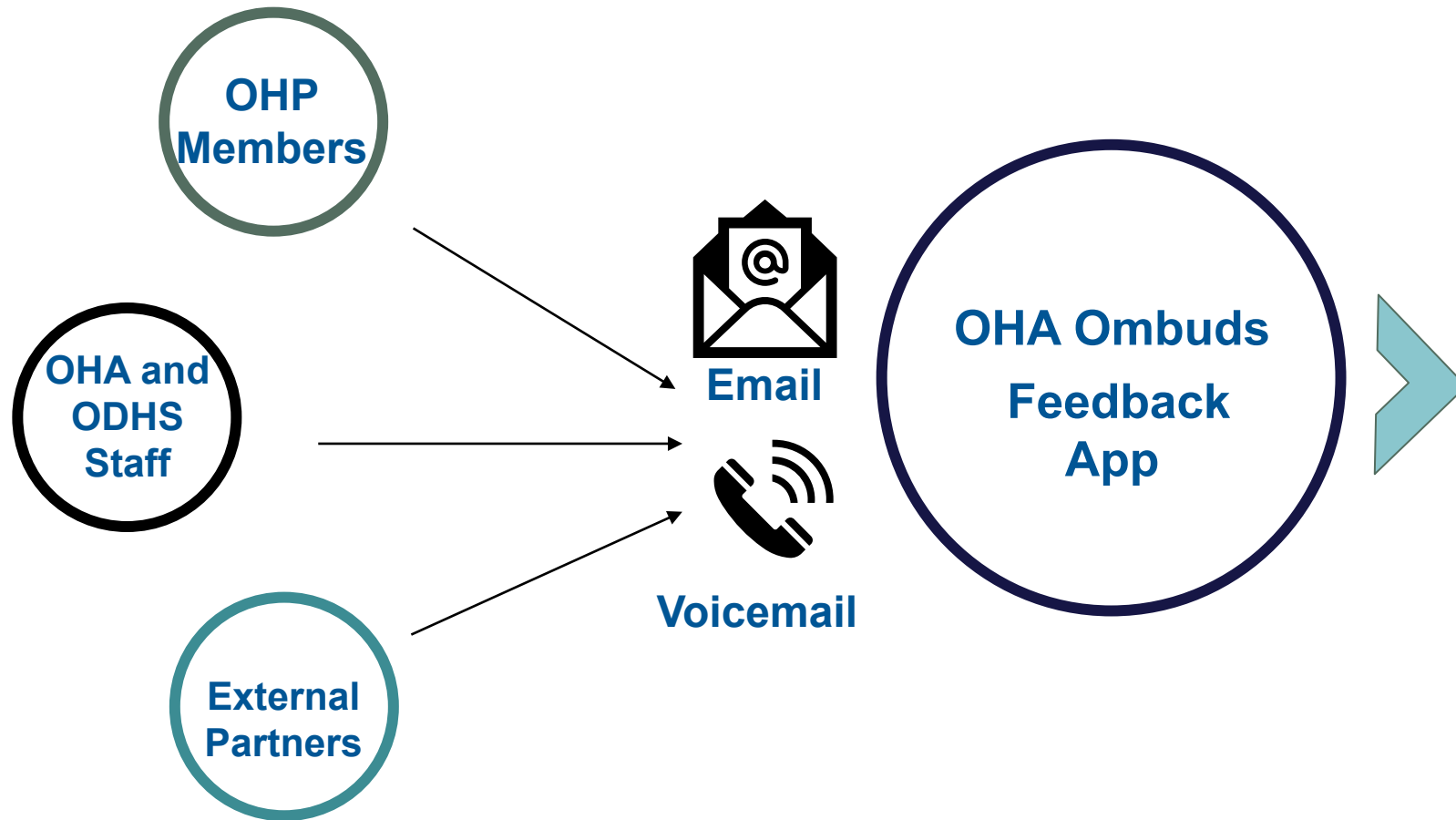
Oregon Health Authority seeks to offer a feedback process that is accessible, timely, and customer-focused and one that:

- **Recognizes and addresses the needs and expectations of people in Oregon:** We engage people in the solution, listen to and act upon their concerns.
- **Centers equity:** Our process is culturally and linguistically-appropriate and accessible and includes options that are easy to find and easy to use.
- **Drives change:** We elevate health inequities for rapid response while tracking trends to enact changes at the systems-level.

OHA Ombuds Team

Core elements <i>Comprehensive Feedback Management</i>	
Customer Service <hr/> We engage people in the solution, listen to and act on their concerns.	Data Tracking <hr/> We log and track all feedback so we can evaluate and act on community insights.
Systems Response <hr/> We prioritize individual and systems resolution for concerns impacting health equity.	Follow-Up Services <hr/> We let people know after they have reached out to us, how their feedback helped improve services for others.

Streamlining Responses Using Data and Technology



- Funnel all feedback to a single location where we prioritize and resolve urgent equity issues
- Standardize data collection and tracking to better understand the types of issues and trends
- Offer data analysis, both quantitative and qualitative
- Close the loop through follow up services

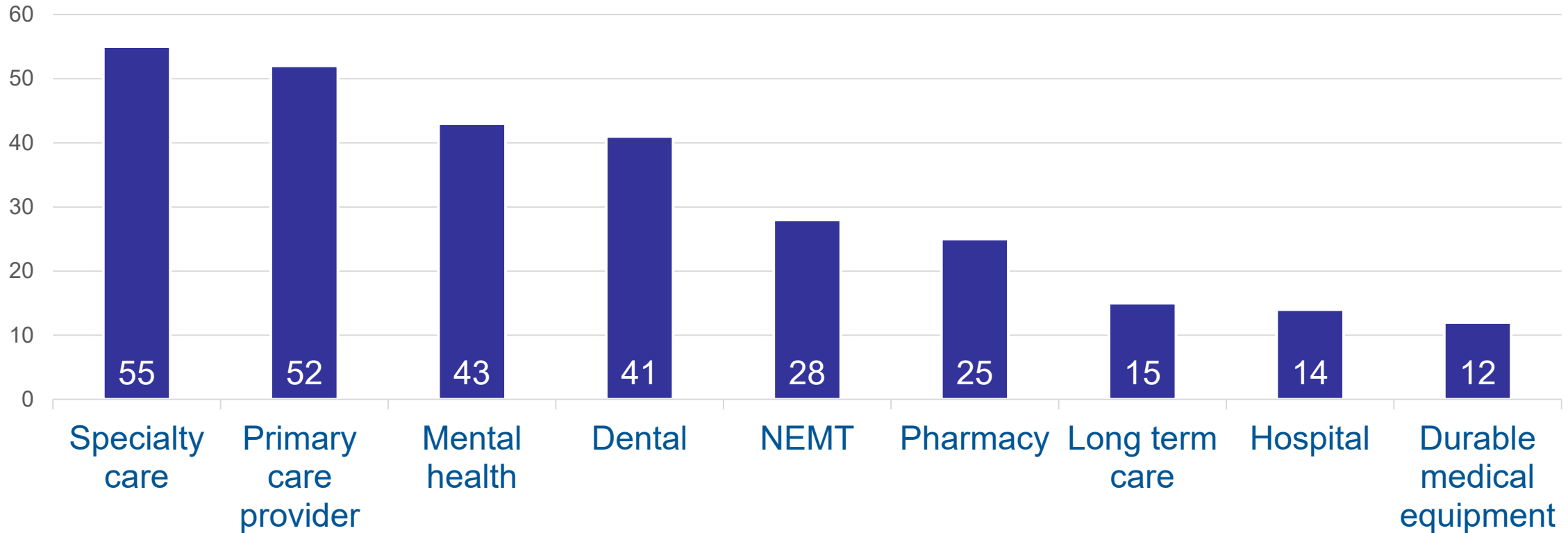
Q1 2023: January 1, 2023 – March 31, 2023

Concerns by Program (741 total)



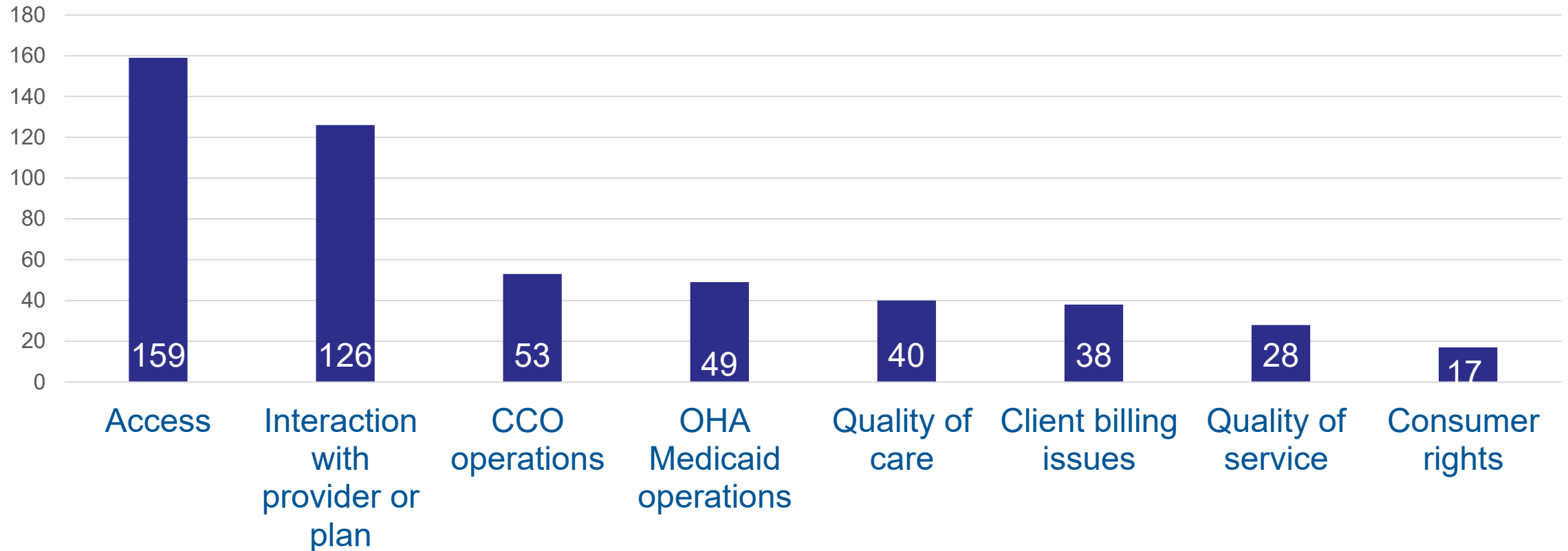
Medicaid Concerns by Service Type Q1 2023

386 total (excluding All other Medicaid)



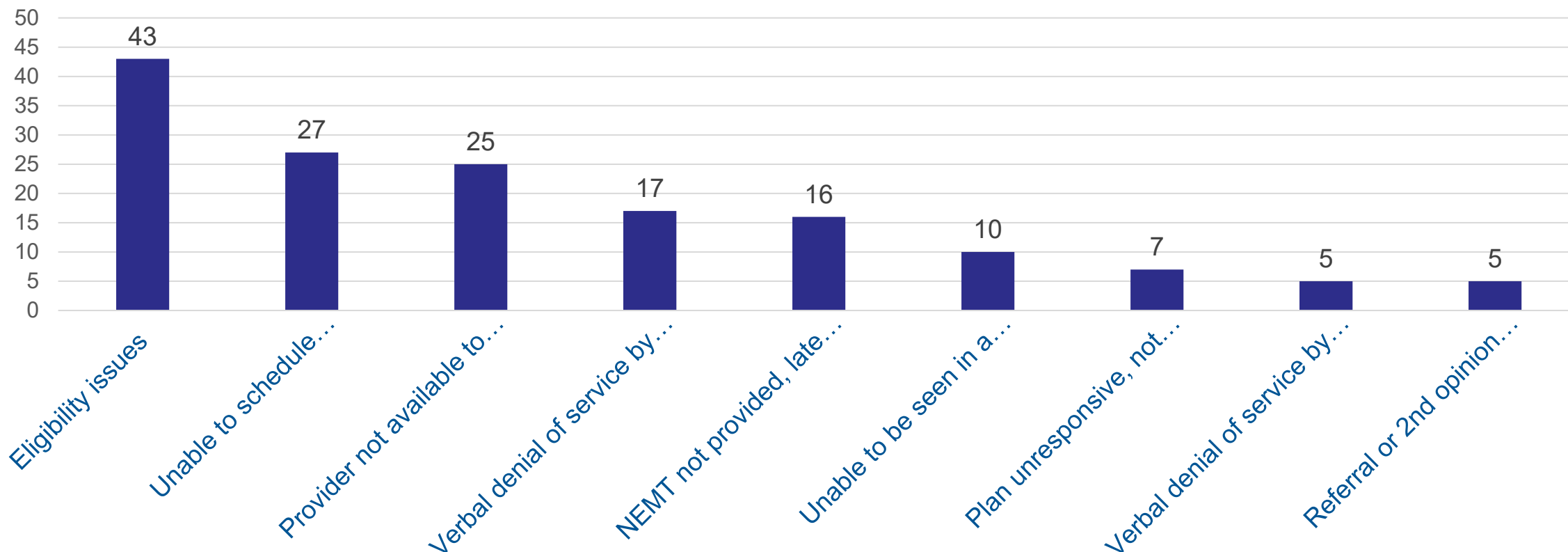
Medicaid Concerns by Category Q1 2023

514 Total



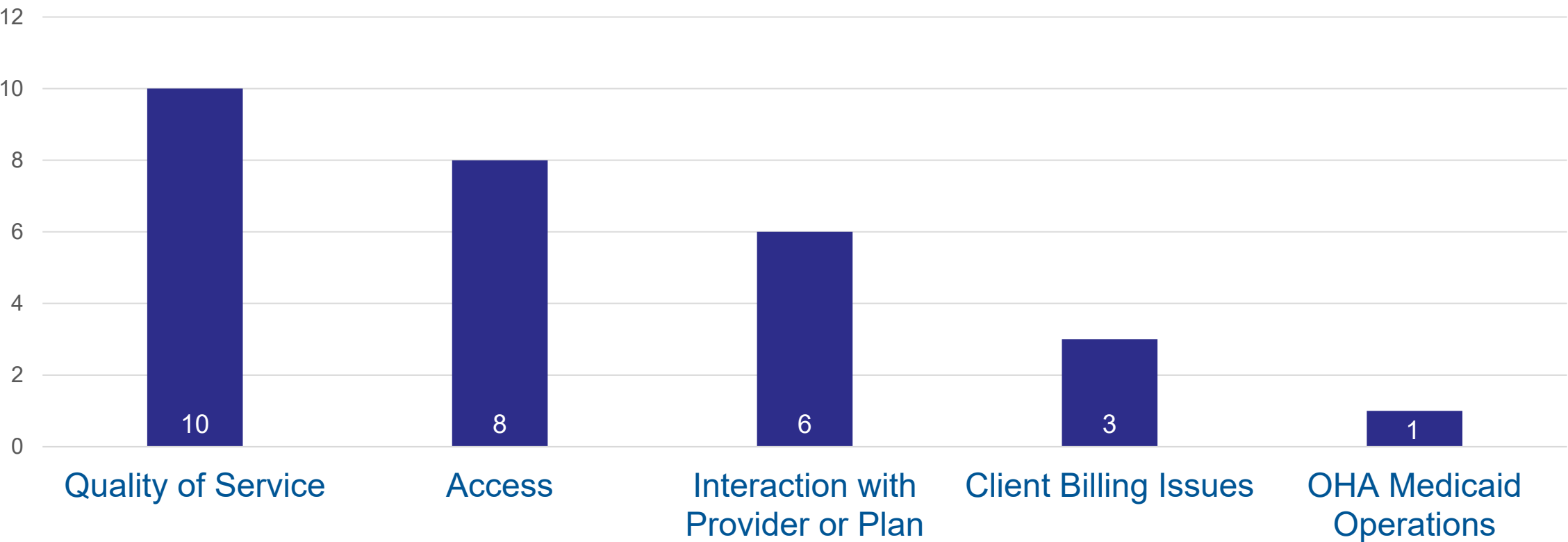
Most Common Access Sub-Categories Q1 2023

159 Total



DME Concerns by Category YTD 2023

28 Total



Durable Medical Equipment Concerns 2023

- OHA Ombuds and Health Systems Division have worked with consumer, advocate and provider "Think Tank" to hear and understand barriers to DME timely access and quality care.
- Goal: Support Health Systems Division (HSD) to reduce barriers to timely and quality coverage of wheelchairs and other durable medical equipment (DME) faced by Oregon Health Plan members.

Durable Medical Equipment Concerns 2023

- OHP members, advocates, HSD and OHA Ombuds Program have identified significant barriers for members in both CCO and the state's FFS program
- HSD is working with the Oregon Law Center, Disability Rights Oregon, OHA Ombuds Program and other partners to understand OHP member's needs and concerns
 - Identified denials based on improper DME rule interpretation in some cases has led to increased gaps and/or barriers to OHP members accessing needed DME, particularly power wheelchairs
- HSD has identified several administrative rules that need revision to address urgent concerns
 - Rulemaking is underway in early stages for this with direct community involvement
- HSD considering additional rules changes, quality assurance activities, and possible changes to payment models
 - Discussion on these has begun with action steps and timelines for additional changes coming later this summer

Contact the Ombuds Team

- Toll Free Message Line: 877-642-0450
 - Leave a message in any language, prompts in English, Spanish, and Arabic
- Email: OHA.OmbudsOffice@odhsoha.oregon.gov
 - Send securely from:
<https://secureemail.dhsoha.state.or.us/securereader/init.jsf>

Advancing Consumer Experience Update

June 28, 2023



2023 priorities and tasks

- **Understanding complaint data – sources, categories**
- NEMT project work – updates on OHA internal work
- Improving provider directories

Additionally, the MAC delegated Network Adequacy review and recommendations to the ACE.

Ongoing work: Surface consumer concerns

Network adequacy background

- Presentations in January, May with opportunities for feedback
- Focus on changes in time and distance standards in CCO contract
 - Geographical designations
 - Provider types to monitor
 - Timelines for implementing proposed changes

Network adequacy issues identified

- Define differences among psychiatry/psychology/mental health provider
- Include DME-POS providers
- Look closely at where there is no utilization – may point to access issue
- Work is limited to CCO standards
- Clarify how internet/telehealth is being factored in

Complaints/grievances data background

Presentation in May, discussion in June.

Ombuds, CCO quality assurance, Feedback team, ONE service center.

Focus on:

- Understanding what the categories are
- Exploring how OHA uses the data for quality assurance/quality improvement
- Offering recommendations for next steps

Complaints/grievances data issues identified

- Unclear that CCOs report in a standardized way.
- Inadequate OHA oversight of complaint standardization.
- Filing complaints could be easier; an app could make the process more systematic.
- Parts of the system are missing or are inadequate.
 - e.g. how are we tracking what's being done with Measure 110 money.
 - Cannot drill into what access issues mean.
 - Unclear whether complaints are about system or plan.

Consumer issues surfaced

- Lots of staff turnover, people not back in office – hard to get in touch.
- Hard to understand how flex funds work and consumers can access them.
- ONE system generates confusing, sometimes contradictory letters.
- Clinic using PHE unwinding as an excuse to deny care.

Thank You



2023-25 Legislative Update

Medicaid Advisory Committee

June 28th, 2023



Key OHA Investments: Expanding healthcare coverage

- **Full implementation of Healthier Oregon Program (\$563 M)**
- Close to 40,000 Citizenship Waived Medical (CWM) members ages 26-54 will move to HOP on July 1
- Full OHP services regardless of immigration status including:
 - Medical, dental and mental health care
 - Prescriptions and tests
 - X-rays and hospital care
 - Rides to and from health care appointments
- People with disabilities or over age 65 may also qualify for other services and supports which may include:
 - Case management services
 - Services to support independent living

Key OHA Investments: Maintaining and expanding health coverage and health related social needs

- Full funding to launch a **Basic Health Program**, (BHP) expanding OHP coverage to people up to 200% federal poverty level (FPL)
- Funded **temporary Medicaid expansion** to keep people 138-200% of the FPL on Medicaid until the launch of the BHP.
- Add staffing capacity to implement the new **1115 Medicaid Waiver**

Key OHA Investments: Building on foundational behavioral health programs

- 988 Call Line (\$32.4M)
- Community Acute Psychiatric Facility Capacity (\$50M)
- Transition case management services for patients released from Oregon State Hospital (\$6M)
- Community Mental Health Programs to support civil commitment (\$7M)
- SUD facility expansion (\$15M)
- Child and family behavioral health workforce (\$3.1M)
- Health Care Provider Incentive Program (\$6M)
- Jail diversion through Community MH Programs (\$4.9M)
- Opioid settlement investment in the Clearinghouse (\$40M other funds)

Building health equity infrastructure and implementing health equity

OHA POP 403, Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Implementation - \$15M

- Funds implementation of REALD and SOGI data collection requirements in HB 4212 and HB 3159 (2021)
- Fully funded in SB 5525 (OHA budget bill)

OHA POP 401, Eliminating Health Inequities

- Intended to fund efforts to address health equity in all agency divisions and operations
- Added some capacity through 6 positions in SB 5506 (rebalanced from other programs)

Building a post-pandemic public health system

OHA POP 406, Public Health Modernization - \$50M

- Supports continued implementation of key public health priorities including emerging needs for local public health authorities, tribal governments, reproductive health providers, and community-based organizations.
- Funding to support reproductive health care across the state

Key OHA Health Policy Bills Passed this Session

SB 216 Confidentiality in Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Data Collection

HB 2286 100% FMAP Tribal Savings and Reinvestment Program

HB 2446 2-year CCO contract procurement extension

SB 966 Study Oregon's CCO Quality Incentive Program to eliminate health inequities

SB 972 Move to a state-based marketplace

SB 1043 Requires SUD treatment providers and hospitals to provide two doses of naloxone to people at risk of opioid overdose.

House Bill 5026 and SB 91

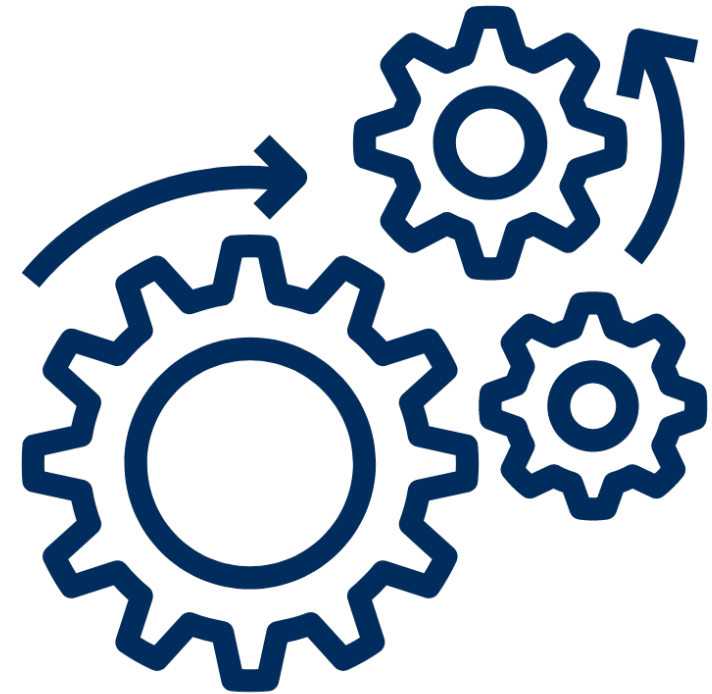
Operations, core work and new programs

Jillian Johnson, OEP Deputy Director

June 28, 2023

Operational improvements

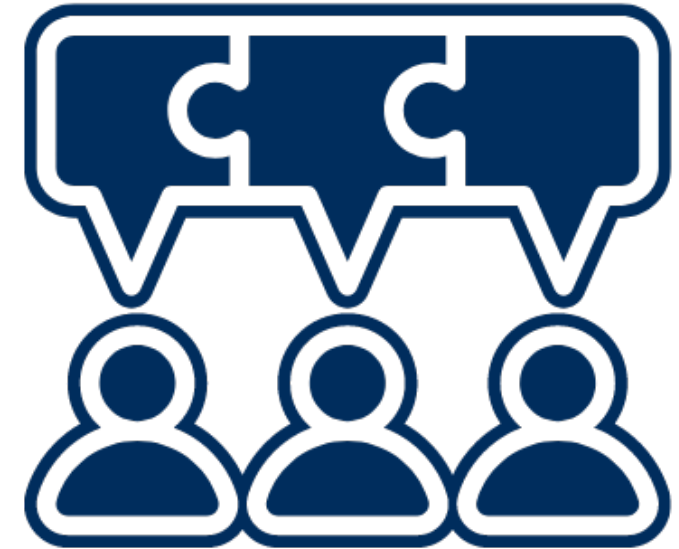
- **Eligibility workers** to assist with the state's largest-ever benefits renewal process
- **Child Protective Services staff** to improve the current caseworker-to-family ratio, ensuring ODHS can conduct accurate assessments of child safety and provide effective support to families in addressing safety concerns



HB 5026

Core work investments

- **Funding for expanded caseloads** in Self-Sufficiency Programs and Developmental Disabilities Services
- Staffing to support school districts delivering services to students with disabilities as part of the **Youth Transition Program**
- **Oregon Project Independence**
- **Home and Community Based Services ARPA** investments
- **Resource (foster) family reimbursement rate increase** averaging \$241 per month



HB 5026

Investments in programs

- **Healthier Oregon Program expansion** providing health care coverage, supports to people with disabilities, and long-term services and supports – irrespective of immigration status –
- Staffing to support school districts delivering services to students with disabilities as part of the **Youth Transition Program**
- **Youth Experiencing Homelessness Program** (HB 5019)
- **Resource (foster) family reimbursement rate increase** averaging \$241 per month
- **Oregon Eligibility Partnership** as a new ODHS program



SB 91

- **Bill Summary:** Requires Department of Human Services to request from Centers for Medicare and Medicaid Services approval of waiver to obtain federal financial participation in costs of program to pay parents of minor children with disabilities to provide attendant care services to children.
- **Impact:** ODDS will work with community partners and Oregon Tribes to gather input as it develops the application for federal authority to administer this program. If federally approved, ODDS anticipates the program to be available to families starting in mid-2024.



Remaining questions for implementation

- **Humanitarian response** – \$25 million to coordinate supports for displaced individuals and families arriving from the nation's southern border
- **Behavior Rehabilitation Services (BRS) rate increase** to help stabilize the provider workforce



Public Health Emergency (PHE) Unwinding Updates

June 28, 2023



Data Dashboards

Resources: New Eligibility Operations Dashboard

One out of every three people in Oregon are supported and served through the ONE Eligibility system. Individuals and families receive the medical, food, cash and childcare benefits that help them thrive through ONE. Two [new dashboards](#) became available on benefits.oregon.gov in April 2023. The dashboards are designed to display data for:

- Tracking the state's progress in determining eligibility for medical program applicants and renewing coverage for members.
- Monitoring the experience for people calling the ONE Customer Service Center to apply for or ask for help with medical, food, cash and childcare benefits.



Scan the QR
code to go to the
Eligibility
Operations
Dashboards
webpage

ONE Customer Service Center Dashboard

ONE Customer Service Center Dashboard

ALL

ELIGIBILITY

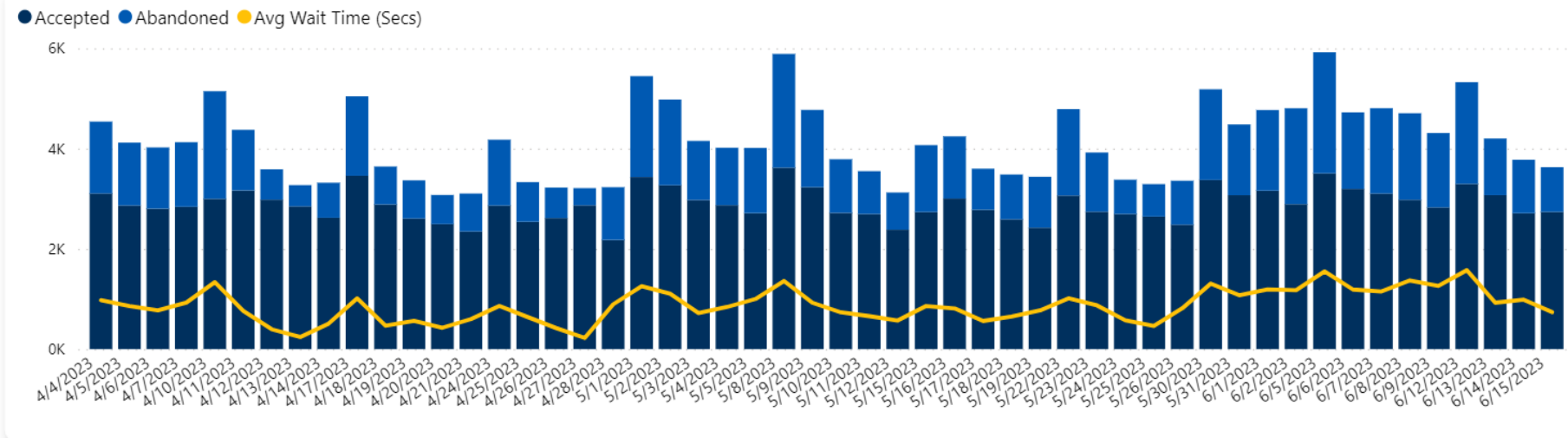
SUPPORT

APPLICANT PORTAL

4/4/2023

6/18/2023

* Survey data available starting 9/1/2022



How would you rate your overall level of satisfaction with the service you received?



How would you rate ODHS employees' on their helpfulness, courtesy, and respect?



How would you rate ODHS employees' ability to answer your questions?

Medical Redeterminations Dashboard

Overview of the Medical Assistance Program Redetermination Process

Oregon Department of Human Services | ORRAI



Impact of PHE Unwinding on Medical Benefits

Overview

Demographics

Renewals



Total Medical Statewide

Cases

Individuals

902,113

1,462,491

Total Individual Medical Renewals

Not Started

Initiated

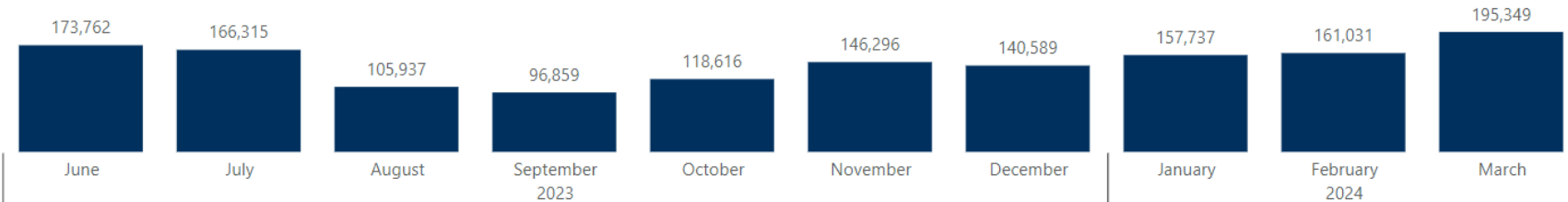
Complete

1,016,157

56,680

389,654

Individuals with Redeterminations Due per Month



Cases: The number of cases in which any individual will go through medical renewal between June 30, 2023 and March 31, 2024.

Individuals: The number of individuals whose medical benefits will be renewed between June 30, 2023 and March 31, 2024.

Not Started: The number of individuals whose medical benefits will be renewed but the renewal process has not started.

Initiated: The number of individuals whose renewal is due in the next 3 months and the renewal process has not yet been completed.

Complete: The number of individuals whose renewal process is complete. This means the individual is either approved or denied for medical benefits and eligibility is authorized. This includes individuals who were sent a letter asking for more information.

Medical Redeterminations Dashboard

Impact of PHE Unwinding on Medical Benefits

Renewals - Completed



Impact of PHE Unwinding on Medical Benefits

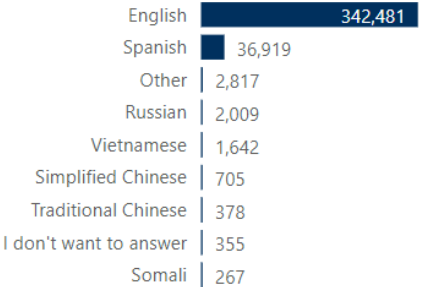
Overview Demographics Renewals



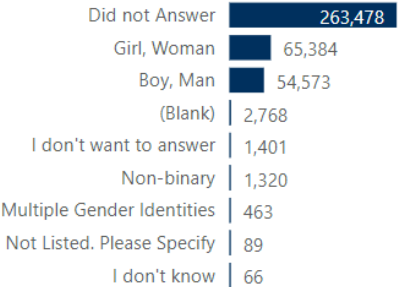
Renewal Stage

Not Started Initiated Completed

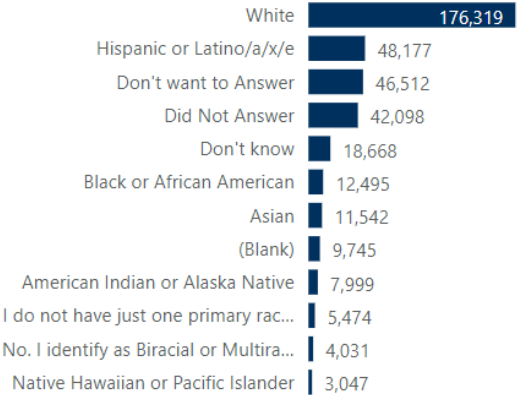
Written Language



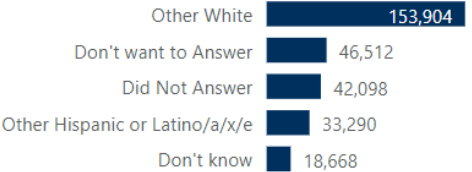
Gender Identity



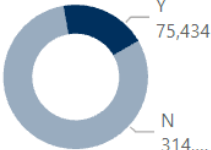
Race



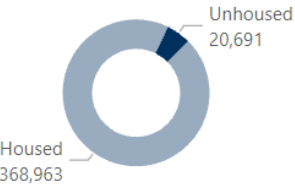
Ethnicity



Disability Status

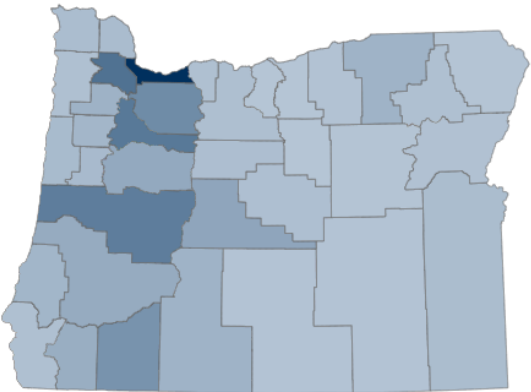


Housing Status



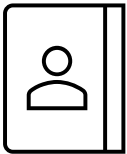
County Map

All



Projected Updates for Medical Redeterminations Dashboard

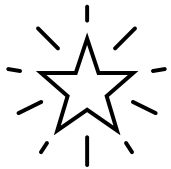
Phase 3 Updates: Medical Renewal Outcomes



Provides redetermination results with the percentages of those successfully renewed, renewed with a benefit reduction, and closures, including the reason for the closure.



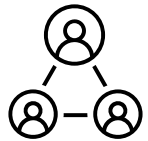
Displays percentages of referrals to Oregon Health Insurance Marketplace and provides enrollment rates in Coordinated Care Organizations, Fee-for-Service providers and Medicare Service Programs.



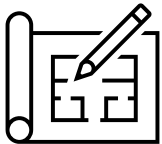
Illustrates percentage of renewals in process and waiting for action either by the state or by an Oregonian.

Projected Updates for Medical Redeterminations Dashboard

Phase 4 Updates: Total Workload



Describes the total workload, including medical renewals plus work related to the additional benefits issued through the ONE Eligibility system – food, cash and childcare.



This will include volume and timeliness of applications as well as changes and renewals for all programs.

BREAK



MAC 1115 Waiver evaluation opportunity

June 28, 2023



1115 Waiver Implementation

Create MAC workgroup to evaluate

- Availability and reliability of housing data
- Other programs working on, supporting, or funding housing initiatives

Goal: Understand and advise on measures of waiver-related housing work

Staff to explore OHA resources for housing work.

Background

- 1115 Waiver (demonstration) has been approved for 2022-2027
- Includes:
 - Continuous eligibility provisions
 - Coverage expansion
 - Health-related social needs coverage
 - Temporary OHP expansion to adults with income 138-200% FPL
- CMS to provide parameters for Oregon's evaluation design

Note: Evaluation design constrained by CMS parameters.

Planning for the implementation evaluation plan

- Contractor to engage interested parties in designing the evaluation plan.
- Contractor will be chosen, in part, on strength of their proposal for including interested parties in the design stage.
- Design will include all four areas identified.
 - MAC will be included as an interested party.
 - MAC can decide how involved to be in design of evaluation of each area.

Implementation evaluation plan – squishy timing

1. Late June/early July 2023: OHA to review contractor proposals.
2. Late June/early July 2023: CMS to release guidance.
3. July 2023: Plan for implementation of Interested Parties engagement.
4. September 2023: Contract likely in place.
5. November 30, 2023: deadline for draft design to CMS – may be pushed out.
6. Late January/early February 2024: CMS returns feedback/comments.
7. Draft revision within 60 days of feedback/comments from CMS.
8. Early May 2024: Final evaluation design posted to OHA website.

MAC discussion: opening questions

- What do you want the waiver evaluation to look like?
- What expectations does the MAC have about members who serve on the evaluation committee?
- Who is interested in the evaluation and serving on design committee?
- How do we want to talk to groups for feedback to inform the evaluation?

Thank You



Oregon Department of Human Services

Adult Protective Services

ORS 124.005 – 124.990
OAR 411-020-0000 - 0130

Adult Protective Services Program:

The intent of the APS Program is to provide protection and intervention for older adults and adults with a physical disability who are unable to protect themselves.

APS scope of services:

- Receive reports of abuse or self-neglect;
- Provide and document risk assessments of alleged victims;
- Conduct and document investigations of alleged abuse and self-neglect;
- Provide connections to resources for victim safety.

Who is eligible for APS Services

- Adults aged 65 and older.
- Adults aged 18 and older who have a physical disability:
 - “physical disability” means any physical condition, or cognitive condition such as brain injury or dementia, that significantly interferes with an adults ability to protect themselves from abuse or self-neglect.
- Any individual living in an APD licensed Community Based long term care facility or adult foster home.

Facility Investigations:

DHS is the licensing and regulatory agency for the following types of facilities in the state of Oregon:

- Assisted Living Facilities
- Residential Care Facilities (i.e. memory care)
- Adult Foster Homes (1 house, up to 5 residents)
- Nursing Facilities (APS only investigates when the case involves community)

Community Investigations:

Abuse and self-neglect investigations within the community at large.

Types of abuse within APS scope:

- Physical Abuse
- Sexual Abuse
- Neglect of Care
- Financial Exploitation
- Abandonment
- Verbal and Emotional
- Involuntary Seclusion
- Wrongful Use of Chemical and Physical Restraints
- Self-Neglect (has two criteria)

Types of abuse within APS scope:

- Self-Neglect (has two criteria)
 - Cognitive impairment that creates an inability for the adult to understand the consequences of their action or inactions.
 - That inability leads to, or may lead to, harm or self-endangerment

Reports to APS – What can Reporters Expect?

- APS Program Expectations (OAR 411-020-020-0090)
 - Reporting - Contact with reporters as soon as possible
 - Screening – Provide enough information for follow up
 - Consultation – Provide additional information or resources
 - Triage – On site response; Same Day, Next Day, 5 Days
 - Law enforcement/first responder notification.

APS Investigations

- Components
 - Initiation – in person contact
 - Assessment – Private interview
 - Referral/Risk mitigation
 - Investigation – Records, Interviews, Observations
 - Findings of Facts – Written report with outcome Sub, Unsub, Inconclusive.
 - Protective Actions – Planning, additional information, or Resources
 - Risk Management – Short term monitoring or intervention

APS Reports

What happens after ?

Community Reports

- Risk Management
- LEA notification
- Licensing Board or Regulatory Agency notification
- Court testimony
- Guardianship / Conservatorship proceedings
- Documentation purposes

Facility Reports

- Facility safety planning
- Regulatory action or sanction
- Documentation used is Administrative hearing
- Reconsideration or amendment
- Documentation of facility history for future sanctions

APS Reports

Community Reports

Facility Reports

- Confidential
- Identify Involved parties
- Have the same investigative process and outcomes
- Used to document the investigation and protective actions
- May be available to the public only in redacted form
- Both records kept in the Centralized Abuse Management (CAM) System

APS Reports

Community Reports

- Kept in the Centralized Abuse Management System (CAM)
- Subject to local office review
- Limited due process (local court only)
- Information used for Victim Protection
- Release of only minimum necessary information
- Redacted Available on Request to a select few

Facility Reports

- Draft Released to the Facility
- Subject to review by Safety Oversight and Quality (SOQ)
- Due process for the Facility and additional APs (120 days)
- Information used for regulatory sanction
- Available when final by public records request.

How Can MAC Members Help?

- Encourage reporting
 - Every public official is now a mandatory reporter of Elder Abuse 24/7 (ORS 124.050 to 124.095.)
 - Exception for information obtained under privileged communication (clergy or Attorney)
 - Includes those licensed under ORS Chapter 677 Medicine, Podiatry and Acupuncture
- Encourage cooperation and provide information
 - 411-020-0123 Allows for Disclosure of PHI to APS to prevent or lessen the threat to health and safety of a person or the public.
- Manage expectations
 - APS are not first responders or LEA
 - Full investigations, mitigation, and interventions take time
 - The right to self determination
- Assist with the coordination of support services

Thank you for all you do!!

Statewide APS Referral Number: 1-855-SAFE (7233)

Clackamas County Adult Protective Services:

971-673-6655

FAX: 971-673-7339

Email: Clackamascounty.aps@dhsosha.state.or.us

Doug Colling, Clackamas County APS Co-Manager	971-673-6602
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Clarissa Taylor, Clackamas County APS Co-Manager	971-284-3828
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Jessica Kakesako, Clackamas County APS Co-Manager	971-673-7321
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Tami Black, Lead Adult Protective Service Specialist	971-673-6611
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PUBLIC TESTIMONY



Oregon
Health
Authority

MEMBER DISCUSSION





Plus / Delta



Oregon
Health
Authority

Thank You

