



The OHP Open Card Lived Experience Advisory Panel (LEAP) is Recruiting!

Join LEAP Now!

LEAP is an advisory group that meets virtually on a monthly basis. The group is made up of people with experience using Open Card and helping others use Open Card. Together they use their experiences to improve health care services for all Open Card members.

What is OHP Open Card?

Oregon Health Plan (OHP) Open Card (also known as Fee-for-Service) is health care covered by the Oregon Health Authority (OHA). When an OHP member is not enrolled in a coordinated care organization (CCO) for their OHP benefits, they are an Open Card member.

Who should join LEAP?

As an Open Card member or person helping an Open Card member, your knowledge is important for making Open Card better. You will join individuals who represent diverse identities and communities in Oregon, including:

- Current or former Open Card members
- Family of Open Card members
- People who work directly to support Open Card members such as Community Health Workers, Certified OHP Assistants and OHP member advocates

Are LEAP members paid for their work?

LEAP members who are eligible for paid compensation earn a current rate of \$178.00 per day.



How do I apply?

Please send this completed application to LEAP Coordinator Spencer Delbridge by email to medicaid.engagement@oha.oregon.gov. For an online application and additional information about LEAP, please visit the [LEAP website](#).

Can I get help applying?

You can get free help or information in a format that works best for you, including Braille, audio, large print, other languages and other formats. You can also ask for an interpreter. To make a request, please contact LEAP Coordinator Spencer Delbridge by email at medicaid.engagement@oha.oregon.gov or by phone at 971-304-6454.

Contact Information

These questions will allow the Oregon Health Authority (OHA) to contact people interested in joining LEAP.

1. Today's Date:
2. Full Name:
3. Date of Birth:
4. Email Address:
5. Phone Number:
6. City, County and State (where you live/work):
7. What pronouns do you use?

8. Do you have experience with Open Card? Experience is defined as being a member of Open Card or a person who currently or in the past helped an Open Card member, such as a family member, Community Health Worker, Certified OHP Assister, OHP member advocate, etc. (select all that apply)

- ☐ Yes, I am a past or current OHP member on Open Card
- ☐ Yes, I am the parent or guardian of a past or current OHP member on Open Card
- ☐ Yes, I work or have worked with Open Card members
- ☐ No, I have not worked with an Open Card member
- ☐ I am not sure

Getting to know you

The purpose of the questions below is for you to share why your personal experience as an Open Card member or helping others on Open Card makes you want to join LEAP. Please also share how your skills—including your talents such as problem solving, creativity, and collaboration—will make you a successful LEAP member.



9. Why do you want to join LEAP?

10. Please describe your experience being on Open Card or helping someone on Open Card.

11. As a future LEAP member, what thoughts or ideas do you have for how to make Open Card better for people who use it?

12. How will you balance your concerns with the concerns of others in a group setting?

Optional Demographic and Disability Questions

The following questions about race and ethnicity, language, functional difficulties (disability), and sexual orientation and gender identity are optional. You do not have to answer these questions. If you choose to answer these questions, your answers will be kept confidential. The purpose of these questions is to identify and address differences in health services.

13. Would you like to answer questions about your race, ethnicity, language or ability?

- ☐ Yes and please continue below to answer questions 14-44.
- ☐ No and please submit your application to medicaid.engagement@oha.oregon.gov.

Race and Ethnicity

These questions are optional, and your answers are confidential.

14. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

15. Which of the following describes your race, ethnicity, tribal affiliation, country of origin, or ancestry? Please check **ALL** that apply.

- ☐ a. **American Indian and Alaska Native:** American Indian
- ☐ b. **American Indian and Alaska Native:** Alaska Native
- ☐ c. **American Indian and Alaska Native:** Canadian Inuit, Metis or First Nation
- ☐ d. **American Indian and Alaska Native:** Indigenous Mexican, Central American or South American
- ☐ e. **Asian:** Asian Indian
- ☐ f. **Asian:** Cambodian
- ☐ g. **Asian:** Chinese
- ☐ h. **Asian:** Communities of Myanmar
- ☐ i. **Asian:** Filipino/a
- ☐ j. **Asian:** Hmong
- ☐ k. **Asian:** Japanese
- ☐ l. **Asian:** Korean
- ☐ m. **Asian:** Laotian
- ☐ n. **Asian:** South Asian
- ☐ o. **Asian:** Vietnamese

- ☐ p. **Asian:** Other Asian
- ☐ q. **Black and African American:** African American
- ☐ r. **Black and African American:** Afro-Caribbean
- ☐ s. **Black and African American:** Ethiopian
- ☐ t. **Black and African American:** Somali
- ☐ u. **Black and African American:** Other African (Black)
- ☐ v. **Black and African American:** Other Black
- ☐ w. **Hispanic and Latino/a/x:** Central American
- ☐ x. **Hispanic and Latino/a/x:** Mexican
- ☐ y. **Hispanic and Latino/a/x:** South American
- ☐ z. **Hispanic and Latino/a/x:** Other Hispanic or Latino/a/x
- ☐ aa. **Middle Eastern/North African:** Middle Eastern
- ☐ bb. **Middle Eastern/North African:** North African
- ☐ cc. **Native Hawaiian and Pacific Islander:** CHamoru (Chamorro)
- ☐ dd. **Native Hawaiian and Pacific Islander:** Marshallese
- ☐ ee. **Native Hawaiian and Pacific Islander:** Communities of the Micronesia Region
- ☐ ff. **Native Hawaiian and Pacific Islander:** Native Hawaiian

- ☐ gg. **Native Hawaiian and Pacific Islander:** Samoan
- ☐ hh. **Native Hawaiian and Pacific Islander:** Other Pacific Islander
- ☐ ii. **White:** Eastern European
- ☐ jj. **White:** Slavic
- ☐ kk. **White:** Western European
- ☐ ll. **White:** Other White
- ☐ mm. Don't know
- ☐ nn. Don't want to answer
- ☐ oo. **Other**

16. If you checked other, please list.

17. If checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- ☐ a. Yes
- ☐ b. I do not have just one primary racial or ethnic identity
- ☐ c. No. I identify as biracial or multiracial
- ☐ d. N/A. I only checked one category above

- ☐ e. Don't know
- ☐ f. Don't want to answer

18. If yes, please list.

Language

These questions are optional, and your answers are confidential. Interpreters and translated materials are available at no charge.

19. What language or languages do you use at home?

20. How well do you speak English?

21. In what language do you want us to communicate in person, on the phone, or virtually with you?

22. In what language do you want us to write to you?

23. Do you need or want an interpreter for us to communicate with you?

24. If you need or want an interpreter, what type of interpreter is preferred?

Functional Difficulties

These questions are optional, and your answers are confidential. Please select "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.

25. Are you **deaf** or do you have **serious difficulty hearing**?

26. **If yes**, at what age did this condition begin?

27. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

28. **If yes**, at what age did this condition begin?

29. Do you have **serious difficulty walking or climbing stairs**?

30. **If yes**, at what age did this condition begin?

31. Because of a physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions?**
32. **If yes**, at what age did this condition begin?
33. Do you have **difficulty dressing or bathing?**
34. **If yes**, at what age did this condition begin?
35. Do you have **serious difficulty learning how to do things most people your age can learn?**
36. **If yes**, at what age did this condition begin?
37. Using your **usual (customary) language**, do you have **serious difficulty communicating** (*for example, understanding or being understood by others*)?

38. **If yes**, at what age did this condition begin?

39. Because of a **physical, mental or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?

40. **If yes**, at what age did this condition begin?

41. Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?

42. **If yes**, at what age did this condition begin?

Sexual Orientation and Gender Identity

These questions are optional, and your answers are confidential.

43. Please describe your gender in any way you prefer.

44. Please describe your sexual orientation or sexual identity in any way you want:

Please submit your application to medicaid.engagement@oha.oregon.gov. Thank you.