CAREAssist Advisory Group Meeting Notes

June 17, 2026

OHA Announcements

- Client CAG, being referred to as the 'CAREAssist Client Forum', is in the final stages of planning and will be ready to recruit clients for participation by the end of July, with the first planned forum being held on the same day as the next CAG meeting (September 9th). A recruitment flyer will be distributed via ListServs (both Part A and B).
- CAREAssist's two new bilingual Caseworkers (Roman and Tatiana) took on caseloads on June 16th and a message was shared via ListServs that included a copy of the letter that will be mailed to clients on June 26th (clients whose Caseworker has changed due to being fully staffed and having to redistribute the alphabet split). A copy of the 'Bubble Chart' is attached with these minutes; it shows the new breakdown.
- Several insurers have raised clients' out-of-pocket drug costs this year, especially in plans requiring out-of-network pharmacies, which do not generate savings or program income for CAREAssist. Some carriers have also moved certain medications into higher-cost specialty tiers, shifting flat copays (such as $15) to coinsurance (about 20 percent). This trend is increasingly affecting HIV medications, particularly in Medicare plans. CAREAssist is closely monitoring these changes and their impact on clients and the program.

Agency & Other Announcements

- There were no announcements made from outside OHA

Quality Management / Improvement: Client Experience Survey

DeAnna highlighted results from our last survey, from 2023, and where we are in the planning stage for this year's survey, which will carry forward certain questions from before, but feature less of them (17 vs. 27). With less overall questions, and an increase in incentive amount, the goal for the 2026 survey is to increase client participation by 10%.

We have been reviewing actionable 2023 data analysis recommendations to incorporate into our 2026 survey protocol and deciding which activities will become future QI activities. And we are moving forward with the following 2023 recommendations:

- Increasing the survey incentive amount from $5 to $10
- Improving data collection and securing of PII, we're shifting the gift card tracking to HST program staff (from PDES) and streamlining any follow-up communications about the gift card request or delivery, increasing the likelihood of a response to a message coming from HST
- Linking survey data to client demographic data for a specific analytic purpose behind the scenes after survey completed
- Mode of survey distribution based on data analysis should be considered

Surveying Sample:

400 clients will be surveyed (= 12% of clients who received a service in 2025; n=3,321).

We currently have 17 draft survey questions we're considering; a little less than half of the questions are from the 2023 survey, for trending data.

Distribution Plan:

1st round – September 14, 2026 – Outreach to non-responders – perhaps an opportunity for oversampling

2nd round – October 5 – 26, 2026 – Mode of survey distribution based on data analysis and/or future QI activities considerations.

Question: Will the survey be available in multiple languages? Answer: It will be in English and Spanish.

Question: Will clients over 55 years old be a targeted demographic for the survey, and how do we plan to pick the clients? Answer: Our client list included three defined strata/groups: gender, race/ethnicity, and region (Part A / Part B). This year, we added a fourth group (age) to ensure our 55+ client population are statistically represented in the client survey selection; data analysis and future QI activities will allow us to focus on this group for survey outcomes.

ORCares Database Progress / Demo

Wesley Jarasunas, former CAREAssist Caseworker who is now our ORCares Operations Analyst, walked us through some of the features of ORCares, from a case management perspective. The client names and demographics in the Test database environment were all fictitious, for demo purposes.

Wesley demonstrated some of the fields that case managers will be able to view through the Case Management Portal, once available, and the choices the system presents as one navigates

through updating eligibility. The demo took us through the Client Eligibility Review as well as the Client Grids that would display the assigned clients of our partner agencies.

There was great interest in the features that will facilitate the exchange of information between CAREAssist and case management, and eventually clients. Wesley showed the fields in which documents can be attached, etc. There were so many aspects of the new system that we were unable to demonstrate in the allotted time; perhaps another demo is in order – particularly once the Case Management portal is operational (expected to take place within a few months after the initial internal launch).

Question: Will CEV be replaced? Answer: We are in discussion about that. Stay tuned.

NASTAD ADAP Watch

Joanna shared the latest NASTAD fiscal outlook updates (as of quarter ending 3/31/26). Takeaways: Oregon is still well-positioned among ADAPs nationally, as we see 19 ADAPs forecasting deficits for the upcoming year. Some of the top reported reasons for these projections include:

- Increased drug costs / expenditures per client (15)
- Expiration of enhanced premium tax credits / higher insurance costs (11)
- Increased client enrollment (10)
- Decreased 340B rebates (9)
- Changes in federal allocations or supplemental funding (9)

ADAPs lowering Federal Poverty Level (FPL) caps to contain costs:

- Florida – 400% to 130% FPL (3/24/26: back to 400% FPL)
- Pennsylvania – 500% to 350% FPL
- Kansas – 400% to 250% FPL
- Delaware – 500% to 350% FPL
- Rhode Island – 500% to 400% FPL

Active Measures – ADAPs with other cost containment measures / active measures currently in place:

- Reduced RWHAP Part B funding for core medical/support services: (+3) Delaware, Hawaii, Illinois, Iowa, Kansas, Louisiana, Michigan, Missouri, Montana, Nevada, Pennsylvania, Virginia, Wisconsin
- Implementing or reimplementing six-month recertification requirements: Alaska, Oklahoma, Rhode Island
- Expenditure caps (annual or monthly per-client limits): Colorado, Delaware, Nevada

- Reduced formulary: Arizona, Florida, Louisiana, Michigan, Pennsylvania
- Decreased/restricted insurance premium assistance: (+4) Florida, Kansas, Louisiana, Michigan, Montana, New Jersey, Oklahoma, District of Columbia, Wisconsin

Active Waiting Lists:

- Iowa and Utah

Establishing a Waiting List:

- Illinois

Establishing a maximum number of clients served:

- Connecticut, Illinois, District of Columbia

Lowering Financial Eligibility:

- Connecticut, Maine, Nebraska, New Hampshire, South Carolina

Funding and Service Reductions / Reduced RWHAP Part B Funding for Core Medical/Support Services:

- Arizona, Hawaii, Illinois, Maine, Missouri, Nebraska, Pennsylvania, Rhode Island, South Carolina

Expenditure Caps (Annual or Monthly Per-Client Limits):

- Connecticut, Montana, New Hampshire, Rhode Island

Reduced Formulary:

- Arizona, Illinois, Missouri, New Hampshire, Pennsylvania, Rhode Island, Utah

Changes to / Decreased Insurance Premium Assistance:

- Arizona, Idaho, Illinois, Nebraska, New Hampshire

Discontinued Reimbursement for Laboratory Assays/ADAP Ancillary Services:

- Arizona