



who	Community Partner Workgroup	DATE	Thursday November 10, 2022 3-5pm			
FACILITATOR	Michael Anderson-Nathe Jon McDaid	NOTE-TAKER	Hilde Hinkel (share slides) Jeremiah (notetaker)			
WORKGROUP ATTENDEES	XBeth EnglanderXThomas BrownXElizabeth FoxXTara GrayXNatalia AnandImage: Jackie LegeXSheila AndersStephanie	x Lavin x Rosett	Fair TaylorXLourdes Alcalaia GotoXAnji Djubenskia MinthornXNashoba Temperlydys Boutwell			
OHA & ODHS ATTENDEES	X Maria CastroSarah DolX Jillian JohnsonX Jeremiah KoX Alicia LauerX Miranda AnX Kaela KenningtonX Kevin KirkpX Chelas KronenbergX Amy CoverX Liz GharstX Janell White	eisling Chr nstutz X Kathe patrick X Brian X John I				
Guests	Kevin Kirkpatrick (Met Group), Alacia Lauer (Met Group), Chelas Kronenberg (ODDS), Brian Kirk (PMDDT), Janell White (APD), Katherine B. (APD), Vivian Levy (OHA)					
Meeting Link	Microsoft Teams meeting Join on your computer or mobile app Click here to join the meeting <u>https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDNjNmJjOTEtNTJiZS00YjNiLWJhMjktNDU4ZDZIN2M2YTAw%40th</u> <u>read.v2/0?context=%7b%22Tid%22%3a%22658e63e8-8d39-499c-8f48-</u> <u>13adc9452f4c%22%2c%22Oid%22%3a%2207b69f57-e102-4442-a97b-3cb305598cea%22%7d</u> Or join by entering a meeting ID Meeting ID: 237 124 540 251 Passcode: HNTWfQ Or call in (audio only) +1 971-277-2343,,158363284# <tel:+19712772343,,158363284#> United States, Portland Phone Conference ID: 158 363 284#</tel:+19712772343,,158363284#>					

#### **Mtg Goals:**

- 1. Finalize CPWG recommendations on programmatic, data, and community approaches for populations who prefer a language other than English
- 2. Introduce Metropolitan Group and their connection to the Public Health Emergency Unwinding work
- 3. Begin discussions and solicit CPWG recommendations on programmatic, data, and community approaches for Non-MAGI populations

# Agenda

ΤΟΡΙϹ	TIME	SPEAKERS	PURPOSE
1. Welcome and Introductions	10 mins	Michael	<ul> <li>Name, pronouns, and any access needs to fully participate</li> </ul>

# Community Partner Workgroup

8.	focus on people with disabilities Meeting close and next steps	40 mins 5 mins	Michael	Discuss future meetings and agendas
7.	Deep Dive: Non-MAGI with a	Jon M.	Jon M.	Discussion on Non-MAGI: People with disabilities
6.	Non-MAGI Populations overview	10 min	Jon	<ul> <li>Provide initial plan for Non-MAGI conversations with CPWG</li> <li>Assess any gaps/CPWG member requests</li> </ul>
5.	STRETCH BREAK	5 mins		
4.	Review and Finalize CPWG recommendations for populations who prefer languages other than English	10 mins	Jon	<ul> <li>Review CPWG recommendations for populations that prefer languages other than English</li> </ul>
3.	Metropolitan Group presentation	25 min	Alacia Kevin	<ul> <li>Presentation on Met Group and scope of work</li> <li>Presentation on Audience Prioritization</li> <li>Proposed research/testing plan</li> </ul>
2.	Updates and follow up	15 mins	Michael & Hilde	<ul> <li>Follow up on any 10/27 items         <ul> <li>Courtesy notice update</li> </ul> </li> <li>Discussion on CPWG mtg schedule and cadence for Jan and Feb. 2023</li> <li>Possible future topics for CPWG discussion         <ul> <li>Online dashboard</li> <li>Navigators and application assistors</li> </ul> </li> </ul>

#### Notes

#### Welcome and Introductions

• Members then OHA and ODHS staff introduced themselves, their names, pronouns, and any access needs they had for participating.

#### **Updates and Follow Up**

- Follow up from 10/27 meeting
  - OHA was able to answer some of the questions raised at the 10/27 meeting and included responses in the meeting notes.
  - Still working on looking into the request from CPWG member, Beth Englander, on ex parte renewals and how CPWG can impact aspects of the renewal process for this group. Once OHA has more clarity on supporting this conversation, will look to add this topic to future CPWG meeting.
- All courtesy notices/mailing update with David Ballantyne
  - All courtesy mail notices have gone out.
  - PH Tech has been contracted to manage the data collection for returned mail and is actively processing any returned mail (bad addresses). They can process updates daily or within the next business day.

- As of the date of the meeting, the state has received about 58,000 pieces of returned mail which is less than anticipated (expected up to 300,000).
- The courtesy letter includes information on:
  - Information guiding people to multiple sources for updating their information
  - Includes the ability to update:
    - Address
    - Phone number
    - Email
    - Preferences for receiving notices from the ONE system (text, email, or mail)
    - Languages that are spoken in the home and what language they want to receive information in
    - Information about alternative format needs
- CCOs have requested the ability to submit updated member information to the state, and the state has complied with this request.
  - A new online form was created for CCOs to submit updated member information to OHA.
  - Pacific Source is the biggest contributor so far and that is largely due to:
    - They had a plan in place and hired a temporary staffing team to reach out to members to update contact information.
  - OHA is working with all the CCOs to get this system in place

David Ballantyne can be reached at <u>David.r.ballantyne@dhsoha.state.or.us</u> or 503-757-8460

- CPWG 2023 scheduling conversation and forecasting
  - HB 4035 outlines the charge and timeline for CPWG for getting community input on the redetermination process. Part of that charge includes submitting a final report to the legislature by 3/1/23 on the CPWG recommendations and how the state has incorporated that feedback and input into the redetermination process for when the public health emergency ends. To meet the 3/1/23 deadline, CPWG needs to complete any discussions and recommendations by early February 2023 for the state to respond and draft their report by 3/1. Given this fast-approaching timeline, the following discussions/questions were raised:
    - Looking at our proposed topics and meeting schedule, are there any other populations or groups of people CPWG wants to address?
      - Ex parte renewals
    - One of the aspects the CPWG is meant to advise on is the use of navigators and application assistors. CPWG has made some recommendations on this group through our conversations with specific populations, but does the CPWG want to specifically address the use of Marketplace and Application Assisters at a future meeting especially given a \$2M grant opportunity for Marketplace Assisters?
      - At least one member expressed interest in a focused discussion on this topic. It was tentatively scheduled for the December 2022 meeting.
    - Does the CPWG want to have a formal presentation and discussion on an online dashboard for redeterminations?
      - At least one member supported adding on this topic to the schedule.
    - Currently we have one CPWG meeting scheduled in December, January, and February. Given the workload, do we want to expand to 2 meetings a month in January and February?

- Overwhelmingly the group agreed 2 meetings a month in January and February were preferred with the following tentative schedule:
  - December 2022 mtg: continue non-MAGI population and navigator/assister conversations
  - January 2023 (2 meetings): Pregnancy and Newborn populations and online dashboard
  - February 2023 (2 meetings):
    - Meeting in early February to focus on Bridge Plan
    - Second meeting in later February to review draft report
- There was a request for OHA to share sections of the draft report prior to the second meeting in February so that members have a chance to review.

# **Metropolitan Group Presentation**

- Alacia Lauer and Kevin Kirkpatrick presented on the Met group and their work related to COVID PHE Unwinding and Strategic Communications and sought CPWG member input on what priority populations to prioritize for focus groups.
  - The Met group is not focused on overall communications to all populations, but rather they are really trying to reach those members that are traditionally not served through other communication channels. This includes:
    - People not reached through typical OHA channels (about 20%) which include direct mail, ONE system, and mass advertising
    - People who are not likely to response to the letter from OHA when they receive it
    - People who are at great risk of losing healthcare and/or at great risk if they lose their healthcare
  - The Met group listed the priority populations they are focused on including:
    - People living with mental illness
    - People living with disabilities
    - People leaving custody of the judicial system
    - People leaving the state hospital
    - Recent immigrants
    - Youth aging out of foster care
    - Older adults (65+)
    - Low or no literacy
    - Members of Oregon's nine sovereign nations not served by tribal health clinics
    - People living in rural/remote areas of Oregon
    - Farm workers
    - Unhoused people
    - Undocumented residents
    - Residents with substance use disorders
    - Black and African populations
    - Latinx/a/o
    - Seasonal workers
    - COFA Islanders
    - Asian population segments
  - The Met group also discussed their overall approach or framework for their efforts:
    - Trust and ease make it simple, partner with the right groups, and streamline communication

- Whole person-informed use an intersectional approach and recognize that people have multiple stressors competing for their time and attention
- Engagement overreach looking at proactive and two-way communication
- Right now, they are in the state of developing messaging and creative concepts and what to test these with the priority populations:
  - Quantitative approach through a survey to find out what works and doesn't work
  - Qualitative approach including interviews and focus groups to figure out the why
- Met Group originally planned on doing focus groups with these populations:
  - People with low or no literacy and who speak English
  - People living in rural/remote areas of Oregon
  - Older adults (ages 65+)
- Met group asked CPWG members if they agreed with these populations and which additional 2 populations they would recommend out of:
  - People living with disabilities
  - COFA Islanders
  - Asian population segments
  - Members of Oregon's nine sovereign nations who are not served by tribal health clinics
- CPWG member input included:
  - Maybe taking an intersectional approach and combining the people with disabilities and rural groups
  - BIPOC populations and families with mixed immigration status or people who speak different indigenous languages
- Met group reported that they heard:
  - People with disabilities
  - Asian population segments
  - Members of Oregon's nine sovereign nations

# Review and Finalize CPWG recommendations for populations who prefer languages other than English

- We revisited the CPWG recommendations developed at the 10/27 CPWG meeting giving all an opportunity to edit or add to the recommendations
- CPWG members agreed via consensus (thumbs up method) to move these recommendations forward as a formal recommendation

# Non-MAGI Populations overview

- Jon McDaid launched this portion of our meeting and started by reviewing what populations were included under the non-MAGI heading.
- CPWG members were then asked if there are other non-MAGI populations they wanted to focus on, and/or specific groups you want to make sure we discuss?
  - Lavinia Goto suggested populations that aged into Medicare during the public health emergency but that were not required to apply for Medicare at the time as they had coverage under Medicaid.
    - What is the status of their eligibility and when would they be sequenced for redetermination?
    - Our understanding is that SHIBA volunteers often help this group, and they want to know if this group is still eligible for OHP and when to expect redeterminations for this population.

#### Deep Dive: Non-MAGI with a focus on people with disabilities

- Jon McDaid facilitated a CPWG conversation on people with disabilities and introduced Brian Kirk and Katherine Bodi as guests available to field questions.
- CPWG member recommendations for this population include:
  - Having the ability to travel to members with disabilities to help them assist in the application process.
  - Work with the Centers for Independent Living, Oregon Office of Disability and Health, and APD to help assist disabled members.
  - Activate and empower non-traditional partners, like state-paid, unpaid, and private caregivers.
    - Home Care Commission might be a good avenue to reach state paid caregivers.
    - Caregiver support groups might also be an avenue to reach unpaid caregivers.
    - Case managers and brokerages could be an avenue to reach caregivers.
    - SEIU works with State-paid providers and would help with outreach to this population.
    - Disability rights and advocacy groups, like Disability Rights Oregon, can be fantastic partners.
    - Non-emergency medical transport companies as well
      - Non-Emergency Medical Transport is covered by OHP.
  - Often when members are admitted into residential treatment centers, their address is updated to the treatment center address, creating adverse effects to their coverage and difficulty reaching them once they leave the center.
    - Possible solution Identify facilities creating issues and provide outreach and education to staff on importance of changing address back.
  - Providence is planning on notifying members that have activated the My Chart feature as another way to remind folks about redeterminations.
  - Conduct intentional outreach to IDD (intellectual and developmental disabilities) offices across the state.
    - This input should go to the state communications team for their communications efforts.

# **CPWG Spokesperson request**

- The group was asked if there were any volunteers that would be willing to serve as a spokesperson for future media and community requests.
  - With the unwinding of the Public Health Emergency, the state is likely to get some media and community requests regarding the CPWG and the recommendations made to OHA. The State would like to identify 1-3 CPWG members that would be willing to fulfill these requests in partnership with state staff. The State would be responsible for organizing and preparing for these with the CPWG member.