



| WHO | Community Partner Workgroup | | DATE | | Thursday July 28, 2022 3-5pm | |
|-------------------------|---------------------------------------|--|------------|---|---------------------------------|--|
| FACILITATOR | Michael Anderson-Nathe Sarah Dobra | | NOTE-TAKER | | Jeremiah Keisling | |
| WORKGROUP ATTENDEES | | x Thomas Browne X Tara Gray Jackie Leung Stephanie Castano | | x Erin Fair Taylor x Lavinia Goto Rosetta Minthorn x Gladys Boutwell | | X Lourdes Alcala X Anji Djubenski Nashoba Temperly |
| OHA & ODHS ATTENDEES | Jillian Johnson | x Sarah Dobra x Jeremiah Keisling x Laune Thomas | | x Megan Auclair x Miranda Amstutz x Micheil Wallace | | Chiqui Flowers x Kaela Kennington x Vanessa Vanderzee |
| Guests | X Vivian Levy | | | | | |

Meeting Goals:

- 1. Provide an overview of priority populations and redetermination sequencing
- 2. Debrief communication plan presentation and specific populations focus

Agenda

| | TOPIC | TIME | LEAD | PURPOSE | | | | | |
|----|---|---------|---------|--|--|--|--|--|--|
| 1. | Welcome and Introductions | 10 mins | Michael | Name, pronouns, and any access needs they have to fully participate | | | | | |
| 2. | Updates and follow up | 10 mins | Sarah | Discussion question for CPWG: meeting cadence for September onward | | | | | |
| 3. | CPWG member open space | 10 mins | Sarah | Provide time on the agenda at each meeting for members to raise topics, provide relevant updates, identify discussions they want to have, etc. | | | | | |
| 4. | Communications plan debrief and specific population focus | 40 mins | Sarah | Discussion on communications plan and what that means for specific populations of focus | | | | | |
| 5. | STRETCH BREAK | 5 mins | | | | | | | |
| 6. | Overview of priority populations and redetermination sequencing | 40 mins | Vivian | Discuss the sequencing of redeterminations for priority populations | | | | | |
| 7. | Meeting close and next steps | 5 mins | Michael | Discuss future meetings and agendas | | | | | |

Meeting Notes

Welcome and Introductions

- This meeting was designed to create longer group discussion times during the presentation topics, so we opted not to have an introduction question. Instead, participants introduced themselves sharing their name, agency/affiliation/role, pronouns, and any access needs.
- It was noted that there were limited CPWG members in attendance and a discussion ensured regarding whether we should continue with the meeting or potentially reschedule.
 - We acknowledged that the charter does not address minimum attendance or quorum and that this should be something staff follow up on, so we have guidance for future meetings
 - We talked about the work still ahead for this group and the timing of some decisions that need to be made
 - We also named that there were more state staff people in attendance than CPWG members and asked staff to ensure they were primarily listening mode to ensure CPWG voice was primary
 - We agreed to move forward with the meeting as planned recognizing that many of these conversations would arise again as this is an iterative process

Updates and Follow Up

- We only have one meeting scheduled in August (in recognition that many people take vacations in August) and one meeting a month scheduled moving forward. A question was posed as to whether we wanted to go back to two meetings a month starting in September to accommodate all the work ahead for this group.
 - It was agreed that staff should follow up with CPWG members outside of the meeting for input on our meeting schedule.
- Everyone agreed that staff should also follow up with CPWG members outside of this meeting on any guidance regarding the minimum number of CPWG members present to continue with a meeting and what to do in instances when we don't meet that minimum.
- The August 18th CPWG meeting would include a follow up conversation with communication and revisit the topic of Redetermination Priority Populations and Sequencing Recommendations.

CPWG Member Open Space

- Communications: One member commented that while we have heard about barriers and challenges regarding member communications, they would like to hear about what has worked well in the past and what lessons we learned from Oregon's work during the COVID response and Healthier Oregon and how we can leverage those lessons for redetermination.
 - One member also requested learning more about earned media and paid media plans.
- *Current actions:* Member question about what can be done before the ending of the Public Health emergency to support member redeterminations.
 - o CMS has given approval to allow CCOs to update member addresses. Planning work is underway with CCOs to ensure that this operationally works well.

 Other states have effectively sent out letters to work with Medicaid members to update their addresses and contact information. Oregon is in the process of using a similar letter and approach.

Communications plan debrief and specific population focus

This section was discussed during open space and then we moved onto the overview of the
priority populations and redetermination sequencing in recognition that we would be hearing
from the communications team at our August meeting.

Overview of priority populations and redetermination sequencing

- There are three basic renewal approaches to support continued access to services
 - Front-load redeterminations: groups likely to remain eligible and need fewer interventions and verifications to maintain eligibility
 - Back-load redeterminations: groups that we want to provide maximum protections after the Public Health Emergency ends and people likely eligible for the new temporary Medicaid program
 - Spread throughout the redetermination process: groups that may need more supports either to remain enrolled in OHP or move to a different type of coverage. Rationale is that we can provide additional supports if we spread these groups out over the whole time.
- OHA has identified eight (8) specific populations where there is extra consideration needed.
 CPWG can provide guidance/recommendations on when these eight populations go through redeterminations and any additional communications and programmatic supports that they recommend OHA provide during the 14-month redetermination process. CPWG cannot add a specific population to the eight (8) but can advise on any special considerations for other populations of concern.
- Groups identified for renewal early in the process are those who will have the fewest barriers to remaining eligible, based on their eligibility category.
- Where a case contains members that fall into more than one of the categories below, the full case will be selected for renewal in the earliest group in which there is a member.
- The monthly volume of cases targeted for renewal will be selected using the earliest category and moving through the sequence until the monthly allotment is full. Any remaining in a single category will push to the next month
- The eight (8) identified populations are (see slides for more information on each population):
 - OHP Plus and Long Term Care Services 1
 - OHP Plus and Long Term Care Services 2
 - Pregnancy and Newborn
 - Parent Caretaker
 - Child Benefits
 - Supplemental Security Income benefits
 - Medicaid Savings Plan
 - Others

- Additional populations that CPWG can make recommendations about when they go through redeterminations and how we can prioritize someone to ensure we meet their unique needs include:
 - Bridge Plan
 - COVID Exemptions
 - Presumptive Disability Population
 - o American Indian/Alaska Native
 - o Houseless Population
 - SNAP
 - Non-English Language
 - Others
- Additional information:
 - We must initiate the redetermination process with everybody within the first 10 months
 of the 14-month redetermination timeline
 - Everyone must have completed the redetermination process by the end of the 14 months
 - o Redeterminations can not start before the PHE ends.
 - Given these requirements, finding ways to update member contact information and REALD information before the PHE ends is a top priority.
- Key questions for CPWG consideration for these identified populations:
 - o What risks or barriers to communication and outreach exist for this population?
 - O What has worked well?
 - What is essential for us to consider or implement for this population?
 - Would this population benefit from front determinations, back determinations, or redeterminations across the entire time period?
- Workgroup discussion and recommendations around specific populations
 - Groups 1 and 2 involving Long Term Services and Supports and OHP Plus
 - Currently planned to spread over entire Redetermination
 - OHP Plus is greater benefits coverage due to pregnancy
 - Group 1 LTSS is a group that has special circumstances a special need or disability that allows them to be over Medicaid eligibility but still receive Medicaid Services
 - Group 2: Under 138% of FLP and eligible for LTC services e.g., non-magi, adults and children, eligible for APD program but eligible for APD
 - This group likely needs support from a case manager more vulnerable and can face additional barriers to going through eligibility.
 - Supplemental Security Income benefits
 - Houseless
 - Social Media and billboard campaigns would be effective
 - Working with community partners and shelters are a great way to communicate with the unhoused population
 - Currently planned to spread over entire Redetermination

- One System has an unhoused modifier
- Unhoused very likely to be eligible (based on income threshold); BUT much more vulnerable to the complexities of the process
- Partners, shelters are the best way to communicate with the unhoused population
- Recommendation to partner closely with County Mental Health Programs and other local safety net services to support outreach to unhoused populations.
- Non-English Speaking: Group would like to spend future meeting reviewing and making recommendations around this group.
- Other Populations
 - o Pregnancy and Newborn: at least one individual receiving program benefits indicating that they are pregnant or within the postpartum eligibility period, or indicating that they're a child under the age of 1 year
 - Currently planned to be backloaded at the end of the determination timeline to maximize coverage.
 - Goal is to protect coverage for children for as long as possible
 - Parent Caretaker
 - Risk of frontloading causing loss of coverage early

CPWG Member feedback:

- Can we push alerts to community partners for follow up with members if they don't respond after the first month to the redetermination letter?
 - O YES: When 30- and 60-day notices are sent, vendor will share list with OHA. OHA would like to provide those lists to the community partner associated with the case, or if no community partner associated then to the CCO that member is enrolled in.
- Can we identify a population by frequency of use of the health system or by number of chronic conditions?
 - We could provide extra support to folks accessing Medicaid more frequently or with multiple chronic conditions
 - We could do outreach calls at 1 and 3 months after redetermination letters are sent
 - This was done during CCO 2.0 and most recently with Air Conditioner and Air Filtration devise distribution to identify individuals most at risk from extreme heat and poor air quality respectively.
- Recommend not doing redeterminations on individuals likely to move to the Marketplace during Marketplace open enrollment period. This could stretch bandwidth for Marketplace staff to the level that they would not be effective in supporting these members.
- Use SNAP enrollments to drive other enrollments. Individuals more frequently keep their SNAP benefits information up to date than other services like Medicaid. Oregon Health Plan/ Medicaid renewal will utilize SNAP benefit information and will not ask for additional information. So, individuals who have SNAP benefits will most likely be able to go through passive renewals.
- Utilizing Community Partners and CCOs to help update REALD info.

- Question: Will there be communication if client has been automatically renewed? This may cause additional confusion, especially when the individual does not need to do anything answer.
 - Answer, yes. All members will receive at least one redetermination notice per year by law.
 - Active Renewal: New application that will need to be signed. Approximately 10% of renewals will fall into this category.
 - Passive Renewal we did your renewal but need additional specific information from you. Action is needed.
 - Auto Renewal you have been automatically renewed. No action needed.
 - More information about these notices can be found at: https://www.oregon.gov/oha/HSD/OHP/Pages/Reapply.aspx
- Member question Could we color code the different responses for example Green for no response needed, Yellow for send one thing in, and Red for need the full form.
 - Answer: something to consider and see if supportive to members. Logistically there is colored paper supply-chain and availability issues so could not be operationally feasible.
- No renewals will happen until the member is due for renewal.
 - o If info is received early, it will be held until the renewal date.
- If we incentivize the completion of the paperwork with a \$50 gas card, we might get some quicker action from the members.
- Are there situations where people may have increased needs, but they avoid requesting a reassessment to avoid possible losing benefits due to changes in income?

Meeting close and next steps

- Optional Work Session: Thursday, August 11th 4-5pm to discuss provider toolkit and early notice letter
- August meeting is Thursday, August 18th 3-5pm to discuss communications plan and recommendations
- September meeting scheduled for Thursday, September 15th 3-5pm
- We will follow up with CPWG members to discuss meeting schedules and minimum CPWG attendance.