

<b>WHO</b>	Community Partner Workgroup	<b>DATE</b>	Thursday January 12, 2023 3-5pm
<b>FACILITATOR</b>	Yamileth Gonzalez Perez Sarah Dobra	<b>STAFF SUPPORT</b>	Hilde Hinkel (notetaker) Jeremiah (share slides)
<b>WORKGROUP ATTENDEES</b>	<input checked="" type="checkbox"/> Beth Englander <input type="checkbox"/> Elizabeth Fox <input type="checkbox"/> Natalia Anand <input checked="" type="checkbox"/> Sheila Anders	<input checked="" type="checkbox"/> Thomas Browne <input type="checkbox"/> Tara Gray <input checked="" type="checkbox"/> Jackie Leung <input type="checkbox"/> Stephanie Castano	<input checked="" type="checkbox"/> Erin Fair Taylor <input checked="" type="checkbox"/> Lavinia Goto <input checked="" type="checkbox"/> Rosetta Minthorn <input type="checkbox"/> Gladys Boutwell
<b>OHA &amp; ODHS ATTENDEES</b>	<input checked="" type="checkbox"/> Yami Gonzalez <input checked="" type="checkbox"/> Jillian Johnson <input checked="" type="checkbox"/> Emily Burnett	<input checked="" type="checkbox"/> Sarah Dobra <input checked="" type="checkbox"/> Jeremiah Keisling <input checked="" type="checkbox"/> Miranda Amstutz	<input type="checkbox"/> Megan Auclair <input type="checkbox"/> Christy Sinatra <input checked="" type="checkbox"/> Hilde Hinkel
<b>Guests</b>	<u>Heather Burkus</u> (APD), and <u>Katherine Bodi</u> (APD) <u>Mat Rapoza</u> (LTSS), <u>Ben Sherman</u> (LTSS), <u>Stacey Spelman</u> (LTSS) <u>Oliver Vera</u> (CPOP), <u>Jon McDaid</u> (CPOP) <u>Others:</u> Kaela Kennington (Deloitte), Olivia Stone (Met Group)		
<b>Meeting Link</b>	<p>Microsoft Teams meeting            Join on your computer or mobile app            Click here to join the meeting &lt;<a href="https://dhssoha.sharepoint.com/:w:/r/teams/OHAODHS-UnwindingthePublicHealthEmergency/Shared%20Documents/Communications%20and%20Engagement/Creative%20Assets/Phase%201%20FAQ/DRAFT%20Phase%201%20FAQ_V1.0%20General%20Population.docx?d=wb52fef70c0d1449c90edeb36ed82d17e&amp;csf=1&amp;web=1&amp;e=rZreT5">https://dhssoha.sharepoint.com/:w:/r/teams/OHAODHS-UnwindingthePublicHealthEmergency/Shared%20Documents/Communications%20and%20Engagement/Creative%20Assets/Phase%201%20FAQ/DRAFT%20Phase%201%20FAQ_V1.0%20General%20Population.docx?d=wb52fef70c0d1449c90edeb36ed82d17e&amp;csf=1&amp;web=1&amp;e=rZreT5</a>&gt;            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#&lt;tel:+19712772343,,158363284#&gt; United States, Portland            Phone Conference ID: 158 363 284#</p>		

**Mtg Goals:**

1. Discuss and solicit recommendations on maximizing use of Applications Assistors.
2. Continue discussion on Non-MAGI populations and finalize CPWG recommendations on programmatic, data, and community approaches for Non-MAGI populations.

**Agenda**

TOPIC	TIME	SPEAKERS	PURPOSE
<b>1. Welcome and Introductions</b>	10 mins	Sarah D and Yami G	<ul style="list-style-type: none"> <li>Name, pronouns, and any access needs to fully participate</li> </ul>
<b>2. Updates and follow up</b>	15 mins	Sarah D & Hilde H	<ul style="list-style-type: none"> <li>Follow up on any 12/15 items</li> </ul>

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			<ul style="list-style-type: none"> <li>○ Request for data on members who became Medicare-eligible during pandemic</li> <li>○ Survey for previous CPWG recommendations</li> <li>○ CPWG spokesperson request</li> <li>● FY23 Omnibus Bill implications</li> </ul>
<b>3. Application Assisters (non-Marketplace)</b>	30 min	Oliver V, Jon M.	<ul style="list-style-type: none"> <li>● Discussion on Application Assisters and how best to leverage them for redeterminations</li> </ul>
<b>4. STRETCH BREAK</b>	5 mins		
<b>5. Deep Dive: Non-MAGI with a focus on dual eligible and LTSS populations</b>	40 mins	Sarah D	<ul style="list-style-type: none"> <li>● Discussion on Non-MAGI: dual eligible and LTSS populations, including answering questions raised during the 12/15 meetings</li> <li>● Review and Finalize CPWG recommendations for all Non-MAGI populations</li> </ul>
<b>6. Meeting close and next steps</b>	5 mins	Sarah D & Yami G	<ul style="list-style-type: none"> <li>● Discuss future meetings and agendas</li> </ul>

## Notes

### Welcome and Introductions

- Sarah introduced Yami Gonzalez as the new co-facilitator and again acknowledged the support and contributions of Michael Anderson-Nathe, who just transitioned off this project. Yami (she/her/hers) said hello and shared some of her background. She has been with OHA for ~9 months. One of her previous roles was as an eligibility caseworker for ODHS.
- CPWG members introduced themselves: name, affiliation, pronouns, any access needs for participating.
- A few OHA staff introduced themselves.
- Sarah reviewed the agenda.

### Updates and Follow Up

- **We are still seeking spokespeople.** Seeking ~3 volunteers willing to field requests as we begin redeterminations. We would reach out to you with the appropriate questions and provide support through the process.
  - We get questions from the media, and they like to hear from our partners who have guided this work.
  - **Please reach out to Jeremiah, Yami and Hilde if you are willing to help with fielding those media questions. Please let us know as we haven't heard from anyone. Thank you.**
  - Kudos to Lavinia for jumping into public-facing meetings as a MAC member and CPWG members for the work you have done and will continue to do.

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- Vivian, Eligibility Policy Director, provided updates on the **impacts of the FY23 Omnibus Bill**.
  - **We have a start date for redetermination: April 1. We will continue coverage until March 31. Although the PHE was extended, the continuous enrollment requirement will end.**
  - The bill sets additional reporting requirements for states to report to Centers for Medicaid Services (CMS) redeterminations data. CMS will make the data public.
  - It also requires states to not close people without going through additional steps to update their contact information, so they are not losing coverage due to changes in addresses, etc.
  - The bill expands continuous coverage for children. Oregon was already beginning work to expand continuous eligibility for children through Oregon's new 1115 Waiver. Oregon also extended the post-partum coverage period for pregnant people to one year (previously 2 months), and that has been extended indefinitely.
  - **SNAP Emergency Allotments (EA) will end at the end of February.** Many families will see a reduction in their food benefits. OHA and ODHS are working together to provide the best cushion to help families get through this time.
  - We will be taking 10 months to over which we'll spread the 900,000 Medicaid cases that need to be redetermined. Within that time, households will receive their renewal packages. That could take up to 9 months or be approved immediately – it will vary. People will then maintain continuous coverage until their next renewal date.
  - **NEXT:** OHA and ODHS will return on 1/26 to present more information on the online dashboard.
- **Member question:** Can you restate what you said about reporting and not disenrolling people?
  - Vivian Levy: There are new requirements for reporting, and CMS is going to make those data public. In addition, CMS is imposing requirements that states cannot close cases without taking additional steps to reach people.
- **Member request:** Now that we have a date, I'm hoping we could be a sounding board for what the dashboard is going to look like and what data is going to be provided.
  - Jillian Johnson: We are working on the dashboard. We are hoping an iteration will be available for external viewing soon. This is on the agenda for the 1/26 CPWG meeting, and we can also follow-up with a written scope.
- **CPWG recommendations:** We will be sending out a survey link of topics we've discussed and didn't become formal recommendation, but were flagged as critical points during the CPWG discussion. We've taken those created recommendations. This is important, because we are required to report to the legislature, and we want to do that and be responsive to the workgroup's feedback, ideas and guidance in a thoughtful and transparent way.
- **Member question:** You mentioned that SNAP EA will end and might significantly impact families. Do we have plans to mitigate this?
  - We will need Jillian to answer this when she is back or in follow-up after the meeting.

## Application Assisters

- Sarah introduced Jon Mcdaid, Community Partnership and Outreach Program (CPOP) Regional Outreach Coordinator (ROC) Manager, who will be discussing Application

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Assisters. The legislature has asked that this workgroup provide our agency with recommendation on this topic.

- John described the Community Partnership and Outreach Program (CPOP):
  - CPOP has been around for 13 years and started with the Affordable Care Act. We contract with community partners and organizations who want to partner with us to help people access health coverage and services (e.g., apply for OHP or sign up for Marketplace coverage).
  - Since most people in Oregon have health coverage, we've been focusing on helping people with navigating the health care system, especially people who have additional barriers in navigating these systems.
  - CPOP works with ~350 community partners (CPs) and 1400 assisters in every corner of the state, with a focus on working with partners who serve groups with whom we have a historical and/or contemporary track record of not reaching or service adequately.
  - The Healthier Oregon Program extends OHP to people regardless of their immigrant status as long as they meet their income criteria. We have the Protecting Farmers program to assist farmers.
  - Groups we struggle to reach include houseless populations and justice-involved populations. We want to make sure we reach the homeless population, and the pandemic and continued coverage might have led us to lose contact with many of them. We also need to partner with jails to ensure those leaving incarceration will have coverage the day they are released.
  - We could always do with more resources. For example, 340 organizations are community partners with application assisters. Only 140 of those receive state grant funds to do this work. The rest do this as volunteers because they want to help the people they serve.

## *Discussion*

- **Member feedback:** Application Assisters are necessary. My organization does this. We need to ensure funding remains and organizations who are not funded get funding.
- **Agency subject matter expert input:** Some Healthier Oregon programs have a resource limits as well (e.g., aged, blind, disabled categories).
- **Member question:** Are we able to identify which jails have the Application Assisters program?
  - Jon Mcdaid: There are gaps, and we don't have them in every county. We also have a gap in assisting people in rural areas. If we had more resources, we would target those areas.
  - 70-80% of CAWEM members were assisted by application assisters, and 50% of OHP were helped. That tells us that it's not easy to sign up, and that our CP network is essential in helping people access health coverage.
- **Member question:** Can the jail assister list be in our next email about this meeting?
  - Jon: Yes, we can follow up.
- **Member question:** How do you recruit application assisters, and how do people apply?
  - Jon: We have local staff, and they are charged to go and find community-based partners. There is a slide in the meeting deck that we'll share with the notes that

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shows the ROC (Regional Outreach Coordinator) coverage areas, and you can reach out to them to become fully certified.

- **Member question:** Are there assisters in all Oregon Department of Human Services (ODHS) locations (Child Welfare, Self-sufficiency, APD, etc.) and in every county?
  - Response: Community Partner assisters are specifically designed to work outside of state agency offices such as ODHS branch offices (although in a few locations they have also partnered with ODHS offices). Instead they are located in community-based organizations, jails, provider offices, schools and other locations to expand reach and accessibility of application assistance. Oregonhealthcare.gov using the Find Help tool – can find assisters in their preferred language or for specific programs like SHIBA (for people over 65).
- **Member input:** We've been hearing concerns about the dual eligibility population and whether the COLA increase would jeopardize their dual eligibility.
- **Member input:** I am also hearing from SHIBA coordinators that there are not enough SHIBA volunteers to meet the influx of need.
- **Member input:** Application assisters could support access to other resources and services.
- **Member input:** Consider training assisters to conduct screenings for social determinants of health.

## *Recommendations*

- Workgroup reviewed **recommendations from previous input**, were adopted with edits. Final recommendations:
  - OHA and ODHS should increase use of and funding for navigational assistance and application assisters to help teach/guide enrollees on how to use the ONE system. Utilize assisters as a resource for general questions related to the system.
  - OHA Community Partner and Outreach Program should include language in grant applications encouraging organizations to provide assistance on weekends and evenings and prioritize funding applicant organizations that provide alternative hours.
  - State should conduct an assessment or gap analysis of application assisters across the state to identify regions, hours, languages, and other gaps across the state.
  - Provide supports to navigation and application assisters to be aware of the potential needs of aging and older adults and be flexible in accommodating the individual's needs.
- **New recommendations** developed in the meeting will be sent via the survey. Members can choose to adopt, not move forward, or flag for more discussion. The draft recommendation are:
  - The state legislature, through OHA and ODHS should ensure funding continues for current Community Partner organizations who are certified OHP assisters and expand funding to new organizations to fill in the geographical and cultural gaps where assisters currently aren't reaching.
  - OHA and ODHS should prioritize Community Partner application assisters in each jail in Oregon. Onsite jail and prison staff should be trained as assisters to sign people up for OHP, and the State should ensure that this assistance be integrated into the release process.

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- Increase funding for assisters when assisters are asked to track more information, perform more services such as supporting health care navigation for individuals new to benefits, and conduct more reporting.
- ODHS should prioritize changes to the ONE Eligibility System to allow community partner application assisters to assist with other ONE System eligibility benefits beyond Medicaid/ OHP and should fully implement this change during the first six months of 2023.
- For homeless populations, implement a presumptive eligibility process as is done within hospital settings at other health care provider settings, including but not limited to doctor's offices, clinics and other health settings.

## Non-MAGI Discussion & Recommendations

- ODHS staff supporting programs serving non-MAGI populations introduced themselves.

### *Recommendations*

- The workgroup reviewed **recommendations drafted during the November 10<sup>th</sup> meeting**. The following recommendations were discussed, edited and **approved** as formal recommendations by the workgroup:
  - To support **individuals receiving Non-MAGI medical and other benefits due to disability**, OHA and OAH should take the following actions to prioritize a person-centered processes designed to leverage all available supports so that individuals receiving services on the basis of disability **keep and maintain coverage** as redeterminations begin:
    - OHA and ODHS should be creative with how to reach the members and support through communication materials and tools. OHA and ODHS should work directly with partners who have direct relationships who can conduct outreach to members who receive benefits and should support assisters and navigators in building relationships, having the ability to go to meet people where they are, and do personal follow up with individuals.
      - OHA and ODHS Long Term Supports & Services, APD offices and AAA staff and case workers should proactively reach out to individuals to provide assistance in the redeterminations process.
      - OHA and ODHS should work with the organizations and people who work with and care for members, such as care managers, brokerages, registries, etc. to share information about the redeterminations process.
  - This includes reaching out to caregivers, such as through the Home Care Commission, avenues that reach paid caregivers, and forums that engage unpaid caregivers.
    - Include treatment teams in the messaging about renewals. The more people who are included, the less likely someone is to be missed.
    - Ensure OHA has mitigation plans in place to communicate about renewals with populations in transition because of incarceration or being in a residential behavioral health treatment facility.
  - CPWG recommends that ODHS and OHA use all available avenues to support LTSS populations going through redeterminations. This includes coordinating with and actively referring to community based legal or financial planning, maximizing

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allowable flexibilities to ensure renewal and eligibility requirements can be completed, supporting with navigating eligibility communications including reading and explaining mailings, and encouraging and providing support for response to correspondence such as in-office availability to review all eligibility notices.

- The following **draft recommendations** will be added to the survey:
  - Request that CCOs and providers share OHA notices through their own communications channels, such as MyChart. The workgroup recommends that OHA and ODHS develop and disseminate content that CCOs and providers can use in this way.
  - Reach out to county IDD offices and other programs that work directly with people with disabilities to share information about renewals, ensure they understand the impact to those they serve and how to support the individuals they serve.
  - Flag people who are up for redeterminations in MMIS and provide talking points for providers and staff checking eligibility to see, so they can provide additional support to their clients.
- The workgroup reviewed a **draft recommendation** based on December 15<sup>th</sup> discussion on presumptive disability populations and developed new draft recommendations. These will be shared in the survey:
  - **Member question:** Related to the 12/15 recommendation, is it possible to have the state employee go out into the community/do after hours support, etc.? I'm sure there are a significant number of people who won't/can't come into the office for those special office hours.
  - Recommend that ODHS prioritize limited caseworker time to do outreach and assistance with redeterminations for anyone who has not responded to redeterminations requests for information, and de-prioritize re-assessment of SPLs for people already found eligible and getting services.
  - Recommend that ODHS affirmatively look at LTSS members who have reported to any agency that they are over resource/income, and then proactively reach out to them to advise on spending down resources or taking other action to avoid being terminated from Medicaid.

### *Follow-up and discussion on questions from 12/15 meeting*

- ODHS subject matter experts reviewed and responded to questions from the December 15<sup>th</sup> meeting. We ran out of time and, therefore, did not discuss the last three questions. However, all questions and responses are included in the supplemental document.