

Department of Human Services / Oregon Health Authority



SB 770 Quarterly Health Services Cluster
August 20, 2014
9:00 PM-2:00 PM
Dept. of Land Conservation & Dev.
Basement Hearings Room
635 Capitol Street NE
Salem, OR 97301

Agenda

Conference Line: 888-363-4734		Participant code: 3292468
Agenda Item	Presenter(s)	Time
Welcome, Traditional Opening & Introductions	Jason Yarmer, OHA	9:00 - 9:15
DHS Director's Report	Erinn Kelley-Siel, DHS	9:15 - 9:45
OHA Interim Director's Update	Suzanne Hoffman, OHA	9:45 - 10:15
Early Learning Council	Christa Rude, ELD	10:15 - 10:45
Break	All	10:45 - 11:00
DHS Tribal Affairs Update	Nadja Jones, DHS	11:00 - 11:15
State of Equity Report, Office of Equity and Inclusion	Carol Cheney & Rebecca Naga, OEI	11:15 - 11:45
Tribal Updates	Open forum for all Tribes	11:45-12:00
Lunch	Provided by OHA	12:00 - 1:00
Addictions and Mental Health Strategic Plan	Dr. Pam Martin & Jeff Emrick, AMH	1:00 - 1:20
Tribal Updates	Open forum for all Tribes	1:20 - 1:40
State Agency Liaison Updates	Tribal Liaisons	1:40 - 2:00
Other Meetings	TTWG, Sonciray Bonnell	2:00-3:30
	Billing Meeting Linda Fanning	3:30-4:00
Next Meeting: November 19, 2014	Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	Florence, OR
Contact Information: Jason Yarmer, Tribal Affairs Director, OHA 503-267-0827/ jason.d.yarmer@state.or.us	Nadja Jones, Tribal Affairs Director/Sr. ICWA Manager, DHS, 971-301-1668 / nadja.p.jones@state.or.us	
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Department of Human Services & Oregon Health Authority



**SB 770 Quarterly Health Services
Cluster
May 28, 2014
9:00 AM - 3:00 PM**

Meeting Summary

Attending

Adam Becenti, Sonciray Bonnell, Marina Cassandra, Janice Clements, Caroline Cruz, Martha Decker-Hall, Dennis Eberhardt, Vicki Faciane, Linda Fanning, Sabrina Freeman, Roberta Frost, Melva Fye, Bruce Goldberg, Jefferson Greene, Lisa Griggs, Hank Hickman, Faye Hurtado, Deborah Jackson, Kevin Jeffries, Jeremiah Johnson, Nadja Jones, Jan Kaplan, Cassie Katchia, Kelle Little, Mike Marcotte, Tresa Mercier, Iliana Montiel, Peggy Ollgaard, Sandra Sampson, Susan Sheoships, Deanna Simon, Earlynne Squiemphen, Sharon Stanphill, Jordan Stewart, Valerie Switzler, Twila Teeman, Arturo Torres, Lesli Uebel, Minnie Wallulatum, Tammy Wilson, Jason Yarmer

By Phone

Jeff Lorenz, Judy Mohr Peterson, Suzanne Hoffman, Trudy Simpson, Allison Lecatsas, Jennifer Lewis, Holly (Grand Rhonde), Michelle ?

Welcome and Introductions

Carolyn Cruz called the meeting to order. The meeting was opened with a Tribal Blessing and song. Jason Yarmer also welcomed attendees and thanked Warm Springs for their hospitality. Introductions were made around the table and on the phones.

DMAP Director's Update- Judy Mohr Peterson

Update points were:

- Oregon Health Plan- 950,000 members with full coverage, 50,000 with partial benefits. Now five months into expansion;
- Revisioning Cover Oregon to the federal exchange. What this means to the OHP and Medicaid plan is if a person comes through the federal exchange, we will get information from that exchange to get this person on OHP. There will be a way to transition, for eligible members, to a qualified health plan. There is a major effort to move towards a November 15, 2014 open enrollment period with January 1, 2015 as a start date of coverage;
- Tina Edlund will be working out of the Governor's Office for 2015 open enrollment. A person is needed to head up the Medicaid side of this. Judy

will take this role and will be working out of the Cover Oregon office for a few months. She will continue to be the State Medicaid Director with Rhonda Busek stepping up to manage the day-to-day OHP work. By the next SB 770 or Tribal Consultation Meetings, Judy will not be available in that capacity. It is possible that Don Ross will be filling in.

Early Learning Council- Lisa Harnisch

Jason Yarmer informed group that Early Learning had asked for an invite to SB 770. This group could not attend due to the legislative session. Lisa Harnisch will be available for the August 20 770 meeting.

DHS Tribal Affairs Update- Nadja Jones

Recently the TANF (Temporary Assistance for Needy Families) program had an audit and the State of Oregon was found to be out of compliance. Several findings were reported, one of them being issues with cash benefits and the Oregon's interpretation of Indian Country. Nadja shared a letter and a map that helps to explain where Oregon fell short and the plan of action to bring it back into compliance. Some Tribal members may be eligible for a 5 year cutoff if they reside in a Tribal area/district. Tribal consultation input is being sought. Attendees of today's meeting are encouraged to pass the letter along. Also, a sign-up sheet was passed around for those who were interested in further activity on this issue.

CCO Contracting and Payor of Last Resort- Dennis Eberhardt

CCO Contracting-

- Auto enrollment of Native Americans into CCOs has occurred in error. DMAP/OHA is working to correct this and find out what has caused this to happen. New staff has been hired to assist in this process. The HNA designator in the MMIS system may have been fixed. Of note, this problem was not a Warm Springs only issue. One solution is to have folks, who are aware of the issues, come in to explain what is happening and how to fix it. Dennis asked if a video conference would be better. A fair amount of attendees agreed;
- If Tribal Member is a member of a CCO, they can still be seen by your Tribal Health and reimbursement is still available.

Payor of Last Resort-

- Kevin Jeffries was introduced to the group. His duties include representing Tribal to the Insurance Commission;
- The issue of Payor of Last Resort is based on whether Tribal pays before Medicaid or not. This needs to get worked out. The State may be out of compliance. The goal is to make Medicaid primary payor. Presently, we

are waiting for guidance from CMS. If guidelines can be defined, it will be easier to see what fits and what doesn't.

Other contracting issues discussed were:

- Deb Alvarez was thanked for her efforts;
- Tribes used to have access to social security numbers. Can Tribal get this back? The answer is yes but it is a lower priority at this time;
- Tribal members in eastern Oregon received a letter from the state saying they have to choose a CCO. There are member cards by Moda that are inactive. EOCCO was asked to send copy to Sonciray. Also, there are issues with providers not accepting open card;
- Another plan is experiencing same issues. It was asked if there is anything from the state on who is accepting what. At this time there is not but it is an excellent idea. This is being worked on. It was noted that this is a common problem with private insurance as well;
- There were some concerns about capacity, in which there is not much that can be done;
- Billing is an issue with no simple answers;
- Need to deal with Tribes on a 1:1 basis as they are sovereign nations. Rural Tribes may have different needs/processes;
- State laws are developed in response to federal laws;
- When beginning the health care transformation, Tribal was not considered as much as they should have been;
- There are still regulations that have to be answered to. The desire is to avoid unintended consequences.

Other- Jason Yarmer discussed the need to get back to Tribal training do address lack of understanding by those outside of Tribes. Tribal leaders need to be in on those meetings for input and guidance.

Uncompensated Care Program Update- Linda Fanning

Background- Approved by CMS in 2013, the Uncompensated Care Program (UCCP) will provide payment for services that are below the funded line for services provided by Tribal Clinics, beginning 11/1/13-12/31/14. For tribal members, these claims will be paid at 100% of the encounter rate. For non-tribal members, these claims will be paid at the Federal Medicaid Assistance Percentage (FMAP) rate with the local match coverage through a "Certified Tribal Government Expenditure". We are working to operationalize this within the MMIS so we can begin paying these claims.

Tribal Honor of Dr. Bruce Goldberg

The Tribes collectively wanted to honor Dr. Goldberg for his work in support of the Tribes. There was an around the room expression of thank you and Dr. Goldberg was presented with a Tribal Ceremonial blanket. As a song was sung, attendees of this meeting were able to walk past and personally thank Dr. Goldberg.

Tribal Updates

Klamath-

- Expansion of behavioral health. Hired a psychologist;
- Recruiting for a new dentist;
- Diabetes Walk coming up;
- Discussed alcohol and treatment;
- 20% increase in securing health insurance and numbers up in dental care.

Yellow Hawk-

- Open Access model has been shown to be a big improvement;
- In finals of the CCO contracts;
- Started Medicare Part B;

CTCLUSI-

- Thank you to Warm Springs for hosting;
- Recruiting for a dentist;
- Mental Health Investment Funds received;
- Will host ICQWA conference in Florence.

Cow Creek-

- Compact Covenants- looking for efficiencies;
- IPC 5(Improved Physical Care)- formed three medical home teams and are looking for a fourth team;
- In a network with a CCO and will contract with Atrio;
- Prevention Program- Years spent on Diabetes. Now have a Transformation Café.

Coquille-

- Contract Health Services- enroll dental patients;
- 28% of CHO members were on OHP. Now this number is 49%;
- Have a Head Start program;
- Had a recent review (fifth) with no findings;

- Working with WOAHA on contracts;
- Received Healthy Communities Integration Grant;
- Implemented a Meetings/Events policy;
- “Rethink your Drink” campaign;
- Continuing diabetes prevention.

Cedar Bough-

- Tribal best practices integrating with mental health best practices;
- Desire is to become a resource;
- “Healing through Culture/Tradition”- want to strengthen ties;
- Want to recruit 4 native dental care staff;
- Discussed who they (Coquille) serve.

Warm Springs-

- Finance- Tribe went through new leadership;
- New audit firm-Tribe passed audit;
- Work program for youth with an education component. Looking at healthy relationships and use of Myers-Briggs assessment tool. Hoping to place 100 High School and 10 college students;
- A Mobile unit is now scheduled;
- Mental Health initiative- put into family preservation, parenting classes, and jail diversions;
- Annual health report looking better every year;
- • Suicide prevention conference with a pharmacology update, feedback from community. Working with Suicide Prevention;
- Opening new K-8 school September 2014. There is space reserved for Tribal services;
- Looking at blood alcohol compliance and no smoking. E-cigarettes are a problem now. Will have to redo some work;
- Revamping justice system, and looking at electronic tracking;
- Discussed PRC (Purchase and Referred Care);
- Medicaid expansion- Hope to have certain services back that used to be in place but are gone now;
- • Received notification that Warm Springs is recognized as a Tier 3 PCPCH (Patient Centered Primary Care Home).

OHA Interim Director Update- Suzanne Hoffman

Suzanne joined the meeting by phone and announced that she was just bought

into the role of Interim Director. She provided background information of where she has come from. In this time of transition, Linda Hammond will be the COO, and Leslie Clement will be Chief of Policy, replacing Tina Edlund. Clive Hamstreet is involved in the Cover Oregon transition. The governor asked Tina Edlund to lead the transition project. In regard to the Cover Oregon transition, it is hopeful that much of the technology built could be reused. Another firm is assessing that possibility. So far, the eligibility rules engineer works well and will come back. The desire is to be in testing by August 2014 and ready by November 15, 2014. Progress reports will be posted and updated regularly.

State Agency Liaison Updates

Leslie Uebel- Public Health:

- Oregon Contraceptive Care Program (C Care) to expire December 30, 2014. A notice has been sent. Instead of another application for the waiver, this will be a much easier process with more time available. This will allow expansion of services such as STD's, screening treatments, exams, follow-ups, and cancer screening. Input is welcome, not only on applications, but also wanted often in the clinics on C Care. Will bring more information to the August meeting. Please note that C Care is another revenue source.

Nadja Jones- DHS:

- Nadja discussed the Independent Living program. There will be a Leadership Wellness camp. The cost/registration is paid for by ILP.

Sonciray Bonnell- Cover Oregon:

- Cover Oregon leadership May 19th meeting was well attended by the Tribes. Technology is being transitioned for future use. It is business as usual for open enrollment. Cover Oregon will remain a state base exchange. At present Cover Oregon is dealing with carriers and legislators. Encountering terminology issues.

Kevin Jeffries- DCBS:

- Kevin introduced himself again. He is involved in as a Consumer Liaison/Tribal Liaison and represents Tribal to the Insurance Commission. He gave information on what they do. The purpose is to educate people on anything insurance related. He will be looking at the Plans again in 2016.

Sabrina Freeman- Health Promotion and Chronic Disease Prevention:

- Sabrina shared a letter from the Center for Tobacco Products with an invite to attend a Webinar to discuss the FDA’s proposed rule titled “Deeming Tobacco Products To Be Subject to the Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products.” Attention is being given to such products like E-cigarettes and Hookahs. Also shared, was several funding opportunities that are open to the Tribes.

Jan Kaplan- Office of Community Liaison:

- Currently working on updating a “State Health Improvement Plan”;
- Discussed the meetings they hold;

Attendees of SB 770 agree to add this discussion to the SB 770 agenda.

OHA Community Outreach:

- Does statewide outreach;
- Seeks community engagement;
- Has collaboratives in each county;
- Sponsors refresher training and provides technical support.

Other

- Updates are being done to the meeting contacts list;
- AMH will be hiring a Tribal Liaison position. Input is requested from the Tribes on what they want to see in that position;
- Looking for a host for the November SB 770 meeting. CTCLUSI stepped forward to host in Coos Bay

Materials

- Agenda
- Letter from Nadja Jones to Tribes regarding TANF
- DHS Service Delivery Area Map
- FDA letter to the Tribes
- FY 2014 Funding Opportunity Announcements
- Public Health Division: State Health Improvement Plan Discussions invitation
- Tribal Meetings 2014 schedule

Next Meeting: August 20, 2014 Location TBD in Salem

Contact Information:

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2014 Town Hall Meeting

Planning for Safety, Health and Independence in Your Community

Erinn Kelley-Siel

Director, Oregon Department of Human Services



2014 Town Hall Meetings

Why are we here and what will we do today?

- Provide an overview of our agency's work
- Share our priorities
- Report progress on priorities during the last two years
- Talk about what's next
- Answer your questions
- Have a discussion to get your feedback on our priorities

Town Hall Schedule



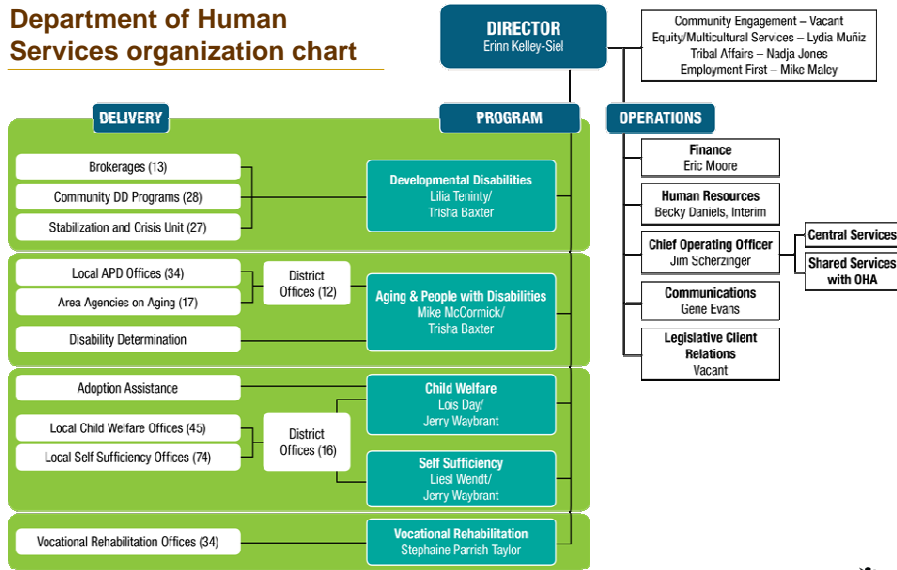
We are guided by our mission and core values



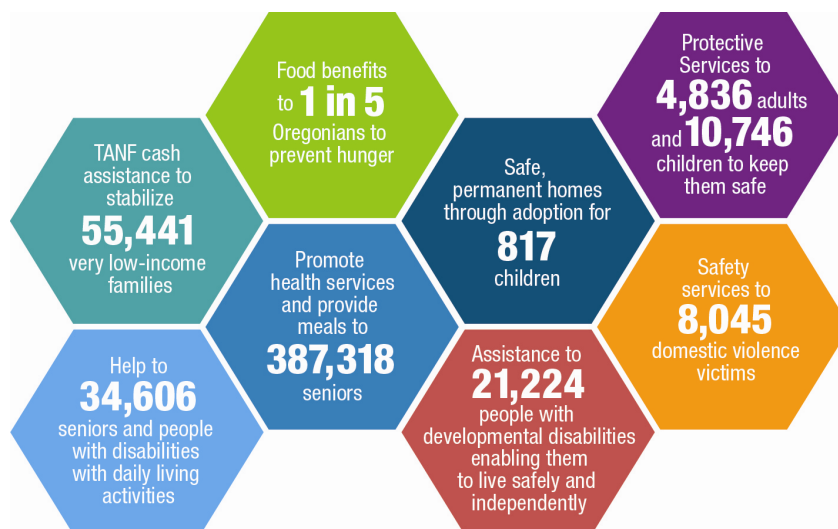
Department of Human Services

Where We've Been	Where We Are Going
Divisions and Programs with Separate Missions and Visions	One Department, One Mission, One Vision, Leveraging Program Specialties
Regulative & Compliance Oriented	Outcome & Results Oriented
Policy & Program Focused	Customer Focused
Multiple, Disconnected Data, Eligibility & Technology Services	Integrated & Coordinated Data, Eligibility & Technology Services
Managers Define Solutions	Staff Are Empowered to Partner with Leadership to Create Solutions
Crisis Driven, Reactive, Risk Averse	Anticipatory, Proactive, Innovative
Government Services Operate in Relative Isolation	Collaborative Community & Business Partner

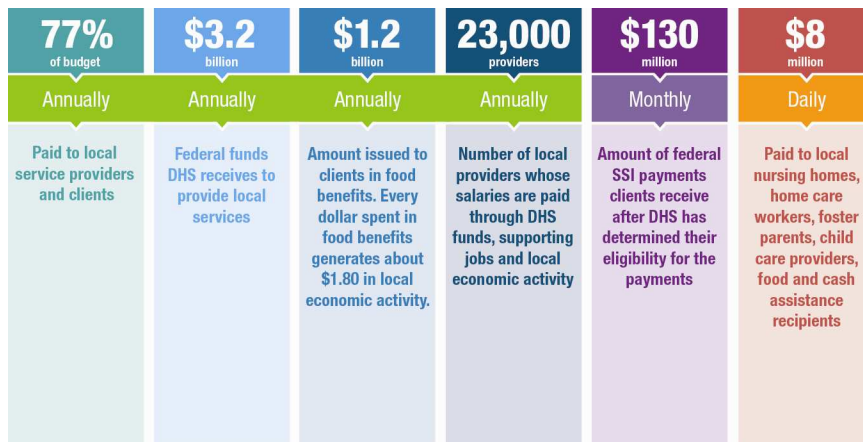
Department of Human Services organization chart



Providing direct services to 1 million Oregonians every year



Making direct investments in local communities



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Trends in Oregon that Impact DHS Services

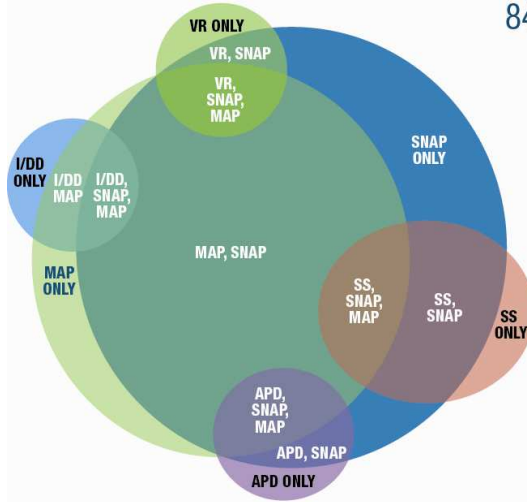
- **Fast-growing population of older adults**
- **Increasing number of people with disabilities**
- **Growing racial and ethnic diversity**
- **Slower pace of economic recovery, especially in rural Oregon**
- **Jobs returning but lower skill, wages**

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Most adult customers receive more than one DHS service

840,675 Adults* Served by DHS/OHA in 2013



Participation by number of programs

48% One program
32% Two programs
15% Three programs
4% Four programs
1% Five or more programs

KEY

APD: Aging and People with Disabilities
 I/DD: Intellectual/Developmental Disabilities
 MAP: Medical Assistance Programs
 SNAP: Supplemental Nutrition Assistance Program
 SS: Self-Sufficiency Program
 VR: Vocational Rehabilitation

* Adults = individuals 19 years and older

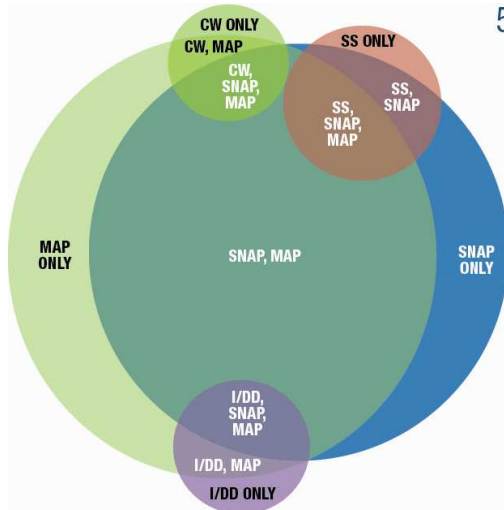
Source: OFRA, Integrated Client Services Data Warehouse
 Print date: July 2014

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Most youth customers receive more than one DHS service

526,330 Youth* Served by DHS/OHA in 2013



Participation by number of programs

24% One program
35% Two programs
27% Three programs
11% Four programs
3% Five or more programs

KEY

CW: Child Welfare
 I/DD: Intellectual/Developmental Disabilities
 MAP: Medical Assistance Programs
 SNAP: Supplemental Nutrition Assistance Program
 SS: Self-Sufficiency Program

* Youth = individuals 0-18 years

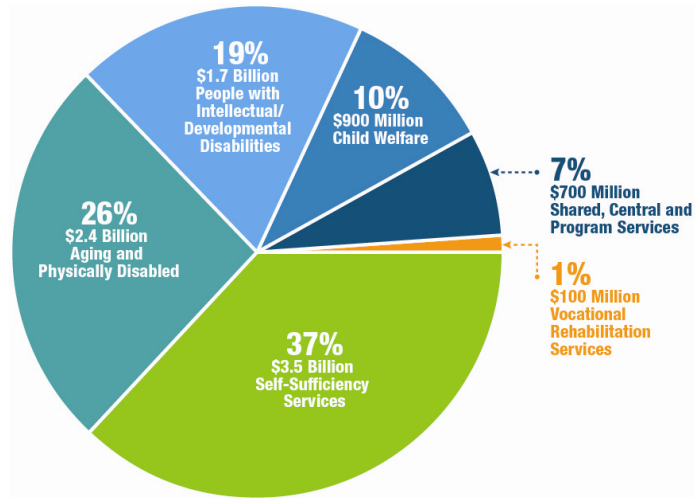
Source: OFRA, Integrated Client Services Data Warehouse
 Print date: July 2014

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DHS 2013-15 Legislatively Approved Budget

\$9.3 billion – 7,478 Full-time Equivalent Positions

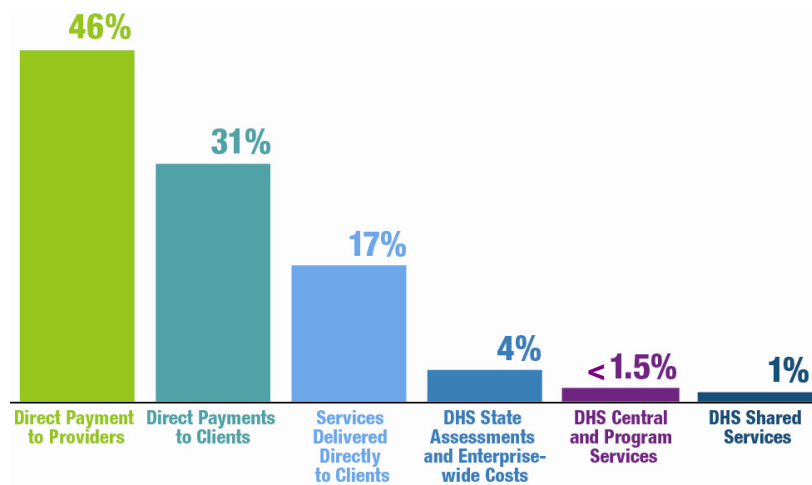


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DHS program budgets

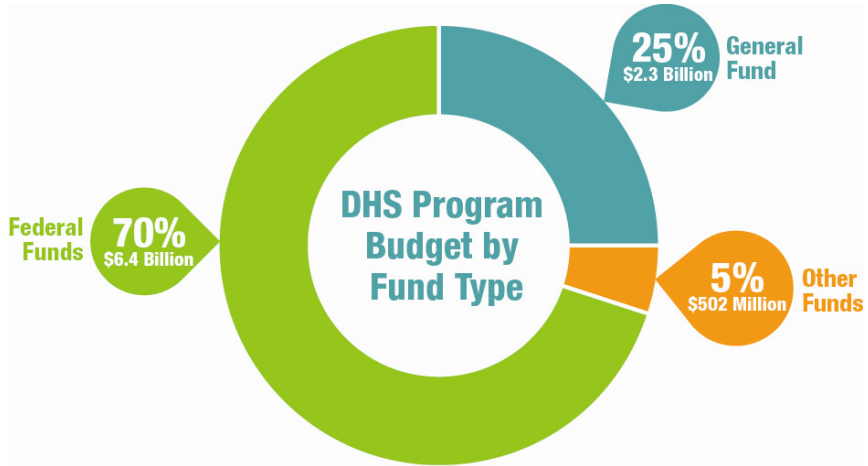
94% in Direct Payments and Services



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2013-15 DHS program budget by fund type

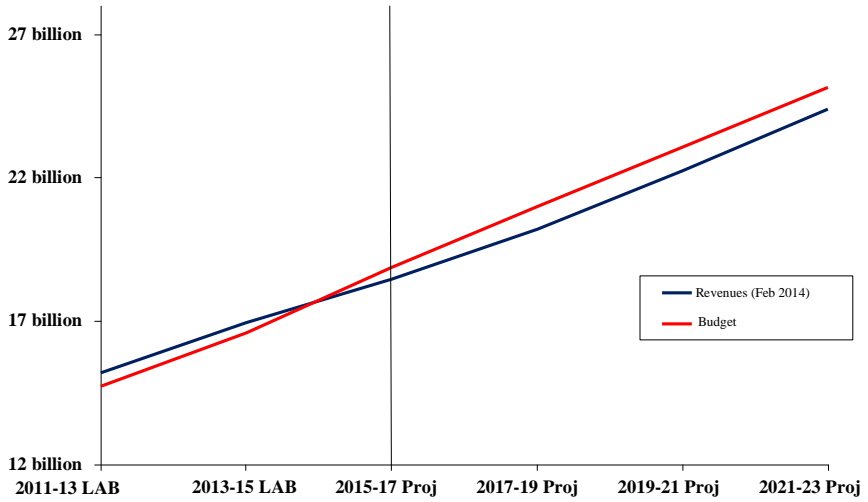
70% Federal Funds



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Long-Term Projections



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**Moving ahead,
keep these questions in mind:**

Are we on the right track?

What else should we be considering?

What's missing?

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Innovating and Transforming Oregon

Education: Establishing a zero-to-20 system

- Early Learning Hubs
- Regional Achievement Collaboratives

Health Care: Delivering better health at reduced cost

- Coordinated Care Organizations
- Expanding investment in community mental health

Jobs & Innovation: Getting Oregonians back to work and making work pay

- Coordinated local workforce development strategies
- Local collaborative approaches to economic development (Regional Solutions)

Safety: Make smarter investments in public safety

- Using data to drive upfront investments (i.e., alcohol and drug treatment)
- Increasing investments in community corrections, re-entry strategies

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Safety for Children



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Safety for Children: What we've done

- Began **Differential Response** implementation
- Expanded **community-based support services** designed to strengthen and preserve families
- Improved DHS child welfare **staff capacity and competency**
- Launched **Statewide Abuse Reporting Line** (1-855-503-SAFE)
- Foster Care **Ombudsman**, Foster Child **Bill of Rights**
- **Expanded services** for children with I/DD living at home

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Safety for Children: What's next?

- **Statewide** Differential Response implementation
- **More investment** in proven community-based, (including culturally specific) support services
- Implement our new **Title IV-E Waiver**, allowing flexible use of foster care funds so more children can be kept safely at home with their families -- and out of foster care
- Implement **new assessment tool** for children with I/DD
- **Budget Feedback:** Foster care rates, Foster parent training, Access to attorney representation, Post-Adoption resources, I/DD Kids services capacity

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Safety for Adults



**Every Adult Oregonian
deserves to live in safety,
free from abuse, neglect
and financial exploitation**

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Safety for Adults: What we've done

- **Statewide abuse reporting line** (1-855-503- SAFE) is also for adult abuse and mental health issues
- **Enhanced background checks** for providers, employees
- Worked with the **Oregon Banker's Association** on financial exploitation toolkit for more than 20,000 bank employees
- Improved **Adult Protective Services staff capacity and competency**
- Offered **Money Management Program** to help with personal finances and reduce risk of financial exploitation
- Led **Safe Medication** campaign with long-term care and other residential facilities to reduce medication errors

Safety for Adults: What's next?

- Continue to build **partnership with law enforcement** to ensure counties have APS multi-disciplinary teams
- Host the **National Adult Protective Services Association's** conference in October, 2014
- **Streamline processes** to improve timeliness of reviews, reports
- **Budget Feedback:** Integrated adult abuse data and report-writing system, Increase quality and oversight of APS services, Expanded APS capacity in County DD programs

Living as independently as possible



Oregonians have the right to live independently, with dignity, choice and self-determination

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Living as independently as possible: What we've done

- Implemented an **expanded service array** to provide more consumer choice
- Partnered with the **Coordinated Care Organizations** to improve services
- Expanded the **Home Care Commission Registry** to include providers to support individuals with intellectual and developmental disabilities
- Expanded the **Aging and Disability Resource Connection (ADRC)** to 15 counties
- Expanded **Family-to-Family** I/DD support networks from four to six (two more on the way)

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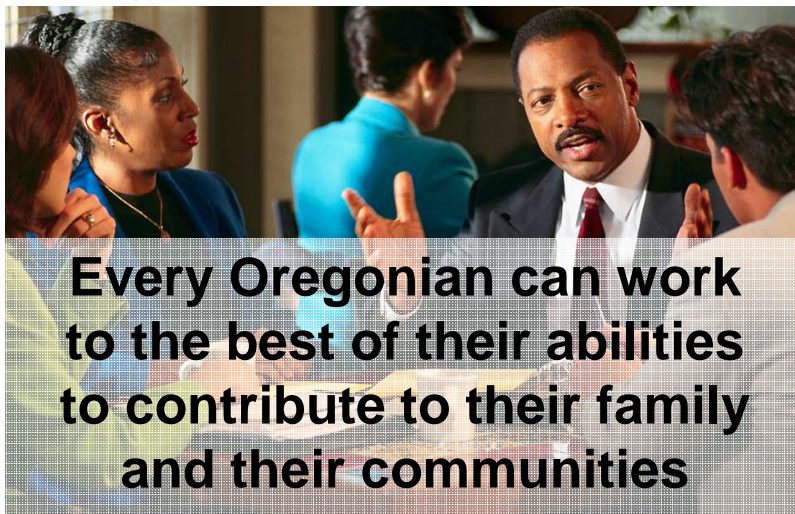
Living as independently as possible: What's next?

- Expand **Oregon Project Independence (OPI)** to serve a minimum of 725 more older adults by July 2015
- Launch **OPI pilot** to serve younger adults with disabilities
- Expanded access to **caregiver training**
- Finish work with stakeholders on **recommendations** for strengthening Oregon's long-term care system
- **Budget feedback:** Community capacity for most vulnerable adults and kids with I/DD, Provider rates, Access to Foster Youth Independent Living Program, General Assistance program, Expanded I/DD service capacity, Case Management

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Improving employment outcomes



**Every Oregonian can work
to the best of their abilities
to contribute to their family
and their communities**

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Improving employment outcomes: What we've done

- **Increased** employment placements
- Met or exceeded benchmarks for **Employment First Initiative**
- Launched 16 local **Family Stability and Employment** pilots
- Partnered with Oregon Employment Department to bring \$89 million in **federal tax credits** to Oregon businesses
- Started four local **high school transition** pilot projects focusing on employment for youth with disabilities

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Improving employment outcomes: What's next?

- Support ongoing **transformation and expansion** of I/DD employment services
- Conduct **statewide training** for teachers, case managers and providers to build capacity for consumer engagement, career planning and job development
- **Employer and community engagement**
- Update **TANF** program design
- Stronger Workforce System partnerships
- **Budget Feedback:** TANF investments; Employment Related Daycare caseload; Benefits planning; Employment First Service Capacity; Increase specialized Vocational Rehabilitation counselors

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Improving customer service



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Improving customer service: What we've done

- **Quarterly Business Reviews**
- Regular customer and business partner **surveys**
- **Community engagement** and capacity building
- **Service Equity** and accountability
- Improved **data collection, reporting and analytics**
- **Staff training**, development and performance feedback
- Centralized **program support** units

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Improving customer service: What's next?

- **“Less time with paper; More time with people”**
 - Paperless offices
 - Increase online applications and electronic form availability
 - Improve customer experience in our offices
- Increase staff **mobility, co-location** with partners
- Strengthen **outcomes-focused work** with contracted partners
- Expanded **Race, Ethnicity, Language and Disability** data
- **Automated** Eligibility and Case Management

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Wrap Up Scorecard: How Are We Doing?

-  **Child Safety**
-  **Adult Safety**
-  **Living as Independently as Possible**
-  **Improving Employment** (trending green)
-  **Customer Satisfaction**
-  **Service Equity** (trending yellow)
-  **Agency Efficiency and Operations**

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Thank you!

Stay connected with us

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Your Feedback

Are we on the right track?

**What else should we be
considering?**

What's missing?

Future State Plan Submissions-8/20/14

DMAP intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) as outlined in the table below. Draft language of these SPA's will be posted on the agency website at http://www.oregon.gov/OHA/healthplan/tools_policy/stateplan.shtml.

Please provide comments or questions about these State Plan submissions to Jesse Anderson at 503-945-6958 or via email at jesse.anderson@state.or.us no later than **September 20, 2014**.

Medicaid State Plan
<p>Health Home enhance payment-program end date</p> <p>Section 2703 adds section 1945 to the Social Security Act (the Act) that allowed States to elect an option to Provide Health Homes for Enrollees with Chronic Conditions under the Medicaid State plan. Oregon took this option effective 10/1/11. CMS provided enhanced match for the first eight quarters at 90 percent. It was determined that once the enhanced rate was discontinued the SPA would end. This is the technical submission to end date the program.</p> <p>Reason to submit: program ended Proposed effective date: 7/1/14 Anticipated impact: None Require rule: N</p>
<p>Family Planning- move from waiver to state plan service</p> <p>OHA is proposing to convert the current CCare waiver to a SPA. In general, the provisions with the SPA do not differ greatly from those within a waiver but administratively offers some advantages to the agency (e.g. not needing to renew every 5 years, no need to demonstrate budget neutrality). CCare will continue to be administered by the Public Health Division.</p> <p>Reason to submit: Move from waiver to SPA Proposed effective date: 1/1/2015 Anticipated impact: None Require rule: N</p>

Medicaid State Plan

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CHIP State Plan

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SALEM CAPITOL MALL AREA

