



Community Advisory Council (CAC) Meeting Minutes  
June 6, 2024, 5:30 pm

Time	Agenda Item	Action	Discussion Leader
5:30 pm	<b>Welcome</b>		<b>David</b>
5 Min.	<p><b>Council Business</b></p> <ul style="list-style-type: none"> <li>Roll call</li> </ul> <p>In Attendance: David Rupkalvis, Anna Marie, Kathy Abbott, Lisa DeSalvio, Katie Gonzalez, Robert Hall, Brenda Hall, Averi Horton, Jennifer Imbruglia, Coreen Lee, Katrinka McReynolds, Stefanie Vaughn, Christie Martindale, Laura Fitouri, Daniel Wells,</p> <ul style="list-style-type: none"> <li>May 2024 minutes</li> </ul> <p>Changes or edits invited. None heard. Motion made to approve by Kathy Abbott, Anna Marie Seconds. All in favor none opposed</p> <ul style="list-style-type: none"> <li>Approve Agenda</li> </ul> <p>Edits or updates invited. Participant reported concern that there are not enough action items on the agenda. Motion to approve agenda made by Katrinka McReynolds seconded by Kathy Abbott, 1 opposed all others in favor.</p> <ul style="list-style-type: none"> <li>Suggestion Box <a href="https://forms.office.com/r/B9NTwd9Mte">https://forms.office.com/r/B9NTwd9Mte</a></li> </ul> <p>Nothing new received.</p> <ul style="list-style-type: none"> <li>Recommendations tracker.</li> </ul> <p>One thing added from last month. Looking at streamlining reimbursement for mileage. You will need to call Bay Cities brokerage in advance to get approved for mileage. Participant shares that other CCO's do it a little different on the after side because the CCO pays for it. They do not all require the verification forms. It says on the verification form you have to bring the original document and copies are not accepted. Stamps are expensive and the drop box is out of the way. The mileage to the drop box is not included in the reimbursement. <a href="mailto:support@bca-ride.com">support@bca-ride.com</a> is the secure email link off the website for bcb to send in the GMR</p>	Approval	<b>David</b>
10 Min	<p><b>Open Floor/feedback loop voting CAC Representatives-</b></p> <ul style="list-style-type: none"> <li><b>Consumer Representatives</b></li> </ul>	Discussion / Action	

	<p>As previously discussed, a participant’s daughter was working with the ICC team, and this has been a positive experience. It was great.</p> <p>Participant called customer service for a new card, and they answered quickly. Is there an update regarding wait time and the recorded message on hold.</p> <p>We are working on a new phone system and that is in the plans as we roll that out. We are currently working on transitioning.</p> <ul style="list-style-type: none"> <li>• <b>Community Partner Representatives</b></li> </ul> <p>Update from North Bend City/Coos-Curry Housing Authorities:</p> <p>The North Bend Family Housing Development is moving forward.</p> <p>We are in the midst of finishing our Impact Assessment with Oregon Housing and Community Services. From here, we will go into the Financial Assessment as we move towards a targeted November construction closing. Once we close on construction financing, we will begin Phase I and bring forward 105 new affordable housing units.</p> <p>20 of those units will be set aside for Coos Health and Wellness to serve the SPMI population and chronically homeless. Support staff will be embedded in the site to help serve the PSH units.</p>		
15 Min.	<p><b>OHA update</b> Attached to the minutes</p>		Bevin
30 Min.	<p><b>Campus for Rural Health</b> Facilitating a conversation around Food fights cancer. Coos fights cancer is a grant project under Oregon Health Initiatives. Open discussion in the room.</p>		Danita Tracy Carter
5 Min.	<p><b>2024 CHIP update</b> We had our CHIP meeting in the library in May. There were a few suggestions that made us go back to the drawing board. We had Averi suggest that perhaps we just focus on one thing. We talked about making housing and homelessness our top priorities. Everything else falls in the subcategories of that main priority. At our CHIP meeting later this month on June 20<sup>th</sup> it will be a virtual meeting and we will have some more things to present to the group about this possibility. As we</p>		Sam

	<p>move the needle on housing and homelessness it will then have an impact on the subcategories as well.</p> <p>Feedback from participant: We will NOT solve homelessness. If you want to move the needle, identify people who have bad luck and just need a helping hand. That's the low hanging fruit. People who make bad choices won't be helped. People who have medical/mental issues won't be helped. People who are scamming the system won't be helped.</p> <p>Feedback from participant: We need to keep in mind what the definition of homelessness is. Feedback from participant: Let's not perpetuate negative stereotypes. This is a great move that will have amazing impacts on the health outcomes of the community. I would be happy to provide an educational presentation.</p>		
20 Min.	<p><b>Charter review</b></p> <p>Charter shared on screen. Edits taken live in the living document. The document was sent out for review of the CAC. Other discussion items invited.</p> <p>Edits will continue next month. It will be an action item to finish the charter and vote to approve it.</p>		<b>Sam</b>
5 Min.	<p><b>Open Floor – Public comment</b></p> <p>Monday at 4PM is Lisa DeSalvio's retirement party. Flier will be attached.</p> <p>Participant shared positive experience with her dad and have Hospice available for extra support.</p>		<b>David</b>
	<p><b>Adjourn</b></p> <p>Meeting adjourned at 6:53PM</p>	Action	<b>David</b>
<b>Next Meeting</b>	<b>Thursday, August 1, 2024 at Noon</b>		

## OHA Update – June 2024 – Advanced Health Coos County Community Advisory Council

### OHA Quality Incentive Program Evaluation Study – CAC Feedback

We are with the Regional Research Institute for Human Services at Portland State University. We have partnered with the Oregon Health Authority (OHA) Office of Health Analytics to evaluate the Coordinated Care Organization

(CCO) Quality Incentive Program. The primary goal of the evaluation is to develop programmatic and governance structure recommendations so the program helps achieve OHA's goal of eliminating health inequities, including the structural drivers of health inequities. According to OHA's definition, health equity:

- will be achieved when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
- the equitable distribution or redistribution of resources and power
- recognizing, reconciling, and rectifying historical and contemporary injustices.

Ultimately, a final report of the findings will be prepared and submitted to the Office of Health Analytics and the Oregon legislature.

**As a Community Advisory Council member, you have valuable insight into what's working and what could be improved for the CCO Quality Incentive Program in relation to furthering health equity for OHP members.**

We would like to invite you -- **and the other members of your CAC** -- to participate in an approximately 60-minute individual or group interview that will allow us to gather feedback about the CCO Quality Incentive Program and how it may affect OHA's goal of eliminating health inequity.

Participation in the interview is completely voluntary and confidential. We will conduct interviews virtually by videoconference or phone, whichever you prefer. The discussion will involve questions about the CCO Quality Incentive Program committee structure, incentive model, impact on providers, and impact on OHP members. Attached is the consent information for you to look at, which we will go over before beginning the interview.

Each CAC member will receive a \$50 Amazon giftcard for their time.

We have an extremely short timeline to collect data for this evaluation. Please email me back if you or any of your CAC members would like to participate;

we will schedule an interview for a day and time that works best for you -- individually or as a group.

**Feedback timeline has been extended to June 21<sup>st</sup>.**

Thank you for your time and we look forward to learning from you, Mary Oswald.

## **Future Ready Oregon Update: Requests for Applications for Workforce Ready Grants**



The graphic features the logo of the Higher Education Coordinating Commission (HECC) on the left, which includes the text "HIGHER EDUCATION COORDINATING COMMISSION" and the address "3221 25th Street SE, Salem, OR 97302" with the website "www.oregon.gov/HigherEd". To the right of the logo, the text reads "REQUESTS FOR APPLICATIONS" followed by "Workforce Ready Grants" in a large, bold font. Below this, a statement says "\$40 million available for education and training programs that recruit and retain a diverse workforce in healthcare, manufacturing, and technology." At the bottom of the graphic, three green arrows point to the right, each with an icon and a funding amount: a heart with a pulse line for "\$18 million for healthcare", gears for "\$12 million for manufacturing", and a computer monitor for "\$10 million for technology". At the very bottom of the graphic, it states "Workforce service providers and community-based organizations: apply by July 31, 2024, for this round of Future Ready Oregon funding."

### **Apply by July 31 for Workforce Ready Grants**

The Oregon Higher Education Coordinating Commission (HECC) is now accepting applications for the next round of Future Ready Oregon Workforce Ready Grants. The HECC will award funds to recruit and retain a diverse workforce in key sectors of Oregon's economy through a Request for Applications. Workforce service providers and community-based organizations are invited to apply by July 31, 2024, and may submit multiple applications. This is the third and final round of competitive grant funding available through the Oregon Legislature's 2022 investment known as Future

Ready Oregon (Senate Bill 1545). Information on the healthcare Request for Applications is below.

- \$18 million for healthcare projects—specifically, \$9 million for projects that advance nursing career pathways and \$9 million for projects that address community-identified healthcare workforce needs

Visit the [HECC Grant and Contract Opportunities Webpage](#) to view the RFAs in healthcare and other sectors, apply, and access free resources for support—including answers to frequently asked questions, information sessions, and technical assistance providers.

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## Notice of Rulemaking: Certification Requirements for Local School Dental Sealant Programs

The Oregon Health Authority (OHA), Public Health Division, Oral Health Program is proposing to permanently amend Oregon Administrative Rules (OARs) in chapter 333, division 28 pertaining to local school dental sealant programs.

In response to the end of the federal COVID-19 public health emergency, the certification rules for school dental sealant programs (SDSPs) must be modified to remove any COVID-19 certification requirements. Additionally, OHA is proposing to update quality assurance measures and clarify the verification process for certified school dental sealant programs. A Rules Advisory Committee (RAC) was convened to help draft the amended rule language.

We invite members of the public to review and comment on the proposed amended language **before 5:00 PM on June 24, 2024**. We will also hold a virtual public hearing on **Monday, June 24, 2024 at 3:00 PM** for oral testimony. Please visit <http://www.healthoregon.org/sealantcert> to view the proposed amended rules and information on how to provide public comments.

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# Oregon's Health Crossroads:

# Can the State's Medicaid Program Help Fix our Behavioral Health System?

*Wednesday, June 26, 2024 • 1:00-2:30pm(PST)  
Virtual Panel Discussion & Audience Q&A*

## About:

Oregon ranks among the worst states in behavioral health access, and estimates suggest new funding approved by the Legislature will fill only a portion of what's required. How can the state's \$14-billion-a year Medicaid program do a better job of getting 1.4 million low-income Oregonians the help they need?

*Join our panel of experts as they discuss the issues and potential solutions in the continuation of our "Oregon's Health Crossroads" series.*

[Reserve Webinar Seat Here](#)

[Question for the Panelists? Send it in early](#)

## Moderator:



### **Emily Harris**

**Journalist**

Emily Harris is an award-winning reporter with global, national and local experience, currently acting as senior advisor and forum moderator for the Oregon Health Forum. She is also the co-founder of a local news nonprofit, Oregon News Exploration, working to increase high-quality, community-first reporting to underserved communities in Oregon and SW Washington.

## Panelists:



### **Ebony Clarke**

**Behavioral Health Director, Oregon Health Authority**

Ebony Clarke is OHA's Behavioral Health Director, bringing over 25 years of experience to the public & non-profit behavioral health arenas. Prior to this role, she served as Multnomah County Health Department Director. Earlier, Ebony acted as the county's Behavioral Health Director, and as Service Director of Child and Family Services at Lifeworks NW.





### **Kimberly Lindsay**

**Executive Director, Community Counseling Solutions**

Kimberly Lindsay is the ED of Community Counseling Solutions, where she began as a counselor in 1996. She then got promoted to Alcohol & Drug Program Manager and then to Assistant Director. CCS provides outpatient BH & developmental disability services in 5 eastern OR counties, operates the Grant County Health Department and 4 residential treatment programs.



### **Jill Archer**

**Senior Vice President, Behavioral Health, CareOregon**

Jill Archer is VP of Behavioral Health at CareOregon, the state's largest Medicaid provider. Since joining CareOregon in 2016, she focused on integrating behavioral health and CCO's in Portland, northwest Oregon & Jackson County. Jill served the Behavioral Health Director and later Deputy Director of Health, Housing and Human Services at Clackamas County.

**More Panelists to be Announced!**

## Event Details:

**Date:** Wednesday, June 26th, 2024

**Location:** Virtual

**Program:** 1:00-2:30pm

**Cost:** Webinar Admission \$15

[Reserve Webinar Seat Here](#)

## OHA launches traumatic brain injury data dashboard

### *Goals of new tool are to understand magnitude, demographics, costs*

PORTLAND, Ore.—Oregon Health Authority (OHA) has published a new online, interactive data dashboard for tracking incidence of traumatic brain injuries, or TBI, so it can better understand the magnitude, demographics and costs of the injuries and deaths they cause.

The Injury and Violence Prevention Section at OHA's Public Health Division developed the [Oregon Traumatic Brain Injury Safety Dashboard](#) and launched it May 28. The data on the dashboard include deaths, emergency department discharges and hospital discharges for TBI across all ages, including youth younger than 25. Data are aggregated for annual, statewide trends and a three-year average for county-level and demographic trends.

Discharge data for hospitals and emergency departments come from OHA's Health Policy and Analytics Division and the Hospital Association of Oregon; fatality data come from OHA's Center for Health Statistics; and population data come from the National Center for Health Statistics and Portland State University.

According to Centers for Disease Control and Prevention (CDC) data, TBI is an injury that affects how the brain works. It may be caused by a bump, blow, or jolt, or penetrating injury to the head (e.g., from a fall, motor vehicle crash, bicycle crash, assault, or sports injury).

“The purpose of the TBI data dashboard is to help us better understand the significant frequency impacting individuals and our community as well as higher burdens to different groups of Oregonians. The initial version of the dashboard provides a brief picture of who is more affected by TBIs and where TBIs are more often occurring, with which we can better assess trends for ongoing prevention work and evaluation,” said Dagan Wright, Ph.D., senior injury epidemiologist and informaticist in the Injury and Violence Prevention Section.

TBI is a major cause of death and long-term disability in the United States. A TBI is difficult to detect visually, can affect a person short or longer term, and may affect a person’s daily functioning, interaction with others, overall health, and quality of life due to cognitive, behavioral, emotional and physical effects that affect interpersonal, social and occupational functioning. In addition to the impact of TBI on the individual, TBI can harm families and communities.

So far, the data on the Traumatic Brain Injury Safety Dashboard show that TBI fatalities in Oregon are increasing year over year for all ages, with the highest rate of TBI fatalities among males older than 65.

Nationally across all age groups, the leading causes of TBI fatalities are firearm-related suicides, unintentional falls, and unintentional motor vehicle crashes. Leading causes of nonfatal TBIs are unintentional falls, motor vehicle traffic crashes, strikes by or against an object such as those occurring in sports, and assaults.

Anyone can experience a TBI. However, some groups are at greater risk of dying from a TBI or experiencing long-term health problems after the injury. Examples of groups who are more likely to be affected by TBI include: communities of color and tribal communities; service members and veterans; people who experience homelessness; people who are in correctional and detention facilities; survivors of intimate partner violence; and people living in rural areas.

The Injury and Violence Prevention Section is working with a diverse team of subject matter experts including physicians, educators, researchers, lawyers, epidemiologists and school nurses to raise awareness of the risks of TBI, and to help connect students returning to school after a traumatic brain injury to needed accommodations. One project involves a pilot program at a pediatric clinic in southern Oregon where parents whose children have experienced TBI are being connected with their Education Service District to find out about return-to-school accommodations. In addition, the Injury and Violence Prevention Section is in the process of creating a series of short TBI informational videos for public distribution sometime early next year.

## **OHA seeks public input on home health and hospice providers**

OHA reviews health care business deals, like mergers and acquisitions, to make sure they won’t harm people and communities in Oregon.

UnitedHealth Group, Inc. (UHG) is planning to buy Amedisys, a home health and hospice company with locations in Salem, Portland, and Roseburg. OHA is reviewing this deal to understand how it could affect home health and hospice services in Oregon.

OHA is seeking public comment from current or former employees or contractors of Amedisys or UHG operated home health or hospice agencies in Oregon. OHA is also looking to hear from other professionals involved in caring for home health or hospice patients. Agency names are listed below.

- Amedisys Home Health Care
- Amedisys Hospice Care
- Assured Home Health
- Assured Hospice
- Brookdale Home Health
- Health at Home Hospice
- Heart 'n Home Hospice and Palliative Care
- Innovative Senior Care Home Health
- Salem Home Care
- Southern Oregon Home Health
- Three Rivers Home Care

To share a public comment, email [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or call 503-945-6161 to leave a voicemail. Make sure to include the word “Amedisys” in your comment.

[For more information, visit OHA's website](#)

## **New OHA report shows Oregon health costs grew by 3.6% in 2021-2022, driven by prescription drug costs and other factors**

OHA released [its annual report](#) on cost growth trends for health insurance plans and large provider organizations across the state. The report provides insight into health care spending in the Commercial, Medicaid, and Medicare markets statewide, and for 30 health plans and 53 provider organizations; more than half of plans and provider organizations met the cost growth target.

The report shows that between 2021-2022 health care costs in Oregon grew 3.6%, slightly above the cost growth target of 3.4%. Cost growth was driven by increases in hospital outpatient services, behavioral health services, and changes in how providers were paid, with more providers receiving prospective payments, quality payments, and other value-based arrangements.

“It’s important to continue to shine a light on health care spending in Oregon. This report allows health insurers and large providers to see where they stand in comparison to others and help focus their efforts on containing health care costs,” said David Baden, Oregon

Health Authority Deputy Director for Policy and Programs.

**Key trends from the 2021-2022 report include:**

- **Overall cost growth was greatest in the Medicare market.** Statewide, total health care expenditures grew 2.2% in the Medicare market, compared to 1.5% in the Commercial market, and 1.2% in the Medicaid market. Even though health care cost growth in Oregon was below the target for this measurement period, cumulatively, health care costs in Oregon have grown 12.4% between 2018-2022.
- **More than half of health plans and provider organizations met the target in at least one market.** Health plans were more likely to meet the cost growth target for their Medicaid and Commercial lines of business; only 3 Medicare Advantage health plans met the target. Provider organizations were more likely to meet the target for Medicaid.
- **Primary cost drivers include an increase in hospital outpatient services, behavioral health services, and non-claims payments.** Medicare Advantage non-claims spending increased substantially, largely due to prospective payments. Medicaid, Medicare Advantage and Commercial markets also saw more performance incentive dollars.
- **Retail pharmacy spending continued to grow across the state, even after more than \$1.2 billion in pharmacy rebates were taken into account.** Retail pharmacy spending grew 2.9% in the Commercial and Medicaid markets, and 2.6% in the Medicare Advantage market.

[Read the full news release](#)

## System updates help pave the way for upcoming renewals, ensuring health coverage retention

SALEM, Ore. — With over 91 percent of the state's 1.5 million renewals complete, more than four out of five Oregonians are keeping their Oregon Health Plan (OHP) or other Medicaid benefits.

An update this month to the ONE Eligibility system will enable Oregon to use an improved process for the remaining renewals. These changes are a substantial set of small adjustments to the renewal process that together will make it easier for the people of Oregon to keep their medical benefits.

During the COVID-19 Public Health Emergency (PHE), which ended in April 2023, the

federal government allowed states to keep people on Medicaid benefits. This ended when the pandemic emergency ended, so over the last year Oregon has been making sure everyone on OHP is still eligible.

At this point in the PHE unwinding process:

- Just 443 members, about 0.03 percent, still need to respond to renewal requests.
- 7,473 members, about 0.5 percent, have responded to their renewal but are awaiting state action on the response.
- The remaining renewals, about 8.3 percent of the total, will occur over the summer.

Oregon's 82 percent renewal rate continues to be the [third highest in a national comparison of state renewal rates by KFF](#), a nonpartisan health policy organization. Oregon's high renewal rates are due to proactive efforts by the state to keep people covered, including extended response timelines, and the [upcoming launch of OHP Bridge](#) for adults with higher incomes.

Members who have not received a renewal yet should:

- Keep their address and contact information up to date.
- Check their mail or ONE Online account for their renewal letter.
- Do what the renewal letter asks as soon as possible. Anyone concerned they missed their letter should get help with their renewal using one of the options listed below.
- Members who did not respond to renewals can still re-open their case three months after it closes if they are still eligible, and they can reapply at any time.

Although most people are keeping coverage, approximately 240,000 people will lose or have reduced medical benefits and need to consider other coverage options.

- People who do not have coverage through an employer or Medicare may be able to enroll through the Oregon Health Insurance Marketplace and get financial help. Most people who enroll through HealthCare.gov qualify for this help.
- The Marketplace is sending information to people who are no longer eligible for OHP benefits, advising of other potential coverage options.
- People who have recently lost OHP benefits can enroll anytime until November 30, 2024, or within 60 days of their benefits ending.
- For more information and ways to get help signing up for Marketplace, Medicare, or employer coverage, see "What to do if OHP is ending" below.

## Remaining renewals

Renewal letters will be sent to members in four waves between June and September. Members will still have 90 days to respond, and 60 days' advance notice before any termination or reduction in benefits. This means the final responses would be due in December 2024, and the final closures will happen in February 2025.

Data about pandemic unwinding renewals appears in the [Medical Redeterminations Dashboard](#). The dashboard data and these press releases will not include renewals for OHP members who have already renewed early in the unwinding process, who are coming up for renewal again. Over time, Oregon is switching to renewing most OHP members every two years instead of annually.

## May OHP renewal data

As of May 17, 2024, 1,323,772 people have completed the renewal process. This represents 91.2 percent of all OHP and Medicaid members.

- 1,085,635 people (82 percent) were renewed and kept their benefits.
- 224,014 people (16.9 percent) were found ineligible.
- 14,123 people (1.1 percent) had a reduction in their benefits. Most of these members lost full OHP but were able to continue Medicare Savings Programs that help pay their Medicare costs.

## Need help renewing your benefits?

1. Learn more about how to [renew your Oregon Health Plan](#) medical coverage. You can log into your online portal and complete your redetermination work at [benefits.oregon.gov](#).
2. Call the ONE Customer Service Center at 800-699-9075. All relay calls are accepted, and help is available in multiple languages. Wait times are lowest between 7 and 8 a.m., PST.
3. Visit or call a local Oregon Department of Human Services (ODHS) office. People can find their local office at <https://www.oregon.gov/odhs/Pages/office-finder.aspx>.
4. Visit a community partner for free, in-person help. To find one near you visit [OregonHealthCare.gov/GetHelp](#) (English) or [orhim.info/ayuda](#) (Spanish).
5. Download the ONE Mobile application via the app store to keep track of your renewal, find a local office, or upload a document.

## What to do if your OHP is ending:

- First, **review the case summary** in your letter to make sure the information used to make the decision was correct. If that information has changed, notify the state via one of the options above. If the information on file for you is correct and you disagree with the decision, you can request a hearing. [Learn more about hearings](#).
- **Explore options through an employer.** If you, your spouse or a parent are working, you may be eligible for health coverage through that employer. Talk to your manager or Human Resources department to see if you qualify. You will have a special enrollment period to enroll mid-year due to loss of OHP benefits.
- **If you have or are eligible for Medicare:** For help understanding and choosing the right Medicare options, go to <https://OregonHealthcare.gov/GetHelp> to find an



insurance agent or a counselor at the Senior Health Insurance Benefits Assistance Program (SHIBA). You can also call SHIBA at 800-722-4134.

If you need to sign up for Medicare for the first time, contact the Social Security Administration (SSA) at 800-772-1213 to enroll by phone or find a local office. You can also enroll in Medicare online at [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up).

- **Nearly 80 percent of Oregonians qualify for financial help through the Oregon Health Insurance Marketplace.** Visit [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop) to answer a few quick questions, find out how much you can save and find out how much coverage may cost you. You can also call the Marketplace Transition Help Center at 833-699-6850 (toll-free, all relay calls accepted).
- **Need free local help finding other coverage?**  
Visit [OregonHealthCare.gov/GetHelp](https://OregonHealthCare.gov/GetHelp) to find professional help near you.

OHA and ODHS are committed to transparency and will continue to send monthly information about medical coverage among Oregonians. Check our [ONE Eligibility Operations Dashboards](#) for more frequent updates on medical renewal data and wait times for callers to the ONE Customer Service Center.

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## Register for the Upcoming 1115 Medicaid Waiver All Come and Para Todos Webinars



[¡Oprima aquí para la invitación en Español!](#)

**Wednesday, June 12, 2024**

**10:00 AM - 11:00 AM PST (All Come)**

**2:00 PM – 3:00 PM PST (Para Todos)**

[ALL COME](#)  
[Register Here](#)

[PARA TODOS](#)  
[Regístrese Aquí](#)

## **Audience:**

Community Partners, Coordinated Care Organizations, Health and Human Services Providers, Medical Providers, Local Government, Members, and more!

**Please Note:** These sessions will be recorded and will be accessible post-webinar.

## **Resources**

### **Community Capacity Building Funds Two-Pager:**

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/CCBF-Two-Pager.pdf>

### **Frequently Asked Questions (FAQ) – CCBF:**

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/CCBF-FAQ.pdf>



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**Stay Connected**

For additional updates and information, check our website:  
[www.oregon.gov/1115waiverrenewal](http://www.oregon.gov/1115waiverrenewal)

Subscribe to updates that will be sent out in the coming months:  
<https://public.govdelivery.com/accounts/ORHA/signup/37696>

FAQ:  
<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-Waiver-FAQ.pdf>

Email us:  
[1115Waiver.Renewal@odhsoha.oregon.gov](mailto:1115Waiver.Renewal@odhsoha.oregon.gov)



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Everyone has a right to know about and use Oregon Health Authority programs and services. Some examples of the free help we can provide include sign language and spoken language interpreters, written materials in other languages, Braille, large print, audio, and other formats. If you need help or have questions, please [contact us](#).

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**Communications  
Toolkits**



**Data Dashboards**



**All Partner  
Resources**

[Email your questions, comments and concerns about the COVID-19 PHE:  
We will use your feedback to help improve our services.](#)



## About this newsletter

During the COVID-19 PHE, the federal government provided regulatory flexibilities and temporary benefits. Some of these flexibilities and temporary benefits are ending.

The **Keep Covered** newsletter shares the latest information about changes coming for people with OHP and other benefits, including services and supports for people with disabilities and older adults, and food benefits.



## REPEATED INFORMATION:

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# Medicaid expands to cover young adults with special health care needs

Starting January 1, 2025, the Oregon Health Plan (OHP) will offer benefits to certain young adults under a new Medicaid eligibility category: **Young Adults with Special Health Care Needs (YSHCN)**.

### Who qualifies as YSHCN?

To qualify as YSHCN, a person must:

- Be 19 or 20 years old in 2025
- Have at least one qualifying health care need that began before age 19
- Have an individual or family income up to 305% of the [Federal Poverty Level](#)

Current OHP members who qualify for YSHCN will automatically receive YSHCN benefits. Individuals can also complete a short set of questions in the OHP application to qualify for YSHCN.

### About YSHCN benefits

Starting January 1, 2025, YSHCN will:

- Qualify for enhanced vision and dental benefits and [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) up to their 26<sup>th</sup> birthday
- Have access to [Health Related Social Needs \(HRSN\) benefits](#)

### What this means for CCOs

More information about YSHCN is coming soon. Right now, it's important to know that:

- In 2025, the YSHCN benefit will cover approximately 6,000 new young adults who currently don't qualify for OHP. In addition, approximately 16,000 current OHP members will receive enhanced benefits through YSHCN.
- Some YSHCN will turn 21 during 2025. Coordinated Care Organizations (CCOs) and the Oregon Health Authority (OHA) will need to adjust their systems to ensure that

YSHCN maintain their EPSDT and enhanced vision and dental coverage after their 21<sup>st</sup>

- CCOs and OHA will need to screen YSHCN individuals annually to determine their need for HRSN benefits.

## Reproductive Health Program launches *Abortion Access* website

PORTLAND, Ore. — The Reproductive Health Program at Oregon Health Authority (OHA) has launched a new website that makes it easier for people to seek abortion care information and services.

The [\*Abortion Access in Oregon\*](#) website, viewable at [oregon.gov/abortion](https://oregon.gov/abortion), includes webpages and links with current and accurate information about accessing abortion services in Oregon, including:

- [Information About Abortion](#) – Describes different types of abortion services, including some frequently asked questions.
- [Legal Rights and Privacy](#) – Explains people’s legal and privacy rights to abortion in Oregon.
- [Where to Get an Abortion](#) – Includes a list of abortion providers in Oregon, as well as resources for accessing abortion services outside of Oregon.
- [Paying for an Abortion](#) – Provides information about different options to help cover the cost of abortion services.
- [Abortion Access Plan](#) – Describes OHA’s program to cover abortion services for people who have health insurance through Providence, or whose religious employers provide insurance that does not cover abortion.
- [Abortion Support](#) – Includes resources for travel and other related support, as well as resources related to emotional support before, during and after an abortion.

“The new *Abortion Access in Oregon* website helps us reaffirm to people in Oregon that abortion remains legal and protected in our state, and that anyone who comes to our state for an abortion, regardless of immigration status, has the legal and protected right to that abortion service, not just Oregon residents,” Governor Tina Kotek said.

“As challenges to women's reproductive freedom mount across the country, OHA remains staunchly committed to protecting access to the full range of reproductive health care -- including and especially abortion, fertility services, and contraception -- for all those who live in and visit our state,” said OHA Director Dr. Sejal Hathi. “The foundation of access is knowledge: of your rights, of available services, of the nuts and bolts of obtaining care. This website takes us one step closer to sharing that knowledge, and enabling greater access to protected care.”

The *Abortion Access in Oregon* website was created in collaboration with community, clinical and state partners to ensure the information it contains is relevant to, and accessible

for, people seeking abortion care in Oregon.

OHA's Reproductive Health Program, based at the state Public Health Division, has asked community, clinical and state partners to share the website link with their colleagues and staffs, as well as with community members and patients they serve.

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## New climate-related resources available to some OHP members

Oregon Health Plan (OHP/Medicaid) members with a medical need and who are facing certain life changes may now qualify for [new climate-related benefits](#).

These benefits include devices that promote healthy temperatures and clean air such as air conditioners, heaters and air filters, as well as mini refrigeration units for storing medications. Portable power supplies to operate medical equipment (i.e., ventilators during power outages) may also be available as a new benefit.

Eligible members are experiencing life transitions and often face social injustices, including but not limited to those currently or previously involved in the child welfare system, homeless or at risk of becoming homeless, or released from incarceration within the last year.

“People with lower incomes and chronic conditions are among those most likely to experience heat exhaustion, heat stroke or complications of other health conditions related to extreme climate events,” said Dave Baden, deputy director of OHA. “By connecting wrap-around health benefits to traditional Medicaid coverage, Oregon is recognizing that non-medical factors influence health outcomes. Access to these services will reduce health disparities and offer life-saving resources to people in Oregon.”

The new climate-related benefits are part of Oregon's federally funded expansion of OHP coverage to include [health-related social needs](#) (HRSN) services, which can help maintain health and well-being but aren't traditionally thought of as medical services.

OHP members interested in receiving climate devices should [contact their coordinated care organization](#) (CCO) to learn more.

[Read for more](#)

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# CDC recommends another COVID-19 vaccine dose for people 65+

Oregonians ages 65 and older are now advised to get an additional dose of the 2023–2024 updated COVID-19 vaccine released last fall, as recommended by the Centers for Disease Control and Prevention (CDC).

“Vaccine-induced immunity can wane over time, but a second dose restores that protection, which can help keep people in this particularly vulnerable group from being hospitalized or even dying,” said Dr. Paul Cieslak, medical director for communicable diseases and immunizations at OHA. The additional dose of the 2023–2024 vaccine should be given at **least four months after the first dose.**



People who are [immunocompromised](#) are already eligible for additional doses of the 2023–2024 updated COVID-19 vaccine, **at least two months after their most recent dose.**

While the state has seen a [steady decline](#) in COVID-19-related hospitalizations and percentage of positive COVID-19 tests since late December, the virus is still circulating briskly across Oregon. OHA continues to recommend anyone who has not received the 2023–2024 updated COVID-19 vaccine to get it as soon as they can, as vaccination remains the best way for people to protect themselves against the virus.

Additionally, the CDC recently updated its [isolation guidelines](#) to prevent the spread of respiratory viruses, including COVID-19, which align with Oregon’s guidelines.

[Read for more](#)

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## Telehealth service to receive COVID-19 medication ending soon

The Color Health telehealth service in Oregon to receive low- or no-cost COVID-19 antiviral medication such as Paxlovid is ending after **March 31**. Additionally, the last day to receive this medication through Color Health's home delivery option was, March 8. After that and through March 31, the only option will be pharmacy pickup.

Outside of [Color Health](#), there are a few ways for eligible people to get COVID-19 antiviral medication.

- If you are uninsured or have Medicare or Medicaid (OHP), *and* you have a prescription for Paxlovid, you can receive Paxlovid at no cost through Pfizer's patient assistance program, PAXCESS, regardless of income, insurance or immigration status.



Overnight home delivery of Paxlovid is possible upon request. Enroll online for PAXCESS [here](#). Call **877-219-7225** to learn more.

- If you have private insurance and become sick, contact your health care provider or go to an in-network urgent care facility to get a prescription. Most private insurance plans will cover COVID-19 antiviral medication with possible co-pays. Those with private insurance can also enroll in the [PAXCESS](#) co-pay program for help paying for Paxlovid.
- Check with your pharmacy to see if they will prescribe Paxlovid directly to you, without a doctor's



prescription. State-licensed pharmacists may prescribe Paxlovid to people [under certain conditions](#).

COVID-19 antiviral medication cannot be prescribed in advance, *in case* someone gets sick. It must also be taken within five days of symptom onset. Learn more about COVID-19 treatments, including Paxlovid, [here](#). For questions related to COVID-19 treatment options, contact the Oregon Immunization Program Help Desk, Monday through Friday, 9 a.m. to 4 p.m., at 1-800-980-9431 or [alertiis@odhsoha.oregon.gov](mailto:alertiis@odhsoha.oregon.gov).

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