

**Local Government Advisory Committee
Room 473, Human Services Building, Salem
October 14, 2005
Minutes**

ATTENDING

Susan Allan	DHS – Public Health
Ben Boswell	Wallowa County Commissioner
Joe Corsiglia	Columbia County Commissioner
David Foster	Oregon Housing and Community Services
Gordon Fultz	Association of Oregon Counties
Robert Furlow	Blue Mountain Recovery Center
Sharon Guidera	AOCMHP, Mid Columbia Center for Living
John Hartner	Oregon Assoc. of Community Corrections Directors
Tony Howell	League of Oregon Cities
Bryan Johnston	DHS – Interim Director
Barry Kast	DHS – Interim Deputy Director
Angela Kimball	Assoc. of Oregon Community Mental Health Programs
Madeline Olson	DHS - OMHAS
Lynn Read	DHS – Office of Medical Assistance Program
Clyde Saiki	DHS – Administrative Services
Mary Shortall	Multnomah County ADS
Paul Snider	AOC
Vic Todd	DHS – Finance and Policy Analysis
James Toews	DHS – Seniors and People with Disabilities
Bill Wagner	OCWCOG
Jane-ellen Weidanz	DHS- Seniors and People with Disabilities
Gillian Wesenberg	Commission on Children and Families

WELCOME & INTRODUCTION/APPROVAL OF MINUTES & AGENDA

Chair Linda Modrell was unable to attend. Ben Boswell called the meeting to order and roundtable introductions were made.

The minutes from September 9, 2005, meeting were reviewed and approved.

Some adjustment was made to the order of the agenda items to accommodate presenters with conflicting schedules.

After adding the item “Availability of Beds at Blue Mountain Recovery Center” the agenda was approved.

FOLLOW-UP ON HEALTH BENEFITS FOR CORRECTIONS CLIENTS IN TRANSITION

John Hartner reported that his group had not met since the last LGAC meeting, but was scheduled to meet later in October. Another group responsible for implementing SB 913 led by Lauren Mitchell, is also addressing the issue and will be meeting on Monday, October 17. SB 913 deals with the people who qualified for Medicaid benefits prior to incarceration, and can be reinstated once they have been released back into the community. This additional issue covers the other incarcerated people who haven’t qualified for mental health benefits prior to incarceration, and have them eligible by the time they are released. John feels strongly that with both groups working toward this goal something good will be accomplished.

UPDATE TO CMS

Lynn Read reported that although it was assumed that the waiver request submitted to CMS to change the premium structure for OHP Standard clients would move quickly through the CMS process, it has slowed considerably. CMS raised some concerns about Oregon’s use of the premium revenue as the state’s share and then matching it with federal dollars in order to provide services to OHP Standard clients. CMS is thinking that instead, the premiums should go 60% to the feds and 40% for the state to use. This is not good news, and a decision has yet to be made.

The second waiver request submitted to CMS requested flexibility to spend money in the special purpose appropriation with the E-Board. There is \$4 million of General Fund that is otherwise designated for the Family Health Insurance Assistance Program. That program is required to spend a certain amount of state funds in order to meet the conditions under the waiver agreement with CMS. The Department is asking CMS for flexibility on how that \$4 million is spent.

The four options would be presented to CMS: 1) have that money go to OHP Standard, estimating that it would serve about 1,800 OHP Standard clients in a one-year period; 2) extend the certification of the Children’s Health Insurance Program (CHIP) to a 12-month period instead of the current six-month eligibility period – costing \$3.7 million for one year and serving about 9,600 more children; 3) extend the upper income limit for the CHIP and FHIAP children program from the current 185% of the federal poverty level, to 200% of the federal poverty level

– serving an additional 1,600 children and costing about \$500,000 for one year; 4) eliminate the assets test for the CHIP program. Currently the assets limit is at \$10,000. This would only bring in about 130 additional children at a cost of about \$50,000 a year.

DHS is hoping for some indication from CMS that they are open to the options, so the Department can take it to the October Emergency Board.

The third waiver request would change the benefits under OHP and should be going out next week. It includes a reduction in the OHP Plus adults' dental benefits, on a general fund basis of \$1.7 million. OHP Plus adults would also lose their routine vision coverage benefit for eye exams and glasses. Additionally, the OHP Plus and OHP Standard would have a change in their prescription drug benefits relating to over-the-counter drugs, no longer covering over-the-counter drugs that are primarily associated with conditions that are below the funding line on the prioritized list, for example, cold treatments.

The last item is the hospital day limit. This would be a hospital day limit of 18 days per year, for clients in the fee-for-service system who access hospital care at DRG hospitals, not type A or B hospitals. The target date is July 1, 2006.

KATRINA REPORT / RITA HURRICANE UPDATE

Lynn Read reported that as of October 3rd the state had 894 hurricane Katrina evacuees: 780 of those were from Louisiana, 111 from Mississippi and 3 from Alabama. Of the evacuees that are in Oregon, 227 are receiving Medicaid benefits, and 564 are receiving food stamp benefits. The state, in general, is treating evacuees liberally in terms of documentation, much of which is self-declared such as income, and that they are from one of the impacted counties in the identified states. DHS is moving forward in certifying them for the programs according to our rules within that context.

At the last meeting the question was raised: What personnel policies would apply if Oregon were to send personnel to the hurricane region to assist?

State-to-state emergency support was organized across the country. The state health departments identified staff and potential teams that could respond. DHS was prepared to send public health response teams to the effected area, but Oregon was not requested to deploy any teams. The Oregon Association of Hospitals and Health Systems (OAHHS) set up a web site and a hot line to collect names of medical volunteers for direct medical care and, in the last two weeks, deployed

three teams. They are Oregon volunteers, going under a federalized system. Because of the nature of the request and the way it was structured the few DHS employees who went took vacation time. Mercy Corps and Northwest Medical Teams also sent people down. They said it was far worse than the December 2004 tsunami and less organized.

According to FEMA, any costs associated with evacuees destined for Oregon, but who did not arrive, are to be reimbursed, so keep good records.

This topic led to a discussion of the state's emergency preparedness status. In the event of a major catastrophe, the state is not as prepared as it should be. Two weeks ago the Governor announced the creation of a statewide oversight taskforce for emergency preparedness. The Governor is encouraging individual families to be prepared. The Public Health Web site contains a page on what individual families should have reserved in a 72-hour kit. The model is based on a family with two parents, a child and a dog.

CHILDREN'S MENTAL HEALTH INITIATIVE EXPECTATIONS/TIMELINES

Madeline Olson reported that since the '97 Legislative Session, there had been a series of budget notes directing DHS to find ways to bring together disparate pieces of the children's mental health system. Prior to October 1, children covered by Medicaid had access to outpatient services and acute psychiatric services through their mental health organization. Children who didn't have Medicaid had access to very little through county mental health programs, and children with a really high level of need in a very limited way, had access to some high end services the state directly contracted for however, there was no central place where a family could go to ask for help. As of October 1, all of that came together in local communities, so when children have a need for a high-end service, someone is accountable in their community to bring a team of people together on behalf of that child and family to help them access the service needed.

BLUE MOUNTAIN RECOVERY CENTER – Addition to agenda

Madeline Olson gave a briefing on Blue Mountain Recovery Center and the counties' ability to utilize beds in that facility. The Department's waiver specifically set out Eastern Oregon Psychiatric Center as an appropriate use of Medicaid funds, but in the 2003 waiver application it was specifically phased down. It is not a prohibition against using it for acute care, but only 50% of the expenditures spent last biennium, can be spent this biennium. The next cycle drops the amount to zero can be spent in that setting for acute care using Medicaid funds.

DHS acknowledges the shortage of mental health beds available in the state, and is reviewing options.

MEDICARE MODERNIZATION ACT UPDATE

Jane-ellen Weidanz reported on the status of DHS activities relating to the Medicare Modernization Act. The Department is proceeding with enrollment plans, working closely with the Area Agencies on Aging, county DD programs, and county mental health programs to make this a comprehensive program for dual eligibles. DHS is also working with the SHIBA program to make sure that efforts on MMA and the federal government are coordinated.

Jane-ellen passed out handout #2 containing excerpts from the “Medicare and You” handbook that went out to all Medicare beneficiaries in the country. This is good information for the public; however it does not provide information for dual eligible individuals who have both Medicare and Medicaid and how much they will have to pay. There is concern that these individuals may opt out of the program and have no prescription drug coverage on January 1, 2006. DHS has made a commitment to contact all 54,000 dual eligible clients and offer enrollment assistance. Auto enrollment is a stopgap measure, and may not be the best plan for those people.

Handout #3 is a simplified review form that explains the steps, lists resources, offers some questions and answers, and has a place to write down all the drugs a client takes, along with the pharmacies they use.

The Department is in the process of another round of training (handout #4). To date, about 2,500 staff and community partners around the state have been trained on MMA 101. Now the training is on the CMS Web tool and choosing a plan. If any LGAC members know of people who have not heard about the trainings or who need to be trained, please make sure they get registered. Additionally, DHS is training staff of adult foster homes and group homes across the state. Continuing education credits are being offered in hopes of encouraging attendance.

CMS has given the Department permission to use Medicaid funds to continue providing transportation for the dual eligible clients to pick up their prescription drugs.

DHS is still working on the co-payment issue. Residents in long-term care facilities and those in community settings may struggle to pay their co-payments.

Pharmacies do not have to waive co-payments and they can deny access to the prescriptions. Many pharmacies are saying that the reimbursement rate is so low from the plans that they are not going to be able to routinely waive co-payments.

The Department is having conversations with many of the prescription drug plans. The prescription drug plans are ready for the general Medicare population, but not for the dual eligibles.

Handout #5 is a summary that the Department gave to CMS on what DHS is doing on MMA.

Q: Do you know if the plans that some companies currently have on reduced fee programs for low-income people will continue?

A: Most of the pharma-type prescription assistance programs will be continuing their programs. These programs, however, will not help with co-payments.

DIRECTOR'S REPORT

Bryan Johnston reported that because of the legislatively approved budget, the Department will have to layoff 500 people. However, out of those 500 positions, only 148 are filled. The layoff process will be completed by mid-January.

On November 10th a special fundraising event will be held at the Elsinor Theater, sponsored by the Oregon State Hospital Foundation. The fundraiser is taking place in conjunction with the 30th anniversary of the making of the film, "One Flew Over the Cuckoo's Nest". The event will highlight how the film was made, patient artwork will be on display, and some of the cast members who were part of the hospital staff will be in attendance. Although the Department is not an official sponsor, it keeps the spotlight on the State Hospital and all of the good work going on in that arena. Cost is \$25 and wine and cheese will be served.

OMHAS held a celebration of their partners, and also awarded some DHS employees for the good work they have done, but they specifically acknowledged partners.

Bryan gave the LGAC a brief background on the new DHS Director Bruce Goldberg. Bruce is a New Yorker, from Queens. He and his wife are both doctors. They have two daughters, one is a freshman in college and the other is a freshman in high school. Bruce has been commuting from Portland to Salem for a couple of years, working in a variety of capacities for the Governor. Prior to that

that he was Care Oregon's medical director, and before that he did a variety of things including working on a Zuni reservation in Arizona.

The Committee recognized Bryan Johnston's contribution as DHS Interim Director and thanked him for his service.

E-BOARD APPROVAL/BUDGET NOTES

Vic Todd reported that coming out of this legislative session, DHS had fewer budget notes than in 2003. Handout #6 is a list of those budget notes.

Handout #7 lists the Emergency Board Web site. Letters submitted by DHS to the Department of Administrative Services (DAS) are actually in draft form. DAS then makes the decision on what will be forwarded to the E-Board. The DAS Web site has E-Board information in a more rapid fashion. It is DAS's intent to put the letters out in .pdf format on its Web site, but this feature will probably not be available until January, 2006.

Meeting adjourned at 12:00 noon.

TOPICS FOR NEXT MEETING

Jail Managers' Survey – Stan Mazur-Hart
Committees and Commissions – Patty O'Sullivan
Director's Report