



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 9/4/14
Agenda Item #: C.6
Est. Start Time: 9:30 am
Date Submitted: 8/20/14

Agenda **NOTICE OF INTENT to submit an supplemental application the Oregon Title: Health Authority's Provider Outreach and Enrollment Grant Program**

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date:	<u>9/4/2015</u>	Time Needed:	<u>N/A – Consent Only</u>
Department:	<u>Health</u>	Division:	<u>ICS</u>
Contact(s):	<u>Christy Ward; Laurel Moses</u>		
Phone:	<u>503-988-6642;</u>	Ext.	<u>N/A</u>
Presenter Name(s) & Title(s):	<u>503-988-8648</u>	I/O Address:	<u>160/9</u>
	<u>N/A – Consent Only</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$40,000 to the Oregon Health Authority's Provider Outreach and Enrollment Grant Program for supplemental funds.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

On August 6, 2013, the Oregon Health Authority (OHA) invited organizations to submit a grant proposal to participate in the Provider Outreach and Enrollment Grant Program for Cover Oregon. MCHD was awarded a grant for \$146,894 for the Provider Outreach and Enrollment Grant Program, designed to provide direct enrollment assistance and related outreach to those who are eligible as outlined in the federal requirements to access health coverage through Cover Oregon, including consumers living in geographic isolation or with additional barriers to enrolling themselves or members of their family. Grant funds cover expenses for staff time dedicated to Cover Oregon provider outreach and enrollment efforts, local travel, and other expenses necessary to reach and provide assistance to

targeted consumers. OHA provides technical assistance and training, publications and other strategic support. Cover Oregon provides flyers, posters, template ads, presentations, web-banners, and other materials that may be used for this project. Cover Oregon is also running a statewide marketing campaign that includes television and radio advertising. This grant period has run from Sept 2013-Oct, 2014.

OHA has invited MCHD to apply for funds for an additional 6 months of the project period (until February, 2015). These funds will be used to continue the work of enrollment staff who bolster outreach, enrollment, and coordination capacity throughout the Health Department, other County Departments, and the community. Health Department will continue to fund enrollment staff through the OHA Provider Outreach and Enrollment Grant funds to act as a broader outreach, referral, and enrollment hub. These activities will continue to support a large scale outreach and enrollment effort by maximizing local community capacity while collaborating with State and County programs to ensure the most vulnerable are reached. It is anticipated that thousands of community members will receive outreach, with approximately 750-1,000 additional receiving direct enrollment support from grant-funded staff and many others receiving referrals to community partners for culturally-specific enrollment support. Target populations of interest for outreach and enrollment activities include young adults ages 19-35; racial, ethnic and language minority communities; and populations with additional barriers (e.g., socioeconomic challenges, chemical dependency, homelessness, etc.). The requested grant funds will continue to support two enrollment staff, and other associated costs, for an additional 6 months of the project period.

3. Explain the fiscal impact (current year and ongoing).

This grant will provide the Health Department with an additional \$40,000 for an additional 6 months of the project period (until February, 2015).

4. Explain any legal and/or policy issues involved.

OHA created this funding opportunity in response to new insurance coverage options that available in 2014 due to federal and state legislation (i.e. the federal Affordable Care Act; the State's creation of Cover Oregon, the new insurance exchange; and the State's decision to expand OHP eligibility following ACA suggestion). The Health Department's proposed activities help the Department and its clients adapt to these changes

5. Explain any citizen and/or other government participation that has or will take place.

The Health Department will partner with other Multnomah County Departments, safety net providers, and community based organizations to maximize local enrollment efforts.

Grant Application/Notice of Intent

If the request is a **Grant Application** or **Notice of Intent**, please answer **all** of the following in detail:

- **Who is the granting agency?**
Oregon Health Authority
- **Specify grant (matching, reporting and other) requirements and goals.**
There is no required match. Monthly reports are required. The grant program has 14 goals and objectives focused on enhancing and expanding current work and strategies to provide outreach and enrollment services for Cover Oregon to uninsured, hard to reach, underserved populations. The additional 6 months of funding will support the extension of these goals/objectives.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is one time funding.
- **What are the estimated filing timelines?**
The application is due on August 29, 2014. If the board does not approve this NOI, the application will be retracted.
- **If a grant, what period does the grant cover?**
Funds cover the period of October 15, 2014 – February 28, 2015.
- **When the grant expires, what are funding plans?**
During the grant period, the Health Department will continue to work with other Multnomah County Departments and community partners to develop a sustainable outreach and enrollment strategy. The Health Department will continue to have funding for enrollment staff not funded through this grant, providing ongoing enrollment capacity after the grant period.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes.

Required Signatures

Elected Official _____ **8/19/2014**
or Department/ Loreen Nichols for Joanne Fuller /s/
Agency Director: _____ **Date:** _____

Budget Analyst: Althea Gregory /s/ _____ **Date:** 8/20/2014

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved