



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-3 DATE 6/25/15
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/25/15
Agenda Item #: C.3
Est. Start Time: 9:30 am
Date Submitted: 6/16/15

Agenda Title: NOTICE OF INTENT to submit an application for \$75,000 to the Oregon Health Authority's 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>June 25, 2015</u>	Time Needed:	<u>N/A – consent item</u>
Department:	<u>Health</u>	Division:	<u>ICS</u>
Contact(s):	<u>Marc Harris and Christy Ward</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>88693; 86642</u>
Presenter Name(s) & Title(s):	<u>Marc Harris, Health Services Development Administrator; Christy Ward, Primary Care Services Director</u>		
I/O Address:	<u>160/9; 160/9</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Director of Integrated Clinical Services to submit an application for \$75,000 to the Oregon Health Authority's Outreach and Enrollment Grant Program.

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.

The Oregon Health Authority (OHA) is accepting applications to support 1) outreach to uninsured or underinsured persons who may be eligible for the Oregon Health Plan (OHP), with particular focus on reaching refugees, unaccompanied youth, tribes, domestic violence survivors, persons of color, rural communities, justice-involved individuals, LGBTQ populations, and veterans; and 2) application assistance to any individual seeking assistance, both those eligible for OHP and those eligible for private health insurance through the insurance marketplace.

Although the Affordable Care Act has realized the largest increase in health coverage enrollment in U.S. history, there continue to be individuals in need of health coverage,

assistance in re-enroll in health coverage, and/or "churn" between Medicaid (OHP) and private plans, challenging both continuity and quality of care.

The Multnomah County Health Department (MCHD) has been receiving outreach and enrollment funds from the State since 2013, when Medicaid expansion and enrollment via the insurance marketplace went into effect. MCHD plans to submit an application proposing to continue outreach and enrollment services to ensure all clients and county residents who are eligible for health insurance coverage are enrolled. The grant funds will continue supporting an enrollment staff under Program Offer #40016.

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

This grant will provide MCHD with \$75,000 for a 12-month period.

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

Outreach and enrollment assistance supports implementation of health insurance reform and expansion associated with the federal Affordable Care Act and the State's legislation choosing to expand OHP eligibility and participate, first, in a State-run insurance marketplace and, as of July 1, 2015, in the federally run insurance marketplace.

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

MCHD will continue to 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?**
The granting agency is the Oregon Health Authority.
- **Specify grant (matching, reporting and other) requirements and goals.**
There is no match required. Monthly reports are required. The grant program has nine goals and objectives focused on reaching and enrolling Oregon residents in health insurance coverage, especially hard-to-reach or underserved populations.
- **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 June 29, 2015.
- **If a grant, what period does the grant cover?**
The grant covers the period from July 1, 2015, through June 30, 2016.
- **When the grant expires, what are funding plans?**
MCHD will continue to work with other Multnomah County departments and community partners to integrate insurance outreach and enrollment into ongoing activities that are sustainable when grant funding expires.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 6/16/2015

Budget Analyst: Shannon Gutierrez **Date:** 06/16/2015

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