Conference of Local Health

Access to Clinical and Preventative Services (A2CPS) Committee Meeting Minutes
September 25th, 2023

Attendees: (36) Christine Pagano (*Deschutes Co.*), Rebecca Collett (*Washington Co.*), Erika Zoller (*Clackamas Co.*), Brian Johnson (*Lane Co.*), Rebecca Stricker (*Malheur Co.*), Tara Olson (*Washington Co.*), Trish Elliott (*Hood River Co.*), Joie Stephens (*Crook Co.*), Erin Norton (*Jackson Co.*), Katie Russell (*Jefferson Co.*), Amy Henderson (*Washington Co.*), Manda Palmertree (*Columbia Co.*), Carole Boliou (*Marion Co.*), Christina Baumann (*Washington Co.*), Michelle Cushing (*Clackamas Co.*), Anna Summer (*Clackamas Co.*), Cristal Solorio (*Linn Co.*), Marie Boman-Davis (*Washington Co.*), Alex Coleman (*Washington Co.*), Folu Adeniyi (*Washington Co.*), Meghan Chancey (*Baker Co.*), Alisha Lundgren (*Umatilla Co.*), Kellie Hansen (*Klamath Co.*), Ariana Azamar (*Lake Co.*), Martha McInnes (*NCPHD*), Laura Daily (*CLHO*), Megan Tatge (*OHA*), Cate Wilcox (*OHA*), Doris Halpin-Reyes (*OHA*), Jamie Coleman Wright (*OHA*), Kelly McDonald (*OHA*), Tiare Sanna (*OHA*), Nurit Fischler (*OHA*), Allison Potter (*OHA*), Allesandra Karson-Whitethorn (*OHA*), David Anderson (*OHA*)

Today's Meeting Objectives

- Learning: WIC PE 40, PE 42 Expenditure Reporting, and Medicaid Administrative Claiming
- Continuing to understand our roles and getting to know one another

Meeting Agreements

- We will intentionally limit our distractions and focus on the meeting
- We acknowledge that we bring our lived experiences into our conversations
- We strive to be in community with one another with care
- We try to stay curious about each other
- We recognize that we need each other's help to become better listeners
- We slow down, so we have time to think and reflect
- We remember that conversation is a natural way we think together
- We expect it to get messy at times
- We will listen with intention to learn something new

Agenda Item	Detail	Action Item	Presenter	Discussion
Welcome, roll call (name and org. in chat), and icebreaker	Quorum is 50% +1 of committee membership	Quorum if voting/decision making	Erika Zoller	(Attendees noted above)
Committee Agenda Items				

1. Approval of minutes	Motion to approve	Discuss & Vote	Erika Zoller	No objections; Decision: Meeting minutes adopted
2. Spring Retreat Update		Discussion	Rebecca / Erika	• Confirmation for May 21st to include Title V and A2CPS
3. CLHO A2CPS Meetings		Discussion	Megan	• Will be no longer the admin for this meeting; Doris Halpin-Reyes will take the admin role. New meetings will go out to members
4. WIC PE 40		Discussion, questions & vote	Tiare Sanna	• See attached documentation • See attached voting; Vote to approve, send to Big CLHO
5. PE 42 Expenditure Reporting		Discussion & questions	Cate Wilcox	• See attached
6. Title V Needs Assessment		Discussion & questions	Nurit Fischler, Allison Potter	• Looking for family representatives to sit on the advisory group. Will put together a flyer to send out
7. Medicaid Administrative Claiming		Discussion	Amy Henderson, Dave Anderson, Cate Wilcox	• See attached

OHA Upcoming Agenda Item	
TBD	
Next meeting update: November 6th, 2023 1:00 pm – 2:30 pm	
Co-Chair **Rebecca Collett, Washington County**	**Co-Chair** **Erika Zoller, Clackamas County**
Public Health Division Liaison **Cate Wilcox**	

Voting Items – 12 counties attended the meeting			
Program Elements	**Discussion**	**Counties Approve**	**Counties Abstain**
PE 40 – WIC	No suggested changes	NCPHD, Deschutes, Marion, Umatilla, Clackamas, Washington, Linn, Jackson, Malheur, Baker, Crook, Hood River	None

Full Committee Membership List (**those who attended the meeting)

Co-Chairs:
**Rebecca Collett, Washington and **Erika Zoller, Clackamas

Members:
**Meghan Chancey, Baker
Charlene Yager, Benton
Chelsea Baker, Clatsop
Sarah Hickerson, Columbia
Lillia Rodgers, Columbia
**Manda Palmertree, Columbia
**Joie Stephens, Crook
Sarah Holloway, Deschutes
**Christine Pagano, Deschutes
**Trish Elliott, Hood River
**Erin Norton, Jackson
**Katie Russell, Jefferson
Kellie Hansen, Klamath
Melissa Dorsey, Klamath
Ariana Azamar, Lake
Chelsea Whitney, Lane
**Cristal Solorio, Linn
**Rebecca Stricker, Malheur
**Carole Boliou, Marion
Dawn Lehman, Marion
Martha McInnes, NCPHD
Cindy Rettler, Polk
**Alisha Lundgren, Umatilla
**Tara Olson, Washington

Program Element #40: Special Supplemental Nutrition Program for Women, Infants and Children ("WIC") Services

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Prevention & Health Promotion/Nutrition and Health Screening (WIC)

Description of Program Element. Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below to deliver Special Supplemental Nutrition Program for Women, Infants and Children services ("**WIC Services**"), Farm Direct Nutrition Program services ("**FDNP Services**"), and Breastfeeding Peer Counseling Program services ("**BFPC Services**").

The services described in Sections B. and C. of this Program Element, are ancillary to basic WIC Services described in Section A. of this Agreement. In order to participate in the services described in Sections B. or C., LPHA must be delivering basic WIC Services as described in Section A. The requirements for WIC Services also apply to services described in Sections B and C.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

A. General ("WIC") Services

1. Description of WIC Services. WIC Services are nutrition and health screening, Nutrition Education related to individual health risk and Participant category, Breastfeeding promotion and support, health referral, and issuance of food benefits for specifically prescribed Supplemental Foods to Participants during critical times of growth and development in order to prevent the occurrence of health problems and to improve the health status of mothers and their children.

2. Definitions Specific to WIC Services

a. Applicants: Pregnant Participants, Breastfeeding Participants, Postpartum Participants, infants and children up to 5 years old who are applying to receive WIC Services, and the breastfed infants of an Applicant. Applicants include individuals who are currently receiving WIC Services but are reapplying because their Certification Period is about to expire.

b. Assigned Caseload: Assigned Caseload for LPHA, which is set out in the Exhibit C of this Agreement, is determined by OHA using the WIC funding formula which was approved by the CHLO MCH and CHLO Executive Committee in February of 2003. This Assigned Caseload is used as a standard to measure LPHA's Caseload management performance and is used in determining NSA funding for LPHA.

c. Breastfeeding: The practice of a Participant feeding their breast milk to their infant(s) on the average of at least once a day.

d. Breastfeeding Participants: Participants up to one year postpartum who breastfeed their infants.

e. Caseload: For any month, the sum of the actual number of pregnant Participants, Breastfeeding Participants, Postpartum Participants, infants and children who have received Supplemental Foods or food benefits during the reporting period and the actual number of infants breastfed by Breastfeeding Participants (and receiving no Supplemental Foods or food benefits) during the reporting period.

f. Certification: The implementation of criteria and procedures to assess and document each Applicant's eligibility for WIC Services.

g. **Certification Period:** The time period during which a Participant is eligible for WIC Services based on his/her application for those WIC Services.

h. **Documentation:** The presentation of written or electronic documents or documents in other media that substantiate statements made by an Applicant or Participant or a person applying for WIC Services on behalf of an Applicant or Participant.

i. **Electronic Benefits Transfer (EBT):** An electronic system of payment for purchase of WIC-allowed foods through a third-party processor using a magnetically encoded payment card. In Oregon, the WIC EBT system is known as "eWIC".

j. **Health Services:** Ongoing, routine pediatric, women's health and obstetric care (such as infant and childcare and prenatal and postpartum examinations) or referral for treatment.

k. **Nutrition Education:** The provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize the relationship between nutrition, physical activity, and health, all in keeping with the individual's personal and cultural preferences and socio-economic condition and related medical conditions, including, but not limited to, homelessness and migrancy.

l. **Nutrition Education Contact:** Individual or group education session for the provision of Nutrition Education.

m. **Nutrition Services Plan:** An annual plan developed by LPHA and submitted to and approved by OHA that identifies areas of Nutrition Education and Breastfeeding promotion and support that are to be addressed by LPHA during the period of time covered by the plan.

m. **Nutrition Services and Administration (NSA) Funds:** Funding disbursed under or through this Agreement to LPHA to provide direct and indirect costs necessary to support the delivery of WIC Services by LPHA.

n. **Nutrition Risk:** Detrimental or abnormal nutritional condition(s) detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; dietary deficiencies that impair or endanger health; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

o. **Participants:** Pregnant, Breastfeeding, or Postpartum Participants, infants and children who are receiving Supplemental Foods benefits under the program, and the breastfed infants of Breastfeeding Participants.

p. **Postpartum Participants:** Participants up to six months after termination of a pregnancy.

q. **Supplemental Foods:** Those foods containing nutrients determined to be beneficial for pregnant, Breastfeeding and Postpartum Participants, infants and children, as determined by the United States Department of Agriculture, Food and Nutrition Services for use in conjunction with the WIC Services. These foods are defined in the WIC Manual.

r. **TWIST:** The WIC Information System Tracker which is OHA's statewide automated management information system used by state and local agencies for:

(1) Provision of direct client services including Nutrition Education, risk assessments, appointment scheduling, class registration, and food benefit issuance;

(2) Redemption and reconciliation of food benefits including electronic communication with the banking contractor;

(3) Compilation and analysis of WIC Services data including Participant and vendor information; and

(4) Oversight and assurance of WIC Services integrity.

s. **TWIST User Training Manual:** The TWIST User Training Manual, and other relevant manuals, now or later adopted, all as amended from time to time by updates and sent to the LPHA.

t. **WIC:** The Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

u. **WIC Manual:** The Oregon WIC Program Policies and Procedures Manual, and other relevant manuals, now or later adopted, all as amended from time to time by updates sent by OHA to the LPHA and located at: http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/wicpolicy.aspx.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	**Foundational Program**					**Foundational Capabilities**						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services: Population Health	Access to clinical preventive services: Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
WIC Services: Nutrition Education		*		X	X	X	X	X	X		X	
WIC Services: Breastfeeding Education and Support		*		X	X	X	X	X	X		X	
WIC Services: Referrals and Access to Care	X	X		X	*		X	X				

Program Components	Foundational Program					Foundational Capabilities						
WIC Services: Provision of Supplemental Foods		X		X	*		X					
FDNP Services		X		X	*		X					
BFPC Services		*		X	X		X				X	

b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric:

Not applicable

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

4. Procedural and Operational Requirements. All WIC Services supported in whole or in part, directly or indirectly, with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements and in accordance with the WIC Manual. WIC services need to be provided in such a manner as to allow timely access to program services by WIC Participants. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. Staffing Requirements and Staff Qualifications—Competent Professional Authority.

LPHA must utilize a competent professional authority (CPA) at each of its WIC Services sites for Certifications, in accordance with 7 CFR 246.6(b)(2), and the agreement that was approved by the CLHO Maternal and Child Health (MCH) Committee on January 2001, and the CLHO Executive Committee on February 2001; and was reapproved as written by the CLHO Maternal and Child Health (MCH) Committee on March 2006, and the CLHO Executive Committee on April 2006 (CLHO MCH Agreement).

A CPA is an individual on the staff of LPHA who demonstrates proficiency in certifier competencies, as defined by the Policy 660 in the WIC Manual located here: https://www.oregon.gov/OHA/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/wicpolicy.aspx and is authorized to determine Nutrition Risk and WIC Services eligibility, provide nutritional counseling and Nutrition and Breastfeeding Education, and prescribe appropriate Supplemental Foods.

b. Staffing Requirements and Staff Qualifications— Nutritionist.

LPHA must provide access to the services of a qualified nutritionist for Participants and LPHA staff to ensure the quality of the Nutrition Education component of the WIC Services, in accordance with 7 CFR 246.6(b)(2); the 1997 State Technical Assistance Review (STAR) by the U.S. Department of Agriculture, Food and Consumer Services, Western Region (which is available from OHA upon request); as defined by Policy #661; and the CLHO MCH Agreement. A qualified nutritionist is an individual who has a master's degree in nutrition or its equivalent and/or is a Registered Dietitian Nutritionist (RDN) with the Commission on Dietetic Registration.

c. General WIC Services Requirements.

(1) LPHA must provide WIC Services only to Applicants certified by LPHA as eligible to receive WIC Services. All WIC Services must be provided by LPHA in accordance with, and LPHA must comply with, all the applicable requirements detailed in the Child Nutrition Act of 1966, as amended through Pub.L.105-394,

November 13, 1998, and the regulations promulgated pursuant thereto, 7 CFR Part 246, 3106, 3017, 3018, Executive Order 12549, the WIC Manual, OAR 333-054-0000 through 0070, such U.S. Department of Agriculture directives as may be issued from time to time during the term of this Agreement, the TWIST User Training Manual (copies available from OHA upon request), and the CLHO MCH Agreement.

(2) LPHA must make available to each Participant and Applicant referral to appropriate Health Services and shall inform them of the Health Services available. In the alternative, LPHA must have a plan for continued efforts to make Health Services available to Participants at the WIC clinic through written agreements with other health care providers when Health Services are provided through referral, in accordance with 7 CFR Part 246, Subpart B, §246.6(b)(3) and (5); and the CLHO MCH Agreement.

(3) Each WIC LPHA must make available to each Participant a minimum of four Nutrition Education contacts appropriate to the Participant's Nutrition Risks and needs during the Participant's Certification Period, in accordance with 7 CFR Subpart D, §246.11 and the CLHO MCH Agreement.

(4) LPHA must document Participant and Applicant information in TWIST for review, audit and evaluation, including all criteria used for Certification, income information and specific criteria to determine eligibility, Nutrition Risk(s), and food package assignment for each Participant, in accordance with 7 CFR Part 246, Subpart C, §246.7 and the CLHO MCH Agreement and the TWIST User Training Manual.

(5) LPHA must maintain complete, accurate, documented, and current accounting records of all WIC Services funds received and expended by LPHA in accordance with 7 CFR Part 246 Subpart B, §246.6(b)(8) and the CLHO MCH Agreement. This includes the annual submission of a budget projection for the next state fiscal year that is due to the state along with the Nutrition Services Plan. (FY2011 USDA Management Evaluation finding and resolution.)

(6) LPHA, in collaboration with OHA, must manage its Caseload in order to meet the performance measures for its Assigned Caseload, as specified below, in accordance with 7 CFR Part 246, Subpart B, §246.6(b)(1) and the CLHO MCH Agreement.

(7) As a condition to receiving funds under this Agreement, LPHA must have on file with OHA, a current Nutrition Services Plan that meets all requirements related to plan, evaluation, and assessment. Each Nutrition Services Plan must be marked as to the year it covers and must be updated prior to its expiration. OHA reserves the right to approve or require modification to the Nutrition Services Plan prior to any disbursement of funds under this Agreement. The Nutrition Services Plan, as updated from time to time, is an attachment to Program Element, in accordance with 7 CFR Part 246, Subpart D, §246.11(d)(2); and CLHO MCH Agreement.

(8) LPHA must utilize at least twenty percent (20%) of its NSA Funds for Nutrition Education activities, and the amount specified in its financial assistance award for Breastfeeding education and support, in accordance with 7 CFR Part 246, Subpart E, §246.14(c)(1) and CLHO MCH Agreement.

(9) Monitoring: OHA will conduct on-site monitoring of the LPHA biennially for compliance with all applicable OHA and federal requirements as described in the WIC Manual. Monitoring will be conducted in accordance with 7 CFR Part 246,

Subpart F, §246.19(b)(1)-(6); and the CLHO MCH Agreement. The scope of this review is described in Policy 215 in the WIC Manual.

5. **General Revenue and Expense Reporting.** LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of this Agreement. A copy of the general ledger of WIC-related expenditures for the quarter must be submitted with each quarterly expenditure and revenue report. In addition, LPHA must provide additional documentation, if requested, for expenditure testing to verify allowable expenditures per WIC federal guidelines. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.** In addition to the reporting obligations set forth in Exhibit E, Section 6 of this Agreement, LPHA shall submit the following written reports to OHA:

   a. Quarterly reports on: (a) the percentage of its NSA Funds used for Nutrition Education activities; and (b) the percentage used for Breastfeeding education and support.

   b. Quarterly time studies conducted in the months of October, January, April and July by all LPHA WIC staff.

   ~~**c.** Biannual payroll verification forms, completed in January and July, for all staff, funded in whole or in part, by funds provided under this Agreement.~~

   ~~**d.**~~**c.** Annual WIC budget projection for the following state fiscal year.

   ~~**e.**~~**d.** Nutrition Services Plan.

7. **Performance Measures.**

   a. LPHA must serve an average of greater than or equal to 97% and less than or equal to 103% of its Assigned Caseload over any 12-month period.

   b. OHA reserves the right to adjust its award of NSA Funds, based on LPHA performance in meeting or exceeding Assigned Caseload.

B. Farm Direct Nutrition Program (FDNP) Services.

1. **General Description of FDNP Services.** FDNP Services provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables) from local farmers to Participants who are nutritionally at risk. FDNP Services are also intended to expand the awareness, use of, and sales at local Farmers Markets and Farm Stands. FDNP Participants receive ~~checks~~vouchers that can be redeemed at local Farmers Markets and Farm Stands for Eligible Foods.

2. **Definitions Specific to FDNP Services.** In addition to the definitions in Section A.2. of this Program Element, the following terms used in this Section B.2. shall have the meanings assigned below, unless the context requires otherwise:

   a. **Eligible Foods:** Fresh, nutritious, unprepared, Locally Grown Produce, fruits, vegetables and cut culinary herbs for human consumption. Foods that have been processed or prepared beyond their natural state, except for usual harvesting and cleaning processes, are not Eligible Foods. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of foods that are not Eligible Foods.

b. **Farmers Market:** ~~Association~~ Group of producers, including local farmers who grow fruits, vegetables, or culinarh herbs, ~~-~~who assemble at a defined location for the purpose of selling their produce directly to consumers.

c. ~~**Farmers Market**~~**FDNP Season** ~~**or Season**~~**:** June 1 – November 30.

d. **Farm Stand:** A location at which a single, individual farmer sells his/her produce directly to consumers or a farmer who owns/operates such a Farm Stand. This is in contrast to a group or association of farmers selling their produce at a Farmers Market.

e. **FDNP:** The WIC Farm Direct Nutrition Program (known federally as the Farmers Market Nutrition Program) authorized by Section 17(m) of the Child Nutrition Act of 1966, 42 U.S.C. 1786(m), as amended by the WIC Farmers July 2, 1992.

f. **Locally Grown Produce:** Produce grown within Oregon's borders but may also include produce grown in areas in neighboring states adjacent to Oregon's borders.

g. **Recipients:** Participants who: (a) are one of the following on the date of Farm Direct Nutrition Program issuance: pregnant Participants, Breastfeeding Participants, non-Breastfeeding Postpartum Participants, infants older than 4 months of age ~~or older~~ and children through the end of the month they turn five years of age; and (b) have been chosen by the LPHA to receive FDNP Services.

3. **Procedural and Operational Requirements for FDNP Services.** All FDNP Services supported in whole or in part, directly or indirectly, with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

a. **Staffing Requirements and Staff Qualifications.** LPHA shall have sufficient staff to ensure the effective delivery of required FDNP Services.

b. **General FDNP Services Requirements.** All FDNP Services must comply with all requirements as specified in OHA's Farm Direct Nutrition Program Policy and Procedures in the WIC Manual, including but not limited to the following requirements:

(1) **Voucher**~~**Coupon**~~ **Distribution:** OHA will deliver FDNP ~~checks~~vouchers to LPHA who will be responsible for distribution of these ~~checks~~vouchers to Recipients. Each Recipient must be issued one packet of ~~checks~~vouchers after confirmation of eligibility status. The number of ~~check~~ voucher packets allowed per family will be announced before each Season begins.

(2) **Recipient Education:** ~~Checks~~Vouchers must be issued ~~in a face-to-face contact~~ after the Recipients/caregiver has received a FDNP orientation that includes Nutrition Education and information on how to shop with ~~checks~~vouchers. Documentation of this education must be put in TWIST or a master file if TWIST is not available. Details of the education component can be found in the Policy 1100 3.0 'Participant Orientation' in the WIC Manual.

(3) **Security:** ~~Checks~~Vouchers must be kept locked up at all times except when in use and at those times an LPHA staff person must attend the unlocked ~~checks~~vouchers.

(4) **Voucher**~~**Check**~~ **Issuance and LPHA Responsibilities:** LPHA must document the required Certification information and activities on a Participant's record in the TWIST system in accordance with the requirements set out in Policy 640 of the WIC Manual. LPHA must follow the procedures set out in Policy 1100 of the WIC Manual to ensure compliance with the FDNP Services requirements.

(5) **Complaints/Abuse:** LPHA must address all Civil Rights complaints according to Policy 452, Civil Rights, in the WIC Manual. Other types of complaints must be

handled by LPHA's WIC Coordinator in consultation with the OHA FDNP coordinator if necessary. LPHA must handle an Oregon FDNP complaint according to policy 588, Program Integrity: Complaints, of the WIC Manual

(6) **Monitoring:** OHA will monitor the FDNP practices of LPHA. OHA will review the FDNP practices of LPHA at least once every two years. The general scope of this review is found in Policy 1100 in the WIC Manual. OHA monitoring will be conducted in accordance with 7 C.F.R. Ch. II, Part 246 and the CLHO MCH Agreement.

4. **Reporting Requirements.** The reporting obligations of LPHA are set forth in the Exhibit E, Section 6 of this Agreement.

C. **Breastfeeding Peer Counseling (BFPC) Services**

1. **General Description of BFPC Services.** The purpose of BFPC Services is to increase Breastfeeding duration and exclusivity rates by providing basic Breastfeeding information, encouragement, and appropriate referrals at specific intervals, primarily through an LPHA Peer Counselor, to pregnant and Breastfeeding Participants who are participating in the BFPC Program.

2. **Definitions Specific to BFPC Services.**

In addition to the definitions in Section A.2. of this Program Element, the following terms used in this Section C. shall have the meanings assigned below, unless the context requires otherwise:

a. **Assigned Peer Counseling Caseload:** Assigned Peer Counseling Caseload for LPHA, which is set out in the OHA, Public Health Division financial assistance award document, and is determined by OHA using the WIC Peer Counseling funding formula (approved by CLHO MCH and CLHO Executive Committee December 2004 and re-approved as written August 2007). This Assigned Peer Counseling Caseload is used as a standard to measure LPHA's peer counseling Caseload management performance and is used in determining peer counseling funding for LPHA.

b. **BFPC Participant:** A WIC Participant enrolled in the BFPC Program.

c. **BFPC Coordinator:** An LPHA staff person who supervises (or if the governing collective bargaining agreement or local organizational structure prohibits this person from supervising staff), mentors and coaches and directs the work of BFPC Peer Counselors and manages the delivery of the BFPC Services at the local level according to the WIC Manual.The BFPC Coordinator must be a Board Certified Lactation Consultant (IBCLC).

d. **Peer Counseling Caseload:** For any month, the sum of the actual number of Participants assigned to a Peer Counselor.

e. **Peer Counselor:** A ~~paraprofessional~~ peer support person with LPHA who meets the qualifications as stated in the WIC Manual and provides basic Breastfeeding information and encouragement to pregnant Participants and Breastfeeding Participants who are participating in the BFPC program.

f. **State BFPC Project Coordinator:** An OHA staff person who coordinates and implements the BFPC Services for Oregon.

3. **Procedural and Operational Requirements of the BFPC Services.** All BFPC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

a. **Staffing Requirements and Staff Qualifications.**

(1) LPHA must provide a BFPC Coordinator who meets the qualifications set forth in the WIC Manual and who will spend an adequate number of hours per week managing the delivery of BFPC Services and supervising/mentoring/coaching the Peer Counselor(s). The average number of hours spent managing the delivery of BFPC Services will depend upon the LPHA's Assigned Peer Counseling Caseload and must be sufficient to maintain Caseload requirements specified in the WIC Manual.

(2) LPHA shall recruit and select Participants from its community who meet the selection criteria in the WIC Manual to serve as Peer Counselors.

b. General BFPC Service Requirements

(1) **WIC Manual Compliance:** All BFPC Services funded under this Agreement must comply with all state and federal requirements specified in the WIC Manual and the All States Memorandum (ASM) 04-2 Breastfeeding Peer Counseling Grants/Training.

(2) **Confidentiality:** Each Peer Counselor must abide by federal, state and local statutes and regulations related to confidentiality of BFPC Participant information.

(3) **Job Parameters and Scope of Practice:** The LPHA position description, selection requirements, and scope of practice for Peer Counselor(s) must be in accordance with the WIC Manual.

(4) **Required Documentation:** LPHA must document BFPC Participant assignment to a Peer Counselor in TWIST. LPHA must assure that all Peer Counselors document all contact with BFPC Participants according to the WIC Manual.

(5) **Referring:** LPHA must develop and maintain a referral protocol for the Peer Counselor(s) and a list of lactation referral resources, specific to their agency and community.

(6) **Provided Training:** LPHA must assure that Peer Counselors receive new employee orientation and training in their scope of practice, including elements described in the WIC Manual.

(7) **Conference Calls:** LPHA must assure that the BFPC Coordinator(s) participates in periodic conference calls sponsored by OHA.

(8) **Frequency of Contact with Participant:** LPHA must follow the minimum requirements as stated in the WIC Manual specifying the type, the number and the timing of BFPC Participant notifications, and the number and type of interventions included in a Peer Counselor's Assigned Caseload.

(9) **Plan Development:** LPHA must develop a plan as described in the WIC Manual to assure that the delivery of BFPC Services to BFPC Participants is not disrupted in the event of Peer Counselor attrition or long-term absence.

(10) **Calculation of BFPC Services Time:** LPHA staff time dedicated to providing BFPC Services must not be included in the regular WIC quarterly time studies described in Section A.6.b. above.

(11) **Counting of BFPC Services Expenditures:** LPHA must not count expenditures from the BFPC Services funds towards meeting either its LPHA Breastfeeding promotion and support targets or its one-sixth Nutrition Education requirement.

(12) **Monitoring.** OHA will do a review of BFPC Services as part of its regular WIC Services review of LPHA once every two years. OHA will conduct quarterly

reviews of Peer Counseling Caseload. LPHA must cooperate with such OHA monitoring.

4. Performance Measures:

a. LPHA must serve at least 97% of its Assigned BFPC Peer Counseling Caseload over any twelve-month period.

b. OHA reserves the right to adjust its award of BFPC Funds, based on LPHA performance in meeting Assigned Peer Counseling Caseload.

5. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting obligations set forth in Exhibit E, Section 6 of this Agreement, LPHA must submit the following reports:

a. A quarterly expenditure report detailing BFPC Services expenditures approved for personal services, services and support, and capital outlay in accordance with the WIC Manual.

b. A quarterly activity report summarizing the BFPC Services provided by LPHA, as required by the WIC Manual

PE 42 Revenue and Expense Reporting Proposal:

- Combine -03, -04, and -06 into one R&E report with spending notations similar to WIC R&E reports.
- Move PE 42-13 (Family Connects) into PE 63

CHPHP/MCH	**PE 42 Maternal, Child, and Adolescent Health (MCAH) Services**
	PE 42-03 MCAH Perinatal GF & Title XIX
	PE 42-04 MCAH Babies First! GF
	PE42-06 MCAH - GF & Title XIX
	PE42-11 MCAH Title V
	PE 42-12 MCAH Oregon Mother's Care Title V
	PE42-13 Family Connects Oregon
CPHP/MCH	**PE 63 Maternal and Child Health LPHA Family Connects Oregon Community Lead**
CPHP/MCH	**PE 64 Community Leads Non-LPHA**

WHAT IS MEDICAID ADMINISTRATIVE CLAIMING?

The title of the program gives some strong clues as to **what** MAC is, **where** MAC funds come from, and **how** it delivers those funds.

First, the "Medicaid" in the title shows ***where*** the dollars for MAC come from. MAC funds comprise a relatively small carve-out from the "big" Medicaid program, which—as you likely know—is a federal program that reimburses direct-care providers for the costs involved in their medical, behavioral health, and substance abuse services to patients who are enrolled in the Medicaid program.

As with "big" Medicaid, MAC's methodology –the "***how***" for funneling dollars to pay for services-- is through a claiming process. That means that those who provide the services eligible for these funds will file a claim for reimbursement of their costs after those services are done. This is a big difference from grant programs, which generally give the funds up front—that is, before costs of targeted activities are incurred—in order that the provider will then be able to purchase/pay for the staff, materials, etc. to do them. And, as with "big" Medicaid, in order to file a claim the provider must document that the claimable activities have taken place. MAC has an electronic claiming system that is user-friendly and—best of all—makes it possible for the provider to get reimbursed without having to submit a complicated report; this is major advantage of MAC over any grant program.

The "Administrative" part of MAC tells us ***what*** activities it reimburses, and this is where it differs from "big" Medicaid. On the next page, we'll look at the program's purpose, and how it can be a sustainable part of the funding mix for your department.

- Official definition:
- “A method of identifying and accounting for administrative activities that States may claim for Federal Financial Participation (FFP), that is, the government’s share of States’ Medicaid program expenditures; such activities must be deemed necessary by the Secretary of the U.S. Department of Health and Human Services for the proper and efficient administration of the State Medicaid Plan.”
- MAC is a means by which an LPHA may have a portion of staff salaries and benefits reimbursed—that portion being the percentage of time those staff are engaged in activities that are eligible for MAC claiming: activities that generally connect clients eligible for Medicaid with Medicaid-covered services.

By providing an option that reimburses LPHAs for actual personnel costs involved in supporting the delivery of primary and mental healthcare to the Medicaid-eligible population, MAC acts as an incentive for LPHAs to ensure that staff are:

1. Reaching out to this population to inform them of Medicaid (which in Oregon is called the Oregon Health Plan, or OHP), assisting them in enrolling, and tracking their Medicaid status;
2. Referring clients to Medicaid-covered services, including making appointments;
3. Providing administrative support to direct-care providers by helping coordinate their care of patients;
4. Translating and interpreting when needed, to facilitate the above-noted activities; and
5. In some cases, working collaboratively with other agencies or community partners to better serve this population.

Medicaid Administrative Claiming (MAC)

THE WASHINGTON COUNTY EXPERIENCE

What and who makes a successful cost pool?

- A collaborative partnership with local coordinator, supervisors and Dave!
- Clear understanding of ***routine*** job activities and MAC claimable codes to identify potential staff as cost pool members
- Ask Questions! Clarification and verification
- Majority of pay/salary NOT federally funded
- Responsibilities and expectations
- Utilizing supports
- Support - Oregon Public Health (google.com)
- Documentation as best practice – adjusting survey is an afforded opportunity

What are the challenges and consequences?

MAC participation is not understood as a priority

- Cost pool members claim 10% or less in a quarter
  - Misalignment of job activities with claimable codes
  - Accountability for understanding activity codes or using all code “F”. Once it’s done it’s done!
  - Underutilizing all supports (ie. MAC portal, local coordinator, shared documents)
  - Completing surveys at the last minute
- Cost pool members do not complete all surveys
  - Exceptions are only for regular days off
  - Regular communication and reminders

Subject: Justification for an amendment to current Medicaid Administrative Claiming Intergovernmental Agreements, to be effective July 1, 2024, for an increase in the Intergovernmental Charge currently billed on each quarterly MAC claim, from $20 per cost-pool member to $65 per cost-pool member.

Issues:

1. The Intergovernmental Charge (IGC) that is currently billed to each MAC claim has remained the same--$20 per cost-pool member—since 2008, though the Consumer Price Index for the U.S. has increased by 45% in the 15-year period. Similar rates of increase in costs have been experienced in OHA's administration/management of the statewide MAC program.

2. An increase of the charge from $20 to $65 per cost-pool member will result in the cost attached to each MAC claim to remain a small fraction of the claim itself. For example, the average quarterly MAC claim filed by an LPHA is $43,290, and the average cost pool size is 10. This means that currently each LPHA on average is billed $200 for a claim of $43,290—or, 0.46% of the claim. The proposed increase would result in a charge of $765, or 1.99% of the claim.

3. The major portion of OHA's costs in carrying out its obligations for effective administration of MAC are in support of the Public Health MAC Specialist. This position has recently increased from a part-time FTE to full-time FTE due to increased capacity needs:
   - A substantial increase in the scale of the Public Health MAC program.
   - Major revisions in the program's data-management system.
   - New rules re eligibility of cost pool members, with additional monitoring requirements.
   - Increased need for more frequent "live" trainings.

Growth in Multiple Aspects of the Public Health MAC Program

1. Dollar amounts of total and average MAC claims have increased significantly within the last 6 years:
   a. Total MAC claims (average 21 participating LPHAs):
      i. 2015: $ 2,146,672
      ii. 2021: $ 3,326,779 (increase of 55%)
   b. Average MAC claim of 21 LPHAs:
      i. 2015: $ 31,752
      ii. 2021: $ 43,290 (increase of 42%)

2. Number of total cost pool members in all participating LPHAs has increased within the last year:
   a. 177 cost pool members (20 LPHAs)
   b. 206 cost pool members (21 LPHAs) (increase of 15%)

3. Number of new LPHAs (i.e., those executing contracts—Intergovernmental Agreements (IGAs)—for first time with OHA) within last five years have been unprecedented; these comprise Clackamas, Crook, and Harney Counties.

Major Upgrade of MAC's Data-Management System

The web-based system that provides online services for collection, storage, processing, and presentation of the data which documents and calculates MAC claims is owned and operated by Multnomah Education Services District (MESD). Each LPHA participating in MAC claiming through an IGA with OHA must also have an active, separate contract with MESD for access to the MAC system platform and its multiple functions. OHA also relies on this as a means of monitoring the survey-based documentation and formulation of each LPHA's claim. In early 2022, MESD executed an overhaul of the MAC-data platform driven by instructions from CMS on improving the documentation of their MAC claims. The new MESD/MAC system went live on July 1, 2022.

The new system by design is much more rigorous and robust. This requires more oversight by the Public Health MAC Specialist, such as reviewing and commenting on 100-400 surveys every quarter that must be monitored for supplemental documentation. For about 20% of these, some corrective action must be taken by the survey-taker.

New Rules re Eligibility of Cost Pool Members

In 2020, new program guidance and rules were established to ensure compliance with CMS requirements. This has required the PH MAC Specialist to employ additional monitoring requirements and functions to ensure compliance with CMS.

Need for More Frequent "Live" Trainings

The agreement between the State and CMS at the rollout of Public Health MAC in 2003 included a statement on annual re-trainings of all personnel who regularly participated in completing the MAC surveys. To date, we have used a "train the trainer" practice whereby trained Local Coordinators would train all of that LPHA's cost pool members including annual refresher trainings. This has proved time consuming and only marginally effective at the local level. LPHAs have requested the PH MAC Specialist to provide in-person and online trainings in order to help increase consistency and relieve some of the training burden at the local level.

<u>Methodology</u>

When Public Health MAC was rolled out in Oregon in 2003, an IGC was charged to each claim that was equivalent to 1.5% of the quarter's claim amount. In 2008, the legal unit of Oregon's Department of Human Services determined that the methodology by which State fees were based on percentages of amounts owed by the State did not meet legal requirements. An analysis performed by DHS showed that an alternative means of arriving at IGCs could be used, that would result in fees roughly similar in their amounts (within the 5-year history of the program to that date) to those based on the 1.5%: an IGC based upon a fixed dollar amount charged to the number of MAC cost pool members whose time studies provide the basis for each quarterly claim. The $20 per-cost-pool-member amount was set to align the average amount of a given quarter's IGC with the average amount of the IGC that had been charged with the previous billing scheme, in the interest of fairness. As has been noted, in the 15 years since then, the personnel costs by which OHA coordinates and monitors the Statewide program have increased by at least 75%, and are projected to increase another 8% within the next two years. Thus, an increase in the IGC is critical for OHA to cover its costs now and for a significant number of years to come, in order to continue its level and quality of service to its LPHA partners.

	Winter 2023						
A	B	C	D	E	F	G	H
	# in CP	OHA IGC ($20/CP member)	MESD Fee*	Winter 2023 Claim	Proj # in CP Summer 2024**	Proj IGC: $65/CP member***	Proj IGC as % of claim
Baker	4	$ 80	$ 116	$ 7,816	5	$ 325	4.1%
Clackamas	6	$ 120	$ 606	$ 40,750	7	$ 455	1.1%
Clatsop	6	$ 120	$ 552	$ 37,111	7	$ 455	1.3%
Coos	5	$ 100	$ 372	$ 25,047	6	$ 390	1.5%
Crook	6	$ 120	$ 499	$ 33,583	7	$ 455	1.3%
Deschutes	9	$ 180	$ 1,184	$ 79,676	12	$ 780	0.9%
Grant	25	$ 500	$ 1,205	$ 81,077	34	$ 2,210	2.7%
Harney	6	$ 120	$ 224	$ 15,083	6	$ 390	2.6%
Hood River	8	$ 160	$ 774	$ 52,094	10	$ 650	1.2%
Jackson	7	$ 140	$ 601	$ 40,430	8	$ 520	1.3%
Jefferson	4	$ 80	$ 292	$ 19,654	5	$ 325	1.7%
Klamath	6	$ 120	$ 452	$ 30,432	7	$ 455	1.5%
Linn	6	$ 120	$ 358	$ 24,083	10	$ 650	2.7%
Malheur	6	$ 120	$ 564	$ 37,938	10	$ 650	1.7%
Marion	7	$ 140	$ 633	$ 42,589	14	$ 910	2.1%
No. Central	9	$ 180	$ 601	$ 40,417	14	$ 910	1.9%
Polk	13	$ 260	$ 1,322	$ 88,965	18	$ 1,170	1.3%
Umatilla	9	$ 180	$ 841	$ 56,578	11	$ 715	1.3%
Union	15	$ 300	$ 666	$ 44,813	15	$ 975	2.2%
Washington	14	$ 280	$ 2,167	$ 145,780	34	$ 2,210	1.5%
Yamhill	6	$ 120	$ 117	$ 7,850	7	$ 455	5.8%
TOTAL	171	$3,540	$14,146	$ 951,766	247	$ 16,055	
		X 4	X 4			X 4	
Annual Rev		$14,160	$ 56,584			$ 64,220	

* Quarterly fees currently levied by Multnomah Educational Services District (MESD); since October 1, 2022 MESD's pricing methodology has been based on a formula that is different from the cost-pool-participant basis used by OHA.

** Projected / potential numbers of members in cost pools in Summer 2024; numbers are based on the highest number of individuals in each LPHA since that LPHA's participation in MAC claiming.

***Figures based on a proposed $65 / cost pool member quarterly charge.

All figures in Columns B – D and I (except for those in the bottom row "Annual Revenue") are actuals, from claims, claim and intergovernmental charge (IGC) invoices, and MESD fee invoices sent to all LPHAs that participated in MAC claiming during Winter (January – March) Quarter of 2023.

Annual Revenue to OHA from IGCs:

- Column C: Projected annual revenue based on actual payments for Winter (1st Quarter) 2023 IGCs
- Column G: Projected annual revenue based on projected enhanced payments, given new billing scheme of $65 charge / cost pool member

Column G: This column shows figures that result from an IGC based on a quarterly charge of $65 per cost pool member—a 325% increase in the current, standard charge of $20 per cost pool member, as applied to potential cost pool numbers (Column F) projected to be attained in Summer Quarter 2024. Color coding has been added to those projected OHA-charged IGCs that would be significantly lower or higher than the quarterly fees currently charged by MESD (Column D, showing fees billed for Winter 2023); projected fees without color coding are those that will be close to the MESD amounts. Those IGCs projected to be significantly lower (i.e. >15% less than the MESD fee) are highlighted in green ; those projected to be somewhat higher (i.e. 25-40% more than the MESD fee) are in yellow ; and those significantly higher (>40% more) are in peach . For example, Baker was billed $116 by MESD for its services in Winter 2023, and will be charged a $325 IGC by OHA for Summer quarter 2024 under the new billing scheme (@$65/cost pool member).

Column H: This column shows for each LPHA the percentage of an amount equal to a recent claim (in this case, the one for Winter 2023 (Column C) that would be charged under the new IGA scheme. For example, given its latest claim of $7,816, Baker's new IGC charge (based on its project Summer 2024 cost pool number) would be an amount equivalent to 4.1% of the claim amount.