



## Senate Committee on Human Services, Mental Health & Recovery

February 17, 2022

Input on HB 4150, Community Information Exchange

Chair Gelser Blouin and Members of the Committee,

Thank you for the opportunity to provide input on [HB 4150](#), community information exchanges on behalf of O4AD – the Oregon Association of Area Agencies on Aging & Disabilities. O4AD’s members provide services and supports for Oregon’s older adults (seniors) and people with disabilities. In Oregon, Area Agencies are providing Older Americans Act services including Meals programs (“Meals on Wheels” and meal sites), transportation, information and assistance and other federally mandated services. We also are the statutory providers of Oregon Project Independence. Area Agencies are a partner in the Aging Disability Resource Connection (ADRC) and Medicaid Area Agencies are providing Medicaid long term services and supports for approximately 60% of the state caseload – a higher percentage of services provided than ODHS Aging & Disability offices. Through this work, we interact with consumers in aging and disabilities every day and work to help them meet needs in medical care, long term care and social determinants of health.

The concept of a community information exchange is not new. This concept is the foundation of the ADRC in Oregon and other states in the country. However, the ADRC provides information, referral, and assistance via trained and certified staff in order that a referral to services is as successful as possible.

As the state considers this model, we would ask that the following issues and concepts be considered:

- **Interoperability.** Oregon is developing a wide number of referral type services including 2-1-1, the ADRC, various hotlines and other referral systems within healthcare networks. How will these systems work together?
- **Revenue models.** We have been aware of the Connect Oregon model coming into the state previously. We are interested in how the Connect Oregon platform has been receiving funds or reimbursement for referrals via Medicaid and Medicare to date and how they intend to capitalize on the referral dollars from these programs in the future via roll out. Will they be working with stakeholders to distribute referral dollars?
- **Impact on the social services network.** If a community information exchange moves forward statewide, and referral to community-based organizations (CBOs) receive a higher load of referrals via the platform, how will OHA be distributing resources to strengthen the service level of these community organizations to meet needs? Will Connect Oregon or any other community information exchange be working with Federal programs to secure reimbursements on behalf of the social services network?
- **Accessibility.** While technology has been far more prevalent in our daily lives via the pandemic, in Oregon we are also acutely aware there are many in our state who have little to no access to technology, to internet-based services or information. With a move to a community information exchange, how will we ensure equitable access to those who do not have the ability to use technology to interact with these platforms?



- **Cost to participate.** Previously when community information exchange platforms have introduced themselves to CBOs in Oregon, it had been indicated there would be fees to participate in the platform. How will costs be allocated and how will increased workload be funded?
- **Standards.** Will there be standards in place around the provision of information, referral and assistance as there are in other referral work being done in the state? ADRC Options Counselors are required to be AIRS certified to provide these services. What will be the performance metrics and standards as a community information exchange is considered?
- **Workgroup representation.** As we consider a community information exchange, representation from aging, disabilities, housing and groups representing people of color need to be included at the table.

We look forward to this conversation as we work together to improve the quality of life and access to care for our state.

Thank you for your consideration.

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