

In 2020, Oregon shifted eligibility determination procedures into a “one stop shop” system known as the ONE System. This was supposed to make things more efficient and easier for Oregonians, but for many the opposite has been true. **Consumers were not consulted about the change and have continually been left out of conversations and plans and updates to the ONE System. Their voice has not just been silenced, it has been completely ignored as if their thoughts on the system - built supposedly for them - doesn't matter. This is not person-centered care.**

**Consumers have continually reported frustration, anxiety, and confusion** working with the ONE System. Examples of issues staff have witnessed repeatedly include:

- Incorrect data is entered into ONE by Virtual Eligibility Center (VEC) staff that do not understand or do not have enough training on the system or technical intricacies of eligibility. **Consumers have their services cut off or are approved for benefits they do not qualify**, requiring local AAA/APD staff to call and tell them information was incorrectly entered and they don't actually qualify for benefits.
- **Consumers wait on hold for hours** to speak to someone in a VEC office about mistakes made in the system affecting their benefits.
- There is **no consistency with who serves the consumer** out of a VEC office, so consumers have to continually repeat themselves and **are made to feel like a number not a person.**

NWSDS and other AAAs in the state have continually run into barriers seeking to address these issues for their consumers. Reports go unanswered. Promised fixes to the system do not happen. **NWSDS has had to create workarounds to address the issues**, which are expected to only get worse with the proposed changes to the ONE System. It is costing both time and money to workaround the system and fix system errors.

**Our Ask:** Delay the eligibility transition to Oregon Eligibility Partnership and develop a plan to shift workflows so that AAAs and APD offices are the only offices that work long-term care (LTC) cases for older adults and adults with physical disabilities.

- All LTC calls to VEC's as well as tasks and applications via the ONE portal be routed to the consumer's local APD/AAA office.
- Add contact information for local APD/AAA offices to any notices sent to LTC consumers.
- Ability for AAA/APD offices to prioritize LTC eligibility above all other eligibility work for other populations processed in ONE.
- Data made available to APD and AAA offices to illustrate current volume of LTC cases and tasks within our service areas.
- System fixes to allow the above to occur. These fixes must include the ability for LTC cases to be held and associated tasks “frozen” and only worked by designated AAA/APD branch serving the LTC consumer.
- System flaws lead to consumers being asked erroneous questions, adding up to 45 minutes to eligibility appointments. The system needs to be fixed so staff are not asking unnecessary questions, wasting the time and energy of both staff and consumers.

Consumers are experiencing unnecessary burden and stress from incorrect denials and approvals within the ONE System caused through virtual eligibility centers.

For Example:

- **75 y/o Yamhill Co. consumer** needing services contacted a virtual eligibility center to start benefits. **Eligibility was denied incorrectly at the virtual eligibility center due to worker error**, no referral was made to the local branch for a Case Manager to assist with services. **NWSDS office was only made aware of need for services due to daughter calling our office directly.** NWSDS Eligibility Specialist and Case Manager are now coordinating to determine eligibility for services in an assisted living facility.
- **97 y/o Marion Co. consumer living in a long term care facility was incorrectly approved for Medicaid by a virtual eligibility center due to worker error.** Consumer was both over resources and over income at time of application. NWSDS was involved due to service need and **Eligibility Specialist at NWSDS noticed error after consumer had incorrectly been on Medicaid for two months.** This situation will need close monitoring and coordination with family due to complex financial situation. **Family needs guidance** on Medicaid rules and processes to ensure consumer is correctly approved for Medicaid when income and resources are within guidelines. Case Manager is also involved and coordinating with the facility. **Situations like this cannot be managed by a self-service portal.** There is a high probability of either incorrect approvals, or incorrect denials without the needed coordination at the local level between staff, consumers/families and the facility.
- **Overcrowded hospitals** have been a real problem since the pandemic began. NWSDS efforts to respond to eligibility requests for consumers needing both long term care and an **eligibility determination ASAP can be hindered due to ONE system and workflow issues.** This can result in consumers being in the hospital longer than they need to be. **For example, our dedicated hospital Eligibility Specialists can be actively working with a consumer/family and workers from other parts of the state, not familiar with the specific consumer situation, will also enter information into ONE. Often incorrectly,** leading to incorrect denials and erroneous mailings to consumers and families. **It is not uncommon for staff to spend hours fixing these errors.**

**The State has a responsibility not only to the consumer, but to the Federal government and tax payers.**

Staff must serve the consumer to the best of their ability and guide them through complicated processes patiently and accurately. For the Legislature, ODHS has a responsibility to implement systems that are efficient, effective, meet Federal Medicaid requirements and serve the consumer. **Currently, the ONE system is not serving consumers and is not effectively using state budget dollars.**