

Ombuds Program Charter

1. Purpose

This charter is an agreement between the Oregon Health Authority (OHA) and the OHA Ombuds Program. This charter:

- Establishes the independence and autonomy of the OHA Ombuds Program;
- Ensures full authority of OHA Ombuds Program to work with and receive information from all OHA programs and Medicaid contractors; and
- Directs Medicaid and other agency programs to collaborate to support Ombuds case work and to formally respond to and address findings from Ombuds program reports.

The OHA Ombuds Program function is to advocate for those eligible for or receiving Medicaid, Oregon Health Plan, and other publicly funded health services. Although not within its legislative mandate, the program seeks to serve as a no wrong door for any individuals seeking support from other Oregon Health Authority or other agency programs. This charter is intended to ensure the OHA Ombuds Program is able to fulfill its purpose.

2. Enabling Legislation and Introduction

Legislation enacted [in 2009](#) required the Oregon Health Authority to provide Ombuds services to recipients of Medicaid. Legislative intent was enshrined in [ORS 414.712](#)

A number of Oregon Administrative Rules establish requirements for Oregon Ombuds in general and the Oregon Health Authority Ombuds in specific including: [OAR 182.500](#); [OAR 410-141-3500 \(52\)](#); [OAR 410-141-3585 \(4\)\(c\)](#); and [OAR 410-141-3880 \(4\)\(d\)](#).

Between October 18th, 2010 and 2018, the Oregon Health Authority employed one Ombuds person in service to Oregon's over one million OHP recipients with no staff.

Legislative funding allowed the establishment of a formal Ombuds Program in December 2018 allowing OHA to better fulfill the requirements of the OHA Ombuds enabling legislation.

3. Responsibilities / Duties / Functions

The OHA Ombuds Program has the following responsibilities, duties and functions:

- Provide advocacy support to and for prospective or current Medicaid recipients and people who receive publicly funded health services;
- Monitor trends identified through Ombuds Program casework and other complaint and client feedback data;
- Ensure OHP member voice is elevated within the agency;
- Ensure the integrity of Ombuds Program case work data;
- Solicit and evaluate agency information about member experience;
- Elevate identified Medicaid / OHP concerns and areas for member-centered improvement prioritizing:
 - Policy, program or practice that (a) has a detrimental impact on priority populations, (b) impacts the majority of the population or (c) that might be understood to cause critical harm to OHP members, the agency or the State and
 - Concerns impacting health equity, access, and quality of services for OHP/Medicaid recipients and / or stewardship of public resources.
- Work collaboratively and the OHA director, leadership, Medicaid and other agency staff to support agency response to Ombuds reports; and
- Provide appropriate supports or / and referrals for others who reach out with other OHA or state government concerns.
- Reports: The OHA Ombuds Program is required to submit quarterly reports with a summary of services provided to the Governor, the Oregon Health Policy Board, the Medicaid Advisory Committee and the OHA Director. These Quarterly Reports include:

- Ombuds case volume data and primary reasons for client contact with the Ombuds program.
- Annual reports in addition identify trends from Ombuds and other complaint and client feedback data and include Ombuds recommendations for improving (a) select access to or quality of care issues and (b) Ombuds Program services.

4. Oregon Health Authority Commitments to the Ombuds Program

- Review and respond to OHA Ombuds Program recommendations;
- Center clients served by OHA in decision making processes, continuous process improvement and transformation;
- Respond to Ombuds Program requests for data and information related to client cases and potential trends;
- Protect the right of internal staff and external partners including clients, agency staff, providers, OHA contractors, community partners or CCOs to bring issues or data to the attention of the Ombuds program without fear of retaliation;
- When necessary, ensure the Ombuds Program receives responses to its requests for client and system specific information from contractors that receive Medicaid funding and
- Request appropriate funding from legislature that allows OHA Ombuds Program to fulfill its enabling legislation.

5. Statement of Core Program Charter Principles

Independence

The OHA Ombuds Program is independent from compliance, providers, contractors, Medicaid Operations, and any other part of the Oregon Health Authority.

Person Centered Advocacy

The OHA Ombuds Program's enabling legislation establishes the OHA Ombuds as advocates for those served by OHP and Medicaid. On behalf of the clients who seek Ombuds assistance and the many others each story represents, the program challenges the status quo within Medicaid and publicly funded service provision when it's needed.

Advancing Health Equity

The OHA Ombuds Program seeks to ensure that anyone who needs OHA Ombuds advocacy can receive it and be treated fairly regardless of their culture, ethnicity, gender, sexuality, communication styles, language, disability, age or religion. We understand many more barriers exist for populations harmed by historical and contemporary injustices and, when indicated, prioritize our services to respond to this population's needs.

Accountability

The OHA Ombuds Program has clearly stated aims and objectives and is accountable to (a) those who reach us and the public to advocate for Oregon Health Plan and Medicaid system improvements and to share our reports publicly and (b) the Oregon Health Authority for the integrity of our data and our work.

6. Jurisdiction: Authority and Limits

OHA Ombuds Program has authority to:

- Advocate for all who are eligible for or recipients of Oregon Health Plan and Medicaid services;
- Request and receive any information related to Medicaid and OHP services and client care from inside the agency and from any contractor or other state agency which accepts Medicaid funding;
- Request Oregon Department of Justice opinions about Medicaid and Ombuds policy and program when indicated;
- Initiate informal and formal inquiries about topics such as information OHA receives, compliance activities, and agency response to Ombuds recommendations;
- Suggest and advocate for changes that improve the ability of the program to fulfill its statutory obligation; and
- Request formal response to Ombuds recommendations from Medicaid Operations and Oregon Health Authority leadership.

The Ombuds program can recommend compliance review and action, request updates about what steps compliance has taken, report compliance activity recommendations to leadership but is not a compliance entity and does not have authority with regard to:

- Medicaid or agency compliance;
- Policy implementation other than policies the Ombuds program is required to implement;
- Providing or receiving legal notice for the Oregon Health Authority;
- Providing legal advice;
- Representing clients in an Administrative Law Judge hearing process;
- Human Resource response to concerns about agency staff; and
- Directing specific outcomes for clients or specific actions that agency or Medicaid contractors must take.

7. Evaluation

The Ombuds team will gather periodically to review and evaluate Ombuds work and report findings to the Medicaid Advisory Committee. The evaluation will include:

- Caseload, caseload per Ombuds, complexity of cases and an assessment of work with other agencies to resolve client cases.
- The identification of communities from which the Ombuds would like to hear more and the creation of plans for how best to reach those communities.

Every year the Ombuds team will review the status of the recommendations it has made and, with input from MAC, renew or modify any recommendations needed to ensure timely and appropriate response.

8. Amendment / Revocation of Charter

The Medicaid Advisory Committee is tasked with bi-annual review of the OHA Ombuds Program charter with intent to:

- Ensure the charter provides appropriate directive for advocacy oriented Ombuds services to OHP and Medicaid recipients and
- Make any changes required by Legislation.

This Charter was received by the Medicaid Advisory Committee on

October 31, 2024 (date) and approved by the MAC on October 31, 2024 (date).

Printed Name and Signatures of MAC Co-chairs

Printed Name: Heather Jefferis

Signature: 

Date: 11/11/2024

Printed Name: Caroline Barrett

Signature: CMFB

Date: 11-13-24

We hereby recognize OHA receipt of and agreement with the OHA Ombuds Program Charter as recorded on October 31, 2024 (date).

Sejal Hathi 
Oregon Health Authority Director

Date: 11/8/2024

Sarah Dobra 
Ombuds Program Manager

Date: 10/31/2024