

Care Coordination Monthly Webinar

March 16th, 2022



Agenda

1. Welcome and Agenda Review (2:00-2:03)
2. Vital Decisions- An Advanced Care Planning Organization for Members with Oncology or cardiovascular diseases. A new program by NCH (2:03- 2:20)
3. UM IAMHP Presentation (2:20-2:50)
4. COVID/FLU Updates (2:50-2:55)
5. Care Coordinator Spotlight (2:55)
6. Resources and Reminders (2:55-3:00)





Presenters

- Dr. Monica Soni– **ASSOCIATE CHIEF MEDICAL OFFICER AT NEW CENTURY HEALTH.**
- Melissa Al-Ahmadi– **UM-CM LIASION FOR COUNTYCARE.**

New Century Health Drives Cost and Quality Improvement in Oncology and Cardiology

An Aligned Payer Partner

12M+ Members

3M+ Full Risk Members

95% Cancer Costs Addressed

In Deep Collaboration with Providers

10K+ Oncology Providers

1,600 TINs in NCH APMs

70% Providers prefer NCH to similar UM solutions*

*NCH 2020 provider satisfaction survey results

With High Quality Care at the Center

3 Scientific Advisory Boards

99% Tumor Type Pathways

80% Provider Adherence to NCH Pathways

Representative Partners

Humana

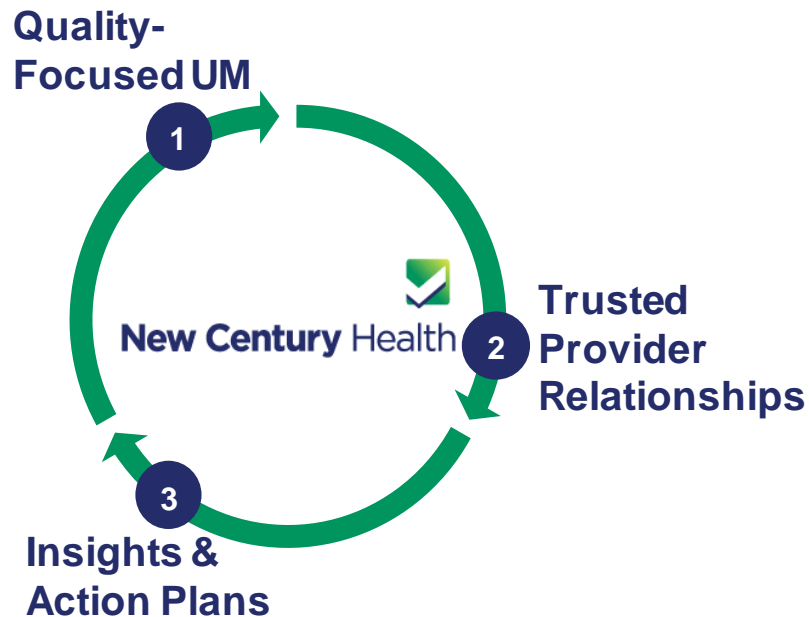
Devoted
HEALTH PLANS

Simply
healthcare

CONVIVA
Care Solutions

aetna

New Century Health Model



NCH Differentiation

- 1** Our **comprehensive, proprietary clinical pathways** change provider practice patterns, deter clinically inappropriate services, and prevent downstream events. We guide the user to the most appropriate choice rather than a path that leads to a denial
- 2** Our **physicians and clinical staff build deep, quality-first relationships with practices** based on holistic conversations to manage overuse, misuse, and underuse; leads to more appropriate practice patterns
- 3** Our **analytics suite leverages 20 years of experience** managing oncology risk to identify the highest-impact performance initiatives. Market-dedicated med econ staff further surface and vet performance opportunities

CountyCare

Medicaid MCO

Evolut Health

CountyCare Population Health Partner

New Century Health

Vital Decisions

- Manages cardiology, oncology, and imaging services for CountyCare (prior auth, cost savings initiatives, provider representatives)
- Holds financial risk for cardiology and oncology services at CountyCare

Evolut Health Services

- Provides claim payment services for CountyCare
- Supports medical management services such as inpatient utilization management, population health, and network operations

VITAL DECISIONS- A new program by NCH



New Century Health

Vital Decisions Training Session

March 2022

AGENDA

Importance of Advance Care Planning

Introduction to Vital Decisions

CountyCare Roll-Out

Importance of Advance Care Planning

An Imperative to Close the Gap

The experiences that seriously ill and dying people and their families **want** are almost the opposite of what they receive



Most Americans want to:

- Age well and live independently.
- Die at home with family present, if possible.
- Have our pain and symptoms controlled.
- Have our wishes honored.
- Be treated as a whole person with appropriate support.
- Know that friends and family members important to us will be cared for.



Instead:

- Approximately two thirds of us die in hospitals or nursing homes.
- The hospitalized are isolated in ICU for long periods of time.
- Many are unconscious for hours or even days before their deaths. Of those who are conscious, the majority report experiencing pain.
- Families are devastated emotionally and financially.



Critical to close this gap due to:

- Aging of the population.
- Increased family caregiving (29% of US population).
- Increase prevalence of multi-morbidity of chronic conditions, including cognitive impairment.
- Rising cost of care.

<https://www.cdc.gov/training/ACP/Resources.pdf>

Importance of Advanced Care Planning

Evidence-Based Benefits of Advance Care Planning

Patient-Centered

- Facilitates meaningful conversations with patients about their value-system and wishes
- Increases delivery of goal-concordant care
- Prevents unwanted hospitalizations
- Improves quality of life

Cost-Saving

- Increases use of palliative and hospice services
- Lowers the number of hospital admissions and length of hospital stays
- Decreases in-hospital and intensive care unit deaths
- Reduces cost of end-of-life care (without increasing mortality)

Supports Loved Ones & Caregivers

- Reduces the decisional burden for families
- Improves the bereavement experience
- Lowers stress, anxiety, and depression after a loved one's death
- Enhances families' satisfaction with end-of-life care

Death with Dignity

- Lessens the use of aggressive or intensive treatments at the end of life
- Allows proactively arrangement of care for patients near end of life
- Increases the probability that patients can die in their preferred place

Introduction to Vital Decisions

As a leading provider of advance care planning telehealth services, Vital Decisions plays a critical role in the end-of-life care continuum

Advance Care Planning (ACP) is the ongoing discussion and documentation of a patient's goals, values and preferences for care - ensures that individuals receive the care they want, alleviates stress for families and care teams, and reduces the cost of unwanted care

WHAT

Provide Specialist-Guided Advance Care Planning (ACP), including:

- **Advance Directive** – Options, Importance and Process for Completion
- **Health Care Proxy** – Role, Criteria for Selection and Communication
- **Palliative Care** – Education and Shift Points
- **Hospice Care** – Education and Shift Points
- **Medical Orders** – Purpose and Process for Completion

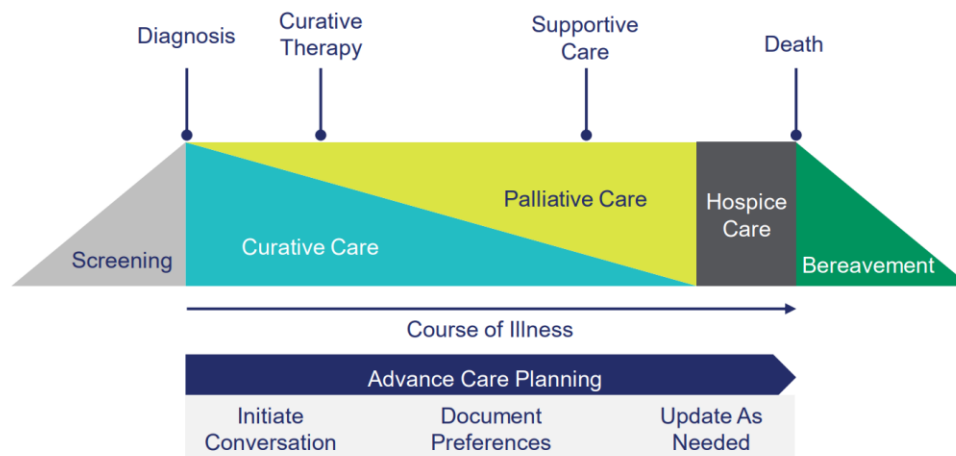
WHO

Members with serious illness in their last 12-24 months of life using Vital Decisions' predictive analytics (Vital Mortality Model)

HOW

Specialized behavioral health professionals use motivation interviewing to elicit and document patient preferences and care goals

Role of ACP in the End-of-Life Care Continuum



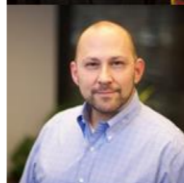
Introduction to Vital Decisions

Vital Decisions: Highly-Trained Behavioral Specialists Empower Members by Eliciting and Documenting Their Goals and Preferences for Care



100+ Behavioral Health Specialists

- Master level professionals – e.g., Social workers, Counselors, Marriage & Family Therapists
- Trained in Motivational Interviewing
- Multi-lingual & multi-cultural
- Unmatched quality monitoring by dedicated coding team



85%

Of eligible patients introduced to the program chose to enroll

Current State Results

80%

Complete Advance Directive and/or select health care proxy

3.6x

More likely to elect hospice care compared to controls*

23%

Fewer inpatient admissions compared to controls*

24%

Reduction in total cost of care in the last 6 months compared to controls*

*Results from matched comparison study of 2,606 decedents over 2.5 years

CountyCare Roll-Out

Demonstration Project

- April 2022, Vital Decisions will begin working with CountyCare patients
- Program is no cost to patients or providers
- Practices can opt a patient in or out as can CountyCare Care Management
- Vital Decisions specialists will discuss patients' goals of care and wishes by phone and video and help interested patients complete an Advance Directive
 - They will facilitate linkages requested by the patient such as palliative care
 - They will NOT offer clinical care or mental health counseling
- Completed Advance Directive will be shared with treating practitioners with patient's consent

CountyCare Roll-Out

NCH Patient Identification Criteria

In addition to population identified by the Vital Decisions algorithm, will also flag patient using NCH authorization data:

- Patients with heart failure with reduced ejection fraction < 40%
- Patients with coronary artery disease with invasive intervention (e.g., PCI, device implantation) or surgery
- Patients with oncologic diagnosis

Highest volume practices include:

- Rush
- University of Chicago
- Presence Healthcare/AMITA
- Northwestern
- University of Illinois

Who to Contact

Contacts

- Need to refer someone into the program? Email CMreferrals@vitaldecisions.net
- Existing participant with a question? Connect member to Vital Decisions Specialist: 1-800-301-3984
- Your Oncology New Century Health Population Health Manager,
Latonia Bradshaw:
lbradshaw@newcenturyhealth.com
562-237-3419
- Your Cardiology New Century Health Population Health Manager,
Precious McClendon:
pmcclendon@newcenturyhealth.com
562-237-8962




Utilization Management: Information You Can Use

CountyCare
March 16, 2022



CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

CountyCare
March 16, 2022



CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Objectives

1. Discuss the Medical/BH Prior Authorization process and the associated benefits
2. Review the frequently asked questions by Care Managers/Coordinators about the Prior Authorization process
3. Identification of the most useful resources in Utilization Management

Utilization Management

- What is Utilization Management?
 - Process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis.
- Right Service – Right Location – Right Time
- Efficiency, Quality, Appropriateness

Utilization Management

- What are the Benefits of UM?
 - Promotes health care quality
 - Enhances efficiency of health care delivery
 - Improves patient outcomes
 - Reduces length of stay and increases provider capacity
 - Facilitates care coordination
 - Decreases fraud, waste, abuse

Primary Functions of Utilization Management

Intake

- Receive requests via portal, phone, fax or mail
- Create authorization in system
- Set up peer to peer request

Authorization

- Completed by RNs, LVNs and BH Clinicians (LCSW, LCPCs)
- Review clinical information provided against medical necessity criteria, medical policy & coverage guidelines.

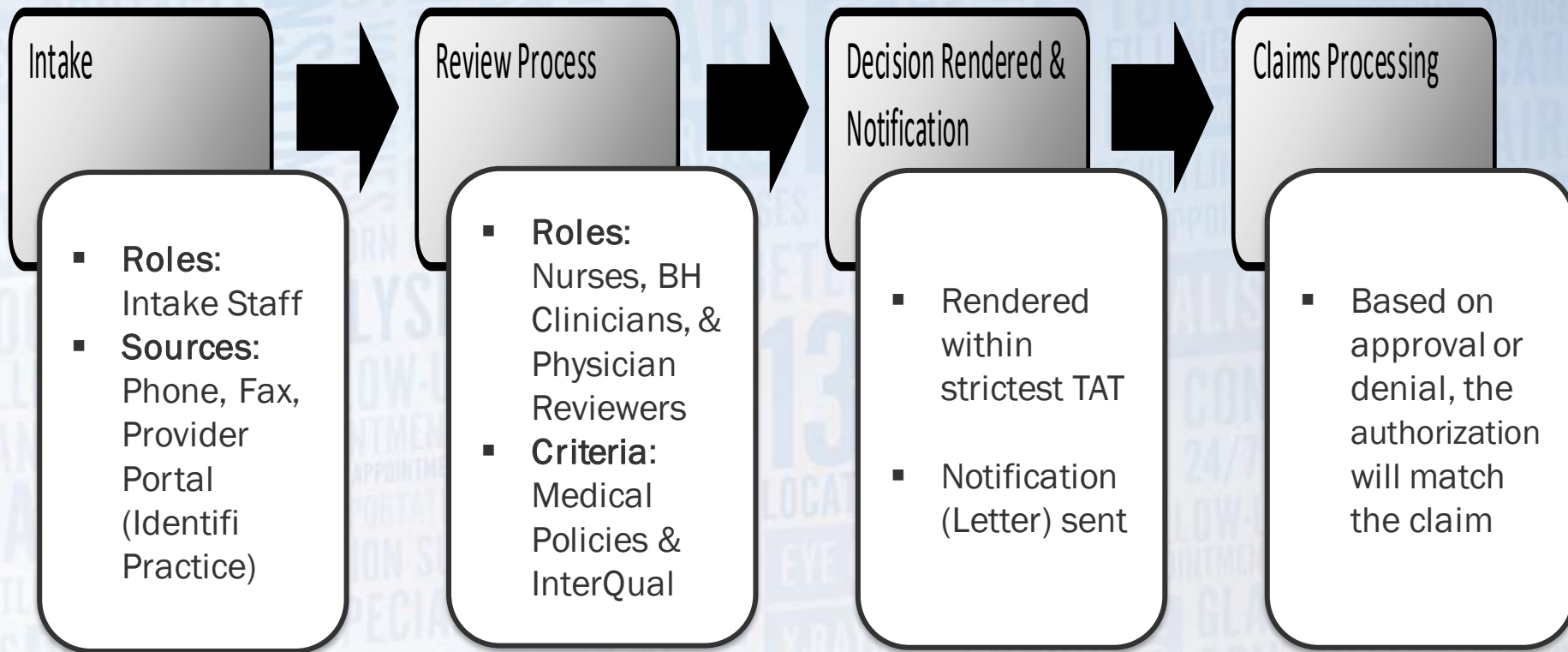
Partnership

- Collaborate with provider to obtain additional information
- Support discharge planning
- Identify and support smooth transitions of care

Determinations

- Approve services for necessary care
- Medical Director renders adverse determinations when clinician is unable to approve.
- Dedicated team of clinicians to write denial rationales and letters

UM Process



UM Turnaround Timeframes

UM	
Request Category	Turnaround Timeframe
Non-Urgent Pre-Service	4 Calendar Days
Urgent Pre-Service	2 Calendar Days
Concurrent	2 Calendar Days
Retrospective	30 Business Days
Peer-to-Peer	Request within 2 Business Days from Date on Adverse Determination Letter

Peer to Peer Process

- Request by calling 1-855-444-1661 within 2 business days of the date of the adverse determination letter
 - **During Business Hours (M-F 8am-5pm Central)** Select option 4 to reach UM
 - **After Business Hours (Weekdays after 5pm or all-day Weekends/Holidays)** Select option 5, then 1 to leave message for on-call nurse.
- Provide this information to UM Intake staff when making request:
 - Facility Physician Name
 - Facility Physician Direct Ph#
 - Best dates/times for UM Physician to call for P2P*

**UM will attempt to make calls during requested times but may not always be able to do d/t logistics and workloads.*
- Intake staff will take request and notify the appropriate staff

Peer to Peer Process

- UM Physician will outreach to Requesting Physician
 - If unable to reach on 1st attempt, the Medical Director will attempt to leave a voicemail requesting a return call back. If a message can not be left, then the Medical Director may make an additional attempt within 24 hours.
- UM will notify the provider of decision via phone
 - In most instances, the UM Physician will notify of decision during P2P call.
 - If unable to provide decision during P2P call, the provider will be notified by an UM Staff member by phone after a decision is rendered.
 - A new letter will be issued if the denial is overturned by the P2P.

Appeals Process

- Request within sixty (60) calendar days of date on the Adverse Determination Letter
- Accepted via fax, phone or in writing
- If via phone, written signed appeal request is needed

CountyCare
Grievance and Appeals Department
P.O. Box 21153
Eagan, MN 55121
Phone: 1-312-864-8200 or 1-855-444-1661 (toll-free) or 711
TDD/TTY
Fax: 1-866-200-5031

Appeals Process

- When filing an appeal, please include all necessary paperwork:
 - Clinical notes & documents
 - If filing on behalf of a member
 - CountyCare Authorized Representative Designation (AOR)

Helpful Tips for Successful Appeals

Appeals Process – Turnaround Time Frames

Appeals	
Request Category	Turnaround Timeframe
Standard Pre-Service	15 Business Days
Standard Post-Service	30 Calendar Days
Expedited	24 Hours
External	15 Calendar Days

When to Contact Utilization Management

- To confirm receipt of Prior Authorization request for medical or behavioral health services or treatments
- To confirm the decision (denied/approved) rendered by UM on a Prior Authorization request sent by provider
- To confirm discharge dates from inpatient facilities or obtain discharge notifications received from provider
- To obtain additional clinical information regarding a referral sent to CME about member care needs
- To gain education on peer-to-peer review or appeals process and status

How To Submit A Request

- Fax
 - Medical Outpatient 1-866-209-3703
 - Medical Inpatient 1-800-856-9434
 - Behavioral Health/SUD 1-800-498-8217
- Phone
 - Medical & BH/SUD: 312-864-8200 711 TTD/TTY Option 4
- Provider Portal
 - Available to in-network providers
 - SSO platform
 - Real time approval for certain services
 - Book view of InterQual criteria

CPT Code Look Up List

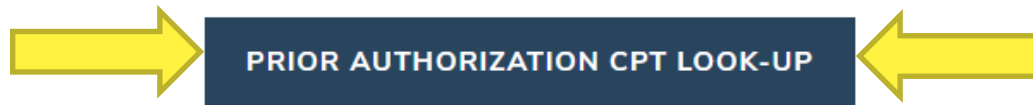
<https://countycare.com/providers/prior-authorizations/>

Most up to date CPT code checker list is received by clicking Big Blue button =
PRIOR AUTH CPT LOOK-UP

**Some services require prior authorization from
CountyCare for reimbursement to be issued to
the provider**

All out-of-network services require prior authorization except for Emergency Care and Family Planning Services. [Click here](#) for a list of all services requiring prior authorization.

Questions? Call the CountyCare Medical Management and Prior Authorization
Department at 312-864-8200 / 855-444-1661.



CPT Code Look Up List

Once you download Excel doc, the top of the CPT Code List highlights reminders for services that will require authorization

“Yes” in *Is PreAuth Required* indicates a prior authorization is needed for any INN provider for that specific code.

<p><u>KEY LOOKUP INFORMATION:</u></p> <p>*** Any services related to any type of inpatient confinement require authorization</p> <p>*** Any services rendered by a non-contracted provider require authorization <i>unless</i> related to emergency services</p> <p>***All DME Rentals (regardless of purchase price) require authorization</p> <p>***Elective cardiology or oncology service authorizations FOR PATIENTS 18 AND OLDER should be requested and performed by specialists within New Century Health scope. Submit requests via NCH Portal - https://my.newcenturyhealth.com/ or call 888-999-7713 if more details are needed.</p> <p><i>**Changes Effective 10/1/21 in orange.</i></p> <p>TO SEARCH FOR A CODE: Hit CTRL+F keys on your keyboard then type in the code or keyword.</p>				Effective Dates	Auth Required	Notes; Frequency/Quantity Limitations; Age Limitations				
				Updated 2/10/22						
Code Tr	Code	Description	Effective Date	Term date	Is Preauth. require	Additional Parameters	Max Qt	Max Da	Min Age	Max A

Updated 2/10/22

UM Frequently Asked Questions

Frequently Asked Questions by Case Management regarding UM processes



UM Frequently Asked Questions

- UM **does not** have open access to Provider's EMRs (electronic medical records)
- Clinicals are only what is **specifically given to UM in by providers** when requesting authorization
- UM is **not** able to access systems that show which TOC/Care Coordinator/CM is outreaching or assigned to a member
- UM-CM Liaisons and Managers have access to Collective Medical Portal

What Clinical Documentation Can UM Access?

UM Frequently Asked Questions

- **NO PA—**
 - Emergency Dept. visits with INN or OON providers
 - Any services or hospital stays with **Gold Card Providers**—Stroger Hospital or Provident Hospital
- **YES PA--ANY** service with an Out-of-Network (**OON**) or non-contracted provider


***Which Services
Require Prior
Authorization
(PA)?***

UM Frequently Asked Questions

- See Provider Manual (pg 31+) or CPT Code Look-Up List for full list of services requiring Prior Authorization

Which Services Require Prior Authorization (PA)?

UM Frequently Asked Questions

- **Pharmacy Vendor—**  Prior Auth review for medications that member picks up at pharmacy to take at home.

- **Vision/Dental Vendor—**  Prior Auth review for Vision Exams/Eyeglasses (Optician Visits) or Dental Care

****Medical Visits to Eye Specialists are reviewed by Evolent UM team*

Who do I contact for Pharmacy, Dental or Vision authorizations?



UM Frequently Asked Questions

Ask for a copy of UM to CME FAQ

Contact both UM-CM Liaisons via email or phone **(Do NOT give to Members):**

Melissa Al-Ahmadi (MHN, DSCC, Access)

MAI-Ahmadi@evolenthealth.com

Sharon Harris (CCC, Health Plan, or LTSS)

SLHarris@evolenthealth.com

What if I have other questions about UM?

UM-CM Liaison Role

- We have **two** UM-CM Liaisons for CountyCare- Melissa Al-Ahmadi and Sharon Harris.
- UM-CM Liaisons are UM staff and work to assist assigned case managers from CMEs (Case Management Entities) to remove barriers to the PA process (Medical/BH Services)
- UM-CM Liaisons also coordinate with providers, as needed, to assist with the PA submission process, including:
 - Answering questions on the overall PA process for medical or behavioral health services
 - Assisting with connecting providers to TOC (Transition of Care) contacts or the member's assigned CME
 - Assisting with authorization elements to include Single Case Agreements (SCAs)

UM-CM Success Story

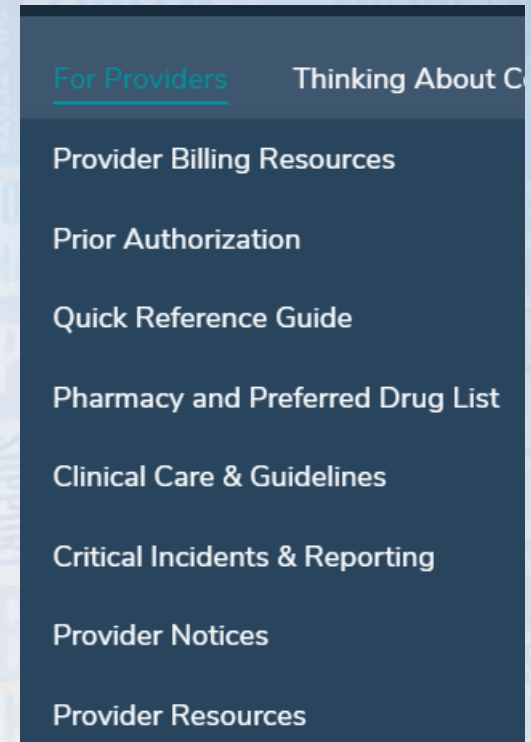
- 60-year-old member in Long Term Acute (LTAC) facility for respiratory failure—on Vent with g-tube and wound care.
- **Barriers to discharge**—the facility discharge planner was unable to reach (surrogate decision maker) to authorize peg placement surgery & subsequent approval for VENT SNF as the transition plan
- UM-CM Liaison researched past records and was able to provide CME & LTAC with an alternative contact number for son.
- As a result of the UM-CM Liaison involvement, the provider was able to get the surgery authorized and performed. This expedited the appropriate discharge to the next level of care, preventing a longer length of stay after the member was medically appropriate for discharge.

Provider Relations

- Provider Relations representatives are assigned by hospital systems, health care organizations and specific provider types
 - Provider assignment details are available on CountyCare's [website](#).
- If you're unsure which PR Representative works with a specific provider, please contact ProviderServices@countycare.com and they will connect you with the appropriate Provider Relations representative
- Additional resources available under [Provider Resources](#) on CountyCare's website

CountyCare Website

- www.countycare.com
- CPT Code Look Up List
- Provider Notices
- Prior Authorization Forms and Contact Information
- Provider Manual
- Clinical Practice Guidelines & Policies
- Search for In-Network Providers



SUMMARY

1. Utilization Management can assist with promotion of a better quality of care for members and help ease the burden of providers
2. By Identifying and eliminating common mistakes, we can work to improve the UM process and make it less confusing
3. The Provider Relations Team can assist with many UM concerns
4. CountyCare is here to help make the UM process more efficient and promote a seamless process from beginning to end

Questions and Answers



Tools and Resources

- CountyCare Website
 - <http://www.countycare.com/>
- Member Handbook
 - <https://countycare.com/members/member-handbook/>
- Care Coordination Resources
 - <https://countycare.com/providers/care-coordination/>
- CPT Code Look Up
 - <https://countycare.com/providers/prior-authorizations/>
- Provider Manual
 - https://countycare.com/wp-content/uploads/2021_CountyCare_Provider_Manual_Digital.pdf



Thank you!

CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN



Thank you!

CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

COVID-19 Updates



COVID-19 Updates

COVID-19 Case Overview (3/2/2022)		Vaccination Overview (3/2/2022)**	
# Cases	46,111 (13.7% increase)	# only 1 dose*	30,396 (7.92% of vaccine-eligible members)
# Deaths	286 (4.38% increase)	# fully vaccinated	174,810 (45.7% of vaccine-eligible members)

*where 2 doses are needed

**vaccine rates now includes 12–16-year-olds (5+ will be included moving forward)

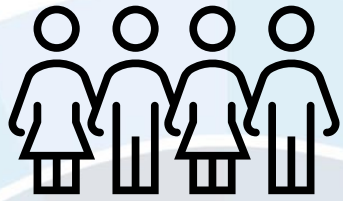
Over 17,000 members became fully vaccinated since 9/13/21!
CountyCare is the MCO with the most members vaccinated!



FREE AT HOME COVID TEST KITS

- The Federal government have provided a program for free at home covid test kit for families.
- Every home in the U.S. is eligible to order #4 free at-home COVID-19 tests. Orders will usually ship in 7-12 days. Order your tests now so you have them when you need them.
- Members can make order via this website (COVIDtests.gov - Free at-home COVID-19 tests)
- For those that may need help placing an order for your at-home tests. They can Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).





COVID Vaccines for Children

- CDC recommends **everyone ages 5 and older** get a **COVID-19 vaccine**
- **Pfizer** authorized for children ages **5-11** and **12-17**
- **Where** can children be vaccinated? Pediatricians' offices, hospitals, pharmacies, community events, and dedicated CPS, CDPH clinics, and CCH sites
- At most vaccination locations, **parents must accompany the child**. Exceptions include CPS school-located vaccination clinics, school-based health centers, and some healthcare providers with signed consent forms from a parent or guardian.
- **2,200 providers** in Illinois have registered to administer the vaccines to children
- **Chicago Residents:** All 5-to-11-year-olds will be eligible for a **\$100 incentive** when receiving their primary vaccine doses at a CDPH- or CPS-hosted event
- For more information for Chicago: <https://www.chicago.gov/city/en/sites/covid19-vaccine/home/for-youth.html>
- **Cook County Residents:** Cook County Health will begin offering the Pfizer COVID-19 vaccine to current patients ages 5-11 on Friday, November 5. Patients can walk-in to any CCH site to get vaccinated or make an appointment by calling 833-308-1988 (Monday through Friday 8:00 am – 8:00 pm) or visiting vaccine.cookcountyil.gov
- For more information for Cook County: MyShotCookCounty.com



Vaccination Locations Updates

IL has entered Phase 2. All Illinois residents **age 5 and older** are eligible for the vaccine. Some members may be eligible for a [booster dose](#).

Chicago

- Make an appointment by phone (in home or at a site): **312.746.4835**
- Make an appointment online: www.zocdoc.com/vaccine
- Find a Vaccine: <https://www.chicago.gov/city/en/sites/covid19-vaccine/home/vaccine-finder.html>

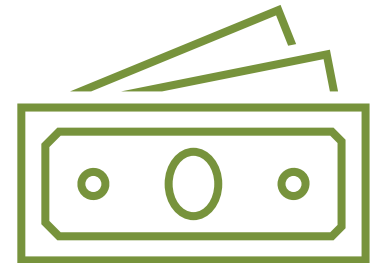
Suburban Cook County

- Make an appointment by phone: **833-308-1988**
- [Make a vaccination appointment](#)
- [Find a vaccination location](#)
- [Request in-home vaccination](#)
- [Request a vaccine team for an event or workplace](#)



City of Chicago Vaccine Incentives

- City of Chicago is offering **\$100** to residents who receive the vaccine at a vaccination event or in home (all residents are eligible for in home vaccinations) > \$50 per shot for two dose Pfizer or two \$50 cards for Johnson and Johnson
- Find a Vaccine Event:
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/calendar-of-events.html>
- For In Home Vaccine: Call 312-746-4835 or go to
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/in-home-vaccination-program.html>



CountyCare COVID Vaccine Reward

- What is the reward?
 - Members who receive their **first of two doses or single dose after 8/1/2021** will receive **\$25 on their OTC Reward Card**
- How and when do they get their reward?
 - If the member has an active OTC card, the funds will automatically load to their OTC Reward within **30-45 days**
 - If the member does not have an OTC card, an OTC card will be mailed to them with 30-45 days
 - Ensure we have member's preferred mailing address on file
- How do members check their OTC Reward Card balance?
 - Members can check their OTC reward card by calling 312-864-8200 or going online to www.MyOTCCard.com



COVID19 Vaccine for Pregnant Members

COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.



- ❖ CDC recommending COVID19 vaccination for pregnant and breastfeeding people (*including booster*)
- ❖ Care Coordinators: Encourage pregnant members to get vaccinated

Flu Shots

- CountyCare will launch flu text campaign November 2021 through March 2022

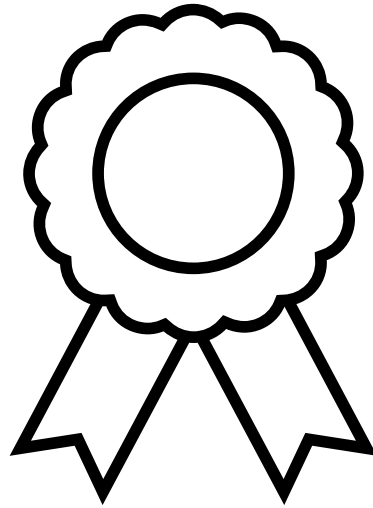
Hello from CountyCare. This year, flu shots are more important than ever. Because of COVID-19 it's extra important to help protect ourselves & others from respiratory diseases like the flu. To find a no-cost flu shot location, click <https://openenrollment.medimpact.com/#/web/ccx/dashboard> Children 18 and younger must get the flu shot from their doctor.

Hello from CountyCare. Last year the seasonal flu shot prevented an estimated 5.3 million illnesses! That's why doctors recommend flu shots for everyone over 6 months old. Have you received your flu shot this year?
Reply YES or No

- Reminder: Flu and COVID Boosters can be given at the same time

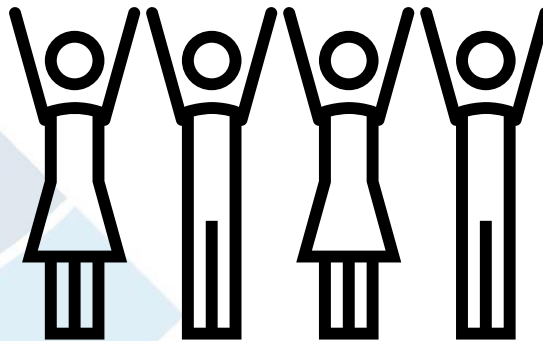


Care Coordinator Spotlight

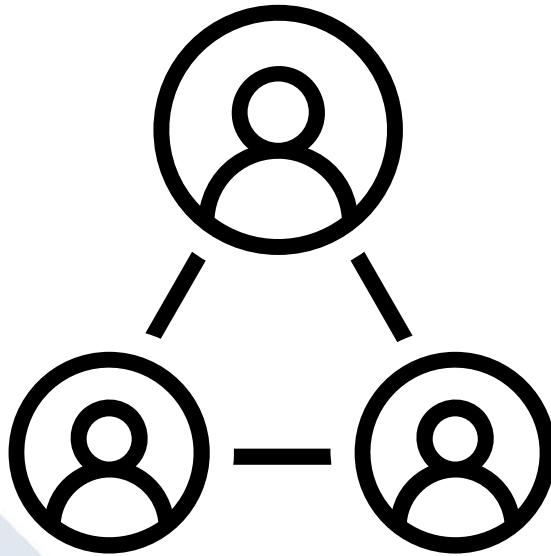


Care Coordinator Spotlight Reminder

- Please email nominations to:
oluwatobi.oyeniyi@cookcountyhealth.org
- If you have been nominated, I will reach out to you prior to the webinar



Resources & Reminders



Community Resource Spotlight:

OAK PARK HOUSING AUTHORITY

- OPHA's HCV waiting list opened March 14, 2022
- The Oak Park Housing Authority (OPHA) will open its Housing Choice Voucher (HCV) waiting list. The OPHA will be accepting pre-applications to add 150 new households to the HCV waiting list. These 150 households will be selected at random from all pre-applications received during the period the waiting list is open. To facilitate the random selection process, pre-applications will only be available and can only be submitted electronically through the OPHA online portal.



OAK PARK HOUSING AUTHORITY

- **Where can I get a pre-application and where can I apply?**

The process have been streamlined, so you can do everything in a simple 10minute visit to the pre-application portal located on the front page of our website.

You will be able to access, complete, review and submit your pre-application through this portal. There's active "APPLY NOW" link will be prominently displayed on our website's home page when the waiting list opens.

Simply click on the "APPLY NOW" link and you will be taken to our pre-application portal where you will be asked to create an account and then complete, review, and submit your pre-application. That's all there is to it! You will also receive an email confirmation of your online submission. Please note that the "APPLY NOW" link will not be accessible until the waiting list opens on March 14, 2022 at 8:30 am.

- **I see the waiting list will be open for 12 days. Are my chances for being added to the waiting list greater if I apply on day one vs. day five?**

No. This isn't like the airlines where being the first one to check in gives you a greater chance of getting the seat you want. Because of our random selection process, you can apply at any time on any day during the open waiting list period. Each and every eligible pre-application submitted during the open waiting list period is included in the random selection.

- **Can I come to the OPHA office to apply?**

No. Due to COVID our office will continue to be closed to the public and walk-in traffic during the opening of the waiting list. Applying online is the easiest, quickest, and most efficient way for you to apply.



OAK PARK HOUSING AUTHORITY

- **Am I income-eligible to apply?**

Your eligibility is based on your annual income and household size. If your household annual income is at or below the income limits listed below, you are eligible to apply.

NUMBER IN HOUSEHOLD							
1	2	3	4	5	6	7	8
32,550	37,300	41,950	46,600	50,350	54,100	57,800	61,550

OAK PARK HOUSING AUTHORITY

- **What if I don't have a computer?**

Not a problem. The OPHA's pre-application portal is designed to work with a variety of electronic touch-screen devices including tablets and cell phones. The online portal is secure, so you don't need to worry about using a friend's or family member's device to apply.

- **Due to special circumstances, I believe I will need a reasonable accommodation and assistance in filling out the online pre-application. Where can I find that assistance?**

If you are a person with disabilities or elderly and require a reasonable accommodation and assistance in completing the online pre-application, you can call our special assistance phone line at 708-386-1464, M-F, 8:30 am to 5:00 pm between Monday, March 14, 2022, 8:30 am and Friday, March 25, 2022, 3:00 pm. Our special assistance team will schedule an appointment (lasting approximately 30 minutes) for you at a later date and time during the open waiting list period to help you complete and submit your online pre-application.

In addition, you will find a list of our outreach partner organizations at the bottom of this page. If you are affiliated with any of these organizations, they may also be able to provide assistance to you.

- **Does the OPHA give preferences?**

- Yes, the OPHA gives preferences to very low-income households who are:
- Legal residents of Oak Park; or
- Currently employed 30 hours or more per week in the Village of Oak Park; or
- Hired to work 30 hours or more per week in the Village of Oak Park



ANNOUNCEMENT - CCH Patient Signage and Wayfinding Survey

- Members empaneled to CCH Professional Building or Stroger Hospital
 - Assist in completing survey:
- **English:**
- **Signage and Wayfinding Survey**
- <https://forms.gle/AdCQrfEgeDy8Xcgd7>
-
- **Spanish:**
- **Encuesta sobre señalización e indicaciones de orientación**
- <https://forms.gle/jf1YRjJjNq8cMzY86>

Tax Assistance Programs

Tax Filing Season will open on January 29, 2022.

The City of Chicago is committed to ensuring that hardworking Chicagoans can access FREE tax services to file their returns and claim their tax refunds. The City of Chicago works with its nonprofit partner, Ladder Up, to offer free tax help throughout the tax season and at various points in the off-season.

INCOME LIMITS:

Ladder Up's Tax Assistance Program (TAP) sites serve families earning up to **\$58,000** and individuals earning up to **\$32,000** per year.

Make an Appointment starting on January 05, 2022!

[Click Here to Make an Appointment Today](#) or call (312) 588-6900

For more information:

Taxprepchicago.org

<https://www.goladderup.org/our-services/tax-assistance/>

Locations: Hermosa, Melrose Park, Pullman, South loop, Englewood, Cicero, etc.



Homeless Prevention Resources

Financial Assistance & Emergency Shelter

- **Who?** Suburban Cook County residents & City of Chicago residents
- **What?** Help with mortgage, rent payments, rent deposits, utility payments, other housing issues, or emergency shelter
- **How?** Call the Homeless Prevention Call Center or visit <http://www.suburbancook.org/emergency>
 - Suburban Cook County: (877) 4-COOK-15 or **(877) 426-6516**
 - City of Chicago: **311**
 - Outside of Chicago: **(312) 744-5000**
 - Listen closely to prompts to choose the kind of help that is needed

Food Access

- **Who?** The Greater Chicago Food Depository and school districts throughout Cook County suburbs are providing meals to families in need
- **What?** Pre-packaged boxes of groceries
- **How?**
 - **School districts offering food assistance-** <http://bit.ly/CookCountyMeals>
 - Download this list of [South Suburban Food Pantries](#).

Community Resource:

Winter Weather Home Assistance

- **CEDA** (Community and Economic Development Agency of Cook County): Non-Profit Community Action Agency working to “to empower individuals and families to achieve self-sufficiency and improve their quality of life.”
- CEDA has many community partnerships and collaborations
- Go to -> [Get Support in Cook County – Find Services – CEDA \(cedaorg.net\)](http://cedaorg.net)

Home Weatherization Program

To make buildings more energy efficient, lowering energy bills in the long run.

[Free Home Weatherization Program – CEDA \(cedaorg.net\)](http://cedaorg.net)

Furnace Repair and Replacement Program

If heating system isn't working or unsafe, may be able to repair or replace.

[Get Furnace Assistance in Chicago – CEDA \(cedaorg.net\)](http://cedaorg.net)

MARCH- BRAIN INJURY AWARENESS MONTH

- Brain injuries comprise fall-related damage to the brain, forceful impact to the head, or penetration by sharp objects.
- This is an issue that especially affects older people, with a higher proportion of fall-related brain injuries resulting in death among people above 75 years of age.
- At least 2.8 million people in the U.S. sustain traumatic brain injuries per year.
- Most people are at a loss of how to be around these injured people, which is part of the reason why Brain Injury Awareness month was created.

5 FACTS ABOUT THE BRAIN

- President George W. Bush designates the 1990s as the decade of the brain.
- Almost half of all brain injuries (48%) are fall-related.
- A study showed that fall-related deaths increased in older people from 2007 to 2016 and another showed an annual increase in 2020.
- In the same study, it was seen that 73 out of 100,000 men had fall-related deaths as opposed to 54 for women, perhaps owing to differing occupational or domestic chores.
- BLUE is the color of the ribbon designated for brain awareness.

WE ARE CELEBRATING AND GIVING A SHOUT OUT TO THE TBI WAIVER TEAM FOR PROVIDING AND HEALTH SUPPORT TO OUR MEMBERS WITH BRAIN INJURIES. THANK YOU FOR ALL YOU DO!



MARCH- NATIONAL SOCIAL WORK MONTH

SOCIAL WORK MONTH 2022 PROCLAMATION: “THE TIME IS RIGHT FOR SOCIAL WORK

Celebrate and thank a social worker!

- Today and for the month of March, we celebrate and honor the great profession of social work.
- Social Workers are the largest group of mental health care providers in the United States, and work daily to help people; whether in person or remotely; overcome substance use disorders and mental illnesses such as depression and anxiety.
- This year’s Social Work Month theme, “The Time is Right for Social Work” embodies how social workers rose to meet the most pressing challenges of all of our lifetimes, the COVID-19 pandemic, even as our nation continues to grapple with systemic racism, economic inequality, global warming, and other crises. Social workers account for the largest group of mental health providers in the nation. (<https://www.socialworkers.org>)

Reminders



- The next webinar is scheduled for **April 20th, 2022!**
- Webinar feedback: <https://redcap.link/23k1fzzb>
- Slides will be posted to the CountyCare Care Coordination Webpage: <http://www.countycare.com/carecoordination>

Webinars for Care Coordinators

2021	^
• Webinar: Care Coordination Addressing COVID-19 Vaccine Hesitancy (1/2021 slides)	
2020	v
2019	v
2018	v





Open Forum

Please share any needs or questions you have by
typing in the chat box

