

Seniors and People with Disabilities

Mission and Goal

Mission

Assisting seniors and people with disabilities of all ages to achieve well being through opportunities for community living, employment, family support and services that promote choice, independence and dignity.

Goal

To help seniors and people with disabilities remain as independent as possible.

DHS/SPD carries out its mission through value driven commitments in statute and policy developed and promoted in partnership with advocacy groups, established commissions and councils, local government partners and community service organizations. The goal is to sustain all seniors and people with disabilities with supports they need to maintain quality lives in their home communities, honoring their choices and preferences.

Historical Perspective

In 2001, the Legislature passed House Bill 2294 and allowed the Department of Human Services to integrate policy and program functions for the former Office of Developmentally Disabled Services with the former Division of Senior and Disabled Services Division into the new cluster of Seniors and People with Disabilities. This cluster coordinates services for seniors, people with physical disabilities and people with developmental disabilities.

Merging the program responsibilities for these three populations continues a long trend toward moving towards more community options that enhance independence and community inclusion. All three populations have long requested that the state develop community-based options that support families, keep people in their own homes or own communities and maximize the client's right to choose.

Seniors and People with Disabilities (SPD) oversees or provides services for the growing number of Oregonians who are elderly and for people of all ages who have developmental or physical disabilities.

For clients who qualify, programs include: long-term care, employment, financial/medical benefits, Food Stamps, service coordination and program development. SPD offers services to Oregonians through its licensing and quality of care initiatives and through its abuse prevention and education activities.

Program Summary Overview

Long-term Care

Long-term care services in Oregon are provided to eligible individuals in three primary categories: In-home services, Non-institutional care and Institutional Care.

In-home services include personal care, chore services and other supports that help individuals stay in their own home. The largest program for seniors and people with disabilities is the Client-employed Provider program. For people with developmental disabilities it is the Adult Support Services created by the Staley settlement. Other programs include Oregon Project Independence, Family Support and Independent Choices.

Non-institutional care includes a variety of community-based care settings and options to meet individuals' needs. Care is provided to eligible individuals in licensed care facilities such as adult foster homes, children's foster homes and assisted living facilities.

Institutional Care includes nursing facilities and the Eastern Oregon Training Center.

Direct Financial Support

In Direct Financial Support there are a variety of programs to help individuals meet their ongoing costs. Individuals must meet income and other criteria for each program. The programs include the Oregon Supplemental Income Programs, Medicare Buy-in, Employed Persons with Disabilities, General Assistance and eligibility determinations for Food Stamps and the Oregon Health Plan.

Licensing and Quality of Care

Licensing and Quality of Care contains the SPD regulatory and quality improvement functions that promote quality and protect the health and safety of seniors and people with physical and developmental disabilities. Included are:

The federal mandated **Client Care Monitoring Units** which license, inspect, monitor and regulate nursing facilities.

Community Based Care Protective Services (*Adult Protective Services*), which investigates all allegations of abuse and neglect perpetrated against seniors or persons with disabilities.

Facility Licensing and Corrective Action which inspects and monitors all long-term care facilities in Oregon.

Service Delivery Systems Overview

SPD provides the vast majority of services through contracts with local governments or non-profit organizations. This follows a long history in Oregon of allowing communities to design services and programs that meet the needs of their citizens.

For seniors and people with disabilities, SPD contracts with Area Agencies on Aging. Local communities determine what services they wish to provide. They also determine if they want to serve seniors or seniors and people with disabilities. In areas where the AAA chooses not to administer the Medicaid program, DHS has local offices that provide these services. *(See page 31 for more information about AAAs).*

For people with developmental disabilities, SPD contracts with county governments to provide services. Additionally, in implementing the Staley Settlement, the state contracts directly with local non-profit organizations to provide supportive community based services for adults with developmental disabilities.

Long-term Care

Overview

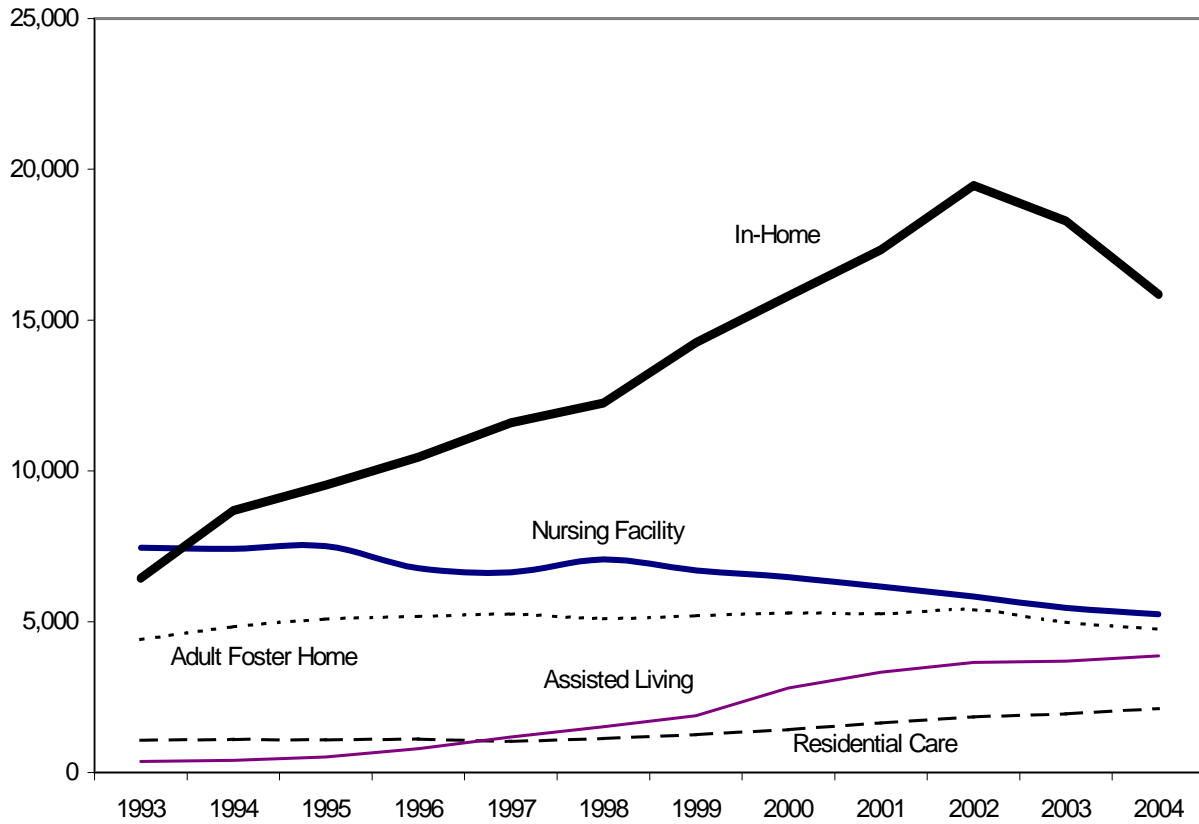
Long-term care includes the services and supports needed over time due to a person's age or disability. Regardless of the type of services, all must assure the person is living in a safe and healthy environment which promotes choice, independence and dignity. Services can be provided in institutional settings such as nursing facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR), community group homes, residential care facilities, adult assisted living, foster homes, or in the person's home.

Individuals who need long-term care have impairments that prevent them from meeting basic needs. For seniors and people with physical disabilities, this means limitations in activities of daily living (ADLs) such as bathing, mobility, dressing, eating, personal hygiene, or cognition. For people with developmental disabilities, this may mean limitations in ADLs but also may mean limitations in self-direction, self-sufficiency and learning.

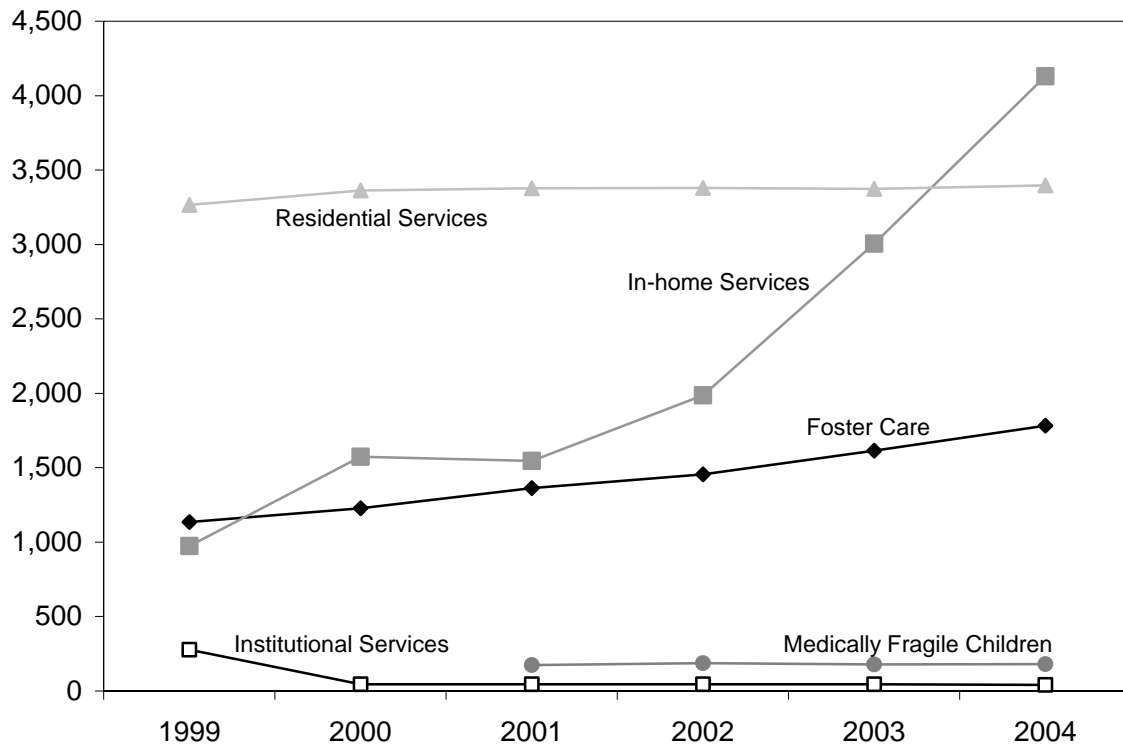
Oregon leads the nation in developing an array of community options for seniors, people with physical disabilities and people with developmental disabilities. These options help to meet the specific needs of each individual at the same time as saving limited state resources. For seniors and people with physical disabilities, caseloads continue to grow in these settings while remaining fairly static in institutions. For people with developmental disabilities, there has been a dramatic decline in the number of people in institutions in Oregon and a corresponding increase in community settings.

The following section includes descriptions of in-home programs, non-institutional settings and services, and institutions.

Seniors and People with Physical Disabilities Long-Term Care Settings



People with Developmental Disabilities by Care Setting



In-Home Care

For seniors or people with disabilities, including developmental disabilities, the ability to live independently can be compromised by needs for support in activities of daily living. Historically, the only way to meet those needs was in a NF or an ICF/MR. For the past 25 years, Oregon has created options to meet people's needs in their own homes. Most of these options are funded with the support of the Federal Medicaid (Title XIX) Program through Home and Community-Based waivers. Oregon has been able to create cost-effective programs that meet peoples' needs in their homes and other community settings using these waivers.

Who is served:

- ◆ On July 31, 2004 SPD served:
 - 11,159 seniors and people with physical disabilities in their homes.
 - 4,871 people with developmental disabilities in their own or their family's home.
- ◆ SPD is projected to serve:
 - 11,064 seniors and people with physical disabilities in their own home for 2005-2007 (adjusted monthly averages).
 - 5,894 people with developmental disabilities in their own or their family's home.

■ *Home Care Workers for Seniors and People with Disabilities*

Many of the services needed for people to stay in their home are personal assistance services provided by staff hired directly by the person in need. The staff person is referred to as a Home Care Worker (HCW). The client hires the HCW as their employee. The HCW must be qualified to provide services and must pass a criminal records check. The client, as the employer, outlines job duties, trains and supervises the HCW and maintains employee records. SPD develops the service plans, processes the necessary forms for

the providers, completes the criminal records check, and approves and makes provider payments. People employed as Home Care Workers in the three groups below are members of Service Employees' International Union (SEIU) Local 99.

- ◆ **Home Care Workers Hourly Provider** – A client may hire an hourly HCW to assist them in meeting their ADL needs and other common tasks.
- ◆ **Home Care Worker Live-In Provider** – Clients may also hire a live-in HCW to provide 24-hour care.
- ◆ **Spousal Providers** – Up to 180 clients may choose to have their care provided by their spouse if the spouse is able to provide the level of care the client needs.

■ ***Independent Choices***

Oregon has a five-year demonstration waiver approved by the federal government to provide clients more freedom, flexibility and self-direction. The program offers clients more choices in the way they receive in-home services and moves toward further self-direction. Participants receive a cash benefit, based on their assessed need, that allows them the flexibility to create and fund their own care plan. Clients are responsible for locating the services they need, paying their employees and withholding and paying necessary taxes. After the pilot is fully implemented, SPD intends to request additional waivers for statewide expansion. It has been in operation since November 2001 in Clackamas, Coos and Jackson/Josephine counties. The program serves a maximum of 300 people.

■ ***Other In-Home Care for Seniors and People with Disabilities***

Other support strategies provide in-home care beyond the Home Care Workers program. Some programs utilize private agencies to provide additional in-home or day services.

- ◆ **Adult Day Care** – Adult day care provides supervision and care for functionally or cognitively impaired adults for part or most of the day. Services are provided in stand-alone centers as well as hospitals, senior centers and licensed care facilities.
- ◆ **In-Home Agency Provider** – As an alternative to a client hiring a HCW directly, in-home agencies are contracted to recruit, train and hire staff for the client. The agency will assure all hours are covered for the client. In-home care agencies are licensed through DHS.
- ◆ **Meals** – Home delivered meals are provided for clients who are homebound and unable to go to congregate sites, like senior centers, for meals. This program provides midday meals arranged by local Area Agencies on Aging. (*See page 30 for additional information regarding AAAs.*)
- ◆ **Minor Home Adaptations** – Often barriers to someone remaining in their home can be resolved with minor home adaptations. This program manages technical assistance and contractor management for home modification.
- ◆ **Personal Care** – These services are available to people who are Medicaid eligible but not eligible for waived services. Services are limited to no more than 20 hours a month.

Oregon Project Independence

Oregon Project Independence (OPI) serves individuals who are 60 years of age or older or who have been diagnosed with Alzheimer's disease or a related disorder and meet the requirement of long-term care services, but are not receiving Medicaid long-term care services except Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program benefits. OPI clients can also receive Food Stamps benefits. These services are provided statewide through Area Agencies on Aging. Clients with net incomes between 100 percent and 200 percent of the Federal Poverty Level (FPL) are expected to pay a fee toward their service, based on a sliding fee schedule. Those with net incomes above 200 percent FPL pay the full hourly rate of the service provided. Allowable services include personal care, homemaker/home care services, chore services, assisted transportation, adult day care, respite, case management, registered nursing services and home delivered meals.

In-Home Support Services for People with Developmental Disabilities

■ *Adult Support Services (Staley)*

SPD serves adults with developmental disabilities who are living at home. These are services provided by individuals hired by the client, with the assistance of a Personal Agent. Personal agents are staff of the local Support Service Brokerages who help individuals with developmental disabilities to develop care plans and service budgets, identify service providers, monitor the services for quality and desired outcomes, and make changes in plans and services as needed.

The primary support services available to clients are those provided under the Staley Settlement Agreement. This agreement was reached with various

stakeholder groups and individuals representing adults with developmental disabilities who filed the Staley lawsuit against the State in January of 2000.

Termed “Staley” after one of the named plaintiffs, this lawsuit sought Medicaid services for people with developmental disabilities and alleged that the State failed to provide to eligible individuals necessary residential, in-home, or other support services in violation of the Medicaid Act and Title II of the Americans with Disabilities Act.

The state agreed to develop services including community inclusion, community living supports, respite and non-medical transportation. Community inclusion are services that help individuals fully participate in their home communities, using the same sources for employment, leisure, and general community living as non-disabled citizens. For people with disabilities this often means providing instruction in skills needed to enhance their independence, productivity, and integration. Services under this agreement were implemented in November 2001.

■ ***Family Support***

This program provides services that help eligible children, 17 years of age and younger, to continue to live in their family homes. Services include: assistance in determining needed supports; respite care; purchase of adaptive equipment, personal care and other services.

■ ***Fairview Community Housing Trust Fund***

The Fairview Community Housing Trust funds a housing grant program for children and adults with developmental disabilities living in their own homes or their family homes. ORS 427.330-345 requires that the proceeds from the sale of Fairview Training Center be placed in a trust for housing to benefit people with developmental disabilities. Five percent of the proceeds plus the interest can be spent; the balance remains in the trust permanently.

A Trust Advisory committee composed of consumers, family members, advocates and professionals advise Seniors and People with Disabilities about the policy governing the Trust. The maximum amount of a single award is \$5,000. Individuals and their families make requests via a grant application process. Requests must be specific to the disability and have included such items as bathroom accessibility modifications, ramps and therapeutic equipment.

Other Community Supports

■ *Lifespan Respite*

The Legislature created the Oregon Lifespan Respite Care Program in 1997 (HB 2013). Its purpose is to ensure access to respite care in every county by assisting local partners in the development and implementation of community-based Lifespan Respite Care Access Networks. Lifespan Respite supports families and caregivers of individuals of all ages with special needs, including developmental and physical disabilities, emotional and behavioral disorders, chronic illnesses, Alzheimer’s disease and related health concerns, medical fragility and those at risk of abuse and neglect. The program offers information and referral services; recruitment, screening and training of respite staff; and program evaluation. Lifespan Respite does not pay for respite services. Individuals and non-profit organizations pay for the direct services.

Non-institutional Care

Non-institutional care includes a variety of 24-hour group care settings, housing and related services for seniors and people with physical or developmental disabilities that provide an alternative to institutional care or nursing facilities. Services include assistance with activities of daily living and behavioral supports if needed, medication oversight and social activities. Care settings and services can include nursing and behavioral supports to

meet complex needs. Along with client-specific care programs, non-institutional care settings must meet extensive state and federal guidelines on health and safety.

Who is served:

- ◆ On July 31, 2004, SPD served 10,751 seniors and people with physical disabilities and 4,960 people with developmental disabilities in community based care settings.
- ◆ SPD is projected to serve:
 - 9,080 seniors and people with physical disabilities in community settings for 2005-07 (adjusted monthly average).
 - 5,859 people with developmental disabilities in out-of-home community settings for 2005-07.

■ ***Community Facilities for Seniors and People with Physical Disabilities***

- ◆ **Adult Foster Care** – These services are provided in home-like settings licensed for five or fewer unrelated people. Homes may specialize in their services, such as serving ventilator dependent residents.
- ◆ **Residential Care Facilities** – These facilities are licensed 24-hour care settings serving six or more residents. Facilities range in size from six beds to over 100. Different types of residential care include 24-hour residential care for adults and specialty Alzheimer care facilities.
- ◆ **Enhanced Care Services** – Enhanced Care Services are specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have additional mental health needs that cannot be met in any other setting. These programs combine funding from SPD and the Office of Mental Health and Addiction Services.

- ◆ **Specialized Living Facilities** – These facilities provide care in a home-like environment for specific target groups who are eligible for a live-in attendant, but because of special needs, cannot live independently or be served in other community-based care facilities. Specialized Living Facilities provide care to target groups such as clients with acquired brain injuries or other specific disabilities.
- ◆ **Assisted Living Facilities** – These facilities are licensed 24-hour care settings for six or more residents that include private apartments. Services are comparable to residential care facilities. Registered nurse consultation services are required by regulation.
- ◆ **Providence Elder Place** – Providence Elder Place is a capitated Medicare/Medicaid Program of All-Inclusive Care for the Elderly (PACE), which provides an integrated program for acute and long-term care services. Seniors served in this program generally attend adult day care services and live in a variety of care settings. The Elder Place program is responsible for providing and coordinating their clients' full health and long-term care needs in all of these settings.

■ ***Comprehensive Services for People with Developmental Disabilities***

Comprehensive Services for People with Developmental Disabilities serve adults and children who are either living at home but receiving 24-hour supports, or who are in an out-of-home setting, such as a Residential Facility or Community Group Home. The following service types are included as part of the Comprehensive Services Waiver:

- ◆ **Community Residential Programs** – These programs are 24-hour group home care for individuals aged 18 and over. These programs are contracted through local county government and are licensed by SPD. In most cases, people live in homes that are designed for five or fewer people living in a home, with staff that come into the home and work on

a shift schedule. Each person living in the home has an individualized plan that details training and habilitation goals that promote independence, productivity and integration into the community.

- ◆ **Children’s Residential Care** – SPD provides residential care for children with developmental disabilities through foster care, proctor care and community residential group homes. Proctor care is a comprehensive residential service for children provided in SPD certified foster homes that are highly trained, supported and contracted by SPD certified Proctor Agencies. The child must have a developmental disability and need out-of-home placement due to a crisis that puts the child or others in imminent risk. The child may be committed to the state for care and custody through the child welfare program or the family may request voluntary services.
- ◆ **Children’s Intensive In-Home Services** – This program provides the supports necessary to keep children who require 24-hour care safe and residing in their family home, as an alternative to hospitals and other institutions. The Medically Fragile Children’s Unit provides mainly nursing services to children who require daily medical technology, such as ventilators. Children in the Intensive Behavior Program have autism and other disabilities that cause them to be a danger to self and others.

In addition to services described above, clients receiving comprehensive services may receive the following service types:

- ◆ **Diversion/Crisis Services** – These short-term services (which could include additional in-home support, respite, or out-of-home placements) are provided to individuals with developmental disabilities who are at imminent risk of being committed to the state for their care and custody due to potential harm to themselves or others. Risk factors include: life threatening issues; loss of caregiver; insufficient care to keep the person

safe; protective service action that prompts loss of home; or serious change in medical condition.

- ◆ **Nursing Facility Specialized Services** – Federal law prohibits a person with a developmental disability from being placed in a nursing facility unless that person meets the criteria of age or skilled care needs and that specialized habilitation needs are addressed. Nursing Facility Specialized Services are identified in the Pre-Admission Screening.
- ◆ **Supported Living Services** – These services are individualized supports that promote an individual’s ability to live in their own home and to be a part of, and participate in, the community in which they live.
- ◆ **Transportation** – Transportation providers help individuals with developmental disabilities when public transportation is not available or not feasible to help individuals participate in employment or other services.
- ◆ **Vocational Services** – These services provide out-of-home training, support and employment for adults working in activity centers, sheltered services and local businesses. Vocational services range from job development to long-term support.
- ◆ **Non-relative DD Foster Care** – DD Foster Homes provide residential care and services to individuals with developmental disabilities. Services include: 24-hour supervision, room and board, assistance with the activities of everyday living, and access to services which help the individuals develop appropriate skills to increase or maintain their level of functioning.

■ ***State Operated Community Programs (SOCP)***

The State Operated Community Program (SOCP) is a 24-hour community residential care program for a small number of people who have a developmental disability and have intensive support needs due either to a medical or behavioral condition. There are 31 homes, serving five or fewer

people, located in eight counties. All employees of this program are staff of SPD. These homes must meet all state and federal requirements of both residential and employment programs for people with developmental disabilities. SOCP also provides short-term (up to 90 days) crisis and diagnosis services for up to five people at any given time.

Institutional Care

Institutional Care includes Eastern Oregon Training Center (EOTC) and nursing facilities. These institutions provide skilled nursing services and/or behavioral supports, housing and related services for seniors and people with physical and developmental disabilities.

Who is served:

- ◆ On July 31, 2004, SPD served:
 - 5,305 senior and people with physical disabilities in nursing facilities.
 - 45 clients with developmental disabilities in EOTC.
- ◆ SPD is projected to serve 4,564 senior and people with physical disabilities in nursing facilities for 2005-2007 (adjusted monthly average) and 45 clients at the Eastern Oregon Training Center.

■ Eastern Oregon Training Center

The Eastern Oregon Training Center (EOTC) is an Intermediate Care Facility for the Persons with Mental Retardation (ICF/MR). This institution provides 24-hour care and active treatment for people with mental retardation or developmental disability. As an ICF/MR, EOTC is defined by federal regulations and monitored by state and federal surveyors. EOTC serves 45 residents.

■ ***Nursing Facilities***

Nursing facilities provide 24-hour comprehensive care for people who need assistance with activities of daily living and ongoing nursing care either due to age, physical disability or developmental disability. Nursing facilities provide a range of services from skilled rehabilitative care, to long-term custodial care and end-of-life care. Licensed nurse services are present 24-hours-a-day.

Older Americans Act

Overview

The Older Americans Act (OAA) provides federal funding for locally developed support programs for individuals age 60 and over. SPD is responsible for ensuring that services are provided in accordance with the Act. The OAA requires states to have programs for support services, family caregiver supports, medication management, nutrition services, senior employment, legal services, elder abuse prevention and long-term care ombudsman services. States may also provide assistance to senior centers and wellness/prevention activities. Area Agencies on Aging work with local communities to develop a plan of services that meet the needs of older individuals in their area.

Other program requirements include mandates that:

- ◆ Local services should be targeted to provide for older individuals with the greatest economic and social needs.
- ◆ A focus is placed on low-income minorities and those seniors residing in rural areas.
- ◆ There are no income or asset requirements to receive services except for the older worker employment program.

Funding

The State distributes federal funds to the Area Agencies on Aging using a federally approved intra-state funding formula based on the demographics and square mileage of each area.

Direct Financial Support

Overview

DHS determines eligibility for and provides financial support or services to certain low-income seniors and people with disabilities. Programs are designed to meet a variety of special circumstances.

Who is served:

- SPD is projected for 2005-2007 to serve (adjusted monthly averages):
 - 49,060 clients in Oregon Supplemental Income Program (Cash Assistance/Medical Card).
 - 2,400 clients in Oregon Health Plan Standard.
 - 18,466 individuals through the Medicare Buy-in programs.
 - 23,098 food stamp-only clients.

Oregon Supplemental Income Programs

Oregon Supplemental Income Programs (OSIP) provide medical and cash assistance to low-income aged and disabled Oregonians through state funding. OSIP is the gateway to Medicaid-funded programs for seniors and people with disabilities. There are a variety of services within the OSIP program.

■ ***Medicaid for the Aged, Blind and Disabled***

The majority of clients served by Seniors and People with Disabilities are not receiving long-term care services. Instead, they are receiving a small cash grant and Oregon Health Plan coverage because they qualify for Medicaid coverage under the OSIP umbrella. Clients can qualify for one of three different programs.

- ◆ Supplemental Security Income is a federal means tested program administered by the Social Security Administration (SSA). Individuals must be age 65 and over or have a disability as determined by SSA criteria. SSI eligibility automatically qualifies the client for Medicaid. Medical benefits are provided through enrollment in a managed care system. The current cash benefit to the client is \$579.80 per month from Social Security and a \$20.40 annual supplement from the State.
- ◆ The second program includes those who receive Medicaid funded long-term care services. The income standard for this group is 300 percent of the SSI standard for a single person or \$1,737 per month.
- ◆ The third program includes those who are residents of a mental health foster home and receive non-waivered services in a community setting.

■ ***Employed People with Disabilities (EPD) Program***

The EPD program is a Medicaid program designed to enable people who have disabilities to work while maintaining their Medicaid coverage. Loss of Medicaid coverage, including personal attendant services, has been identified as a major barrier to those persons with a disabling condition who desire employment. In February 1999, Oregon was the first state in the country to use a Medicaid State Plan amendment to develop this program.

Individuals eligible for the EPD program are eligible for the Oregon Health Plan Plus medical benefits and attendant care services (if assessed eligible).

■ ***Special Needs***

Some clients receive cash payments called “special needs.” DHS uses special needs payments to reduce the need for more expensive long-term care payments. Examples of such payments include payments for emergency response systems, telephone bills, shelter exceptions and minor home repair.

Medicare Buy-In Programs

Federal law requires states to provide payments for Medicare beneficiaries who meet income guidelines. There are two major categories in this program.

■ ***Qualified Medicare Beneficiary (QMB) Program***

In this federally mandated program, the state pays the Medicare Part B premium, the annual deductibles and co-insurance charges on Medicare covered services for Medicare recipients who have income at or below the federal poverty level. Currently, there is no drug coverage unless the client also qualifies under another Medicaid program.

■ ***Special Low Income Medicare Beneficiary Programs***

This program also provides assistance to Medicare beneficiaries who meet the federal income criteria, from 100 percent to 175 percent of federal poverty rate. Coverage is limited to the payment for the Part B Medicare premium only.

Food Stamp Program

The Food Stamp program is a federally regulated and federally funded program for low-income individuals and families. SPD and local Area Agencies on Aging determine eligibility for seniors and people with disabilities.

General Assistance Program

The General Assistance (GA) is a general-fund program that functions as the safety net for Oregonians who suffer from chronic irreversible mental or physical disabilities. People eligible for GA receive a small cash assistance while waiting for their SSI to be approved by SSA. The GA program includes Oregon Health Plan plus Medicaid benefits. Coverage for long-term care services is available for clients meeting SPD criteria.

This program is not funded in the Governor's Recommended Budget for the 2005-07 biennium.

Employment Initiative Program

The Employment Initiative Program (EI) is designed to provide assistance to clients who have a disability and who want to work.

Services provided under the Employment Initiative program include; needs assessment, skills and abilities assessment, employment preparation, job training, career planning, supportive services, employer and community education and post-employment supports. These services do not duplicate or replace existing DHS employment programs and are tailored to meet the needs of the individual client.

This program is not funded in the Governor's Recommended Budget for the 2005-07 biennium.

Disability Determination Services

Overview

The Disability Determination Services (DDS) program is a 100 percent federally funded program. The Social Security Administration contracts with Seniors and People with Disabilities to make eligibility determinations under Title II and Title XVI of the Social Security Act for individuals who claim they are unable to work due to a disability.

Title II, Social Security Disability Insurance (SSDI), is for claimants who have worked and meet insured status requirements. Title XVI, Supplemental Security Income (SSI), is for claimants who meet federal standards of financial need. *(Seniors may also be eligible for SSI and Title II benefits though DDS is not involved in those determinations.)*

Who is served:

- ◆ The DDS program adjudicates about 43,000 claims each year.

Licensing & Quality of Care

Overview

Licensing and Quality of Care contains the SPD regulatory and quality improvement functions that promote quality and protect the health and safety of seniors and people with physical and developmental disabilities. State and contract nurses throughout the state provide consultation to providers and individual clients and monitor services. Statewide training and consultation is provided on long-term care standards and behavioral health practices. Quality improvement initiatives are underway in collaboration with provider associations, universities and other organizations. In addition,

medical and psychiatric consultation and problem solving is provided for practitioners, care providers, case managers and others for very difficult situations.

Client Care Monitoring Units (CCMU)

Client Care Monitoring Units provide survey/licensing inspection and complaint investigation for nursing facilities; residential care facilities and assisted living facilities. Offices in Tualatin, Salem and Medford serve the entire state.

Facility Licensing and Corrective Action

SPD licenses, inspect and monitors all long-term care facilities in Oregon. Facility licensing establishes standards of care and services through policy and rule development, provider technical assistance and processing of resident involuntary transfer hearings. Corrective action includes provisions of sanctions under state and federal law including civil penalties, conditions on licenses, restriction of admissions, license denials and revocations and trusteeships.

Licensed Long-term Care Facilities

Type of Facility	Total Number of Facilities	Statewide Licensed Capacity
Assisted Living	191	12,523
Residential Care	236	8,635
Nursing	142	12,634
AFH	1,825	varies

Community Based Care Protective Services

Community Based Care (CBC) Protective Services develops policy and standards for elder abuse and protective services, and provides training and consultation for field staff performing the investigations. Staff also arranges for attorneys to secure guardianship and conservatorships for seniors and people with disabilities who need such services. Abuse prevention and early detection is promoted through grant funding of special projects, community education activities and partnerships with law enforcement, the health care community and other organizations.

Major Policy Change -- Medicare Prescription Drug, Improvement And Modernization Act (MMA) of 2003

Background

The Medicare Modernization Act (MMA), signed into law December 8, 2003, established the largest expansion of Medicare in the program's history. The most significant component of the federal law creates a voluntary Medicare drug benefit (Part D), effective January 1, 2006. At the same time, it prohibits states from obtaining federal matching funds for most drug expenditures for dual Medicaid/Medicare beneficiaries. The drug benefit will be provided by new commercial entities, which will use formularies and networks of pharmacies.

Impact on Oregon beneficiaries:

- ◆ The implementation of this benefit will impact all 500,000 Oregon Medicare beneficiaries. The federal government estimates the MMA will provide drug coverage to approximately 129,000 Oregonians who currently have no drug coverage. This will include many of the

Oregonians who lost drug coverage with the elimination of the Medically Needy program.

- ◆ Medicare beneficiaries will begin enrollment in the new drug plans on November 15, 2005. Benefits begin on January 1, 2006.
- ◆ Medicare/Medicaid dual eligibles will be randomly auto-enrolled in available drug plans. The beneficiary must decide if their assigned plan is best for them. One critical issue for these individuals will be to compare their current medications to the plan's formulary. They must either switch plans and/or potentially switch medications to match the formulary.
- ◆ Some Medicare beneficiaries will have difficulty understanding the written materials and will have difficulty navigating the internet-based or the 1-800-Medicare enrollment process. These beneficiaries will likely need assistance in the enrollment process to assure access to needed medications.

Impact on Oregon Businesses:

- ◆ Nursing facilities, assisted living facilities, adult foster homes, and other providers may need to assist with the enrollment of their clients and may need to develop business relationships with multiple new pharmacies. Failure could cause missed medications and other medication errors.
- ◆ Community-based facilities who order medications for their clients may need to collect the client's co-payments.

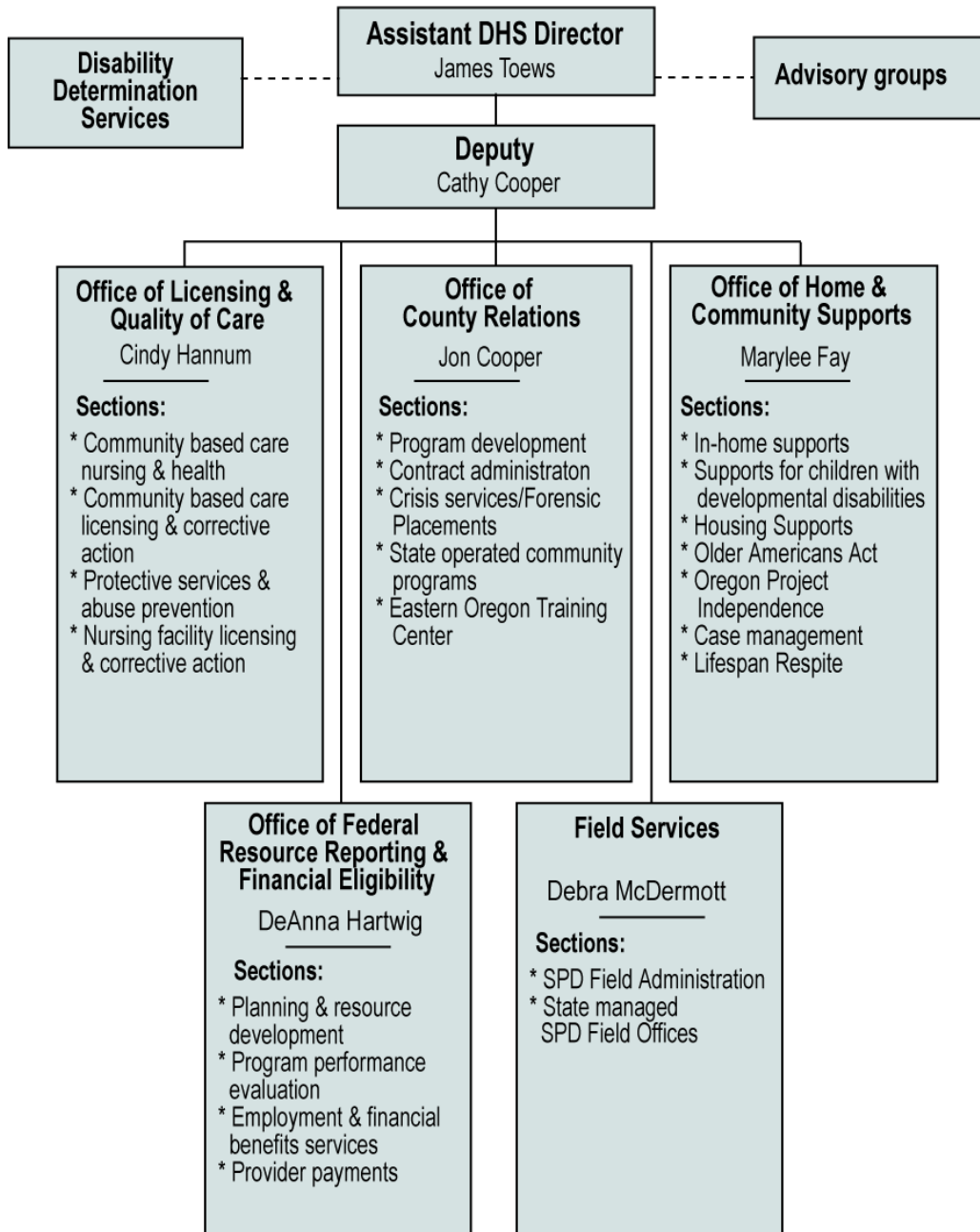
Impact on the Department:

- ◆ **Low income subsidy eligibility.** Starting July 1, 2005, federal law and regulations require the local SPD/AAA offices, with Social Security Administration (SSA), to perform eligibility determination and re-determinations for all Medicare beneficiaries whose income is less than 150 percent FPL.
- ◆ **Potential new clients.** Social Security will send 264,000 letters to Oregonians potentially eligible for the subsidy, starting in May. It is estimated that this could potentially result in tens of thousands of new clients for DHS. The Department plans to strongly encourage clients to use the SSA application and process. However, if the client requests that DHS conduct the eligibility determination, a centralized team will take and process the applications over the phone, with documentation mailed in. A local, user-friendly process would require a significant investment of new resources.
- ◆ **Loss of federal funds for medications for dual eligibles.** Current Oregon law requires drug coverage for all Medicaid enrollees. Without statutory change, dual Medicare/Medicaid eligibles will be able to choose whether they receive their drug coverage through Medicare Part D, the state, or both. Without passage of Senate Bill 88, the state will have to fund 100 percent of any state prescription drug costs for this population starting January 1, 2006.
- ◆ **Assisting with enrollment.** It is likely that DHS clients will turn to their case managers for assistance in the enrollment process. Failure to provide that assistance for those receiving long-term care services could result in missed medications because their current medications may not match the new formulary.

- ◆ **State Phased Down Contribution (Clawback).** States will share in the cost of providing the Medicare Part D benefit beginning in January 2006. States will be required to make monthly payments to CMS to partially finance the new benefit. This payment is referred to as the “phased-down state contribution” or the “clawback”. While DHS staff are working closely with CMS on the payment calculations, CMS is not required to release the exact amount states need to pay until October 2005.
- ◆ **Central Administration.** Implementation will require changes to many DHS computer systems, federal reporting, training, communications and information sharing, among others. There is also potential impact on future caseloads, estate recovery, and amount of client contribution.

Seniors and People with Disabilities Organizational Chart

Seniors and People with Disabilities



Service Delivery Systems

Local Authority for People with Developmental Disabilities

SPD delegates responsibility for DD programs to counties or regions that serve SPD clients with developmental disabilities. Local oversight responsibilities include planning and resource development, negotiation and monitoring of contracts and subcontracts and documentation of service delivery in compliance with state and federal requirements. Counties are also responsible for case management services, evaluation and coordination of services, quality assurance services aimed at improving the quality of services and assuring that those services comply with state and Federal Medicaid requirements and adult protective services.

Field Structure for Seniors and People with Physical Disabilities

ORS Chapter 410 allows Area Agencies on Aging (AAA) to choose to serve seniors, or seniors and people with disabilities. It allows them to choose between administering only the Older Americans Act and Oregon Project Independence programs or to administer Medicaid in addition to those programs. AAAs are designated by Type A (those who provide Older Americans Act and Oregon Project Independence services only) and Type B (also provide Medicaid services). In areas where the AAAs choose not to provide Medicaid services, DHS has offices to serve seniors and people with disabilities.

Central Administration

Seniors and People with Disabilities (SPD) provides overall policy direction to programs serving seniors and people with disabilities in both community

and institutional settings. The SPD Administration is responsible for program planning, resource development, standard setting, consultation, technical assistance, monitoring and evaluation of programs serving seniors and people with disabilities.

SPD coordinates services through intergovernmental agreements or contracts with Area Agencies on Aging (AAA) and County Developmental Disability Programs. SPD operates some services directly for people with developmental disabilities through State Operated Community Programs (SOCP) and Eastern Oregon Training Center (EOTC). SPD also provides services to seniors and people with disabilities through SPD field offices in areas where a AAA does not exist.

The SPD Administration also works directly with federal agencies that set policy and fund Oregon's programs including the Centers on Medicaid and Medicare Services (CMS), the Administration on Aging (AoA) and the Social Security Administration.

Office of the Assistant Director

This office provides overall policy direction for the SPD services cluster. It also coordinates with other clusters and offices of DHS, state, federal agencies, Area Agencies on Aging and local governments.

The office provides support to statutorily created advisory groups such as the Governor's Commission on Senior Services, the Family Support Council, and the Disability Service Advisory Councils (DSACs). In addition, this office serves as the fiscal agent for the Developmental Disabilities Council established in Federal law and through an executive order by the Governor.

Program and Policy Offices

Seniors and People with Disabilities has four offices that coordinate overall policy development and implementation.

■ ***Office of Licensing and Quality of Care***

Oversees regulatory, licensing, monitoring and corrective actions for all programs serving seniors and people with disabilities.

■ ***Office of County Relations***

Directly operates state-operated community programs for hard-to-serve people with disabilities and administers contracts for developmental disabilities services with local governments and direct service providers.

■ ***Office of Home and Community Supports***

Oversees all policy development for the Older Americans Act, case management, client directed in-home services, housing supports and community services for children and adults with developmental disabilities.

■ ***Office of Federal Resource and Financial Eligibility***

Administers employment projects and grants for people with disabilities, sets policy for Medicaid, General Assistance, and food stamps for the target population, serves as liaison with federal government on Medicaid state plans and home and community based waivers and conducts presumptive Medicaid disability determination.