

The Future

What can Oregonians expect in 2030 if the recommendations in this report are implemented?

Consumers

- To remain in their own homes longer with the assistance of technology, transportation, and family and informal caregiver support, including the increased availability of respite and adult day care services in a variety of settings.
- The continued availability of a variety of long-term care settings, including adult foster homes, residential care facilities, assisted living facilities, and nursing facilities. Other housing options will be created that provide diverse communal structures and cultural environments. Long-term care settings will be constructed for visitability and for the use of technology to assist in care needs.
- For those whose long-term care is paid by Medicaid, there will be choices within certain boundaries. Those boundaries will be determined by optimal outcomes and specific financial parameters. For example, an individual receiving in-home care may choose to remain at home, even though the optimal outcomes and financial parameters indicate a different level of care is indicated. The state would then limit the amount of payment provided to those individuals who decide to remain in their own homes rather than moving to a different care setting. This not only provides individuals with a safety net of services, within reasonable financial boundaries, it also allows them choices and enables them to direct their care.
- Many individuals will be healthier and have savings for their retirement and long-term care. They will be better able to take responsibility for their long-term care and retirement needs because they will have planned accordingly, having made needed changes in their lives 25 years earlier. They will be supported in their planning by both public and private sector funded information campaigns and incentives. Individuals will also be healthier due to lifestyle choices they make, assisted by community infrastructures that support physical activity, healthy food choices, and public transportation.
- A continuum of long-term care and medical services will be available from an integrated system with multiple points of entry. This system will not only integrate service delivery but also funding streams for services needed.

Providers

- More individuals receiving care will be paying for their care with a combination of public and private funds. Medicare and Medicaid will be integrated and provide partial or complete payment for long-term care and prescription drugs. Long-term care insurance policies will pay for what the combined Medicare and Medicaid will not pay.
- Medical providers will receive fair reimbursement for services they provide. They will receive reimbursement for conducting assessments, providing prevention and chronic disease management education to their patients in a variety of settings (office, “classroom,” remote

telecommunication). They will be able to effectively and efficiently communicate with the long-term care providers and their consumers.

- Long-term care providers will be reimbursed at a fair and equitable rate for their services. Such rates will enable them to pay livable wages and benefits to their employees, plus provide them with appropriate training, thereby eliminating costly turnover and problems with quality of care.
- More flexible regulations to allow for a variety of care settings and structures will be in place. Such flexibility might include the use of technology to offset the need for a specific staffing standard.

State

- An increased role in providing information and education in a variety of areas including, but not limited to: family caregiving, chronic disease prevention and management, retirement and long-term care planning.
- More help from the federal government in paying for long-term care due to the integration of Medicaid and Medicare.
- Better data will be collected to accurately set rates for the reimbursement of long-term care providers.
- Ability to offer a set of long-term care services to clients based on optimum outcomes within specified financial boundaries.

What can Oregonians expect in 2030 if we do nothing?

Consumers

- Not enough personal resources to pay for their long-term care needs, therefore requiring them to spend what resources they have to become eligible for a very limited Medicaid program.
- A Medicaid safety net with significant gaps.
- Little to no support for family and unpaid care providers.
- Inability to remain in their own homes due to a lack of transportation, technological enhancements, and long-term care providers.
- Long-term care that lacks quality and choices.

Providers

- Very low reimbursement rates for individuals receiving Medicaid, thus an inability to provide quality care, recruit and retain trained staff, and difficulty remaining solvent.
- More demand than capacity, as alternative and traditional long-term care settings will not be developed due to lack of funding.
- Litigation due to poor quality services.

State

- A system overwhelmed and unable to respond to the long-term care needs of the elders and individuals with disabilities.
- A budget overwhelmed by long-term care demands, thus severely limiting and impacting other services provided by the state including services for families, education, and state and community infrastructures.