

LONG TERM CARE (LTC) ADVISORY COMMITTEE MEETING

July 19, 2013

Office of the Long Term Care Ombudsman (LTCO)

3855 Wolverine NE, Suite 6

(Training Room)

Salem, Oregon

MINUTES

MEMBERS PRESENT:

*Bill Bard, Chair
Claudia Kyle, Vice Chair
*Teena Ainslie
Glenn Berk
*Dan Dunham
Michele Edwards
*Peter Fuchs

STAFF PRESENT:

Mary Jaeger, Director/State LTC Ombudsman
*Gretchen Jordan, Coordinator of Volunteers
Molly Twarog, Deputy State LTC Ombudsman
David Berger, Deputy State LTC Ombudsman

MEMBERS ABSENT:

None

LTCO VOLUNTEERS PRESENT:

Jerry Walker, Volunteer CFO

GUESTS:

May Dasch, Alzheimer's Network of Oregon
Christina Jaramillo, Policy Analyst for PACE and CBC Programs, APD, DHS
Charles Richards, Governor's Commission of Senior Services (GCSS)

CALL TO ORDER: Mr. Bard called the meeting to order and asked Ms. Kyle to preside. Mr. Bard thanked everyone for their support during his recovery from his recent surgery.

APPROVAL OF MINUTES: Mr. Dunham moved that the minutes of the June 21, 2013 meeting be approved. The motion was seconded and passed.

RELATED ACTIVITIES: Ms. Kyle reported that she had attended the Governor's Commission on Senior Services (GCSS) meeting recently.

Ms. Ainslie announced that, on July 30, Oregon Public Broadcasting will start a series of two Front Line programs on Life and Death In Assisted Living. Ms. Jaeger added more information about the program. The programs can be seen at:

<http://www.pbs.org/wgbh/pages/frontline/life-and-death-in-assisted-living/>

May Dasch reminded those in attendance that assisted living is a concept that started Oregon. Advocates for people with Alzheimer's Disease or other dementias believe that assisted living is an inappropriate placement for people with Alzheimer's Disease or other dementias because staff do not have proper training to care for these residents and there is frequently inadequate staff to provide proper care. Discussion followed.

*Participated via telephone

Mr. Bard commented that The Centers for Medicare and Medicaid Services (CMS) have issued a ruling to clarify the previous directive about treating lesbian, gay, bisexual and transgender (LGBT) partners of LGBT residents as spouses applies specifically to LTC facilities contracted with Medicare and Medicaid.

CHARLES RICHARDS, COMMISSIONER, GOVERNOR'S COMMISSION ON SENIOR SERVICES (GCSS): Mr. Richards expressed GCSS concerns about changes being made to the Office of the LTC Ombudsman and hopes that the LTCO will continue to operate as an independent agency. Ms. Jaeger responded that potential regulation changes have been posted through the Federal Register with a comment period ending August 18. The proposed changes are on behalf of states where the Ombudsman program is embedded within that state's equivalent of Oregon's Department of Human Services (DHS). Since the State Long-Term Care Ombudsman reports directly to the Governor in Oregon, these changes would not change Oregon LTC Ombudsman program. The proposed changes would also promote more consistency in terms of independence, access and recording complaints across the country. Ms. Jaeger asked that the GCSS respond formally to the proposed regulations by stating Oregon's Governor and legislature have historically supported the independence of the Ombudsman Program both philosophically and financially.

Mr. Richards provided a report on National Health Rankings/Senior Report 2013 Edition which has been provided to everyone at the meetings.

Ms. Jaeger thanked Mr. Richards for the GCSS support of the LTCO mission during the most recent legislative session.

ELECTION OF OFFICERS: Dan Dunham moved that the Committee members nominated for the offices of Chair and Vice Chair be elected by acclamation of the members. The motion was seconded and passed. Bill Bard will continue as Chair and Claudia Kyle will continue as Vice Chair. Ms. Kyle thanked the Committee for their support and, on behalf of Bill Bard, expressed appreciation for Committee member support.

DOLORES HURBERT: Ms. Hubert was not able to attend the meeting due to health issues. Paper copies of the documents that were to be part of her presentation were distributed those at the meeting and electronic copies will be distributed to Committee members participating by phone.

JERRY WALKER, LTCO VOLUNTEER FINANCE COMMITTEE: Mr. Walker explained that, at the end of the most recent legislative session, legislators provided an additional \$200,000 general fund monies to the LTCO for the coming biennium. This was the result of an initiative taken by the Joint Ways and Means Human Service Committee in response to LTCO explaining, after a question from Senator Alan Bates, that an additional \$205,000 in the 2013-2015 would fund agency representatives visiting 90% of adult foster homes in a single federal fiscal year. This money would fund an additional Deputy State LTC Ombudsman (Deputy) who would

supervise 25 to 30 volunteers so that an additional 2500 adult foster homes would be visited each year.

This change in funding gives rise to two questions. First, since there would be seven Deputies rather than six, how will the staff be reorganized? Secondly, how will we attract the volunteers needed to visit the additional adult foster homes?

Oregon will be divided into six districts instead of 23. Details of the re-districting are available at the LTCO website. The goals of proposed re-districting include creating Deputy assignments that are geographically connected to each other; the "Deputy of the Day" (DoD) position being filled permanently by one staff member; the districts having roughly the same number of total residents balanced by the distance travelled to get to the residents; and Deputies living in the district they serve but current staff will not be expected to relocate. The proposed changes have been discussed in detail with the Deputy staff and will be implemented thoughtfully with consideration to established working relationships between staff and volunteers. Necessary administrative changes related to reporting systems and facility assignment management will be implemented as soon as possible. Discussion followed about the challenges of visiting 90% of the adult foster homes in Oregon annually, the challenges of recruiting the additional volunteers to serve as Certified Ombudsman needed to meet this goal and how having a permanent DoD will impact LTCO operations.

Mr. Walker asked everyone to turn their attention to the hand out headed 2013-2015 Legislatively Approved Budget. As a result of HB 5024, the LTCO will receive \$1,977,000 in General Funds and \$680,000 in Federal Funds through the Older American's Act plus the \$200,000 granted by legislators at the end of the legislative session.

Senate Bill 626, which has been legislatively approved and is awaiting the Governor's signature, expand the LTCO statute to provide advocacy for the approximately 1800 group homes that serve people with developmental disabilities and mental health issues (DD and MH facilities) and provides about \$550,000 to put the program in place effective July 1, 2014. Ms. Jaeger suggested that, at its September meeting, Committee to discuss expansion of this Committee to include two additional members with specialty background in the two areas. She asked that Committee members help in recruiting these new Committee members. After the additional Committee members have been identified and appointed, hiring a Deputy with appropriate skills plus proven skills in building a new program will be the next critical step. Mr. Dunham suggested that a briefing package describing the advocacy mandated by SB 626 would be helpful to Committee members.

Ms. Kyle thanked Mr. Walker for his contributions to the LTCO and other members concurred.

GRETCHEN JORDAN, COORDINATOR OF VOLUNTEERS: Ms. Jordan provided information to Committee members prior to the meeting and hopes that Committee members will respond and comment on her proposed revision to interview questions, creation of a mentor program and volunteer satisfaction survey. Discussion followed about Ms. Jordan's proposals primarily focused on the volunteer satisfaction survey. Discussion of the volunteer satisfaction survey will continue at the Committee's August meeting.

Ms. Jordan reported that applications have been received from well-qualified applicants in response to the LTCO's listing its volunteer opportunities with the Employment Department and the Department of Administrative Services Human Resources office.

Ms. Ainslie, who has had an opportunity to observe Ms. Jordan's work with the Recruitment and Screening Committee in Multnomah County, commented that she believes Ms. Jordan is doing a "great job."

Ms. Jordan reported that she hosted an Open House Event with Certified Ombudsman Dave Daniel yesterday where she met the Executive Directors of the local Senior Center and Community Action Network and that their effort led to articles in local newspapers. As a result she has received three applications for Certified Ombudsman Volunteers in Klamath County. She hopes to be able to repeat these activities in other parts of the state and have the same result.

MARY JAEGER, DIRECTOR/STATE LTC OMBUDSMAN: Ms. Jaeger distributed copies (copy attached) of the LTCO Key Performance Measures (KPM) and drew Committee members attention to a target of 60% for KPM #6 – Percentage of Adult Foster Homes Visited at Least Once Annually -- which is the KPM to which Senator Bates was referring when he asked what it would take for the LTCO to visit 90% of adult foster homes annually. The KPMs will be updated to reflect the target for KPM #6 to be 90% for 2015. Ms. Jaeger answered Committee Member questions about KPMs #9 and #10 and pointed out the importance of all program volunteers reporting their activities so that their activities can be reflected in the LTCOs Annual Performance Progress Report.

CHRISTINA JARAMILLO, POLICY ANALYST FOR PACE & CBC PROGRAMS, DHS/APD: Ms. Christina Jaramillo introduced herself as the Policy Analyst who works with Home and Community Based Care Services and Long-Term Care Support and Services on the Medicaid side of DHS. Ms. Jaramillo described the evolution of the Medicaid Waiver K Plan, a part of the Social Security Act of 1915, which is an option rather than a waiver. She explained how it was implemented in Oregon and procedure that led to the changes that are taking place now. The changes allow DHS staff to think and deliver services in new creative ways. Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health related tasks that are provided at home or in a community-based care facility which are the true activities of helping someone will now be funded and be part of an individual's person-centered service plan. Ms. Jaeger is pleased to see this re-focus on person-centered care. Discussion followed about how these changes will impact the residents of community-base care facilities. Ms. Jaeger has received feed back from adult foster home providers who are concerned about the cost of delivering this new level of care and believes that licensing will have the responsibility of making certain that providers meet these new standards. Ms. Jaramillo described many of the additional services that will be funded such as chore services, nurse delegation, acquisition and maintaining of skills all of which will allow individuals to remain in their own home. Ms. Jaramillo said it will take some time to implement these changes, but she is excited that they are coming and the impact they will have on long-term care. Molly Twarog expressed her concern about funding for items like eyeglasses and hearing aids for Medicaid residents have been reduced and wondered if these benefits will be restored for Medicaid residents. Ms.

Jaramillo responded that these benefits will continue to be limited since they are medical items but may be funded if the items can be linked to activities of daily living or other services covered by the Option.

The handout that Ms. Jaramillo provided is attached.

In response to a question from Ms. Jaeger, Ms. Jaramillo replied that Aging and People with Disabilities (APD) case workers report to Mike McCormick and Trisha Baxter. Angela Munkers, the manager over field services, should be contacted should LTCO staff and volunteers have difficulty in contacting case managers.

In response to a question from Ms. Kyle, Ms. Jaramillo explained that residents of relative foster homes would continue to live as they have in the past. However they will have choices to make about the services they receive and will have to account carefully for money spent on services. In some cases relative foster homes have become commercial foster homes and more residents live in the home and in some other cases the relative foster home changed to an in-home care situation.

Ms. Jaramillo anticipates that costs will be higher in the first year because the agreement with SEIU will require that foster home and home care workers must be held harmless, will begin earning paid time off and health insurance, and the Department will be paying employment taxes that they have not paid in the past. These increased costs will eventually be offset by reduced costs in other areas.

Ms. Kyle thanked Ms. Jaramillo for her presentation and agreeing to fill in for Ms. Weidanz on short notice.

MOLLY TWAROG, DEPUTY STATE LTC OMBUDSMAN: Ms. Twarog has been "Ombudsman State Staff" for 24 years – 15 of those years in Oregon proceeded by service in the state of New Mexico. She currently supervises Certified Ombudsman in six counties. She described her monthly trip which includes facility visits and volunteer meetings in Douglas, Josephine, Jackson, Coos and Curry Counties. Towards the end of each month, she meets with the Washington County Certified Ombudsmen and travels to Washington County three or four times each month to address other issues.

There is a core group of long time volunteers in each county that continue to inspire her. When volunteers stay with the program and their skills increase, Ms. Twarog is able to develop a peer relationship or partnership with them as they work together on complicated cases. She has learned that it is important to get out in the field with the volunteers she supervises so that she can "model" for them on how to talk to residents and staff -- there is no substitute for spending time with new Certified Ombudsmen in facilities. When Ms. Twarog invests time in facilities with new Certified Ombudsmen, she believes that volunteers stay with the program longer and truly enjoy the work they are doing. She is looking forward to working with Mr. Berk to create a mentoring program in southern Oregon and hopes that there will be a mentoring program in Washington County as well. She is planning a joint meeting with COs in Josephine and Jackson

County and has tentatively planned to review basic Ombudsman skills so that the volunteers will feel more self-assured.

She is proud of the relationship that she has established with the Adult Protective Services (APS) staff in Coos Bay who have agreed to provide draft APS reports which give her current information about what is happening in facilities in the community. Ms. Twarog is pleased that LTCO staff and volunteers have started receiving draft nursing home surveys and looks forward to more collaborative relationships with surveyors throughout the state.

Ms. Kyle thanked Ms. Twarog not only for her presentation but also for participating in the entire meeting and offering her thoughtful observations and questions throughout the meeting.

The meeting was adjourned at approximately 2 PM. The next meeting will be via telephone on August 16.

Legislatively Approved 2013-2015 Key Performance Measures

Agency: LONG-TERM CARE OMBUDSMAN, Office of

Mission: To Enhance The Quality Of Life, Improve The Level Of Care, Protect The Rights Of The Individual And Promote The Dignity Of Each Oregon Citizen Living In A Nursing Facility, Residential Care Facility, Assisted Living Facility Or Adult Foster Care Home.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
1 - Percentage of non-referred complaints where action is needed that are partially or fully resolved.		Approved KPM	96.00	97.00	97.00
2 - Average initial response time to non-referred cases.		Approved KPM	1.90	2.00	2.00
3 - Average time to close non-referred cases.		Approved KPM	36.00	30.00	30.00
4 - Percentage of nursing facilities visited at least once annually.		Approved KPM	97.00	100.00	100.00
5 - Percentage of assisted living and residential care facilities visited at least once annually.		Approved KPM	90.00	85.00	90.00
6 - Percentage of adult foster care homes visited at least once annually.		Approved KPM	60.00	45.00	50.00
7 - Number of requests for assistance from consumers, the public, facility staff and agencies.		Approved KPM	5,691.00	5,000.00	5,000.00
8 - Participation in system-wide advocacy meetings at the local, regional, state and national levels.		Approved KPM	400.00	500.00	500.00
9 - Total number of certified ombudsmen volunteer hours annually.		Approved KPM	28,079.00	25,000.00	25,000.00
10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Accuracy	Approved KPM	89.00	85.00	85.00
10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Availability of Information	Approved KPM	91.00	85.00	85.00
10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Expertise	Approved KPM	93.00	85.00	85.00

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10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Helpfulness	Approved KPM	93.00	85.00	85.00
10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Overall	Approved KPM	86.00	85.00	85.00
10 - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Timeliness	Approved KPM	91.00	85.00	85.00

LFO Recommendation:

Approve the KPMs as proposed. Approve targets for 2014 and 2015 as shown. Some targets do not show as an "achievement" over the most current result. This is on purpose and intended to set reasonable targets that account for historical KPM data/trends while allowing the agency time to validate the sustainability of more recent (and more positive) results.

Sub-Committee Action:

The Human Services Subcommittee approved the LFO Recommendation.

Oregon Department of Human Services
Aging and People with Disabilities and Developmental Disabilities
State Plan Option K – Oregon Community Options

Overview

The Community First Choice Option (State Plan K) establishes a new Medicaid State plan option. It allows states to provide home and community-based attendant services and supports at a 6 percentage point increase in Federal Medicaid match.

Oregon has determined that there is significant value in moving currently waived services into this state plan option because it not only provides additional federal funding but helps Oregon meet its goals in serving individuals in their own homes and communities, respecting their dignity and supporting independence.

Eligibility for K Services

The State, and designees, will continue to determine eligibility for services in the same manner as eligibility is determined for Home and Community-Based Services waivers. Individuals will have incomes at or below 300% of SSI and will meet institutional level of care definitions defined by the state. Institutional level of care includes hospital, a nursing facility, an intermediate care facility for the mentally retarded, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over. Level of care for individuals under age 21 and 65 and over needing psychiatric services is determined using state hospital level of care criteria.

Individuals receiving services through this option will be able to receive services and supports through other home and community-based care waivers, grants or demonstrations but will not be allowed to receive duplicative services.

Services in the K

The following are included in the Oregon Community Options services:

- Assistance with activities of daily living (ADL), instrumental activities of daily living (IADLs) and health-related tasks :
 - ADLs include bathing/personal hygiene, dressing, eating, ambulation, transferring, bowel and bladder care, stand-by support; and cognition/memory care and behavior supports:
 - Memory care support includes services related to observing behaviors, cueing, supervision and redirecting as appropriate to safeguard the consumer against injury, hazard or accident.
 - IADLs include light housekeeping, laundry, meal preparation, non-medical transportation, shopping, and chore services:

- Chore Services includes limited services that may include heavy cleaning to remove hazardous debris or dirt and yard hazard abatement to ensure the outside of the home is safe for the individual to transverse and enter and exit the home.
- Nurse Delegation and Medication Management.
 - Nurse delegation means specific tasks related to the individual which are directed by licensed nurses to be performed by an attendant. These services are designed to assist the client and care provider in maximizing the client's health status and ability to function at the highest possible level of independence in the least restrictive setting.
- Skill Development
 - Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks.
- Back-up systems to ensure continuity of services and supports.
 - Electronic back-up systems include:
 - Emergency Response Systems and other electronic systems to provide back-up for individuals who live alone or are alone for long periods of time.
 - Durable medical equipment, mechanical apparatus, electrical appliance, or technology, not covered by OHP, used to support an individual's independence.
- Voluntary training on how to select, manage and dismiss attendants through the STEPS program.

Service Providers

Individuals will be able to access authorized services and supports through an array of service providers and settings including:

- Home care workers, personal support workers and In-home agencies
- All licensed community based care facilities excluding relative care
- Non-medical Transportation Providers
- Supported Living
- Behavior Support and Consultation Providers
- Community Transition Services Providers
- Home Delivered Meal providers
- Community Nurses

Case managers will assist the individual in selecting an appropriate setting and service provider in order to ensure that the provider can meet the needs of the individual.