

LONG TERM CARE (LTC) ADVISORY COMMITTEE MEETING

November 16, 2012

Salem Center for 50+
2ND Floor Lecture Hall
2615 Portland Road NE
Salem, Oregon 97301

MINUTES

MEMBERS PRESENT:

Bill Bard, Chair
Claudia Kyle, Vice Chair
*Teena Ainslie
Dan Dunham
*Michele Edwards

STAFF PRESENT:

Mary Jaeger, Director/State LTC Ombudsman
Gretchen Jordan, Coordinator of Volunteers

MEMBERS ABSENT:

Peter Fuchs

LTCO VOLUNTEERS PRESENT:

Linda Setchfield, Certified Ombudsman

GUESTS:

Jerry Cohen, AARP
May Dasch, Alzheimer's Network of Oregon
Joe Greenman, Oregon Health Care Association (OHCA)
Ruth Gulyas, LeadingAge Oregon
Chelas Kronenberg, Aging and People with Disabilities/Department of Human Services (APD)
Mike McCormick, Aging and People with Disabilities/Department of Human Services (APD)
Meghan Moyer, Service Employees International Union (SEIU)
Bill Olsen, Advocacy Coalition of Seniors & People with Disabilities
Dale Penn II, Campaign for Oregon's Seniors and People with Disabilities/Oregon Health
Care Association (OHCA)
Charles Richards, Governor's Commission on Senior Services (GCSS)
Naomi Sacks, Oregon Health Authority on loan to Aging and People with
Disabilities/Department of Human Services (APD)
Trina White Hooper, Adult Foster Home Provider

CALL TO ORDER: Mr. Bard called the meeting to order. The attendees introduced themselves. Ms. Jordan agreed to manage the minutes since Committee Administrator, Mary Ann Lebold, could not be present.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: Dan Dunham moved that the minutes of the October 19, 2012 meeting be approved as written. The motion was seconded and passed.

NEW BUSINESS: Charles Richards, GCSS liaison to this Committee, reported that all GCSS vacancies have been filled and the Commission now has 21 members. Mr. Richards is the GCSS Vice Chair and Joe Greenman serves as the GCSS Legislative Liaison.

Mr. Bard noted that Nancy Allen, a Certified Ombudsman in Bend, received a Governor's Volunteer Award and was recognized as the Outstanding Senior Volunteer for Central Oregon. Mr. Bard distributed the latest issue of *Outcomes* and invited those who would like to receive future editions of *Outcomes* to contact the LTCO office. Mr. Bard commented that the film, *Gen Silent*, highlights LGBT aging and LTC issues. From November 20 through December 31, the film can be viewed for free at:

[http://stumaddux.com/gen_silent HOME VIEWING NIU.html?utm_source=Which+Is+Most+](http://stumaddux.com/gen_silent_HOME_VIEWING_NIU.html?utm_source=Which+Is+Most+)

Ms. Kyle noted that the new leadership in Oregon's House of Representatives is Tina Kotek, Speaker of the House, and Val Hoyle, Majority Leader. Both are strong advocates for seniors and people with disabilities.

Ms. Edwards announced the OHSU conference, *The Challenges of Aging in Eastern Oregon: Assisted Living and Long-Term Care*, held October 24-25 in Pendleton was very good and suggested that some of the speakers be invited to present at future LTCO training events.

MIKE MCCORMICK, DEPUTY DIRECTOR, AGING AND PEOPLE WITH DISABILITIES (APD)/DEPARTMENT OF HUMAN SERVICES (DHS) AND NAOMI SACKS, OPERATIONS AND POLICY ANALYST WITH OREGON HEALTH AUTHORITY ON LOAN TO AGING AND PEOPLE WITH DISABILITIES

(APD)/DEPARTMENT OF HUMAN SERVICES (DHS): Mr. McCormick explained that LTC 3.0 refers to an initiative to address change to many areas of the LTC systems, to implement several parts of the Alzheimer's plan and to improve services to in-home clients. Although many issues to be addressed in LTCO 3.0 are not controversial, there is controversy about proposed changes to the Medicaid system. Consideration of better addressing Oregonians' LTC needs by eliminating the nursing facility entitlement under Medicaid and replacing that entitlement with a home and community based services entitlement has caused the most controversy. DHS expects to make all of the recommended improvements to the LTC systems that are without controversy, but it remains to be seen what parts of the more controversial changes to create a redesigned LTC system the Governor's Office and the Legislative process will allow. Ms. Sacks described the number of presentations and people who have received information about the changes and gave input. Efforts were made to involve all stakeholders and community members. She distributed copies of the presentations. They have been collecting data from the presentations and will have it aggregated and reported on December 3 to interested stakeholders and to gather their feedback and input. Mr. Bard commented that the Committee would like to make certain they fully understand the concepts of LTC 3.0 before the Committee endorses changes to the LTC system. Mr. McCormick wanted to make it absolutely clear that nursing facilities are an integral and valued part of Oregon's LTC system with a wonderful future. However nursing facilities may have an opportunity to re-purpose themselves to offer

new services. DHS does not believe that nursing facilities should become an individual's home and that the policy of Oregon should be that we avoid letting a nursing facility become someone's home. Mr. McCormick responded to questions and comments from Mr. Dunham regarding training opportunities and requirements for care providers; from Ms. Ainslie regarding abuse prevention and intervention; and from Ms. Edwards regarding attracting mental health professionals to rural Oregon communities. Discussion followed regarding the inadequacy of Medicaid rates especially with regard to funding care for LTC residents who need a higher level of care and delivery of care to persons with mental illness. Mr. McCormick explained how demonstration waivers work and how they will apply to LTC. Ms. Sacks described the Department's work in process to change assessments and eligibility criteria and to determine the impact of changing eligibility criteria. Mr. McCormick is committed to making the work on LTC 3.0 a transparent and inclusive process. Any changes to the LTC system will be implemented so that individuals currently in the Medicaid/LTC system will have a choice whether they will participate in the system as it is now or under the new system. The new system will be rolled out slowly and methodically.

Copies of written comments to Mr. McCormick addressing LTC 3.0 from Ms. Moyer with SEIU, Kathleen Cody with the Alzheimer's Association Oregon Chapter, Ruth Gulyas with LeadingAge Oregon, Jerry Cohen with AARP, Rodney Schroeder and Nicole Palmateer with O4AD and Joe Greenman with Oregon Health Care Association were made available to everyone at the meeting and are attached to these minutes.

Mr. Bard hopes that benefits for hospice care will be part of future LTC planning. Mr. McCormick explained that, since the Oregon Health Authority administers hospice benefits, his ability to influence this issue is limited. Discussion of hospice benefits followed. In response to a question from Ms. Setchfield about facilities that do not offer a full spectrum of care, Mr. McCormick responded that perhaps we should consider a new model for LTC with facilities offering a greater variety of care levels. Changes may be coming from the federal level that will necessitate changes.

A roundtable discussion of long-term care and the needs of seniors and people with disabilities followed with everyone present at the meeting participating and contributing.

Mr. McCormick thanked the group for their candor and input. Mr. Greenman complemented Mr. Bard for putting this group together and the fine work of the Committee to support the efforts of Mary Jaeger.

MARY JAEGER, STATE LTC OMBUDSMAN: Agency staff has been interviewing candidates to fill the vacant Deputy State LTC Ombudsman position and hopes, prior to the Thanksgiving holiday, to have made an offer, received acceptance and determined a start date. The 2013-2015 budget will impact LTCO planning for the second vacant Deputy State LTC Ombudsman position.

The Governor's Recommended Budget (GRB) will be released in about ten days. Agency heads have been told to expect a three to six percent budget decrease from 2011-2013 current service levels as the basis for the 2013-2015 budget. The GRB will go through the legislative process before the 2013-2015 budget becomes final. Ms. Jaeger is thankful for the support of community partners of the LTCO program.

GRETCHEN JORDAN, COORDINATOR OF VOLUNTEERS, LTCO:

Ms. Jordan distributed copies of her October 2012 report (attached) and noted that her outreach in Eastern Oregon has resulted in a connection with community presentations throughout all the libraries in Eastern Oregon. She is awaiting a 2013 training schedule to begin outreach and planning for next year. Ms. Ainslie complemented Ms. Jordan's efforts to assemble an effective Recruitment and Screening Committee in Multnomah County.

The meeting was adjourned at approximately 1:30 pm.

Mike McCormick
Deputy Director
Aging and People with Disabilities
Department of Human Services

Dear Mike,

Thank you for the opportunity to review LC 371, the LTC 3.0 proposal. SEIU Local 503 represents more than 17,000 long-term care workers and hundreds of case managers in APD and in the AAA system. SEIU strongly supports Oregon's balanced long-term care system based on the principles laid out in ORS Chapter 410: independence, dignity and choice. The direction of LC 371 raises some concerns in keeping Chapter 410 at the heart of our LTC system.

It is unclear from both the LC draft and the documentation provided on LTC 3.0 proposal as to why DHS believes system transformation is needed. We believe system transformation should be data-driven. In the "Whereas" section of LC 371 it states "the escalating costs of long term care services and supports compromise the ability to invest in other services that contribute to the well-being of this population." We do not believe that Oregon's LTC system should be downgraded in order to fund other services. Oregon has one of the most cost-effective LTC systems in the nation and has already cut back on who and how much we serve the Medicaid population. It is unclear what "other services" DHS would be investing in at the expense of these proposed LTC cuts.

LC 371 continues by stating that because Oregon's health system transformation "is changing the landscape of the health care delivery system,...the long term care system must also change." It is unclear why our LTC system must change due to the broader changes going on in Oregon's healthcare system. It would be important to examine the underlying data supporting this change. The Oregon long-term care system is a national model that does not need to be completely re-thought. In contrast,, it is quite clear the acute care system is deeply broken. We are paying more and more and getting poorer and poorer outcomes.

DHS states that "incremental changes will not solve Oregon's impending crisis and comprehensive reform is required" yet you do not state what this "impending crisis" is. Is it the aging population? When do we face a crisis: now or 20 years from now as it relates to the demand for long-term care? Why will incremental change over the next 20 years not solve the problem? Before an overhaul of the system occurs, a very strong case must be made about the definition of the crisis. SEIU Local 503 suggests that DHS

start a thorough data analysis of any LTC system inefficiencies and look to other states (such as Washington and Minnesota) for evidence of potential innovations and best practices. With this data, DHS should then return to the legislature with research-based recommendations of systems reform. SEIU is happy to assist the Department in any way we can in such a process.

Comments Submitted by

Meghan W. Moyer

Senior Political Organizer

SEIU Local 503, OPEU

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Mike McCormick
Deputy Director
Aging and People with Disabilities
Department of Human Services

Mike,

Thank you for the opportunity to review LC 371, the LTC 3.0 proposal. The Alzheimer's Association Oregon Chapter is grateful for the leadership you are taking in the effort to improve long-term care in Oregon. We also appreciate the consideration of elements of the State Plan for Alzheimer's Disease and Related Dementias in Oregon into the efforts of the department. We believe you are on the right track with your overall goals to improve long-term care and offer the following comments regarding the proposed legislation.

- 1) Timeframe – To make significant, long-lasting change for the better, a deliberative process is necessary. The timeframe in the legislation would put the final outcome of the process in front of the legislature during the 2014 session, which only will last one month. When overhauling a system, we feel it should not be rushed through the legislative process. We suggest the process move forward more deliberately, anticipating that a final proposal would be presented to the 2015 session.
- 2) Specificity – It may seem surprising to hear someone say legislation is too specific. However, this proposal is to establish a process that will result in specifics. When reading language that states, "The plan must set forth" a number of strategies for pre-determined issues – before the process has begun – it could be interpreted that specific decisions and determinations have already been made.
- 3) Change in the entitlement – We understand one of the basic premises of 3.0 is the change in entitlement to a set of services to meet needs instead of to skilled nursing home placement. We believe more time is needed to discuss this premise, as the existing entitlement creates some market incentives for the success of home and community-based service providers.
- 4) Inclusiveness – If the bill goes forward with language that establishes the process and designates the stakeholders, we urge you to be more inclusive in Section 2 to include more consumer groups, such as AARP Oregon, Elders in Action, Disability Rights Oregon, as well as the Alzheimer's Association. Also, inclusion of the office of the Long-Term Care Ombudsman is critical to this process and we feel should have an official seat at this table. It is not clear to us if that office is included in "(d) The department's statutory advisory councils, committees and commissions."

We look forward to working with you in the process of refining Oregon's long-term care system. Regardless of legislation, we know that we can take many steps to improve the quality of life of Oregon families and reduce overall costs at the same time.

Sincerely,

Kathleen Cody
Executive Director, Alzheimer's Association Oregon Chapter
1650 NW Naito Parkway, Suite 190, Portland, OR 97209



Formerly the "Alliance"

inspire. serve. advocate.

October 19, 2012

Mike McCormick
Deputy Director
Aging & People with Disabilities
Department of Human Services
500 Summer Street NE
Salem, OR 97301

Dear Mike,

On behalf of LeadingAge Oregon, I appreciate the opportunity to comment on LC 371, the Department of Human Services proposed legislation to develop a plan - commonly being referred "LTC 3.0" - to reform and modernize Oregon's long term care system. As you are aware, LeadingAge Oregon is the statewide association of not-for-profit and other mission-directed organizations including federally subsidized housing for low-income seniors, nursing homes, residential care, assisted living, continuing care retirement facilities, home care agencies and other community service providers.

Our members set the standards for the field through service excellence and the development of innovative programs and services for Oregon's seniors. We are dedicated to advancing the future of aging services in Oregon and stand ready to participate in a constructive dialogue and planning process with the Department and other stakeholders to ensure Oregon's system of long term services and supports is well-positioned to meet the needs of older Oregonians in the years ahead.

We appreciate the early and multiple briefings on LTC 3.0, most recently at our Fall Leadership Conference last Thursday, and want to provide you with some initial feedback resulting from those meetings as well as some specific comments related to the language in LC 371.

We support the core principles of LTC 3.0 to:

- Build upon the vision in ORS 410 that sets forth the right of seniors to live with health, honor and dignity and with maximum freedom and independence; and
- Focus on prevention and early intervention, community engagement, person-centered services and improved outcomes.

Oregon's seniors need access to a vast array of home and community based services - a key element to the success of our system to date and holds true for the future. We are concerned with the draft language in the LC that states the plan must set forth "1.) How to establish home and community-based care as the new entitlement." We believe that we should go into the planning process without key assumptions as to what should be an entitlement, but rather look at the system as a whole. We should look at mechanisms to assure that seniors can access the home and community based services they need, including nursing home care. With that as the goal, we recommend that the language in Section 1 be changed to delete "(a) How to establish home and community based care as the new long term

care entitlement." At this time, it is not clear as to what that statement means and we believe much discussion and analysis is needed prior to implementing a new entitlement. It may be at the end of the planning process this becomes a recommendation, but we should not start the planning process with it as a premise.

We are concerned that as we serve much higher acuity residents within community-based settings, rates have not risen to reflect the higher service needs and accompanying increased regulation. This needs to be considered within the planning process and resulting system redesign.

The language in LC 31 gives the Department the authority to implement any provision of the plan that does not require legislative approval. We recommend that legislative approval be required for the entire plan to help assure adequate and continued involvement of stakeholders in shaping of the plan.

Thank you for this first opportunity to provide input on the Department's intent to engage stakeholders in a planning process to reform Oregon's system of long term services and supports.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Gulyas".

Ruth Gulyas
Executive Director



*The power to make it better.**

October 31, 2012

Mr. Michael McCormick, Deputy Director
Aging & People with Disabilities
Oregon Department of Human Services

Dear Mike,

On behalf of AARP Oregon, we wish to thank the Department of Human Services for seeking our comments in review of the draft LC 371 as well as feedback regarding the LTC 3.0 PowerPoint presentation to and dialogue with our state volunteer leadership and staff in early September. We had previously shared with you our comments on September 27th via two e-mails with: (1) an attached edited version of the LC per our staff review, and (2) an attached scanned copy of the LTC 3.0 PowerPoint with our team edits included on the scanned copy. However, we want to further provide via a cover letter our formal appreciation for seeking the pro-active feedback of stakeholders and highlight some key points from the September attachments.

AARP is the nation's largest non-profit membership organization focused upon issues of successful aging primarily for those ages 50+ and their families. With over a half million members in Oregon, AARP Oregon engages inclusively a diverse membership through activities that add value and secure positive social change for Oregonians as they age. An important aspect of our work here in Oregon has been our efforts to ensure that all Oregonians continue to have access to affordable and quality long term care services and supports while maintaining our commitment to the values of Oregon Revised Statutes Chapter 410.

As noted in the detailed edits submitted September 27th specific to LC 371, while we can all agree that Oregon's model of long term services and supports (LTSS) cannot remain static in design and delivery, we have a number of concerns regarding both the assumptions raised and procedures laid out in the LC. We disagree with such stated assumptions that the double digit escalation of costs for health care means the same rate of escalation for our LTSS costs (indeed, our system has helped keep the rate of increases far lower). Moreover, the assumptions failed to adequately recognize the role and value already provided by family and friends as care givers with the resulting need to enhance age-friendly community planning and supports from both private and public sectors.

Specific to the Section 2 of the draft LC, our recommended edits focused upon two key concerns: (1) the failure to specify name and define the role for consumer advocates including AARP Oregon and the Oregon Chapter of Alzheimer's Association; and (2) setting a timeline for action which places a major set of actions before the Legislature during a short 1 month session (not conducive to a deliberate review and discussion by our legislative body). A third concern we have with the LC is that it appears to provide legislative approval upon enactment to any administrative action DHS/APD could take without further legislative approval.

We hope that the recommended edits we submitted in September be incorporated in a final LC. It will be helpful to know just what the Department's timeline is for responding to the feedback sought from various stakeholders.

Specific to the PowerPoint Presentation and the scanned written recommendations and suggestions we provided in September, this letter will speak to three points: (1) as noted in our comments to the assumptions with LC 371, the slides showing escalating health care costs are not relevant to the costs to LTSS. We recommend using "apples-to-apples" data. In addition, the trajectory of aging in Oregon fails to break out the between ages 65-74, 74-84 and 85+. We have shared recent AARP data that shows that the real steep trend is that of age 85+ over next several decades. (2) The framing of LTC 1.0 vs 2.0 vs 3.0 speaks of "entitlements" and does not seem to acknowledge that what Chapter 410 did was place HCBS as the default for long term care. The real paradigm shift being proposed (as we understand from presentation) is to further expand/enhance non-Medicaid supports and further build up our LTSS (also called home & community-based services) system. (3) The conceptual model used for LTC 3.0 is of a "continuum of care", yet much of real world care is via an array of care and supports based upon situation in real time. As noted by one of our volunteer leaders who was engaged in the "birthing" of Chapter 410 and our LTSS system: 'Chapter 410 builds upon values we cherish. Key of LTC 3.0 should be to protect those values even as we surrender some level of autonomy when we enter a facility-based system, especially acute/hospital and short-term/Nursing Facility care. We need to best protect those values when one is in an institutional setting.'

There were many other great points we included in the scanned attachment sent to you in September. We hope that you have taken all those comments under advisement and will share reactions and responses with us.

We look forward to continuing our work with the Oregon Department of Human Services and Aging & People with Disabilities. We share the goals and values of OARS Chapter 410 and the legacy it has provided all Oregonians past, present and future.

Sincerely,



Gerald "Jerry" Cohen, J.D., M.P.A.
AARP Oregon State Director

CC: Erinn Kelley-Siel
Chad Cheriell
Rick Bennett



October 12, 2012

Mike McCormick
Deputy Director
Aging & People with Disabilities Division
Department of Human Services
500 Summer Street
Salem, OR 97301

Dear Mike,

On behalf of O4AD, the Oregon Association of Area Agencies on Aging & Disabilities, representing the 17 Area Agencies on Aging and Disabilities within the state, thank you for the opportunity to submit comments on LC 371, the "Long Term Care 3.0" legislation being proposed by the Department for the 2013 legislative session. O4AD acknowledges and appreciates the work of the Department in taking proactive efforts to look at Oregon's long-term care system to insure the system continues to meet the overarching goals of ORS 410 – independence, dignity, choice and safety for Oregon's seniors and people with disabilities. A commitment by the Department and stakeholders to innovation and best practices in how we approach long term care will continue to net the types of positive approaches to care that is a hallmark of the Oregon system of long term services and supports.

Our members have had the opportunity to participate in presentations about the concepts of the LTC 3.0 plan that the Department is seeking to undertake. From those presentations, we find three key areas we support as focus areas for rethinking this system.

- **A focus on home and community based care:** Oregon pioneered and proved the idea that providing care in the home or a community based care setting would offer not only cost savings overall versus unnecessary or premature utilization of more restrictive care settings, but also maximize the independence of the individual. Refocusing the approach of Medicaid funded care for seniors and people with disabilities to continue to prioritize care that offers maximum independence in the most appropriate and least restrictive care setting is a critical goal as Oregon's system evolves into the future.
- **Person centered approach to services and supports:** Oregon's system of long-term services and supports has focused on the person as key principles. Prioritizing independence, dignity and choice of the individual results in the individual investing at a higher level in their own care and outcomes. Strengthening the person-centered approach is a necessary element of Oregon's approach, in its current format or under any new plan to be developed.
- **Prioritizing prevention and early intervention:** Maximizing an individual's ability to avoid or delay more costly interventions is not only the right thing to do but also nets fiscal savings to the Oregon's long-term care system of federal and state funded programs. Research at the federal level supports prioritizing investment in prevention and early intervention which will in turn net positive results to budgets, programs, and most importantly, to the individual and their family.

Oregon Association of Area Agencies on Aging & Disabilities
PO Box 2777, Salem, OR 97308
www.o4ad.org

We recognize that the public presentation is being updated regularly and thus should not be considered a definitive statement of the Department's approach or intent.

In regards to the language contained in LC 371, our comments are as follows:

1. **Timeline:** The timeline outlined in this legislation does not offer for alterations in timing dependent on process. O4AD recently completed a long term care planning/visioning process, facilitated by a third party moderator and funded by private Oregon foundations, and a key element of the process was the amount of time necessary to allow for genuine participation by stakeholders to gain robust input. Our process took longer than expected due to the demands of schedules. We recommend the process of planning and potentially implementing any changes leave room for appropriate input and process to occur which may not follow the stringent dates set forward in the legislative concept.
2. **Process and implementation:** Section 2.4 of the legislative concept gives the Department broad authority to implement a plan to reinvent the long-term care system. The authority granted in this legislative concept allows the Department to ultimately create a plan that may consider input from stakeholders but does not put in place a system of checks and balances for implementation. The Department may implement any changes that do not require legislative approval and may apply for federal approvals based only on submitting their plan to the Legislature, but the concept does not call for further oversight or monitoring to insure stakeholders are also supporting the plan that the Department may present to the legislature. In order to have a plan that has a potential to succeed, O4AD recommends adding additional language to the concept that will require legislative approval of the entire plan and all changes proposed to the system of long-term care, regardless of whether statute or rule change is required. A more open and transparent process allows for public input and vetting that will build support not only from stakeholders but also consumers, the public, interested parties and our legislative body to improving and stabilizing Oregon's system of long-term care.

Again, we applaud the Department for continuing to be proactive in their approach to helping Oregon's seniors and people with disabilities receive services and supports that maximize independence, dignity, choice and safety.

Thank you for the opportunity to provide this input.

Rodney Schroeder
Chair, O4AD

Nicole Palmateer
Director, O4AD



October 26, 2012

Mike McCormick
Deputy Director
Aging and People with Disabilities
Department of Human Services

Re: Opportunity to comment on DHS LTC 3.0 proposed initiative and legislation.

Dear Mike,

The Oregon Health Care Association (OHCA) would like to express its thanks to the Oregon Department of Human Services (DHS) for receiving comments from interested stakeholders on its proposed LTC 3.0 initiative. OHCA has formulated comments on this proposed initiative because OHCA and its membership are concerned with the potentially adverse impacts this proposed initiative will have on long term care services in Oregon as well as the low income frail elderly and people with disabilities who depend on critical safety net services.

The utmost concern that OHCA and its membership has with the LTC 3.0 initiative is with its potential to erode and quickly hollow out Oregon's LTC system, which is built on a foundation of providing choice and independence to its beneficiaries in a cost effective and sustainable manner. The following outlines some of our concerns:

- Chief among our concerns is the proposal to eliminate the federally defined minimum entitlement level of LTC service which has been guaranteed to beneficiaries since the earliest days of Medicaid.
 - Removing access to a key element of the health care continuum that serves those with the highest impairment levels and complex medical conditions will deprive thousands of vulnerable Oregonians of needed care and rehabilitation at the most crucial point for restoring frail patients to their highest possible functional level.
 - OHCA believes that eliminating the federally mandated nursing facility level of care is in direct conflict with the goals and objectives of Oregon's health care transformation. Data shows that nursing facilities provide a critical link helping transition between the hospital and home, providing cost effective alternatives to higher cost services delivered in hospitals. Eliminating access to this level of care to beneficiaries could lead to people not receiving restorative therapies, effective care transitions, and compassionate end of life care, leading to poorer care for individuals, diminished health of populations, and higher overall system costs in direct conflict with the key components of the Triple Aim.
 - Removing guaranteed access to an established and defined minimum level of service endangers the long term viability of all LTC services. The federally mandated benefit sets the minimum benchmark for beneficiaries requiring services, allowing people to

choose a multitude of alternatives in Oregon with the guarantee that the entitlement to the federally mandated benefit will continue to be available in the event that it is needed.

- Eliminating the federally mandated benefit removes the “floor” of services which provides for Oregon’s system its fundamental stability upon which the additional elements of choice and independence are built.
- Existing data on the Oregon LTC system suggests that LTC 3.0 makes poor choices on which elements of our LTC system are in need of reform. According to the 2012 AARP Across the States, Profiles of Long-Term Services and Supports, Oregon is highly successful in the following elements of Long-Term Services and Supports:
 - Oregon spends less than half the U.S. average on nursing facilities per person
 - Oregon spends more than double the U.S. average on waived Home and Community Based Services (HCBS) per person
 - Oregon ranks third lowest nationally in nursing facility residents per 1,000 aged 65+ (at a rate 60% below the national average)
 - Oregon is third nationally in direct care nursing hours per resident day

It is ironic that when DHS staff presents this initiative, they use as their rationale the results from a September 2011 report conducted by the SCAN Foundation which ranks every state and the District of Columbia on a scorecard of performance for long-term services and supports (LTSS). Oregon ranked third overall on this scorecard, and yet, DHS proposes a radical policy upheaval of Oregon’s LTC system in an effort to “get back into first place.” It is interesting to note that when the SCAN report is closely evaluated, Oregon’s scores in the choice and quality dimensions are in the top quartile of states and Oregon scores first overall for support for family caregivers.

Oregon’s score on affordability and access is 26th which makes this the category pulling our system’s overall rank down to third. Within this category, the measurement which diminishes Oregon’s performance score is Oregon’s low percentage of Adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance, causing Oregon to rank 43rd among states in this metric. Most interesting of all, while Oregon fares poorly in qualifying potential beneficiaries for Medicaid, the likelihood that Medicaid eligible individuals actually receive Medicaid LTSS in Oregon shows once again that our LTC system outperforms Medicaid overall, with Oregon earning a rank of 15th in this category. In many states, the problem which commonly exists is that a beneficiary can more easily become Medicaid eligible than obtain access to LTSS, but the SCAN report indicates that Oregon has the opposite problem of barriers to access to Medicaid eligibility but relatively good access to LTSS once Medicaid eligibility has been attained. This is a problem that the LTC 3.0 initiative and DHS staff does not address.

While OHCA is encouraged by DHS actively engaging in planning for the future of LTC services, we believe that LTC 3.0 is a solution in search of a problem, while DHS has neglected to focus on some of the actual shortcomings within Oregon’s system. In fact, the Scan Foundation report ranks Minnesota first among all states in its LTSS system performance. A small amount of research on Minnesota uncovers the fact that the Minnesota Department of Human Services has set three broad strategic goals with accompanying key actions. Minnesota’s goals are, 1) To continuously improve how Minnesota DHS administers services; 2) To support and enhance the quality of life for older people and people with disabilities; and 3) To promote professional excellence and engagement in Minnesota DHS’s work. Each

goal is reinforced by data supported benchmarks which are regularly collected, organized, and reported on so that all stakeholders can gain an objective measurement of how well the system is performing. This outcome data in turn informs the agency, stakeholders, and policy makers where scarce resources can be best allocated to bring about the best possible systematic performance.

In recent years, Oregon DHS has moved away from collecting and reporting data due in part to budget constraints. As a result, we now lack the ability to assess key components of how LTC services are delivered. Basic measurements such as; 1) licensed facility beds per 1,000 population aged 75 and older; 2) total LTC facility admissions; 3) admission source; 4) hospital re-admission; 5) length of stay by setting and region; 6) total LTC facility discharges; 7) discharge status; 8) age and gender; 9) days by payer status; 10) point of entry into Medicaid eligibility; and 11) medical diagnosis categories driving Medicaid service needs. These are just a few examples among many data elements which should be collected to inform the creation and adoption of a strategic long term plan to maintain and improve Oregon's long term care system.

Once again, OHCA thanks DHS for its effort to bring improvements to our state's LTC system. We are of the strong belief that Oregon's LTC system is built upon the strongest foundation of any state in the union. We also agree that there are some components of our system which are in need of better data collection and analysis to inform decision making about any potential system reforms to better serve the growing needs projected for the future. While we oppose a legislative effort to approve moving forward with this LTC 3.0 proposal, we enthusiastically endorse the concept of working with the Department and other stakeholders to formulate a collaborative plan which might one day be presented to the Oregon Legislative Assembly.

Respectfully submitted by:



Joe Greenman
Legal Counsel
Oregon Health Care Association

**Gretchen Jordan, Coordinator of Volunteers – Office of the Long-Term Care Ombudsman
Monthly Report October 2012**

184 Volunteers are serving in 204 Roles

**Certified Ombudsman = 170 R&S Volunteers = 19
Executive Volunteers = 9 Advisory Committee Members = 6**

Dist	1	3	5	6	7	9	10	11	12	13	14	15	21	22	23	24	41	42	43	81	82	Total
CON	6	29	23	7	8	5	12	4	7	5	1	3	52	26	29	3	4	4	8	14	9	259
New CO in Oct							2															2
Resigned		1					1						3	1	1					1		8
Current CO Oct	5	15	21	8	2	1	12	1	6	2	0	2	34	16	20	3	1	3	4	10	8	170
NCON	1	14	2	0	6	4	0	3	1	3	1	1	18	10	9	0	3	1	4	4	1	86
App Pending		5	3		1	1	5	1	1				9	4	12		3		2	2	1	49
R & S volunteers			5				2		1				3				3		2		3	19
Executive volunteers													5	1	1					2		9
Advisory Comm		1					1					1	2				1					6
SMP Trained		3	15		2					1		1	20	2	14	1		2				62

CON= total CO's needed NCON=Net CO needed

**** New applications this month: 9**

Support, Outreach, and Activities for Deputies:

Ana (11, 21, 24)

District 21: First meeting with new R & S committee – great turnout and enthusiasm. Planning for special events and outreach, especially in East County. Special thanks to Teena Ainslie and Bill Bard for their support during this rebuilding process. Attended AARP networking event about aging and community involvement.

Ann (5)

District 5: We've created a PSA that R & S members will be distributing in Lane County. Planning to meet in November with RSVP director to discuss ways we can work together.

Drew (9, 10, 12, 13, 15, 42)

Outreach trip report:

Eastern Oregon outreach recap:

I'm in negotiations with Lyn Craig, ED of LEO (libraries of Eastern Oregon). They provide

opportunities for community presentations at their libraries. The libraries provide the space, advertising, etc. and we just show up and give our presentation. This is a great way to provide info about the LTCO program as well as volunteer recruitment. My hope is to visit all the libraries over the next six months if possible. The folks at SHIBA have made some presentations and they are willing to bring our information and I will do the same – as we'll both be presenting about SMP.

I made visits to several communities and here's a recap:

Baker City: I was invited to visit Mickey's AAUW group and had a few minutes to give a presentation about LTCO and the need for volunteers. I spoke with a member who works at the local clinic and she took a big stack of brochures and my card-she thought a LTCO presentation would be good for the staff. The clinic is adding several new services for the community that will save folks a trip to Boise.

LaGrande: I attended the Farmer's market and made a good contact. We can come anytime (free space) and they suggested Saturday is a better day for more foot traffic so will make plans for the spring. Talked to a few folks. Will make plans to have a presence in the spring and working with other volunteer groups to share the table and info space and share the time to man the table.

Pendleton: Spoke with Scott Jacobsen, RSVP director. Capeco (their sponsor organization will the ADRC for Umatilla, Grant counties. LTCO is listed as a volunteer opportunity with RSVP and he had some good feedback about what's happening in the community with volunteers. He would love to partner with outreach at Farmer's markets in the future. His office is happy to provide office space should a staff member need it in the future – for short or part time basis.

John Day: Met with Glenna Parker, a CO who resigned earlier this year. She is still very passionate about our program and is willing to take on the role of R & S volunteer. She's going to approach local groups to give presentations and is willing to help do initial screening and interviews for potential volunteers (also willing to make the library presentations which will be a great help)

Prineville: Interviewed Linda Evans, who applied after she saw the article in the local paper in August. She invited her husband and another friend who asked for applications by the end. They might be willing to travel to Portland for training but would prefer to train as early as possible in the spring.

The Dalles: Bill Williams has retired from AAA in The Dalles; he would like to train as a CO in Portland. He is also willing to help with presenting about the program; possible library presenter as well. I also spoke to a potential applicant who is sending in an application (thanks to Sherry who is alerting me right away so I can follow up ASAP).

District 9: Thanks to Mickey Edwards for getting me a speaking slot with her AAUW chapter in Baker City.

District 10: Nancy Allen will be recognized November 9 in Salem at the Governor's Volunteer Awards for the Regional (Central Oregon) winner for Outstanding Senior Volunteer. I am arranging for representation at the recognition and luncheon event.

District 12, 13: Connected with Drew for any other updates in this area.

Jen (22)

District 22: Meeting with CO's at support meetings for SMP info. Attending local county R & R

group, there are resources for some free classes for CO's to attend and good networking. Asked to be on a panel when the topic has to do with LTC, aging, etc. in early 2013.

Molly (6, 7, 23, 81, 82)

District 23: Presentation to Parish Nurses in Washington County about the LTCO program. Several interviews as a result of the Forest Grove mailing; planning to arrange training in October for a more convenient location. Assisted with Mary at October CO meeting.

District 6 & 7: Presenting about LTCO and info table at the Extraordinary living conference November 3 in Coos Bay.

District 81 & 82: October training is rescheduled for 2013. Not enough potential volunteers to hold a training.

Valerie (1, 3, 41, 43):

District 1: Met with Valerie about needs in District. Will look at possible outreach plans in the fall.

District 3: Met with Hands On Willamette for more training about their online database and recruitment and volunteer supports.

District 41/43: R & S committee has had their first actual volunteer interview and outreach event. Good location at the farmers market, right next to the puppies and kittens. Good foot traffic and the volunteers did a great job! The farmers market folks are happy to have us back. The group will look at the best time to do it again. Dan Dunham stopped by and took a photo – will attach to the end of This report.

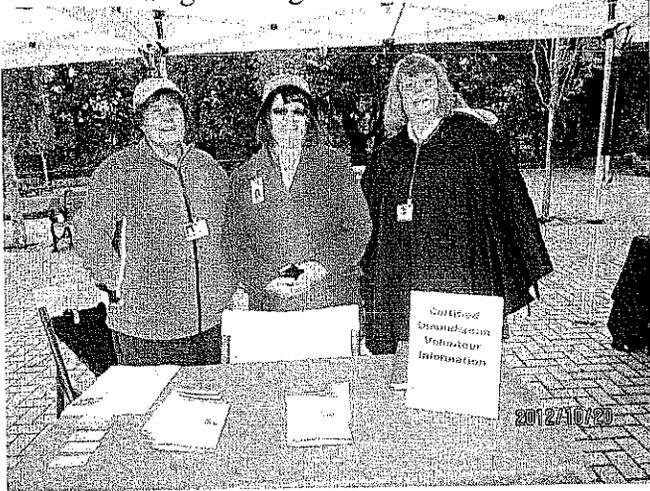
SMP Program Report:

Attended the full SHIBA training October 2 in the Portland area; videotaped the segments. Sharing the files with SHIBA and editing the SMP for our needs. Reporting is up to date for the first program year and the next will be due soon. Touching base with all SMP LTCO volunteers in October to answer questions, get feedback, and input for year end assessment. Completed a volunteer program assessment for Ryan Kibby.

Other activities and projects:

- LTCO now has a youtube channel and a new recruitment video. You should be able to view it by going to youtube and searching for 'Bill Bard Oregon'. It is up on our facebook page and plan to put on our website. Thanks to Bill Bard for being the 'star' and as co-producer. I am exploring other ways to use this technology to create training, recruitment, and recognition videos in the future. Working on a 'why I volunteer' video at Mary's request.
- Conducted five volunteer interviews in areas where no R & S committee or for R & S members.
- Catching up on reporting for R & S activities, SMP, and other duties that will be reflected in the federal and state reports.
- The R & S training manuals are being distributed to committee members and beginning modules are being presented.
- Facebook page now has 121 friends. We are getting good communication and likes from other LTCO programs around the nation. If you are on facebook, search for Long Term Care Ombudsman Oregon and 'like' us. Future plans to enhance facebook for more outreach and information.
- Continued support and coaching with staff on volunteer management issues and transition with staff changes.

- Working on a detailed legislator list for future advocacy use.
- Regular updates on agency website. I have received positive feedback about the ease of use and good information on the site from prospective volunteers, colleagues, and staff. The overall state system is improving with less outages; I have added more content and photos with more to come, including videos.
- Made some revisions to the tent card handed out to residents; arranging for printing and delivery.
- Slight changes in size and color resulted in 25% savings on printing costs.



Corvallis area R & S Committee members June Hamby and Eileen Ayer meeting and greeting at the Corvallis Farmer's market October 20.

Thanks to Dan Dunham for taking the photo!