

Seniors and People with Disabilities Division

James Toews, Director

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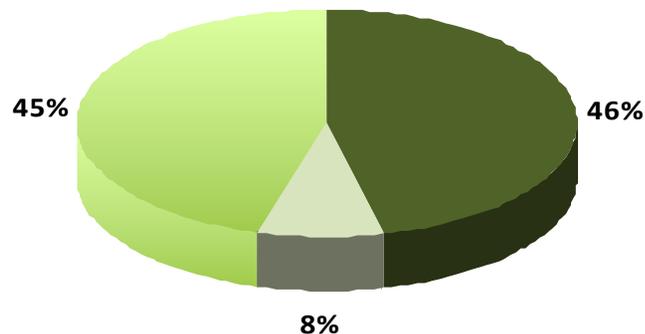
Oregon's History

Oregon's Long-Term Care system is recognized nationally as one of the best with the highest percentage of clients and expenditures in community vs. institutional settings.

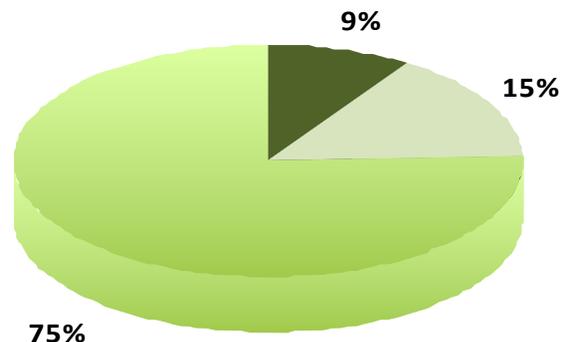
Started in 1981 with the creation of Senior Services Division. Enabling legislation emphasized choice, independence and dignity.

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Oregon and the U.S., 2006

Oregon



United States



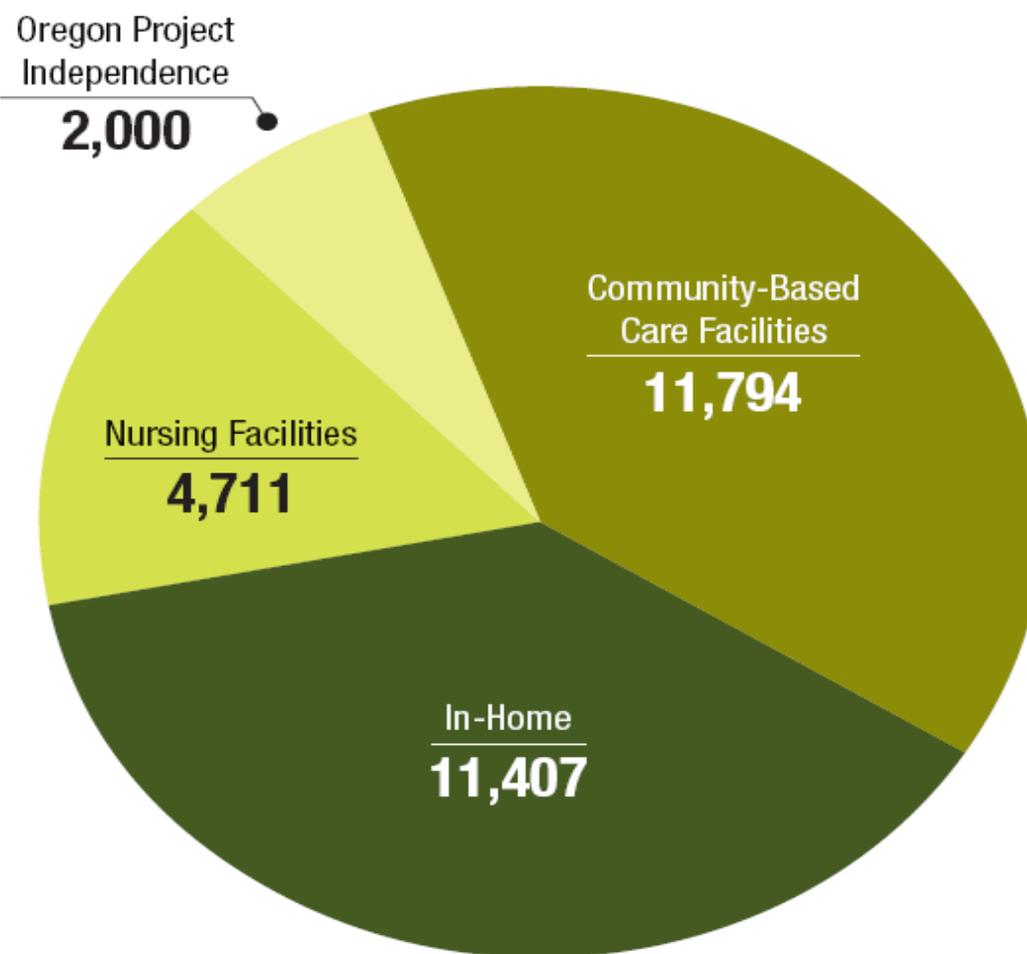
■ Aged/ Disabled Waivers ■ Other HCBS ■ Nursing Facilities

AARP Public Policy Institute: A Balancing Act: State Long-Term Care Reform, July 2008

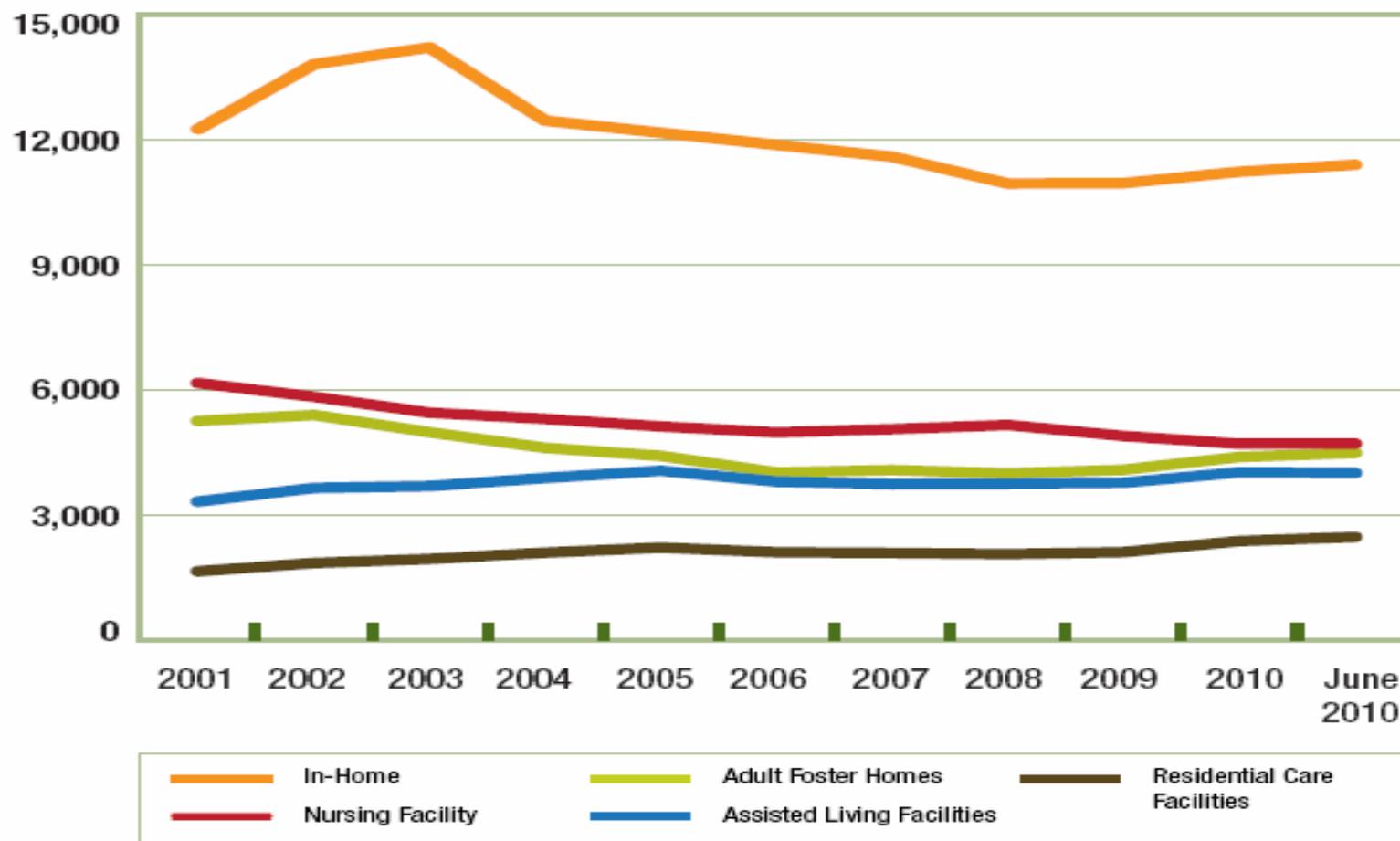
Medicaid LTC Balancing (% HCBS)

State	Percent of 2001 Medicaid LTC Expenditures going to HCBS				Percent of 2006 Medicaid LTC Expenditures going to HCBS			
	All Medicaid Beneficiaries		Older People & Adults with Physical Disabilities		All Medicaid Beneficiaries		Older People & Adults with Physical Disabilities	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Oregon	67%	1	51%	1	72%	1	55%	1
New Mexico	55%	2	34%	4	67%	2	54%	2
Washington	47%	6	42%	3	60%	4	54%	3
Alaska	54%	3	32%	7	63%	3	51%	4
California	47%	7	43%	2	51%	9	47%	5
Idaho	28%	27	26%	9	42%	14	38%	9
Tennessee	15%	45	1%	49	25%	42	1%	49
United States	29%		19%		37%		25%	

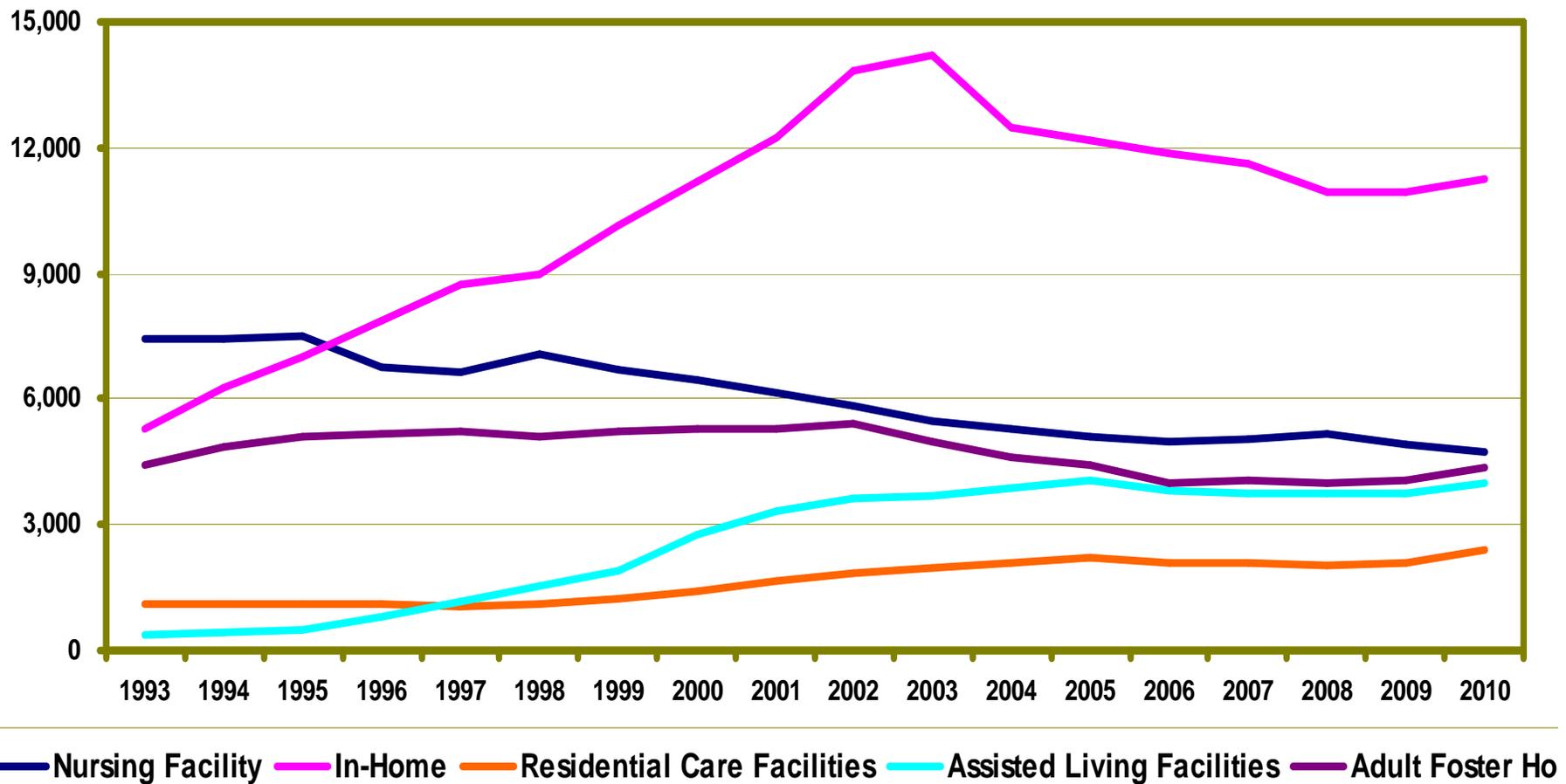
SPD Clients by Service Setting, June 2010



Statewide Long-Term Clients, June 2010



Seniors and People with Physical Disabilities
 Long-Term Care Clients
 1993-2010

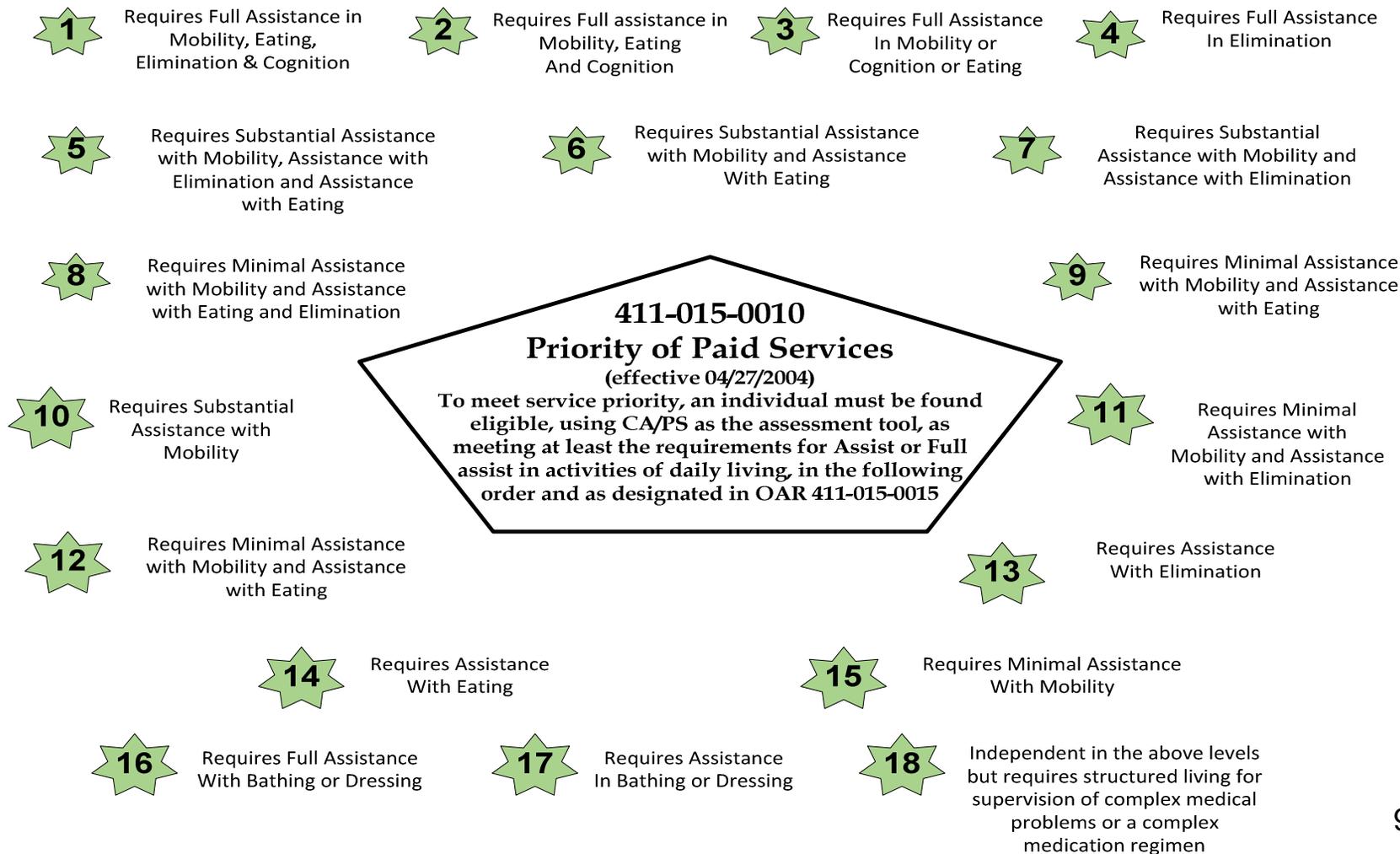




A Social Model

Oregon's LTC services are a Social Model with eligibility and service planning organized around supports for activities of daily living and, not needed medical services

Activities of Daily Living



Medicaid

Oregon obtained the first Home and Community Based Services waiver in 1981. Since then, the Medicaid budget in Senior & Disability Services has grown to \$1.9 billion TF for 2009-2011.

SPD now directly manages six separate waivers and together with DMAP multiple Medicaid State Plan Options.

Oregon Seniors and People with Disabilities Summary Fact Sheet – All Waivers 1/31/11 Update

Waiver:	1915(c) Aged and Physically Disabled Waiver #0185 07/08 WY	Comprehensive Waiver #0117 (640) 7/08 WY	Support Services Waiver #0375 (643) 07/08 WY	Behavioral Model Waiver #40194 (641) 08/09 WY	Hospital Model Waiver (MFCU) #40193 (642) 08/09 WY	Medically Involved Children's Model Waiver #0565 (644) 08/09 WY
Case Descriptor	APD	DDC	DDS	DDB	MFW	MIW
Minimum Age:	18	0	18	0	0	0
Maximum Age:	None	None	None	18	18	18
Level of Care (LOC):	Nursing Facility	ICF/MR	ICF/MR	ICF/MR	Hospital	Nursing Facility
Financial Eligibility:	Up to 300% of SSI= \$2,022 per month as of 01-01-09	Up to 300% of SSI= \$2,022 per month as of 01-01-09 Cost of Waiver funded HCB supports must be > \$21,562 per year.	Up to 300% of SSI= \$2,022 per month as of 01-01-09. Cost of Waiver funded HCB supports must be < \$21,563 per year.	300% of SSI= \$2,022 per month as of 01-01-09 (parental income not considered)	300% of SSI= \$2,022 per month as of 01-01-09 (parental income not considered)	300% of SSI= \$2,022 per month as of 01-01-09 (parental income not considered)
Initial and Ongoing Waiver Eligibility Tool:	Client Assessment and Planning System	Title XIX Waiver Form	Title XIX Waiver Form	Title XIX Waiver Form and Behavioral Conditions Criteria	Title XIX Waiver Form and MFCU Clinical Criteria	Title XIX Waiver Form and MICW Criteria
Number of participants:	27,403	6,217	4,482	116 (Up to 200)	99 (Up to 200)	72 (Up to 200)
Cost of waiver services, per participant/per year:	\$10,285	\$63,192	\$10,125	\$3,952	\$1,289	\$1,512

Oregon Seniors and People with Disabilities Summary Fact Sheet – All Waivers 1/31/11 Update

Cost of In-Home Services:		Costs <u>greater</u> than or equal to \$21,563 per year	Costs <u>less</u> than or equal to \$21,562 per year			
Services included in waiver:	Adult Day Care; Environmental Accessibility Adaptations; Transportation, Adult Residential Care (Foster Care, Assisted Living, Residential Care Facilities); Home-Delivered Meals; Specialized Living Services; In-Home Services; Community Transition Services.	Respite; Habilitation (Day, Residential, Prevocational, Supported Employment); Environmental Accessibility Adaptations; Non-Medical Transportation; Specialized Medical Equipment and Supplies; Family Training; In-Home Support Services; Crisis/Diversion Services; PT/OT/Speech.	Respite; Homemaker; Supported Employment Services; Environmental Accessibility Adaptations; Non-Medical Transportation; Chore Service; Personal Emergency Response Systems; Family Training; PT/OT/Speech; Special Diets; Specialized Supports; Support Services Brokerages; Emergent Services; Community Inclusion; Community Living; Specialized Medical Equipment.	Respite; Homemaker/Chore; Environmental Accessibility Adaptations; Non-Medical Transportation; Family Training; Specialized Medical Equipment and Supplies; Special Diets; Translation; Behavior Consultant; PT/OT/Speech.	Respite; Homemaker/Chore; Environmental Accessibility Adaptations; Non-Medical Transportation; Family Training; Specialized Medical Equipment and Supplies; Special Diets; Translation; Behavioral Consultant; PT/OT/Speech;	Respite; Homemaker/Chore; Environmental Accessibility Adaptation; Non-Medical Transportation; Family Training; Specialized Medical Equipment and Supplies; Special Diets, Translation; Behavior Consultant; PT/OT/Speech.



Serving Individuals With Complex Needs

Oregon, unlike most states, uses Medicaid to purchase community services for individuals with very high acuity

Statewide Seniors and People with Physical Disabilities as of June 2010

SPL	Non Relative Foster Home Care	Relative Foster Home Care	Assisted Living	Nursing Facilities	In-Home Hourly	In-Home Live-In	Residential Care	Contract Residential Care	Specialized Living	Spousal Pay	PACE	Independent Choices	Total
1	328	138	19	895	182	65	50	160	0	15	100	8	1,940
2	8	12	5	7	17	4	1		0	4	0	1	60
3	1,779	683	1,501	3,083	2,296	635	563	1,217	85	71	442	112	12,467
4	139	65	145	154	316	43	44	23	3	0	32	8	972
5	46	69	135	44	472	68	20	7	3	0	11	25	900
6	9	16	35	3	93	5	4	1	1	0	5	3	175
7	342	379	1,193	392	3,443	230	170	52	19	0	141	88	6,449
8	4	8	12	4	23	0	1	2	0	0	0	1	55
9	11	2	10	3	16	0	3	1	0	0	1	0	47
10	117	123	620	70	1,493	17	65	11	35	0	58	7	2,616
11	61	50	185	34	339	0	23	12	5	0	19	0	728
12	3	2	12	1	19	0	1	0	0	0	0	0	38
13	72	22	135	21	1,153	1	29	10	3	0	19	0	1,465
Total	2,919	1,569	4,007	4,711	9,842	1,068	974	1,497	154	90	828	253	27,912

Keys to Oregon's Success

- A unified state agency structure over policy, licensing, budget, Medicaid, Eligibility, Older American Act Services, Medicare Buy-in programs, etc.
- Global budgeting
- One of the most liberal nurse delegation laws and contract nursing programs
- An expansive in-home program where clients can hire friends and relatives

Keys to Oregon's Success

- Incentivizing certain provider types, e.g., Assisted Living and Adult Foster Care
- A smart focus by the industry and the state on a balanced payer mix between Medicaid and Private Pay
- Single portal eligibility and case management in Area on Agency offices or state field offices for all programs, including Long-Term Care, Oregon Health Plan, Food Stamps, Medicare Savings programs, Older Americans Act services and other programs

Seniors and People with Disabilities Served in SPD Programs

- 114,000 Receive Medical Coverage and/or Food Stamps
- 27,900 Receive Long-Term Care Support
- 2,000 receive Oregon Project Independence Services

Seniors and People with Disabilities Served in SPD Programs

- 323,000 Receive Older American Act Services
- 70,000 Received Protective Services
- 85,000 have Medicare (Part B) Premiums Paid Each Month

Programs Licensed or Regulated by SPD

- SPD Oversees and/or Licenses:
 - 140 Nursing Homes
 - 1,815 Relative Foster Homes
 - 1,720 Commercial Foster Homes
 - 209 Assisted Living Facilities
 - 236 Residential Care Facilities
 - 12,000 Home Care Workers



The Demographic Challenge

In 2010, 13 percent of Oregonians are 65 or older. By 2030 it jumps to over 20 percent.

In 2010, 76,000 Oregonians are 85 or older. By 2030 it reaches 120,000

Current System Fragmentation

The Medical system and Long-Term Care system often do not coordinate or communicate their activities.

Examples Include:

- A client is denied an alternating pressure mattress for bed sores which then requires extra expense and staffing to turn the person at night

Current System Fragmentation

Examples Include: (continued)

- The Paid Care Provider (PCP) does not know the Client is not taking meds
- The Case Manager is unaware the Client has had multiple ER visits
- Neither side provides regular coaching to the Client on simple exercises that will help improve balance and prevent falls

A Possible Vision for Integrated Care

- There is a Single Service Plan that addresses all the Client's needs, including:
 - social supports for the person's well-being,
 - specific supports for activities of daily living,
 - supports for any chronic condition or mental health needs,
 - goals and treatments traditionally delivered in the physician's office.



A Possible Vision For Integrated Care

- The plan reflects client choice to the maximum extent
- A single care coordinator is assigned to the client to coordinate implementation of the plan and help the person navigate through resources outside of the organization