
Care Coordination/ICC Learning Collaborative

October 20, 2022

The session will begin shortly.



Learning Collaborative (LC) Format

12-month, virtual learning community and forum to support CC/ICC

- Sessions are **not** being recorded
 - Open, candid communication – but please no PHI
 - Session materials will be posted to the [OHA Transformation Center-Care Coordination](#) page after each meeting
- LC limitations and plan for ongoing communication to participants
- Input is welcome between sessions:
 - Thomas.Cogswell@dhsoha.state.or.us (OHA Transformation Center)
 - Dsimnitt.dsc@gmail.com (LC Facilitator)

Zoom Logistics

Throughout this learning collaborative, please:

- Use your webcam whenever possible
- Mute your microphone unless you are speaking
- Use the 'raise hand' function to share information or ask a question
- Add information and questions to the chat
- If you are having technical Zoom issues, send a chat message directly to Tom Cogswell
- Participate! Collaborate! Engage!

Please do not put your call “on hold” if you are dialed in.

Check-In: September Session – CC/ICC OARs

Timeline for CCO Care Coordination/Intensive Care Coordination Rulemaking

Unofficial – For Illustration Purposes Only

Date	Activity
November 2022 to January 2023	Informal OHA + partner discussions regarding potential rule changes
December 2022	Send “Dear Tribal Leader Letter” regarding upcoming Rules Advisory Committee (RAC)
February/March 2023	Rules Advisory Committee (RAC) meeting(s)
March 2023	Prepare proposed rules, taking into consideration RAC recommendations, and route for review and approval by OHA staff and leadership
March 24, 2023	File proposed rules with the Secretary of State
April 1, 2023	Notice published in Oregon Bulletin
April 1, 2023 to April 21, 2023	Public comment period, including any public hearing(s)
April/May 2023	Prepare permanent rules, taking into consideration public comments and testimony, and route for review and approval by OHA staff and leadership
June 10, 2023	File permanent rules with the Secretary of State
July 1, 2023	Updated, permanent rules take effect



**OFFICE OF DEVELOPMENTAL
DISABILITIES SERVICES (ODDS)**

Presentation for ICC

Outline

Empowering Oregonians with intellectual and developmental disabilities (I/DD)

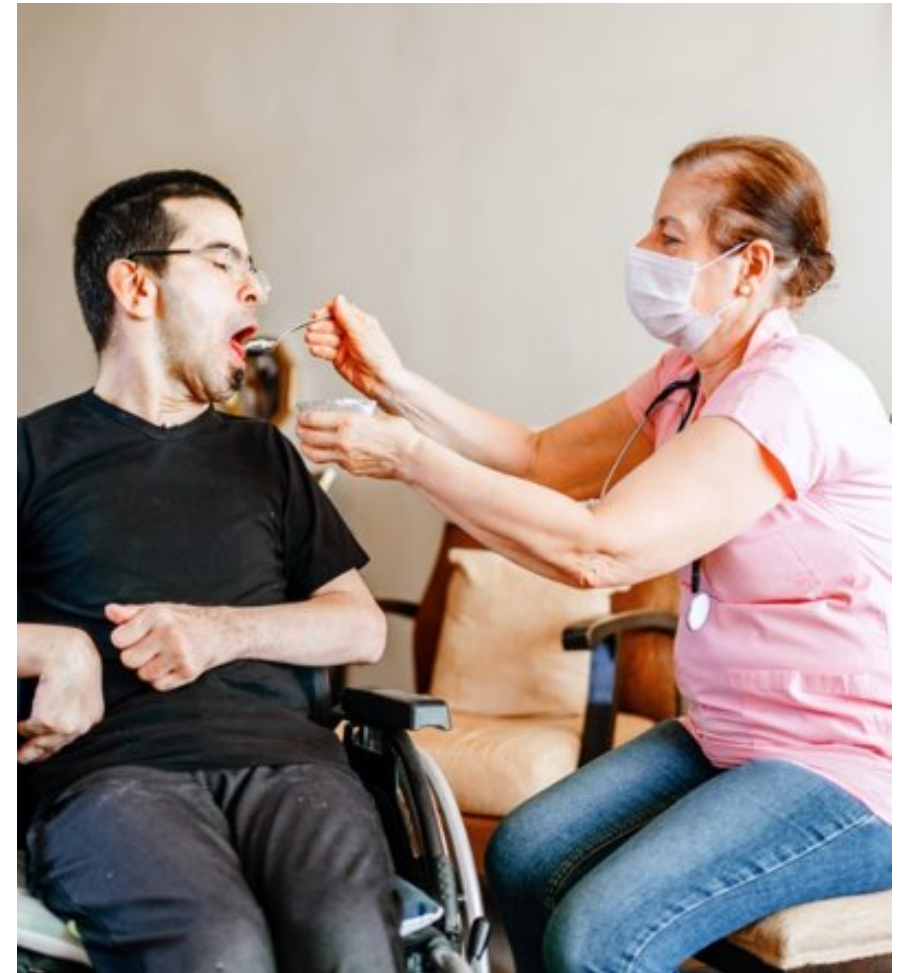
Overview of I/DD Service Delivery System

Brokerages

CDDPs

Who we are

- Oregon's system of supports for people with **intellectual and developmental disabilities (I/DD)** provides supports across the lifespan.
- It is built on critical partnerships between the state, local governments, nonprofits, provider agencies, self-advocates and families.
- **The Office of Developmental Disabilities Services (ODDS):**
 - Oversees the system.
 - Operates the Stabilization and Crisis Unit (SACU).
 - Provides case management for children with significant needs who need intensive in-home or residential services.



Why our work matters

- All individuals, **regardless of their abilities**, deserve to live healthy, safe lives that are free from abuse and allow them to achieve their highest potential.
- Children with I/DD in Oregon grow up with the **same expectations as any other child** to become contributing members of their communities.
- Community employment is a goal for everyone.



Our vision and mission

- **Vision:** People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.
- **Mission:** ODDS, partners and the developmental disabilities community come together to provide services, supports and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.



Who we serve

- We serve more than **32,500 people** who have I/DD.
 - **10,000 children**
 - **22,500 adults**
- **In order to be eligible for ODDS services, an individual must:**
 - Have an intellectual disability, or
 - Have a developmental disability, and
 - Meet financial eligibility for Medicaid services.



State responsibilities

ODDS

- Oversee the delivery of I/DD services throughout the state of Oregon
- Work with community partners to develop and follow a strategic plan
- Provide funding
- Develop policies
- Provide general oversight and quality assurance
- Certify and license providers

CDDP State functions

- Coordinate the I/DD eligibility process
- Conduct adult abuse investigations
- Foster home licensure and certification reviews
- Build local relationships, including with local emergency management and public health

Case management entities (CMEs)

Community Developmental Disabilities Programs (CDDPs)

- 25 CDDPs cover every county in Oregon.
- Services coordinators provide case management services to adults living in home settings, residential facilities (group homes) and adult foster homes.
- Services coordinators provide case management services to children living in home settings and I/DD foster homes.

Brokerages

- 14 brokerages statewide.
- Personal agents provide case management services to adults living in their own home or their family home.

Role of case managers

Service coordinators (CDDPs) and personal agents (brokerages) assist individuals in accessing needed employment, social, educational, and other services.

Services include:

- Assessment of individual needs and preferences
- Development of the individual support plan
- Service referrals
- Monitoring
- Follow-up



Individual support plans

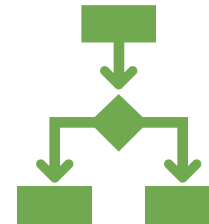
Through an **individual support plan (ISP)**, a services coordinator or personal agent:



Helps a person identify their desired outcomes and goals.



Assists in addressing assessed needs.



Helps choose services to support their goals and needs.



Follows up with the person to make sure the ISP is working for them.

ODDS services

In-home

Examples

- Develop skills to cook, shop and be safe
- Prepare for work, daily activities
- Interact with peers

Provider types

- Personal support workers
- Provider agencies
- In-home agencies

Residential

Examples

- Develop skills to cook, shop, be safe
- Prepare for work, daily activities
- Interact with peers
- Behavior support
- A home to live in

Provider types

- Foster care
- Group homes
- Supported living

ODDS services for adults

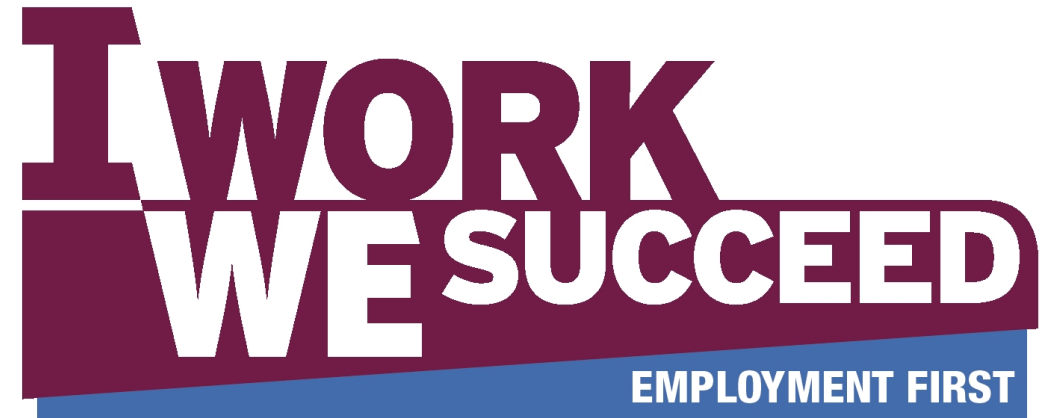
Total adults	22,427
Case management only	4,249
CM with I/DD services	18,178
Brokerage enrollment	7,491
CDDP enrollment	15,003
In-home support	9,608
24-hour residential	3,136
Foster care	2,906
Supported living	767
Employment and day support	4,464
Transportation	6,568
Nursing	77
Behavioral	768



Employment services

ODDS provides employment and day-support services to 4,464 individuals.

- Job development
- Job coaching
- Discovery
- Small group supported services
- Employment Path
- Other services including Vocational Rehab
- Employment First
 - Promotes the benefits of paid, integrated work in community jobs for people with I/DD.
 - Helps people with I/DD find and keep a job and career
 - Helps workers in the I/DD field connect to jobs in Oregon
 - [ImpactOregon.careers](https://www.impactoregon.org/careers)



Children's Services and Children's Intensive In-Home Services (CIIS)

ODDS currently serves 10,153 children.

- Case management only: 4,517
- Case management with I/DD services: 5,636
 - In-home support: 4,038
 - Family support: 13
 - Residential care: 136
 - Host homes: 7
 - Foster care: 289

CIIS serves 382 children.

- Intensive Behavior Program: 100
- Medically Involved Program: 184
- Medically Fragile Program: 99



Stabilization and Crisis Unit (SACU)

- Created as group homes managed and operated by ODDS in the 1990s with closure of Fairview Training Center
- Primarily supports people with **significant behavioral challenges**
 - **Homes for children and adults**
 - Most people living at SACU have a **dual diagnosis**, I/DD and mental health challenges
- Average stay: **6.3 years**
- Capacity:
 - **15 children**
 - **80 adults**



Who provides direct care services

Both Personal Support Workers (PSWs) and Direct Support Professionals (DSPs) support individuals in their homes and in their communities.

Employed by person with I/DD
or their representative

Employee of a provider agency

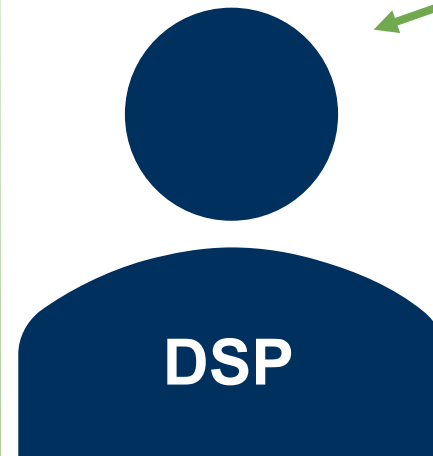
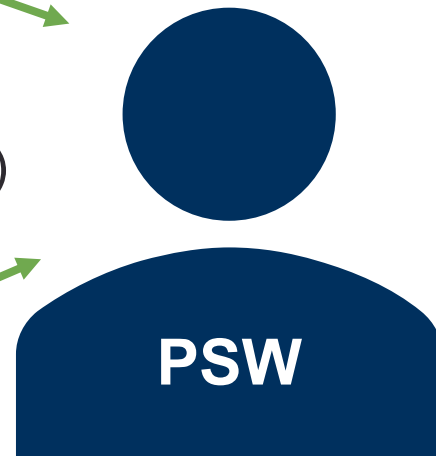
Compensated by ODHS
and paid by fiscal intermediary
(\$16.67 starting wage per
collective bargaining agreement)

Wages (avg. \$15.43) and
benefits are determined by
agency

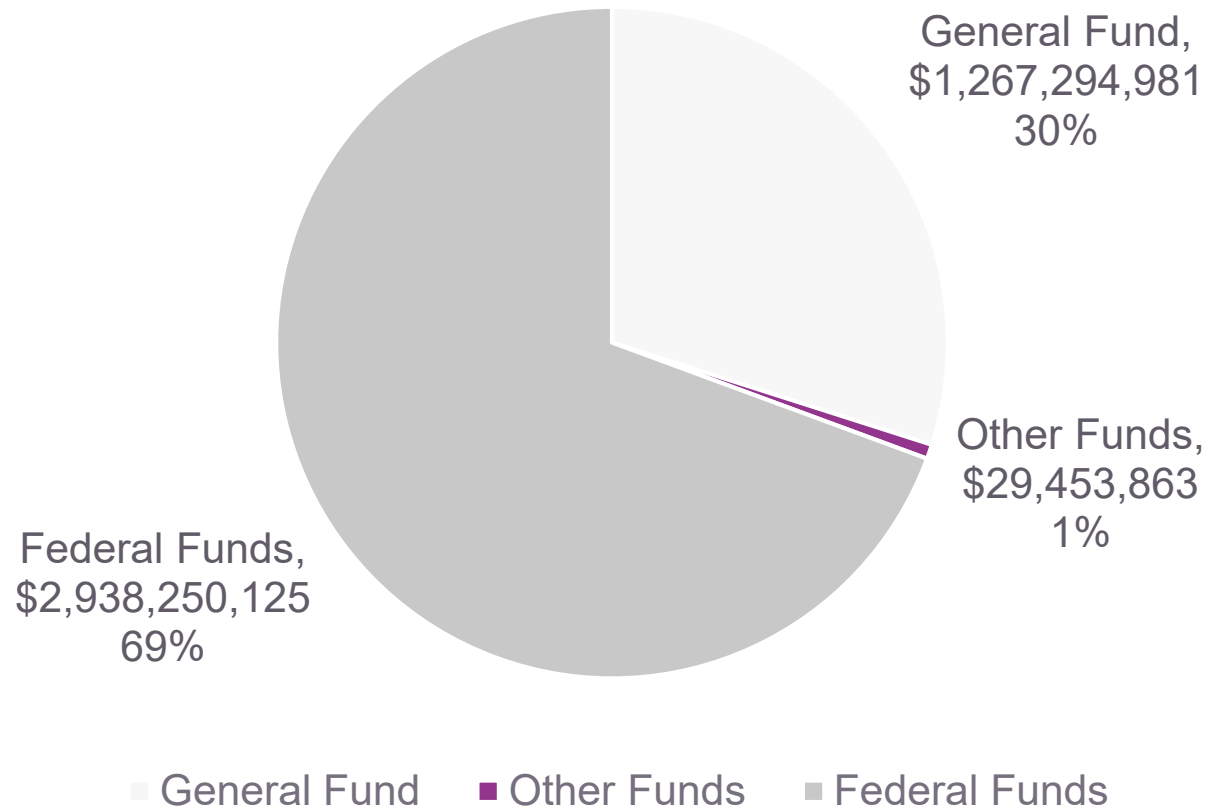
Agency is paid based on the
level of support the person
with I/DD needs

Approximately 13,000
PSWs in Oregon

Approximately 10,000
DSPs in Oregon



Intellectual & Developmental Disabilities total by fund type - \$4.2 billion



CCOs and I/DD System

- **Currently no formal agreements between ODDS and CCOs or CMEs and CCOs**
- **Each Case Management Entity (CME) develops their own way of working with CCO(s) in their area of operations**
- **Challenges and opportunities differ from CME to CME and from CCO to CCO.**
- **Better clarity on understanding of roles between I/DD CMEs and CCOs for care coordination is needed. Opportunity – I/DD CMEs and CCOs working in collaboration to support individuals.**

Areas of collaboration

- **Access to medical, mental health and other services provided through CCOs. Assistance with due process when a person disagrees with CCO's decision or denial of service**
- **Assistance to individuals in navigating medical care and accessing CCOs**
- **Assistive devices: navigating who covers what service, obtaining denials, assisting through appeals process**
- **Access to Flex Funds**

Opportunities

CCOs

- **Additional education and more clear information about how CCOs work is needed**
- **Clear points of contact and lines of responsibilities**
- **Clear information on due process and appeals process**
- **Consistency on what services CCOs cover across the state and how to access them**

I/DD CMEs

- **CMEs bring to the table regular on-going relationship with the individual and their support circle and monitoring**
- **Improve outcomes for individuals through periodic joint staffings with CCOs**
- **People not yet eligible for I/DD services – what supports can CCOs provide until eligibility is determined**
- **Clear and transparent process and criteria for access to flex funds**

Opportunities

2022 – 2027 1115 Demonstration Waiver

Opportunities being presented with this approval

- Access to needed supports for certain populations
- Screening for and referral to 1115 health-related social needs services (housing, food assistance, protection from climate events, etc.)
- Holistic supports to individual and coordination/navigation



Support Service Brokerages

Support Service Brokerages or Case Management Entities

Support Services Brokerages are private, mostly non-profit organizations that contract with the state to provide case management to adult Oregonians with Intellectual and Developmental Disabilities (IDD) who live in their own or family homes.

Brokerages have been serving Oregon since 2001 and presently support over 7,500 people with IDD living independently in the community. All Brokerages are governed by boards/advisory groups comprised primarily of people with IDD and their families.

The 14 Brokerages serve people in all 36 counties across Oregon, helping to connect them to connect to resources and relationships to support their lives. Most Brokerages serve regionally, covering multiple counties in their catchment areas.



Support Service Brokerages/Case Management Entities



Our version of a “case manager” is a Personal Agent. Our services look like:

- **Advocacy:** Support to ensure that each person gets what they need.
- **Navigation:** To access and understand systems and community services.
- **Connection:** Help to access specific resources and supports to meet needs.
- **Case Management:** Satisfying the state and federal obligations of these services.

We help people navigate all aspects of their medical care, from routine and preventative visits, to release after a hospital stay. We work with medical professionals, hospital social workers, and others to coordinate care.

Support Service Brokerages/Case Management Entities

When medical or behavioral care needs are intense and complex, it works best to partner with CCOs. Doors that are closed to us as small non-profit agencies are open to you, and resources can be combined to exponentially better results.

“I had a very good experience working with Pacific Source on finding a client a placement once they were discharged from hospital. Cooperation was great once I was connected to the right person. Until then I spoke to a lot of people who didn’t understand who I was and why I was calling. It would be great to have a Brokerage (or CME in general) liaison person who we can talk to. This person will know what we do and will be able to direct us to the right person to talk to.” –Brokerage Personal Agent

People whose needs span multiple systems (hospital, behavioral health, short-term nursing facilities, etc) are often those who most benefit from collaboration between IDD case management Brokerages and CCOs.

Support Service Brokerages/Case Management Entities

As independent organizations, we often find that we are not known to our local CCOs, and face a barrier of legitimacy when trying to work together. This varies greatly from CCO to CCO across the state. Increased familiarity would help to foster better outcomes for Oregonians with IDD who need us both.

“Sometimes we need to get all the players together to coordinate health care service for someone or brainstorm and problem solve around an issue (med seeking/addiction to meds, chronic pain, health issues due to lifestyle choices, etc). After 12 years as a case manager, I still am not sure how to do that. It seems that this is something the CCOs could help with.” –Brokerage Personal Agent

“We have a situation where a client who isn’t able to communicate through speech is wanting to access mental health services but we haven’t been successful in finding a MH service that’s willing to work with someone who isn’t able to communicate through speech.” –Brokerage Personal Agent

Support Service Brokerages/Case Management Entities

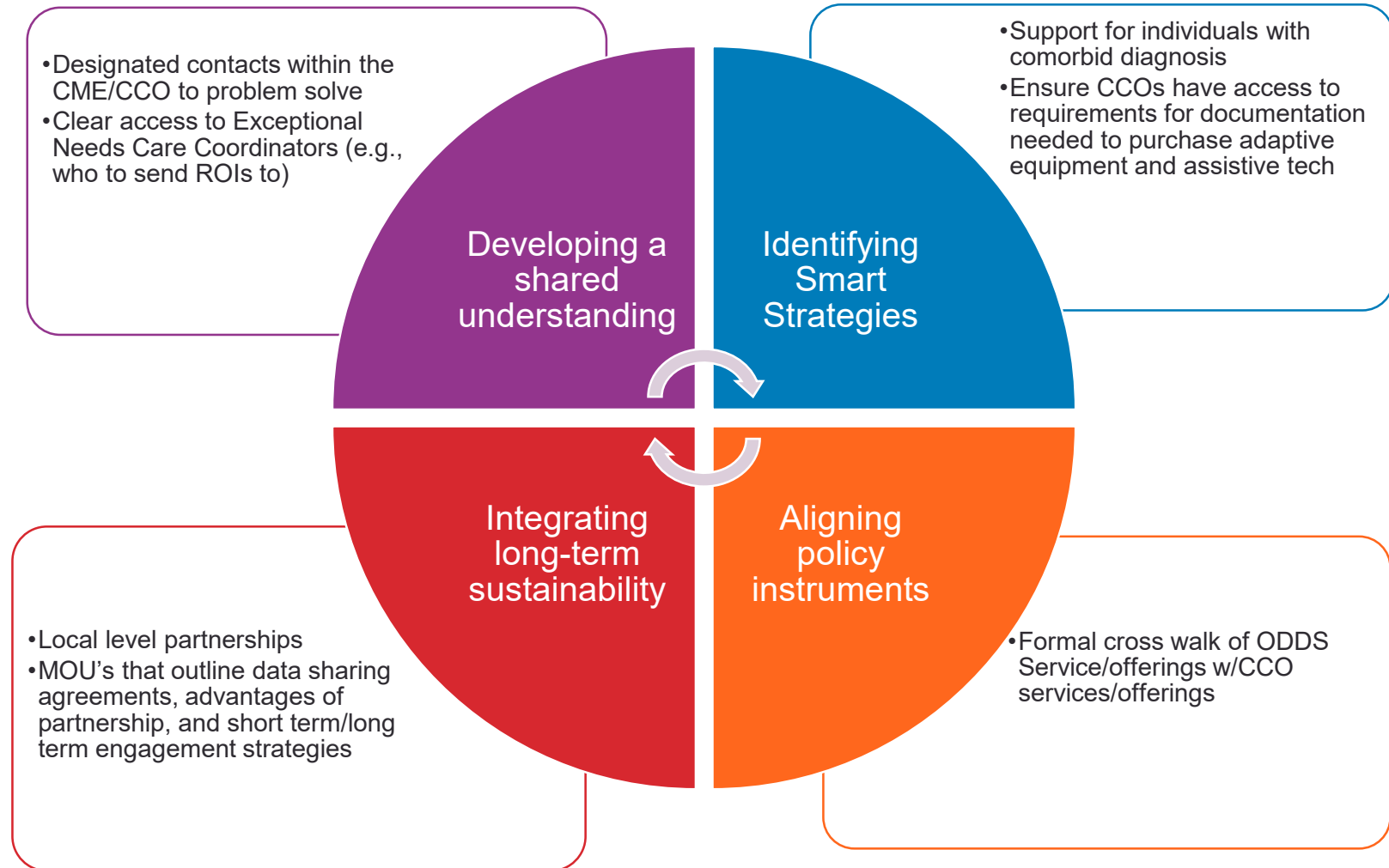
- **In Eastern Oregon we serve 13 Counties and work with two CCO's and we have vastly different experiences between these CCO's. When CME's are working with CCO's the process should be consistent in terms of care coordination regardless of the CCO in the specific geographic region.**
- *When working with one CCO we regularly schedule MDT meetings with them to discuss individuals who are accessing the ER frequently, have co-morbidities, are high utilizers, or are medically fragile. These multi disciplinary meetings have assisted us with getting on the same page and better coordination of care for the individual. – Personal Agent*
- *The CCO refuses to honor our Statewide release form and will not speak with us or allow any care coordination. This leads to poor individual outcomes and an inability to coordinate care for people who might be homebound, medically fragile, and or high utilizers of emergency medical care. We had a PA trying to reach out to the CCO for a coordinated care resource and was never connected with anyone – Personal Agent*
- *For medical clinics in EO we need the CCO to play a role as the linkage to getting better care for people and access to specialists. – Personal Agent*



**Community Development
Disabilities Program (CDDPs)**

Cross System Collaboration Efforts

- **Effectively Building and Sustaining Collaborative Partnerships Relies on Laying a Foundation That Encompasses**



Care Coordination/ICC Learning Collaborative

*We are currently taking a short break.
We will resume the session soon.*

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
Authority

Aging & People with Disabilities Overview

Jane-ellen Weidanz
APD LTSS Administrator

October 20, 2022



Oregon Revised Statute 410

The Legislative Assembly's leadership created a vision:

Older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence (ORS 410).



APD Vision Statement

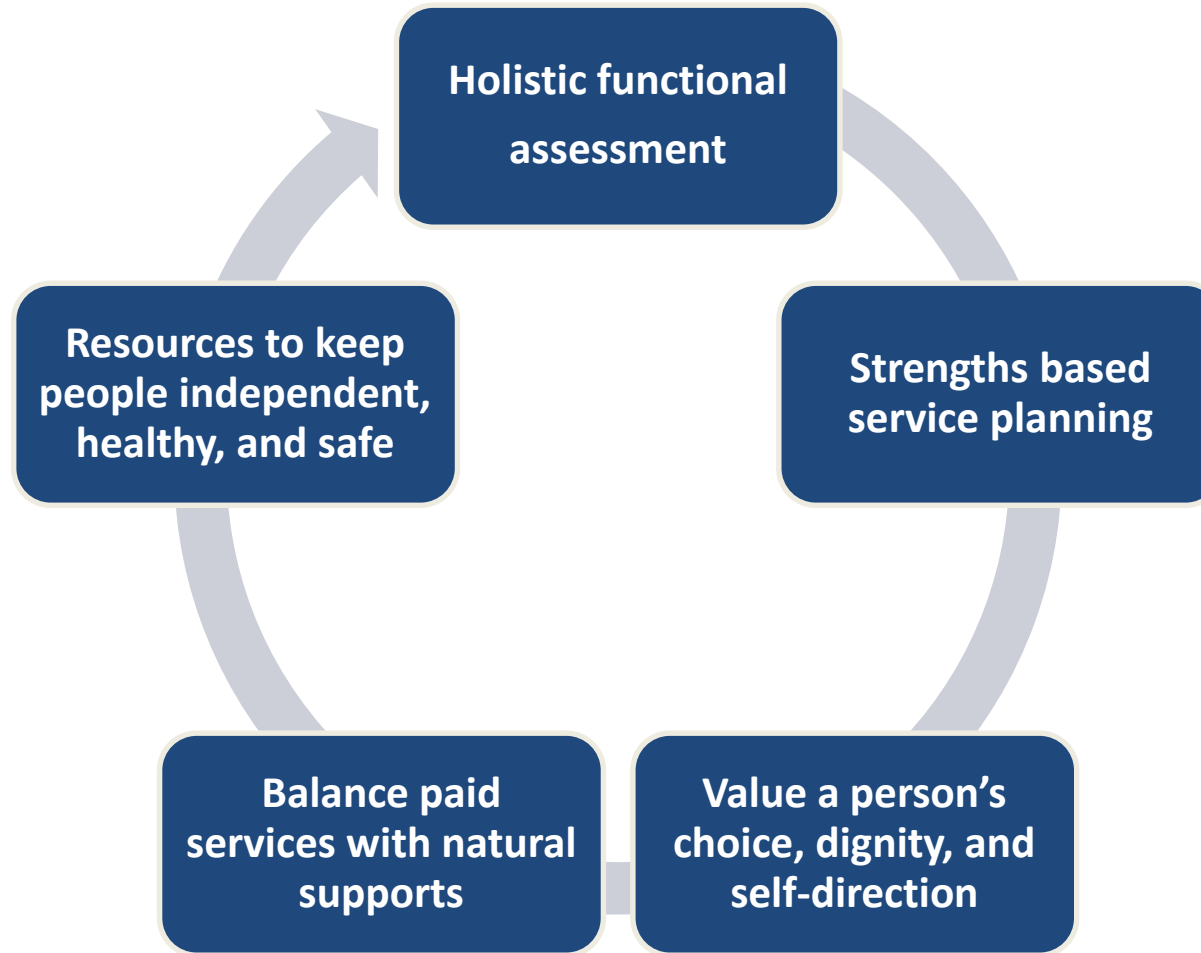
Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.



APD Goals

- **Well Being:** Older adults and people with disabilities feel safe and experience their best quality of life.
- **Accessibility:** Oregonians can readily and consistently access services and supports to meet their needs.
- **Quality Outcomes:** Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.
- **Service Equity:** Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.
- **Engagement:** Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

A Social Model of Services



APD Population Served

- Medicaid
 - Individuals 18 and over who are either
 - An individual over 65
 - A person with a disability as determined by SSA or by APD Medicaid Presumptive Disability Determination except those with a mental illness
- Older American Act
 - Individuals over age 60
 - Family Caregivers
- Oregon Project Independence
 - Individuals over age 60 or younger with dementia
 - Individuals 18-64 in 12 counties pilot

APD Main Services

- Financial Eligibility for Medicaid, SNAP & Medicare Assistance Programs
- Long Term Services & Supports
- Adult Protective Services
- Facility Licensing & Regulation
- Disability Determination Services
- Older Americans Act programs & services
- Aging & Disability Resource Connection
- Oregon Deaf and Hard of Hearing Program

Medicaid & Financial Eligibility

- Medicaid as primary health care (OHP)
- Supplemental Nutritional Assistance Program
- Medicare Savings Programs
- Medicare Part D Assistance
- General Assistance
- Cash Benefits



Medicaid and LTSS

- Nursing facility services are a **mandatory service** in a state's Medicaid State Plan
- However, states can use home and community-based services state plans and **waivers** to provide non-institutional long term services and supports.

APD Medicaid Long Term Services & Supports Eligibility

- Individuals must meet:
 - Be willing to apply for Medicaid LTSS
 - Financial eligibility requirements;
 - Age requirements; and
 - Nursing Facility Level of Care criteria (NF-LOC)
- NF LOC is determined by using a standardized assessment tool
- Algorithm in tool assigns a Service Priority Level (SPL) from 1 to 18
- Medicaid APD currently serves SPL 1-13

APD Service Priority Levels (SPLs)

411-015-0010 Priority of Paid Services

1	Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.	7	Requires Substantial Assistance with Mobility and Assistance with Elimination.	13	Requires Assistance with Elimination. (13 is current cutoff for Medicaid)
2	Requires Full Assistance in Mobility, Eating, and Cognition.	8	Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.	14	Requires Assistance with Eating.
3	Requires Full Assistance in Mobility, or Cognition, or Eating.	9	Requires Assistance with Eating and Elimination.	15	Requires Minimal Assistance with Mobility.
4	Requires Full Assistance in Elimination.	10	Requires Substantial Assistance with Mobility.	16	Requires Full Assistance in Bathing or Dressing.
5	Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.	11	Requires Minimal Assistance with Mobility and Assistance with Elimination.	17	Requires Assistance in Bathing or Dressing.
6	Requires Substantial Assistance with Mobility and Assistance with Eating.	12	Requires Minimal Assistance with Mobility and Assistance with Eating.	18	Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.

Medicaid LTSS Services-details

- Case management
- Personal care for Activities of Daily Living and Instrumental Activities of Daily Living
- Adaptive Equipment
- Environmental Modifications
- Transition Costs from
 - NF to in-home or CBC
 - From hospital to in-home
 - From CBC to in-home
- Home Delivered Meals
- Emergency Response Systems
- Behavior Support Services
- Co-administered mental health specific programs

Medicaid LTSS Settings

- APD offers individuals an array of service settings. These include:
 - In-home: About 56% receive in home services
 - Homecare workers – including spousal pay
 - In-home care agencies
 - Adult day services
 - Community Based Care:
 - Adult Foster Homes
 - Residential Care Facilities
 - Assisted Living Facilities
 - Nursing Facilities- less than 14% of individuals
 - Memory Care Endorsed Facilities
 - Specialized Living

Consumer chooses the services, provider type and specific provider

In-Home Service Providers

- Consumer-Employed Providers/Home Care Workers
 - Approximately 20,000 Home Care Workers employed by consumers of in-home services
 - Union represented
- In-Home Agencies
 - 181 currently licensed In-Home Agencies
 - Licensed by OHA, Medicaid contracts with APD

Facility Settings (approximate 2019 figures)



Settings	Number of facilities	Memory Care Endorsed
Nursing Facilities	129	11
Assisted Living and Residential Care Facilities	536	191
Adult Foster Homes (<i>Union Represented</i>)	1402	N/A

Not all facilities accept Medicaid consumers, and very few take more than 50% Medicaid consumers

Older Americans Act of 1965 (OAA)

- First federal level initiative aimed at providing comprehensive services for older adults
- Created the National Aging Network
 - Administration on Aging- federal through the Administration on Community Living (ACL)
 - State Units on Aging- state; and
 - Area Agencies on Aging- local

Older Americans Act Funded Services

- Case Management
- Nutrition (home delivered & congregate)
- Supportive in-home and community-based services
- Transportation
- Disease prevention/health promotion services
- Job training & employment
- Elder rights & abuse prevention programs
- National Family Caregiver Support Program
- Native American Caregiver Support Program

OAA Services

- Delivered through Area Agencies on Aging (AAAs)
- Keep older adults safe and independent
- Not means-tested
- 2.6 million meals (home-delivered and congregate)
- 477,000 hours homemaker/personal care services
- 25,000 sessions of nutrition education
- 23,000 trips with assisted transportation



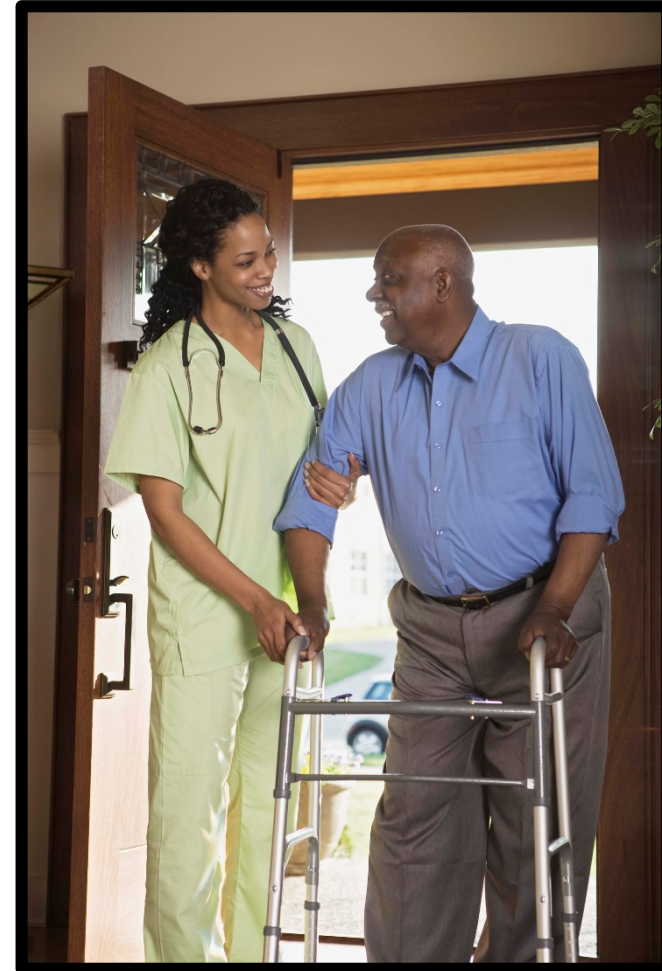
Aging & Disability Resource Connection of Oregon (ADRC)

- **66,020** calls received
- **99,300** referrals made
- **4,506** individuals received options counseling
- **29%** of information and assistance/referral consumers were in rural/frontier communities
- **73%** of options counseling consumers reported greater independence as a result of ADRC services



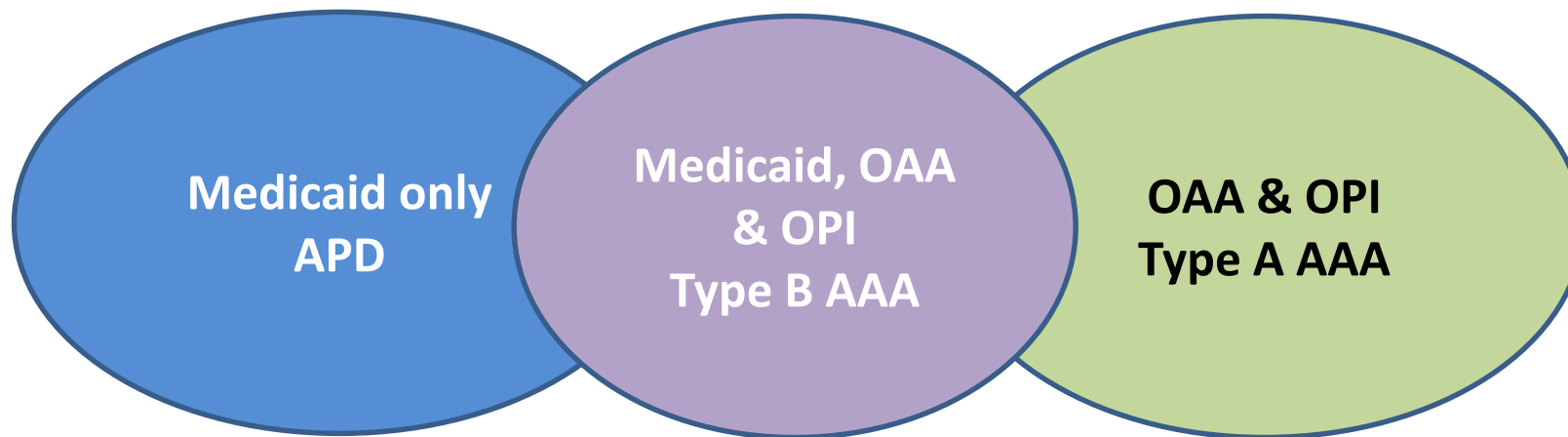
Oregon Project Independence (OPI)

- 100% State funded program
- Reduces risk of more costly, out-of-home placements
- Only 12% of those served use Medicaid services
- Services are based on in-home supports

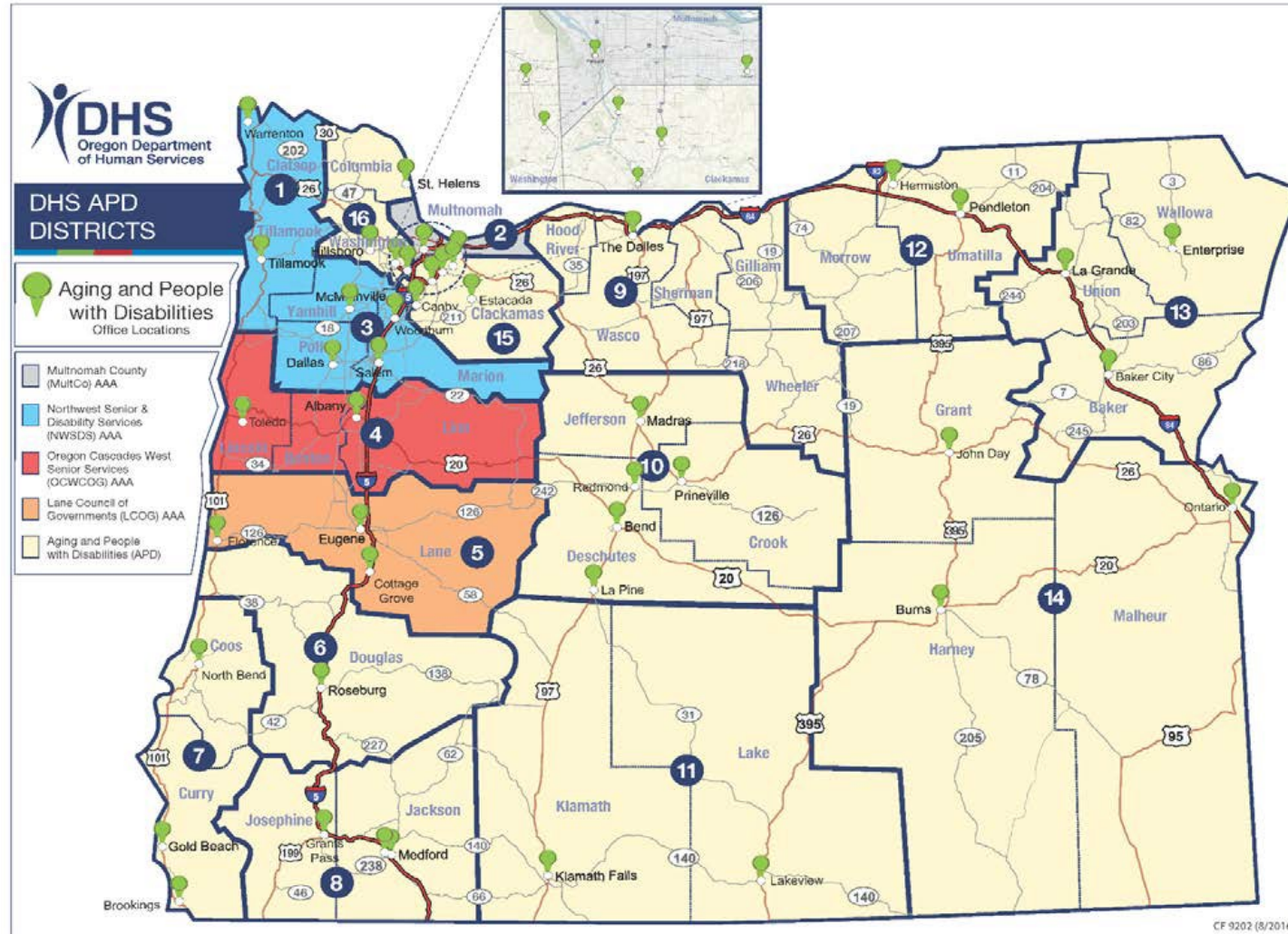


Delivery System: OAA

- **Type A AAA** – OAA, OPI and other services
 - **Does not** provide Medicaid services
- **Type B AAA** – Medicaid, OAA & OPI



Where APD/AAAs serve Oregonians



Adult Protective Services

Specializes in investigating and preventing abuse of older adults and adults with disabilities.

The staff has expertise in:

- Financial Exploitation
- Domestic Violence
- Diminished Capacity
- Self-Neglect
- Guardianships

Enhanced focus on:

- Outreach to banks, real estate professionals, credit unions, and community organizations to increase awareness of how to prevent and identify signs of abuse.

Oregon's Safeline:

Since 2014, a reliable, easy resource to report abuse:

1-855-503-SAFE



Collaboration with Health Systems

- Centers for Medicare & Medicaid Services (CMS) interest in managed LTSS
- Oregon Advocacy & Statutory exclusion of LTSS from CCO global budget
- Collaboration for coordination of care

History of Collaboration

- Shared Accountability- began in 2012
 - CCO contract requirement for Memorandum of Agreement between APD or type B AAA and CCO
 - Memorandum of Agreement
 - Metrics
- <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-LTSS.aspx>

MOUs

- Memorandum of Agreement
- **REQUIRED DOMAINS:**
 1. Prioritization of high needs members
 2. Interdisciplinary care teams
 3. Development and sharing of individualized care plans
 4. Transitional care practices
 5. Collaborative Communication tools and processes

Current Requirements

- Data collected monthly
- Metrics for core domains
- Additional information on activities focused on health improvement for LTSS populations
- Reported to OHA yearly- due in March for previous year
- Trends & issues on agenda for November 30- CCO CMS Alignment meeting
- Current MOUs extended to 2024 (end of contract)

Shared Accountability Coordination in Practice

- Efforts and success vary widely by CCO and APD/ Type B AAA
- Challenges:
 - Boundaries
 - Staffing
 - Turnover
 - Engagement
 - Perception that CCOs are acting as insurance companies rather than the original vision of CCOs

Other Coordination Activities

- Contracts with hospitals for out-stationed workers to expedite transitions and eligibility determinations
- Teams set up during COVID to expedite hospital discharges
- Engagement in cross agency disaster relief and emergency planning work

Areas of Collaboration

- Assisting consumers find providers
- Accountability for access to behavioral health services regardless of the individual's care setting.
- Explaining due process rights and explaining why things are denied and how to appeal
- More flexibility in access to assistive devices
- Knowledge of how the CCO is using their Flex Funds and how APD/AAA can help consumers access those funds.
- Support for discharge planning
- Strong collaboration on the new 1115 services

Thanks!

Contact:

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Office of Aging & People with Disabilities
Oregon Department of Human Services
Jane-ellen.WEIDANZ@odhs.oregon.gov
503-602-8399

Upcoming Sessions

- **Nov 17:** Wraparound + Coordination with FFS Population (including planned community births and warm handoffs)
- **Dec 15:** LC Series Recap and Planning for Future

Anything specific you would like to discuss at the December session?

THANK YOU!

See you next month
November 17, Noon – 2pm

Please provide session feedback here:

<https://forms.office.com/r/dc8NJ9dNeM>



Or using the QR code
function on your phone:

