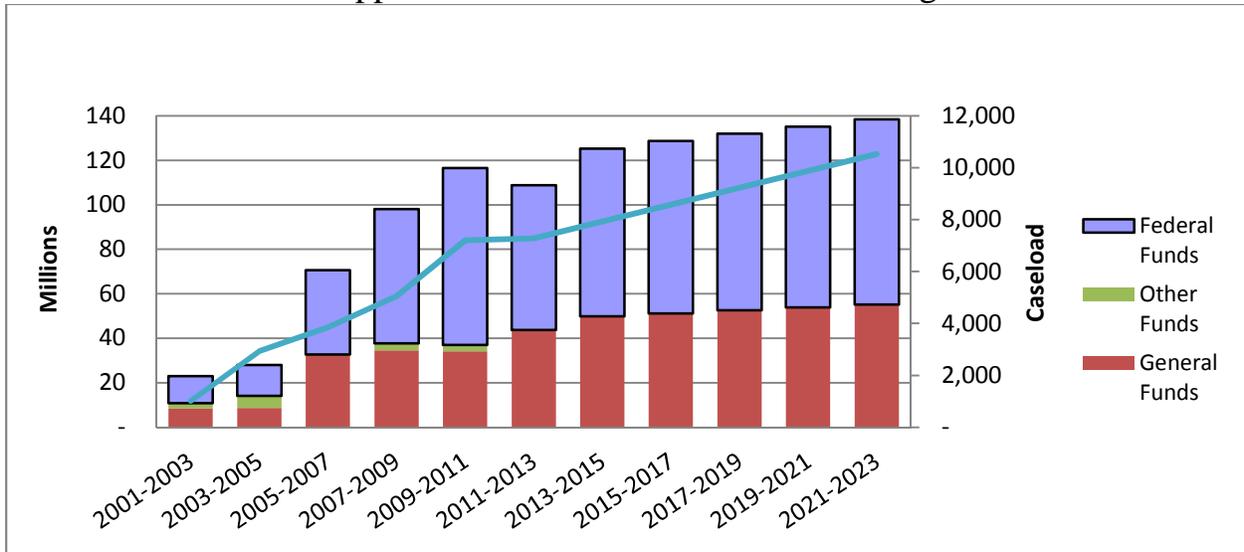


Department of Human Services: Support Services

Developmental Disabilities Program

Primary Outcome Area: Healthy People
 Program Contact: Corissa Neufeldt, 503-945-6742

Support Services – Caseload and Funding



Note: Adult Support Services began in 2001. The program was phased-in until 2009 when all eligible clients were enrolled. In October 2011 there was a legislative reduction of 600 clients who were not eligible for Medicaid.

Executive Summary

Support Services within the Developmental Disabilities program are designed to provide in-home and community supports for a child or adult with developmental disabilities. Supports are things such as respite care, daily staff support and equipment. When families are supported to provide the core care, even individuals with the most significant needs have active and engaged lives in their community. These services have delayed or deferred the need for full, 24-hour programs or comprehensive care, which represent a higher cost model of service. Support Services are based on a continuum of care model and are provided as the first option of supports for a person with developmental disabilities.

Support Services are the first in a continuum of services that range from the least amount of services (Support Services) to crisis (short-term, intensive support) to comprehensive (full 24-hour care) services.

Program Funding Request

	Support Services			
	GF	OF	FF	TF
LAB	43,670,260		65,184,246	108,854,506
ARB	63,290,899	0	96,408,971	159,699,870
Difference	19,620,639	0	31,224,725	50,845,364
Percent Change	44.9%		47.9%	46.7%

Significant Proposed Program Changes from 2011-13

Developmental Disabilities Investments/Reductions	Support Services			
	GF	OF	FF	TF
Continue 11-13 bargained contracted rates for In-home services	5.30	0.00	8.59	13.89
In Home Support Services Rate Increases for stable qualified workforce	7.50	0.00	12.49	19.99

(\$, millions)

DHS believes increasing in-home rates will help increase the number of qualified workers available and stabilize the workforce leading to better outcomes for those receiving in-home services. In-home services are becoming the cornerstone of the service delivery system for individuals with developmental disabilities and their families. These services lead to high levels of consumer satisfaction, cost efficiencies, and are critical to long-range plans for assuring system sustainability. Attracting and maintaining a qualified workforce of in-home providers is critical. DHS proposes the continuation of bargained rates for in-home services and an additional increase in rates.

Program Description

Support Services are provided to approximately 7,500 children or adults with developmental disabilities who are living at home. This number represents about 36 percent of the 21,000 individuals receiving developmental disability services. The program is designed to partner with families, relying on the family to provide daily support and care, and filling in the gaps of care and support needs with public-funded services. The program offers a list of available services including in-home staffing, respite, behavior specialist, job support or community access and equipment. The individual or their family directly hire or contract for providers. All support services programs are designed to be self-directed, which means the individual and their family identify the type of service, the amount of service and who provides it with a certain fixed amount of funds available to purchase those services. Without these services many individuals will enter into a crisis status and require much more expensive out-of-home services such as group or foster homes. In-home support services average approximately \$680 per month per individual while out-of-home services average approximately \$5,472 per month.

The majority of support services, approximately 7,300, are provided to adults. The adult Support Services program supports those adults with developmental disabilities who are living at home with families or in their own home and are Medicaid eligible. These services are provided through Brokerages across the state. The program operates under a Medicaid Home and Community Based Waiver. Costs for this service are about \$650 per month. The current annual cap is set at \$21,562 per person, per year for support services. The individual receives case management from a Brokerage and works with staff to identify necessary supports a person requires to remain in their home and live in the community. Within a funded benefit level the

person may use funds for services such as respite, in-home staffing, job support, community access, and equipment.

Support Services for children are delivered through the Family Support Program and offered to any family of a child under age 18. The program offers minimal support services with the most common request being for respite services. The average amount spent per family is \$625 per year. Our surveys tell us this support is of great value to families. All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP) and support services are allocated based on need.

Most children are also in school programs and the case manager coordinates between school and home. This biennium, Support Services started four family-to-family networks. These family-driven networks provide training, information, referral, and general support from one family to another. Just having another family to connect with or problem solve is often what it takes to be supported. This network also helps them if a child cannot continue to live with the family because of their care needs or the family circumstance changes. Often, once a child moves out of the family home into a foster care or group home care, they stay in 24-hour care for the remainder of their lifespan.

For both children and adults, the services are provided through personal support workers, Developmental Disability provider agencies, community businesses, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Program Justification and Link to 10-Year Outcome

Support Services links to the Healthy People Outcome area through its focus on individuals with developmental disabilities to assure they are healthy and have the best possible quality of life in their communities among families and friends, and working or attending school in order to achieve their greatest potential.

All of the adults and 30 percent of the children receiving Support Services get their health care needs met through the Oregon Health Plan. They will transition from current managed care plans or fee-for-service to the Coordinated Care Organizations. When compared to the entire Medicaid population, people in the Medicaid Waivers, Home and Community-Based Services (HCBS), such as Support Services, have been shown to have the highest incidence of the major chronic diseases and the highest incidence of hospitalizations which are preventable by better access to primary care (see attached graphs). This means that people in HCBS are most likely to have conditions that will save significant Medicaid funds for the medical system.

In addition, adults with developmental disabilities are uniquely more reliant on the Developmental Disability service system to both make the lifestyle changes and to adequately access health care that is necessary to impact the medical costs. Funding the Developmental Disability HCBS sufficiently to support the necessary lifestyle choices and to reliably and consistently follow through with medical recommendations will result in significant cost savings to the State. Families and case managers are critical to help with the health care coordination in the communication and implementation of any treatment.

Support services are critical to the financial stability of a family and to the person with developmental disabilities. With supports families don't have to decide between working and supporting their family member. It is also important that working age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This requires that the individual is actively engaged in developing work skills and defining work interests or are in job development or are employed and receiving support to maintain the job. The increased outcome of people with developmental disabilities working can provide additional resources for their family unit. People who work also broaden their network of people available to provide supports which continue to delay or defer the need for 24-hour supports or will result in lower costs for both day and residential supports.

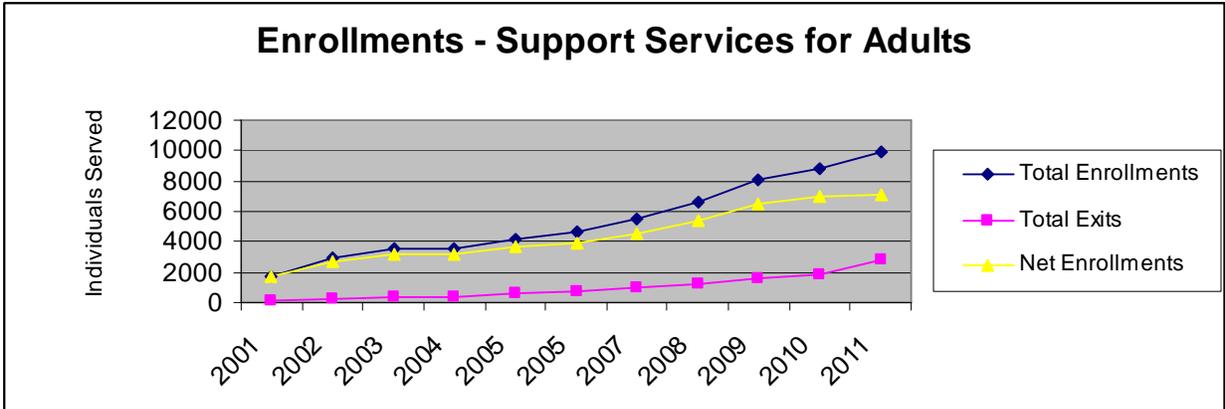
The success of having people live with families for as long as they can is dependent on the families themselves being supported. In the 2011-13 budget, funding was provided to the Office Developmental Disabilities and the Oregon Council on Developmental Disabilities to pilot four Family-to-Family Networks. These are family-directed organizations that provide education, resource connections and personal outreach and support to families experiencing similar needs. There continues to be opportunities to explore the use of personal technology devices and applications that can help an individual communicate, access the community and provide safety information. The ability to increase the use of technology should result in less family or staff intensive support required

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with developmental disabilities and the most cost effective for the State. The number of people supported at home has been the area of increased growth, while services in comprehensive care (24-hour residential and day supports) maintain a slight growth. The average monthly cost for a person in support services is \$680 while the average monthly cost of full 24-hour services is \$5,472 per month.

In October 2011, 660 adults were terminated from Support Services when the Legislature eliminated eligibility for individuals who did not qualify for Medicaid due to budget restrictions. Those individuals still receive case management but no other supports.

This chart shows the number of people entering Support Services compared with the number exiting. Exits remain consistently low which supports the mission that these services delay and/or defer a person moving into comprehensive services.



Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws are subject to the U.S. Supreme Court’s Olmstead Decision of 1999 and the U.S. Department of Justice’s interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling applies.

Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program’s General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds.