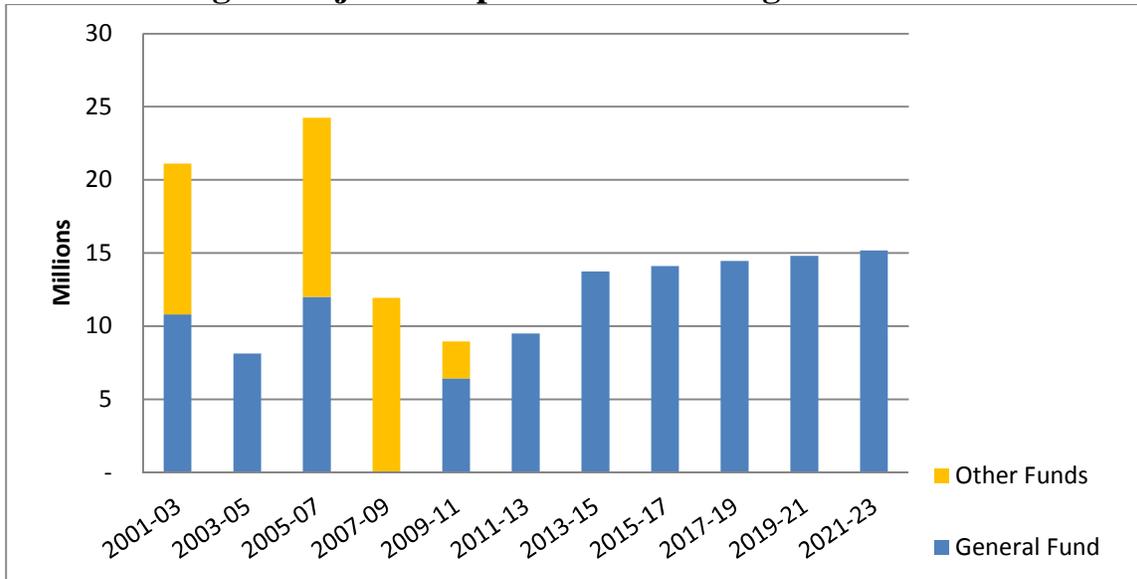


Department of Human Services: Oregon Project Independence Aging and People with Disabilities

Primary Outcome Area:
Program Contact:

Healthy People
Mike McCormick, 503-945-6229

Oregon Project Independence: Funding and Caseload



Since Oregon Project Independence is a State General Funded program, funding has been volatile and tied to the overall health of the economy.

Executive Summary

Oregon Project Independence provides preventive and in-home services and supports to a diverse population of older eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals’ personal and community support resources to prevent or delay spend down to Medicaid long-term care, which could consist of in-home or other 24-hour residential services.

Program Funding Request

	Oregon Project Independence			
	GF	OF	FF	TF
LAB	9,500,000	0	0	9,500,000
ARB pre Medicare a/b move	13,728,000	0	0	13,728,000
ARB after Medicare move	13,728,000	0	0	13,728,000
Difference without move	4,228,000	0	0	4,228,000
Percent Change from LAB	44.5%	0.0%	0.0%	44.5%

Significant Proposed Program Changes from 2011-13

Aging and Physically Disabled Investments/Reductions	Oregon Project Independence			
	GF	OF	FF	TF
Add Case Management/OPI services for individuals not Medicaid eligible	4.00	0.00	0.00	4.00

(\$, millions)

Increase funding to serve additional clients and to serve adults with disabilities in order to comply with Oregon statute. This investment is related to the request in the Delivery and Design budget to pilot a risk intervention strategy. In consultation and coordination with the CCOs we would apply risk prevention strategies to non-service populations through case management strategies, intervening before costly state services are necessary.

Program Description

Oregon Project Independence (OPI) is a state-funded program offering in-home services and related supports to a diverse population of older Oregonians. OPI strives to deliver in-home services in a culturally and linguistically appropriate manner. Services provided include essential services such as personal care, homecare and chore assistance, adult day care, case management, registered nursing (teaching/delegation of nursing tasks to caregivers) and home-delivered meals. This program complements services provided under the Older Americans Act.

OPI serves individuals who are 60 years of age or older, are assessed as needing assistance with activities of daily living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination, and cognition) and/or Instrumental Activities of Daily Living (housekeeping, shopping, transportation, medication management, and meal preparation) and are not receiving Medicaid. Individuals under age 60 who have been diagnosed with Alzheimer’s disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities but funding has not been made available to support this expansion.

There are neither income nor resource requirements for eligibility. However, these factors are taken into consideration when assessing the individual’s risk of needing Medicaid long-term care. OPI clients do not pay a charge for the case management services they receive. Services beyond case management are provided at no cost to families with net incomes at or below 100 percent of the Federal Poverty Level (FPL). Families with net incomes from 100 percent to 200 percent FPL pay a fee toward services using a sliding scale based on income. Families with net incomes at or above 200 percent FPL pay the full cost of services provided with the exception of case management.

Each year, OPI serves approximately 2,000 older Oregonians at an average monthly cost of \$400 each. The program has been a cost-effective strategy to prevent or delay individuals from unnecessarily leaving their homes to receive services in more expensive facility-based settings. For context, the average cost to serve an individual needing hourly in-home services in Medicaid is \$950 per month. The program recognizes the importance and value of the older adult’s natural support system of family and friends; case management services together with a minimal amount of in-home services bolster the natural support system.

Oregon Project Independence services are delivered statewide through the network of 17 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the State where neighboring AAAs collaborated to jointly secure contracted services of a single in-home care agency. Similar partnerships should be encouraged statewide.

Program Justification and Link to 10-Year Outcome

OPI contributes to the desired 10-Year Outcome area for Healthy People by working to decrease the number of older Oregonians that access Medicaid-funded, long-term care. **Data reported in 2009** by the AAAs revealed that 63.6 percent of OPI clients had income below the FPL, 33 percent between 100 and 200 percent of FPL and 3 percent over 200 percent of FPL. Data from 2009 also revealed that less than 10 percent of OPI clients transitioned to Medicaid-funded services, despite the high rate of OPI clients whose income was at or below the FPL. AAAs are currently maintaining lists of individuals who are eligible to be served by OPI but are unable to be served due to funding limitations. Annually, the “unable to serve” lists of individuals will be evaluated to determine how many of these individuals accessed Medicaid-funded services while waiting to be served by OPI.

Additionally, there is a direct link between the OPI program and the Healthy People outcome “Oregonians are healthy and have the best quality of life.” The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

Program Performance

OPI measures program performance in four primary categories:

- **Number of people served/items produced** (Data from State Program Report):

	FY 2007	FY 2008	FY 2009	FY 2010	FY2011*
Clients Served	2,559	3,198	2,245	2,166	1,583
Hours of Care	247,322	240,426	239,895	212,381	191,574
Hours of Case Mgmt.	119,181	99,296	72,567	70,787	100,277

**OPI services are managed to a “budget box.” It is not an entitlement. Due to funding uncertainty during the 2009-2011 biennium, OPI closed to new clients and reduced the number of clients through attrition for the last year of the biennium. During times of program uncertainty, as was the case during this biennium, increased case management time is required to support clients.*

- **Quality of the services provided:** Personal and home care services are delivered via licensed in-home care agencies or registered home care workers. Quality of care standards for in-home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Home Care Workers who provide services to OPI clients are required to be registered with the Home Care Commission and receive background clearance checks and ongoing training.

- **Timeliness of services provided:** As of May, 2012, 406 individuals are currently on a wait list for OPI services.
- **Cost per service unit:** The average monthly cost of services to an OPI client is \$400.

Enabling Legislation/Program Authorization

OPI is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams

OPI is 100 percent State General Funded. Services are expanded through the utilization of program income generated from client cost sharing based on a sliding fee schedule.

OPI serves as the required Maintenance of Effort (45 CFR Sec. 1321.49) and State match (45 CFR Sec. 1321.47) to receive Federal funding under the Older Americans Act (OAA). At least \$5 million per biennium in State funds is needed to maintain the Maintenance of Effort and match requirements of the OAA.