

Aging and People with Disabilities

Ways and Means Presentation – March 26, 2013

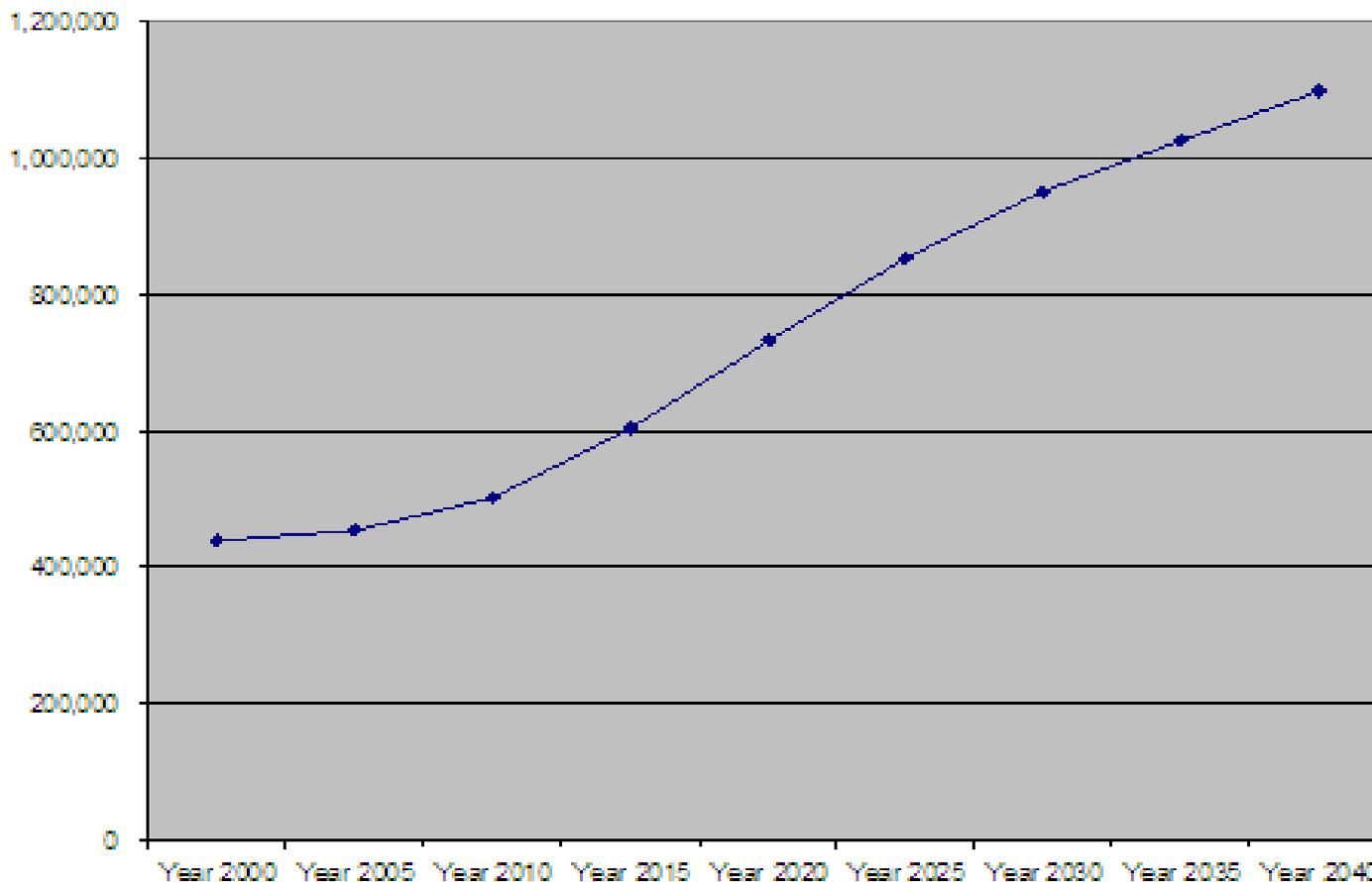
Michael McCormick, Deputy Director

Trisha Baxter, Chief Operating Officer



The Aging Population Is Growing

Projected increase in Oregon's 65+ population



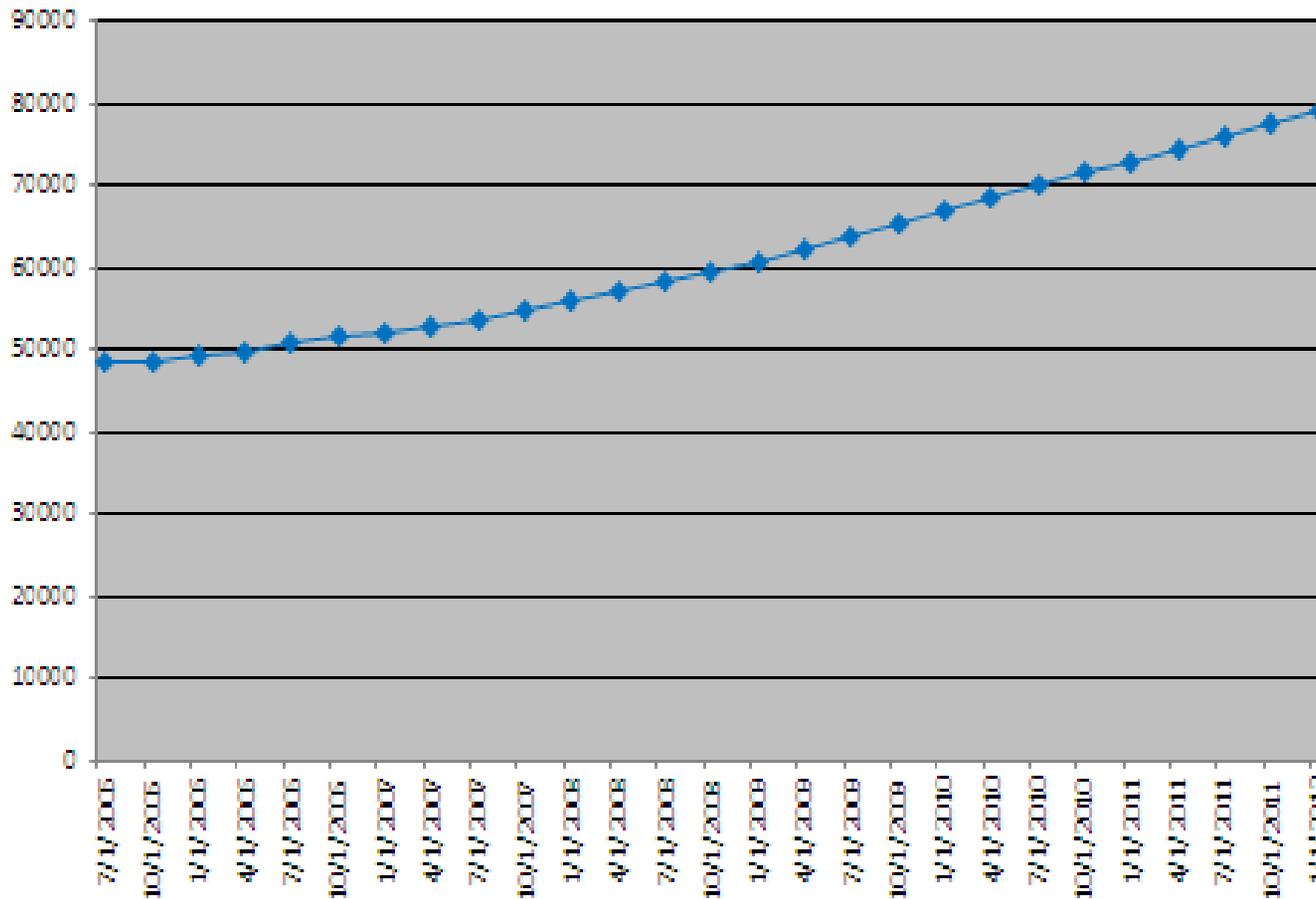
• \approx 400K in 1997

• \approx 1.1M in 2040

Source: Office of Economic Analysis

We Are Serving More People With Disabilities

Actual increase in eligibility related to disability*



- ≈ 50K in 2006
- ≈ 80K in 2012

*Includes Medicaid, SNAP, Medicare Buy-in, DD and AMH-eligible individuals under the age of 65

Source: Oregon DHS eligibility data



LTC 3.0 is a comprehensive initiative to:

- Design and administer a system of long term services and supports that delivers the right services at the right time at the right place.

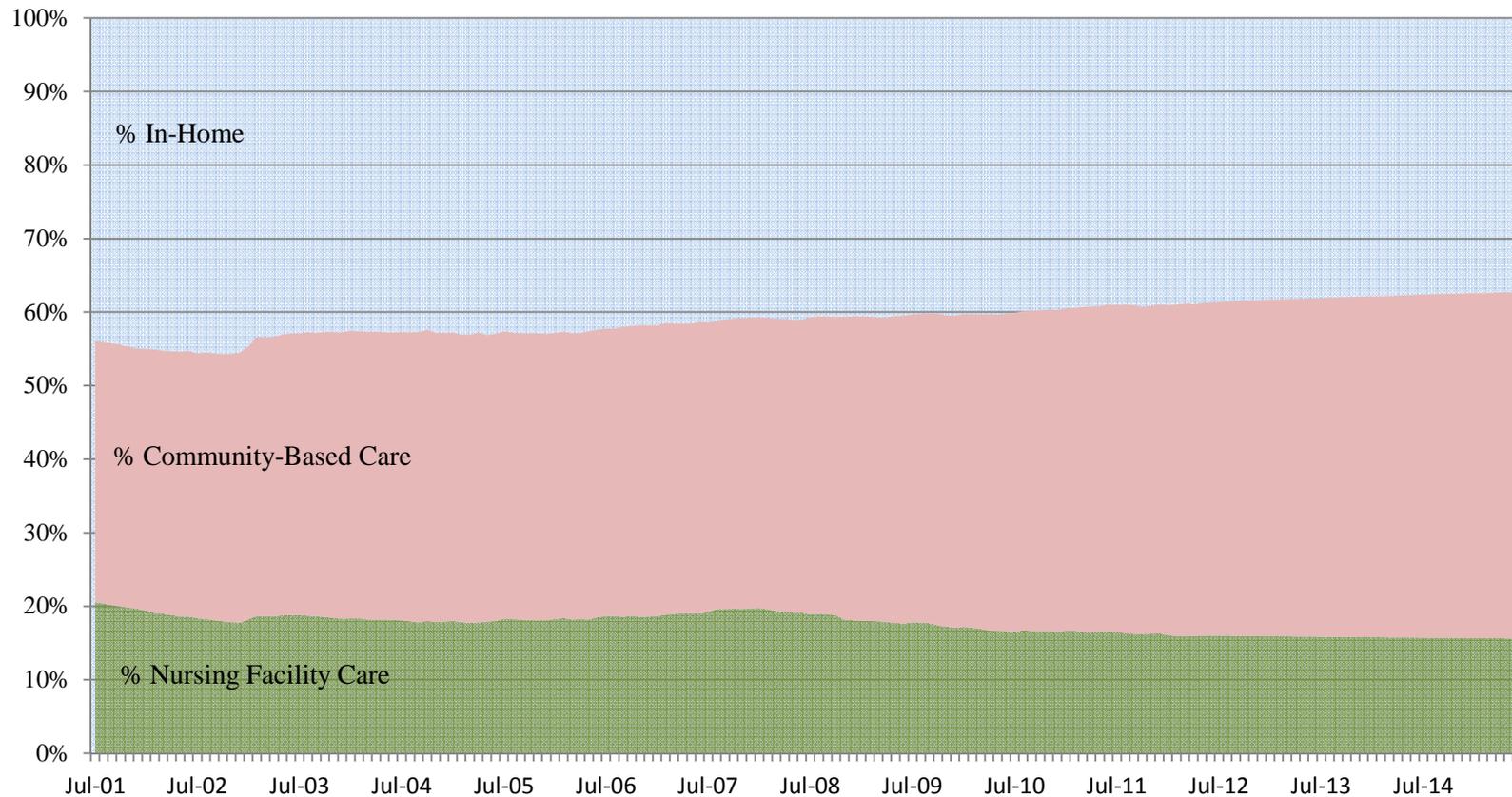
Foundation of LTC 2.0 and 3.0

Build on vision of ORS 410

- Goals: **health, honor, dignity**, lives of maximum independence
- Emphasis on **choice and independence**
- **Support** for people with disabilities
- Based on **partnerships and coordination**
- Promote **community involvement and engagement**
- **Advocate** for seniors and individuals with disabilities

Consumer Distribution by Service Setting, 2001-2014 (projected)

Percent of LTC Consumers by Service Settings





Desired Outcomes

- Further the foundations in ORS 410
- Improve health, independence, and quality of life
- More financial independence, with supports to lessen the need for publicly-funded long term services and supports
- Effective coordination between long term services and supports and health care
- Living at home and being in the community

What Can We Do Better?

- ↑ Prevention planning and early intervention
- ↑ Support for + 95% of population without Medicaid
- ↑ Person-centered services
- ↑ Independence enhancing technology
- ↑ Proactively remove barriers to serving individuals in their own homes
- ↑ Improved outcomes for all Oregonians



Community Meetings – Fall 2012

THE SUNDAY OREGONIAN • NOVEMBER 18, 2012

State tries to fix aging long-term care policies

By ERIC MORTENSON
THE OREGONIAN

Oregon pioneered the notion of assisted living and other means of helping people stay out of nursing homes, but state officials say that's old school when it comes to publicly funded long-term care for the elderly and disabled.

A new planning process, which includes a bill for the 2013 Legislature to consider, is wrapping up after a statewide series of public meetings. Staff with Aging and People With Disabilities, a division of the state Department of Human Services, did 20 presentations and heard suggestions from about 500 people.

The word so far? "We have lots of areas for improvement," said Mike McCormick, a DHS deputy director heading the effort.

"This organization has a long history of engaging in good, quality planning sessions, and a history of not executing them," McCormick said. This time, the department wants legislative direction for a plan to "implement these badly needed improvements to our long-term care."

Among other things, a draft bill directs the department to establish home- and community-based care, rather than nursing homes, as the new long-term care "entitlement."

Under such a system, institutional care would no longer be the default, "but staying at home is," said Bob Weir, a DHS advocacy manager.

The changed focus might take shape in multiple ways, Weir and others said during the final community meeting this month in Portland. Providing tai chi classes to build strength and balance may prevent falls, which often lead to costly care. Putting grab bars

in homes and providing roll-in showers for those who use wheelchairs also may allow people to stay in their homes longer. Help with medication management and housekeeping might do the same.

Providing financial management classes might help seniors avoid losing money to scams. Being victimized sometimes leads to depression, a decline in health or even a loss of their home, said McCormick, the deputy director.

The wave of aging baby boomers is driving the need for review. Nearly 10,000 Americans turn 65 each day, a pace that will continue for the next 17 years, according to Portland State University's Institute on Aging.

By 2020, 800,000 Oregonians will be 65 or older, according to the state Department of Human Services, and people over 85 will be the fastest growing segment of the population. About 90,000 people with disabilities now receive DHS benefits, 30,000 more than just six years ago.

McCormick said only 3.7 percent of Oregonians 65 and older are in publicly funded long-term care today.

"Then you look at the aging demographic that's coming over the next two decades," he said. "How do we put a strategy in place to meet their needs while simultaneously not blowing the (state) budget?"

"What we think it will look like is a preventive service package that will increase the likelihood of them remaining independent."

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EAST OREGONIAN

WEDNESDAY, OCTOBER 24, 2012

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Baker City Herald

October 26, 2012

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Oregon's Long-Term Care System

How can people stay in their homes?

By Terri Harber
tharber@bakercityherald.com

Representatives from the Oregon Department of Human Resources came to Baker City on Thursday to determine what residents want from the state's long-term care system.

They are visiting communities across Oregon to gather information to use in the next long-term care plan.

About a dozen people attended and virtually all had ties to the system as professionals or volunteers.

"What would you like to see the agency focus on?" asked Naomi Sacks, a policy analyst for the division of Aging and People with Disabilities. "You know the needs in your community?"

Most people, 82 percent, choose to receive home and community-based care instead of institutional care.

The goal of the state's new care plan is to provide more choices and make it easier for people with long-term issues to continue living at home or in community settings.

People with disabilities are living actively and independently in their



PENDLETON

Change on tap for long-term care in Oregon

Ideas sought for transforming system

By KATHY ANEY
East Oregonian

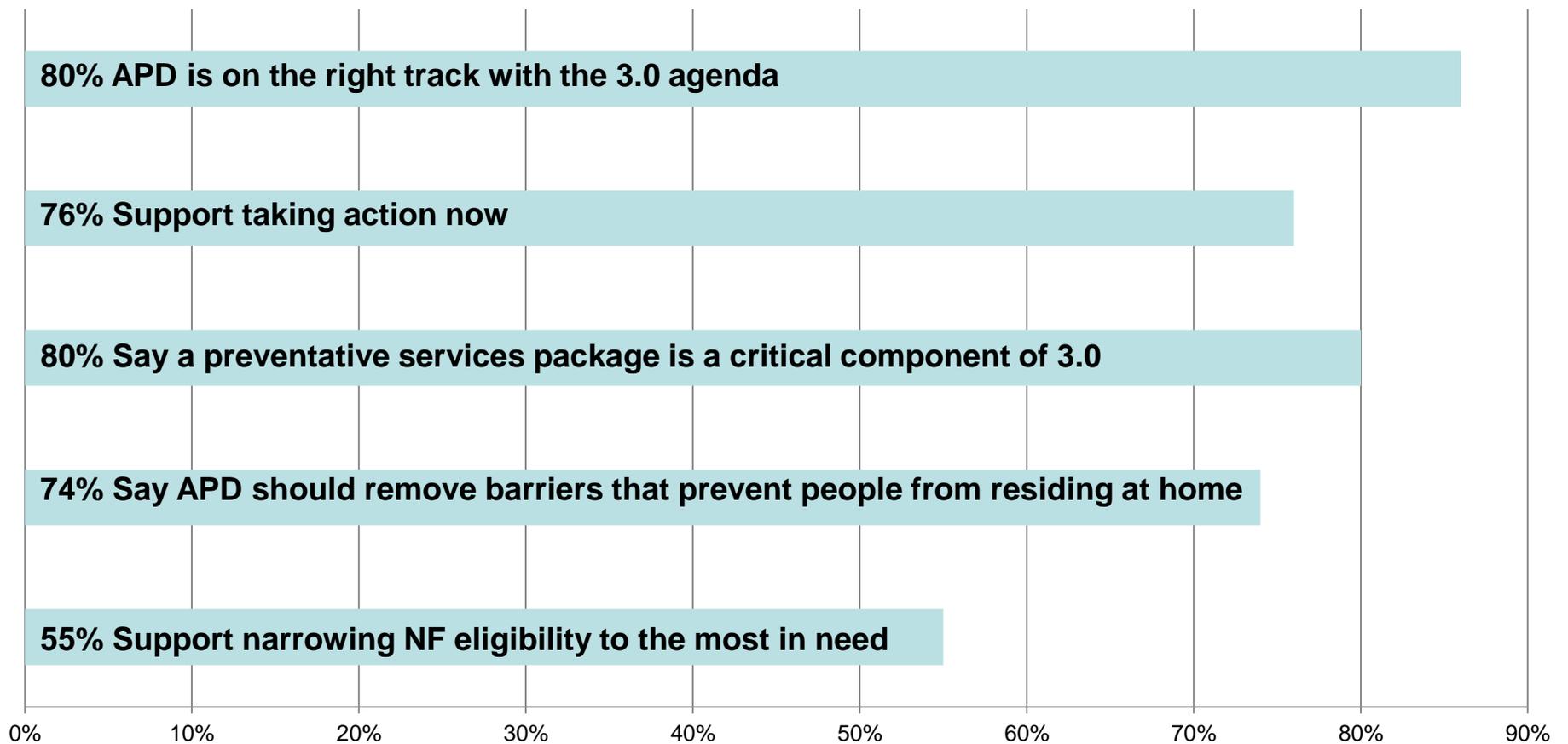
Traditionally, the trajectory was clear. In the journey of life, the nursing home was often the final destination for Oregonians who relied on publicly-funded long-term care. That changed some 30 years ago when the federal government gave Oregon permission to use Medicaid dollars to

don't want to live out their final days in a nursing facility.

"Eighty-two percent will choose commu-

LTC 3.0 Community Listening Tour

45 presentations across the state with approximately 550 attendees



Senate Bill 21

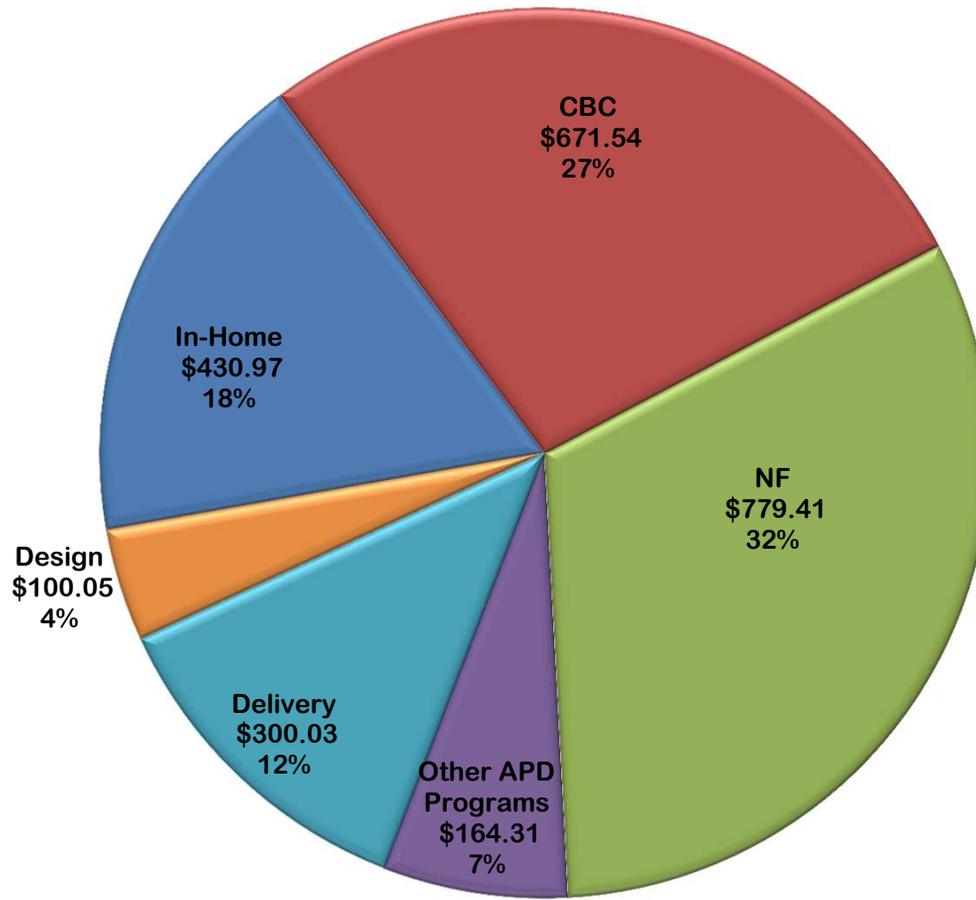
- Requires the Department to convene a planning process to improve and modernize Oregon's system of long term care.
- Plan presented to 2014 Legislative Assembly for review approval.

House Bill 2056

- Reauthorizes the nursing facility assessment.
- Proposes comprehensive strategy to reduce nursing facility capacity throughout the state.
- Reduces state GF needs by approximately \$18M.

GRB Budget

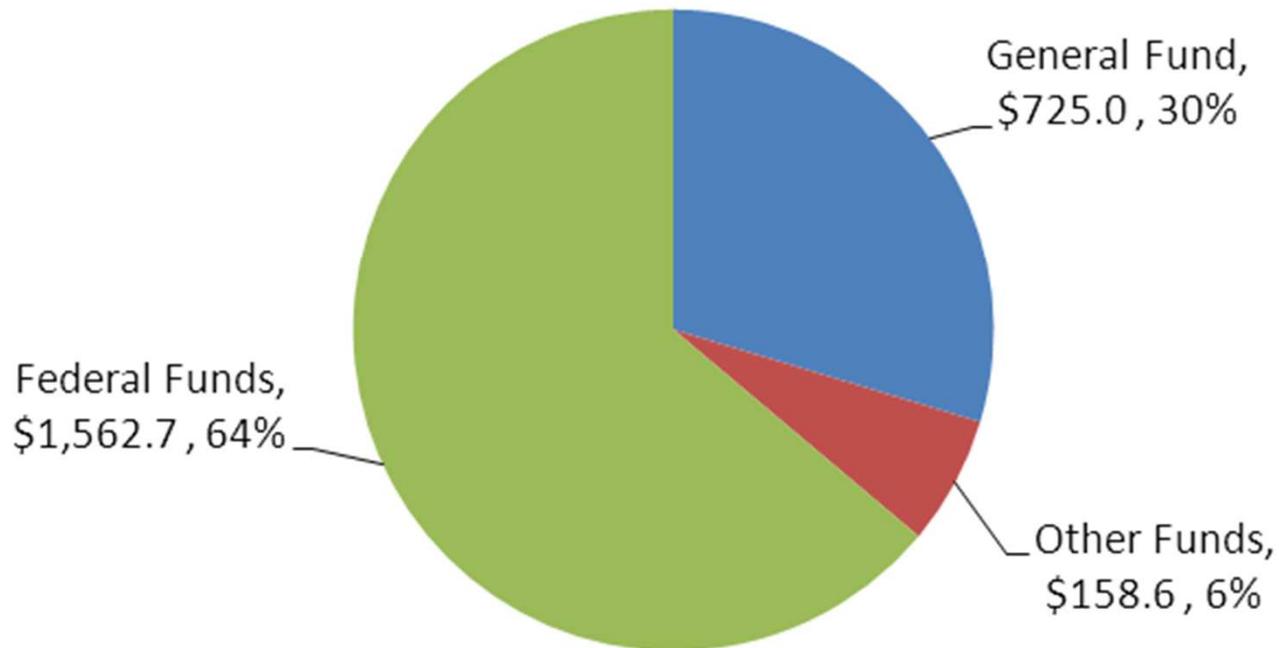
APD Budget by Program
\$2,446.3 Million Total Dollars



GRB Budget

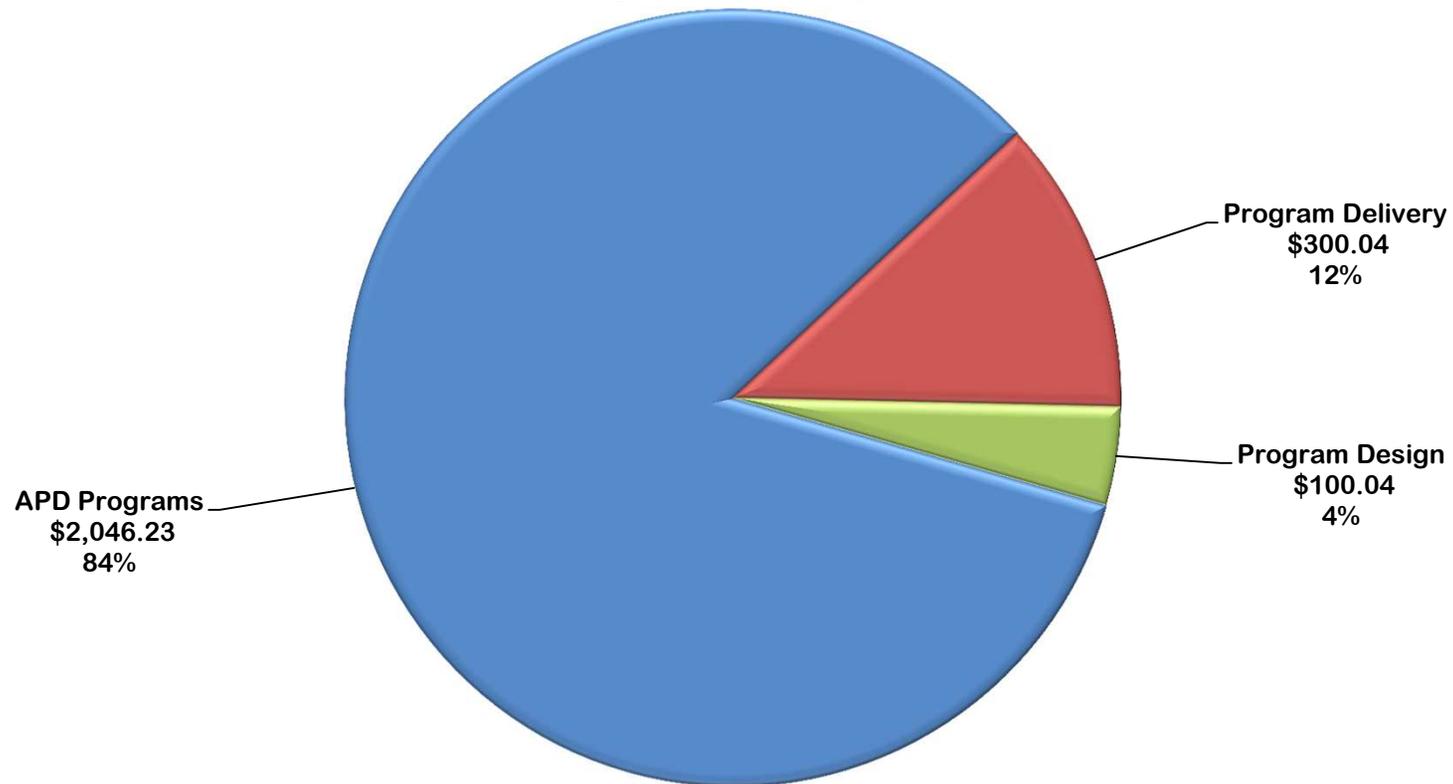
APD Budget by Fund Type

\$2,446.3 Million Total Dollars



GRB Budget (96% for Program and Service Delivery)

APD Budget Summary Cross Reference



State Plan K Option

Community First Choice Option (K Option)

- Authorized under the Affordable Care Act.
- Provides states additional six percent in federal matching funds for qualified home and community based services.
- Net Savings: \$63M GF.

GRB Summary

- Strategic investments prioritized and designed to:



GRB Outcomes

- Improve service and safety for nursing facility residents.
- Maintain access to Home and Community Based Care.
- Enhance ADRC options counseling services.
- Serve more seniors with severe mental illness in the community.

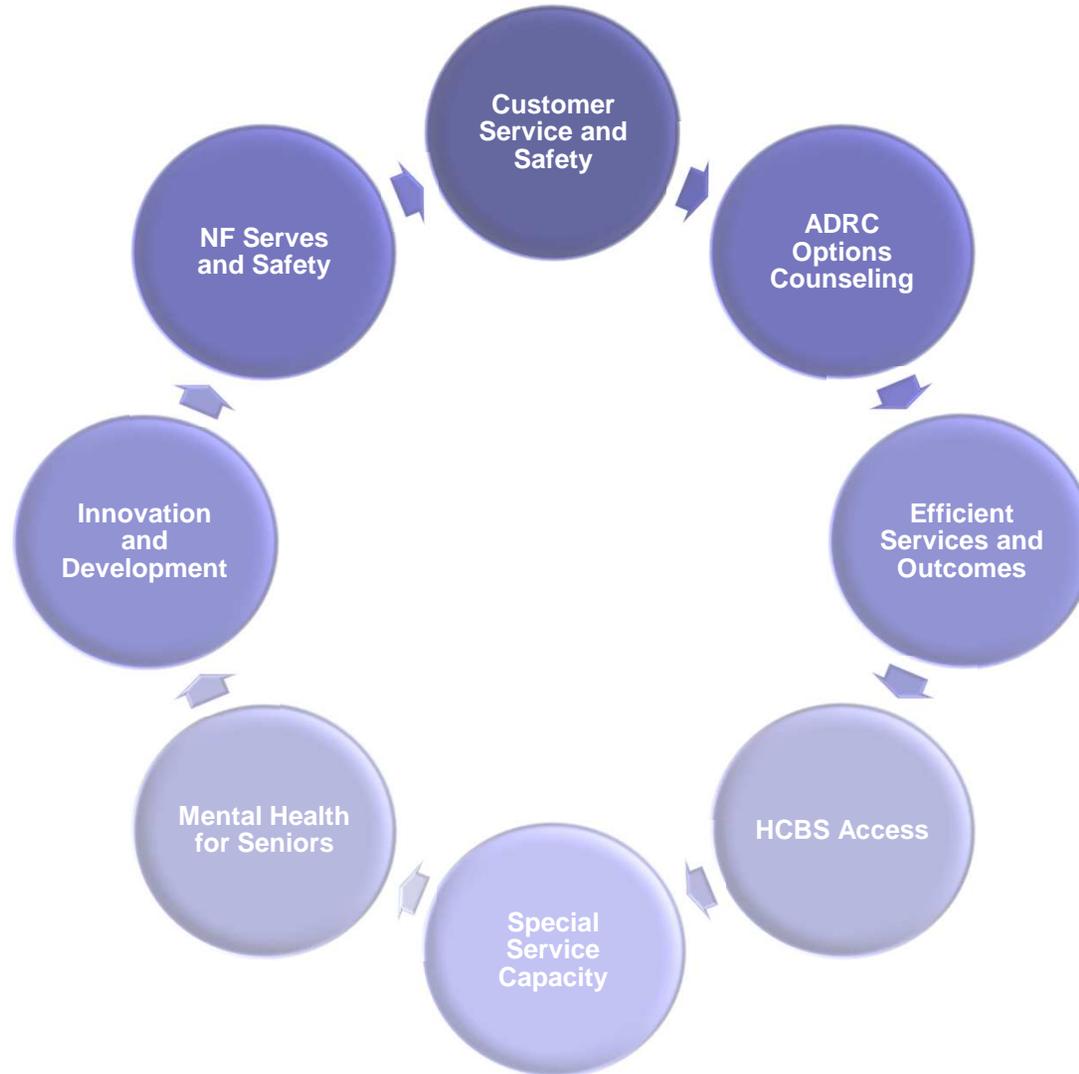
GRB Outcomes

- Promote innovation and development.
- Increase special service capacity.
- Improve customer service and safety.
- Ensure efficient services and outcomes for consumers.

Management Action

- APD will decrease nursing facility caseloads by 428 individuals by June 30, 2015 if the GRB is funded.
- Reduction target is contingent upon several strategies proposed in GRB.
- Net Savings: \$19M GF

GRB: Putting It All Together



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