

2013-15 Policy Option Package

Agency Name: Oregon Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Advocacy and Development
Policy Option Package Initiative:
Policy Option Package Title: Oregon Project Independence and Case Management Expansion
Policy Option Package Number: 108-04 and 108-16
Related Legislation:
Program Funding Team: Healthy People

Summary
Statement:

This POP supports a two-prong approach in providing preventative and early intervention services designed to decrease future costs. This POP funds Oregon Project Independence services for individuals with disabilities. This POP also supports Aging and People with Disabilities Division (APD) piloting a case management approach to the individuals not currently served in Medicaid-funded long term care services. APD serves over 140,000 Oregonians, but case management services are offered only for the Medicaid-funded long term care service subset, consisting of approximately 29,000 individuals. APD would like to pilot a risk intervention strategy, in consultation and coordination with the CCOs, to determine whether it can further the triple aim objective for the non-service population and provide pre-Medicaid statewide resources to the disability population through OPI.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Option Package Pricing:</u>	\$4,641,784	\$0	\$1,239,692	\$5,881,476

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This investment would fund Oregon Project Independence services for individuals with disabilities and allow APD to pilot a case management approach to the individuals not currently served in Medicaid-funded long term care services.

APD serves over 140,000 Oregonians in its field offices. Case management services are offered only for the Medicaid-funded long term care service subset, consisting of approximately 29,000 individuals. APD proposes to pilot a risk intervention strategy, in consultation and coordination with the CCOs, to determine whether it can further the triple aim objective for the non-service population.

OPI would be expanded from its current funding of 60 and older (under 60 if Alzheimer's) to covering 18-59 people with disabilities. This will provide additional services options for this population to maintain independence and potentially avoid or delay the need for more costly health care or services.

The pilot strategy would consist of providing case management for mutually determined high risk individuals, not receiving Medicaid-funded long term care services that are served by both CCOs and by APD and Area Agency on Aging (AAA) offices. Pilot proposals will be expected to describe:

- how the CCO and APD/AAA office will coordinate services for these individuals
- how pilot outcomes will be tracked, measured and evaluated

This pilot will require 14 case manager positions (or equivalent funding based on standard contracts with AAAs) with 8 positions to be awarded initially through a competitive bid process. If early adopters are able to show promising results by the 9 month mark, up to 6 additional positions will be offered to support expansion of the model. The number of positions is based on the number of CCOs (14) anticipated to be certified by 11/1/12. We plan to allocate at least one position or equivalent funding to each strong proposal,

however, we do foresee that some areas may justify asking for additional positions while others may not assemble a successful proposal.

The APD case manager will be responsible to have regular in-person and telephone contact with mutually determined high-risk members and their families to assess their needs. They will work to identify potential risk factors for long term care and higher medical expenses/utilization, work with the individual on early intervention and prevention strategies and goals, and monitor progress towards meeting desired goals. They will be expected to have regular in-person or telephone contact with health care staff to discuss client or patient needs and services, and with various employers, agencies, organizations, and charities to advocate for and coordinate services.

This is a two year pilot. Reports will be required quarterly with one year review and approval required to move on to year 2.

2. WHY DOES DEPARTMENT OF HUMAN SERVICES PROPOSE THIS POP?

Current statute requires Oregon Project Independence services to be offered to individuals with disabilities, yet no funding has been allocated. OPI for older adults has been demonstrated as a cost effective way of maintaining independence, expanding availability of this program provides additional preventive and early intervention options people with disabilities.

Initial analysis of data along with testimony from Type B AAAs points towards the fact that individuals who receive Medicaid-funded long term care case management do not have significantly higher medical costs than other OHP members. These initial findings are surprising and important, as Oregonians receiving Medicaid-funded long term care services have significant needs associated with daily functional requirements met by provision of long term care services. However, offsetting this expense, these individuals also receive a high level of support and risk intervention through regular interaction with their long term care provider and support from their long term care case manager.

In proposing this POP, we are seeking to improve the health, care, and cost outcomes for the approximately 111,000 APD clients who lack these supports and as a result, experience less coordinated and higher cost care. We seek to show that providing case management for social and functional needs in coordination with CCO support for health and wellness needs will result in better health outcomes and lower costs, despite the additional positions. A successful pilot will show that the case manager position has paid for itself by reducing monthly medical expenses of the individuals served.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

This POP is directly related to the triple aim of better health, better care and lower costs. Improving health, care, and cost outcomes for seniors and people with disabilities directly touches the Department’s mission: “To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.”, and APD’s mission: “ To make it possible to become independent, healthy and safe. SPD contributes to the DHS mission by helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.”

4. IS THIS POP TIED TO A DEPARTMENT OF HUMAN SERVICES PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DEPARTMENT OF HUMAN SERVICES MEASURE THE SUCCESS OF THIS POP?

This POP is tied to key performance measure #11:

“SENIORS LIVING OUTSIDE OF NURSING FACILITIES- The percentage of Oregon's seniors receiving SPD long-term care services who are living outside of nursing facilities”.

Implementing this risk intervention strategy for seniors and people with disabilities who are not yet utilizing long term care services is expected to:

- Improve future health outcomes
- Delay the date at which long term care services will be needed

- Improve individual's knowledge and capacity to maintain health within the community
- Improve future planning and ability to make informed choices about long term care options if and when they are needed in the future

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

For the OPI component of this request, we considered continued lack of OPI funding for individuals with disabilities, but rejected that because funding is overdue in light of statutory direction.

Without the pilot approach, the primary alternative is to have CCOs work alone to work towards improved outcomes for this population of seniors and people with disabilities. This option is not optimal as emerging CCO's have little experience providing the social service supports and risk interventions associated with this population. Given the evolutionary nature of Health Systems Transformation and given time, CCOs will likely develop more in-depth relationships with this population along with greater expertise in person centered planning. This POP tests an approach on a small scale within a service-ready environment of the APD/AAA local office in which the individual has established relationship and trust. Should this innovative approach achieve the goals identified, the result would be a greater level of service to these individuals at lower cost. Once proven, CCO's may choose to provide this service or contract with others to deliver. While this the default option, what we have been hearing from CCO applicants and from AAA/APD offices is that we should not waste existing resources of population knowledge, social advocacy skills and case management expertise that could be targeted in a new way to immediately improve coordination between the social and medical systems and improve outcomes for these Oregonians.

6. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Seniors and people with disabilities that are not in long term care will continue to have higher cost and more poorly coordinated care than individuals in long term care. Individuals with disabilities will continue to not have access to Oregon Project Independence services.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

APD will need to partner with local AAA offices and with CCOs in order to successfully implement this pilot. In areas where there is a pilot, case managers will coordinate with local community resources around issues of concern to the individual being served and related to their individual goals, such as housing, employment and transportation. OPI infrastructure already exists and would need to partner with AAA's to expand services to people with disabilities.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 10/1/2013

End Date (if applicable): 09/2015 (2 years from date case managers hired)

- a. **Will there be new responsibilities for (AGENCY NAME)? Specify which Program Area(s) and describe their new responsibilities.**

APD/AAA local office will need to partner with the local CCO to coordinate services and care. Pilot partners will need to track outcomes and justify continuation of the pilot and the award of the additional case manager position/s.

- b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).**

No.

- c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

The number of individuals served by the new case manager position will be locally determined in the pilot proposal; however, the caseload must be a large enough sample to produce meaningful metrics. The population served will be a subset of the population currently eligible for Medicaid through APD/AAA offices and will not change the overall caseload of the local office. Services provided will be analogous to current case manager services provided, however, they will be provided to a new population that has not previously received case management.

- d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

This pilot will require new staff :

- 8 human service case managers classification 6630 (or equivalent funding based on standard contracts with AAAs), limited duration 2 years (24 months)
- Up to 6 additional human service case managers classification 6630 (or equivalent funding based on standard contracts with AAAs), limited duration 1 year and 3 months (15 months)
 - These additional 6 positions would only be offered to support expansion of the model based on success of year one models

- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

Current case management technology infrastructure will be used.

Cost for pilot evaluation- \$300,000 (likely to be contracted).

- f. What are the ongoing costs?**

Limited 2 year pilot- no ongoing cost.

- g. What are the potential savings?**

Will see some savings in per person per month medical costs.

- h. Based on these answers, is there a fiscal impact?**

Yes.

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	\$341,114	\$0	\$338,915	\$680,029	7	5.02
Services & Supplies	\$94,996	\$0	\$94,972	\$189,968		
Capital Outlay	\$0	\$0	\$0	\$0		
Special Payments	\$4,205,674	\$0	\$805,805	\$5,011,479		
Other	\$0	\$0	\$0	\$0		
Total	\$4,641,784	\$0	\$1,239,692	\$5,881,476	7	5.02

(Agency Name) - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	\$0	\$0	\$0	\$0	\$0
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?