FACT SHEET

Aging and People with Disabilities Caseload Trends

New Entrants to In-Home Services

The long-term care caseload in Aging and People with Disabilities (APD) is projected to grow as follows:

Long Term Care Category	13-15 (Actual)	15-17 (Forecast)	Change	Change %
Nursing Facility	4,275	4,043	(232)	-5.4%
Community Based Care	11,530	11,913	383	+3.3%
In-Home	14,994	18,115	3,121	+20.8%
Total	**30,799**	**34,071**	**3,272**	**+10.6%**

For context, it is important to see where programmatic dollars are being spent:

Long Term Care Category	15-17 GF (Reshoot)	Caseload (Reshoot)	GF Per Consumer (15-17 biennium total)
Nursing Facility	$148,967,600	4,043	$36,846
Community Based Care	$208,602,509	11,913	$17,510
In-Home	$284,368,657	18,115	$15,698

The general fund need to serve someone in his or her own home remains the most cost-effective option. In-home costs approximately 43% of what it takes to serve someone in a nursing facility and approximately 90% of the cost to serve someone in a community based care facility.

Additionally, according to a recent AARP study, 89% of individuals aged 50+ want to live in their own homes indefinitely. APD has been meeting that preference by steadily increasing the percentage of individuals receiving services in their own homes. This has been possible through the implementation of new policies in the 13-15 biennium. A partial listing of those changes follows:

- Restoration of Instrumental Activities of Daily Living reductions.
- Workforce recruitment and development through better compensation policies and training opportunities.
- Supporting people's ability to live in their own homes by reducing the amount of income in-home consumers must contribute towards the cost of their services from all income over SSI ($733) to only income over $500 of SSI ($1,233).
- Increased case management staffing to serve more time-intensive in-home consumers.
- New tools under the K Plan (technology/ durable medical equipment/ environmental modifications) allow people to maintain successful in-home placements.

To gain an accurate picture of the new entrants, we performed an extensive analysis of new entrants to in-home services for the period September 2014 - January 2015.

The analysis is broken out into two sections:

- Characteristics of the entire new in-home population and;
- A deeper examination of a random sample of new entrants in this population.

Characteristics of the new in-home population

The Department identified all new entrants to in-home services who utilized Home Care Workers for the period September 2014-January 2015. During that time, 2,148 unique individuals entered these services new. For the purposes of this paper, a new in-home consumer is defined as someone receiving in-home services from a Home Care Worker that was not receiving services from a Home Care Worker in the previous month.

The following table illustrates the service priority levels upon which individuals qualified:

SPL	Service Priority Level Description	Consumers	Percent
01	Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.	41	1.91%
02	Requires Full Assistance in Mobility, Eating, and Cognition.	3	0.14%
03	Requires Full Assistance in Mobility, or Cognition, or Eating.	643	29.93%
04	Requires Full Assistance in Elimination.	93	4.33%
05	Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.	85	3.96%
06	Requires Substantial Assistance with Mobility and Assistance with Eating.	16	0.74%
07	Requires Substantial Assistance with Mobility and Assistance with Elimination.	726	33.80%
08	Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.	5	0.23%
09	Requires Assistance with Eating and Elimination.	5	0.23%
10	Requires Substantial Assistance with Mobility.	325	15.13%
11	Requires Minimal Assistance with Mobility and Assistance with Elimination.	101	4.70%
12	Requires Minimal Assistance with Mobility and Assistance with Eating.	6	0.28%
13	Requires Assistance with Elimination.	95	4.42%
	Total *(Does not include individuals not found eligible)*	**2,148**	**100.00%**

The following table illustrates the breakout of new consumers, by gender:

Gender	# of Individuals	Percentage
Female	1420	66.39%
Male	719	33.61%
Grand Total	**2139**	**100%**

**9 individuals with no gender recorded.*

The gender statistics are not surprising. Women earn approximately 77 cents for every dollar a man makes. They often miss more time in the workforce than males due to family caregiving responsibilities. Additionally, female life expectancy is approximately five years longer than males. This is particularly relevant since long-term care eligibility is based upon a three-pronged test of service needs (all), income levels (all) and resources (most).

The following table illustrates the breakout by type of Home Care Worker program they are utilizing.

Type of Home Care Worker Service	# of Individuals	Percentage
Homecare Worker - Hourly	1,960	91.12%
Homecare Worker - Live-In	183	8.51%
Homecare Worker - Spousal Pay	8	0.37%
Grand Total	**2,151**	**100%**

**3 individuals accessed multiple services in the month.*

The following table illustrates the number of hours being utilized by the new consumers.

Hours Per Month	# of Individuals	Percentage of Total
0-40	845	39.52%
41-80	682	31.90%
81-120	336	15.72%
121-160	129	6.03%
160-240	93	4.35%
240+	53	2.48%
Grand Total	**2,138**	**100.00%**

As shown, over 71% of new entrants are utilizing less than 80 hours per month.

The following table illustrates the breakout by age group of the new in-home entrants.

Age Grouping	# of Individuals	Percent
18-40	134	6.21%
41-50	213	9.87%
51-64	733	33.95%
65-74	468	21.68%
75-84	416	19.27%
85+	195	9.03%
Grand Total	**2,159**	**100.00%**

**11 individuals had age changes mid-month.*

In the year 2015, the baby boomer demographic represented individuals aged 51-69. Therefore, we took a deeper dive to see how much growth this age cohort represented.

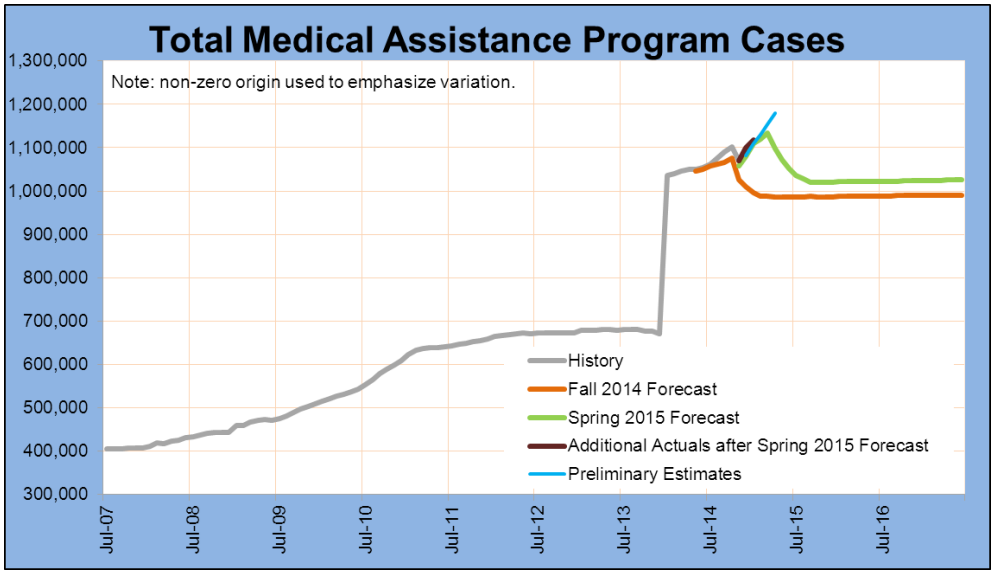
Age Grouping	# of Individuals	Percent
18-50	347	16.07%
51-69	961	44.51%
70+	851	39.42%
Grand Total	**2,159**	**100%**

This is a telling statistic. If baby boomers are accounting for 44.5% of the growth now, we can expect that the impact will only grow over time, as individual's needs increase. This table illustrates the age of baby boomers at different points in time.

Year	Lowest Age in Range	Highest Age in Range
2010	46	64
2015	51	69
2020	56	74
2025	61	79
2030	66	84

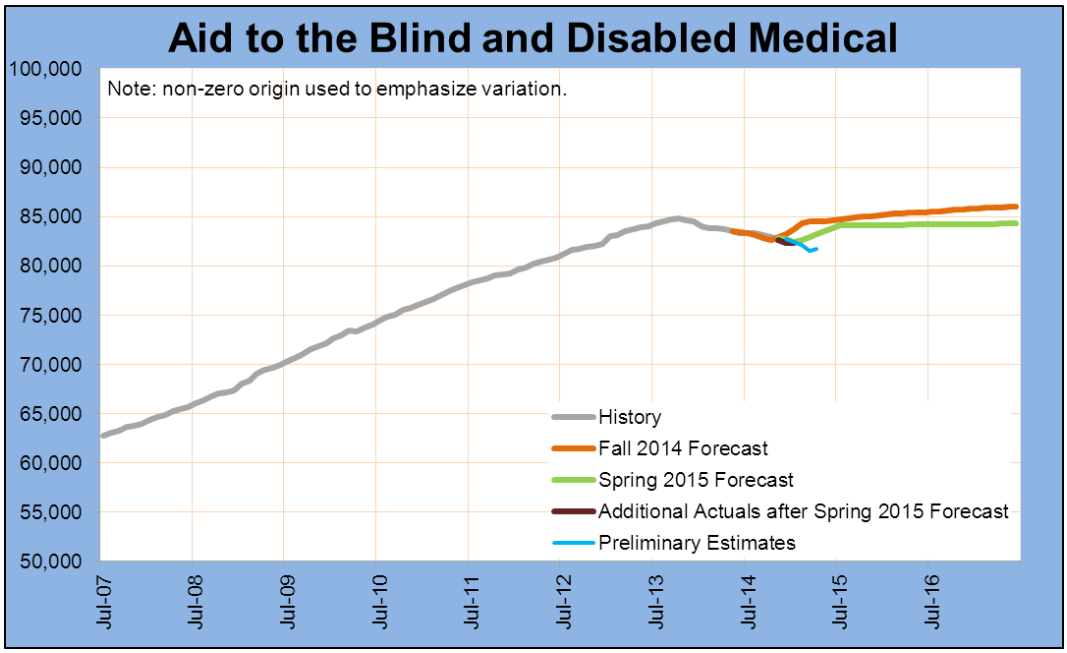
This illustrates that a subset of the baby boomers will be accounting for a greater share of resources of publicly funded long-term care in the future. Oregon's system must be ready.

Of particular relevance to this growth is Oregon's expansion of Medicaid eligibility under the Affordable Care Act. Below are two tables that illustrate the new trends and dynamics that are occurring. The first table illustrates the total number of Oregonians gaining health insurance through Medicaid:



In January of 2014, the Oregon Health Authority began serving over 400K more individuals than it was serving previously, due to the newly eligible Medicaid population.

The table to the right illustrates the number of people qualifying under Medicaid's Aid to the Blind and Disabled program.



Interestingly, the trend is no longer increasing, which at first seems counterintuitive with all of the media coverage around the growth in people qualifying for disability determinations. What it illustrates is that many individuals sought disability determinations in order to gain needed access to medical services. With the Affordable Care Act expansion, this need is no longer necessary for many individuals.

DHS | Oregon Department of Human Services

All of this information is relevant because Oregon adopted the Community First Choice Option (K Plan) in July 2013. Prior to July 2013, APD only served individuals in home and community based services who gained access through a 1915(c) waiver. In order to gain entry, they needed to be 65 or older OR be aged 18-64 with a disability. Now, K Plan services are potentially available to all 1.1M participants in the Oregon Health Plan.

Under the K Plan, long-term services and supports are a part of the overall medical benefit plan, which includes services such as physician services, lab services, pharmacy services, transportation services and durable medical equipment. What this means is that the entire caseload in the Oregon Health Plan (approx. 1.1 million) have access to long term services and supports through the K Plan, provided that they meet level of care criteria (service priority levels 1-13). Further, the Medicaid expansion population does not need to exhaust resources to the $2,000 limit. However, if a consumer has a disability determination, they need to qualify under the Oregon Supplemental Income Program-Medical (OSIPM). This program requires individuals to exhaust assets to the $2,000 limit before being able to access long-term services and supports.

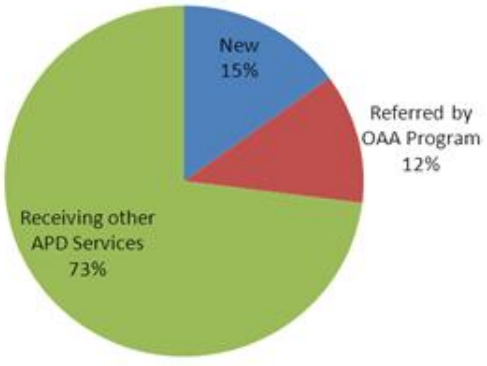
Currently, DHS does not have good data on the number of individuals accessing K Plan services because of ACA expansion. DHS recently implemented technology modifications, which will allow better tracking and federal claiming of this caseload. Estimates of the impact of this caseload vary from 2%-10%. APD expects to have quality data on this population in the fall of 2015.

Deeper examination of new entrants

We selected a random sample of 100 new entrants to in-home services utilizing home care workers. For this population, we performed a deeper analysis of their situations to gain a better understanding of their reasons for entry.

Were they "new" to APD?

Of the 100 new consumers in the random sample, 73% were receiving some type of APD benefit prior to accessing in-home services. Many of these individuals were receiving food benefits, medical coverage and assistance with Medicare premiums.



Five individuals were receiving medical benefits through the Modified Adjusted Gross Income (MAGI) Medicaid program. The local Older American's Act programs referred 12% of the new individuals. They usually occurs once the program can no longer meet their needs. Of the new individuals, some had moved from other states and some had been cared for by family members who were no longer able to provide the needed services.

Causes of Entry

Reason for Entry	Number of Individuals	Percent
Declining Health	31	31%
Acute Event	18	18%
Break in Service	13	13%
Transition	12	12%
Progressive Disease	11	11%
Agency to HCW	7	7%
Moved from other state	3	3%
Referral from APS	3	3%
Other	2	2%

This table illustrates, at a high level, the reason why individuals accessed services.

The majority of new entrants had a marked decline in health or an acute medical event. Over half with a decline in health were above 70 years old. The acute events included many newly diagnosed diseases, such as congestive heart failure, cardio-vascular accident (stroke) and cancer. Twelve consumers transitioned from a higher level of care, including eight that left a nursing home. Approximately 11% entered the In-Home Program due to the progression of a disease, such as polio, multiple scleroses, end-stage renal disease, dementia, or Parkinson's. Of the other category, one was over-resources post eligibility and one that had been unable in the past to pay the service contribution, or pay-in.

Service Contribution (Pay-In) Requirements

Prior to a February 2014 policy change authorized by the Legislature, individuals contributed any income above the Supplemental Security Income (SSI) amount of $733 towards their in-home services; also

Income	Individuals	Pay-In Pre-change	Pay-In Post-change
$733 and under	29	$0.00	$0.00
$734 to $1233	46	$263.56	$0.00
Above $1233	25	$263.56	$62.88

known as a person's "pay-in". The policy change allowed them to maintain any income, up to an additional $500, to cover expenses associated with maintaining a household (rent/ mortgage/ taxes/utilities/nutrition, etc.). This policy change did not result in any eligibility change nor does it issue cash benefits to individuals with income less than $1,233.

From the random sample of 100 individuals, 43 had income at or below $733 and would not have had a pay-in pre- or post- implementation of the policy change. Thirty-two individuals, with income between $733 and $1,233, would have had a pay-in prior to the policy change. Of the remaining individuals, 26 individuals entered long-term care services and supports (LTSS) with income above $1,233, with an average pay-in liability of approximately $252.00. Their pay-in would have been higher pre implementation of this policy change.

Individual Characteristics of New Entrants

The following highlights some of the stories of new entrants to in-home services. These stories illustrate the types of needs, services and diverse situations experienced by new entrants.

Consumer 1

After many years of independent living, Consumer 1 found herself forgetting things. At 79, she was not too concerned as she had a great network of friends through her congregation that would help her. It was not until the doctor revoked her driver's license did her family understand the advancement of her dementia. Her friends had also become increasingly concerned about her lack of eating. In May 2014, she met with the local Options Counselor and started receiving home-delivered meals and nutritional information. In the fall of 2014, her son, who lives on the east coast, came to visit. He and his wife noticed that her memory was getting worse and the myriad of sticky notes throughout the house were not helping any longer. She could not find her medications, did not know the date and was still not eating well. They called the local APD office to enquire about in-home services. Consumer 1's 48 hour per month service plan is now meeting her needs; homecare workers set up and monitor her medications, make sure she is bathing regularly and monitor her nutrition.

Consumer 2

Consumer 2 is a 63-year-old man with a history of homelessness. He was doing fine living in an apartment until he received an eviction notice. His eviction was caused due to the condition of his apartment and his lack of personal care. Adult Protective Services was contacted to assist and they made a referral to the case manager. He now has a homecare worker that is keeping the apartment clean and ensuring that he is bathing and wearing clean clothing. Consumer 2

was offered the opportunity to reside in an assisted living facility or an adult foster home and his response was that he would be “on the street before I go to one of those places”. He currently receives 50 hours of in-home care per month and is no longer facing eviction.

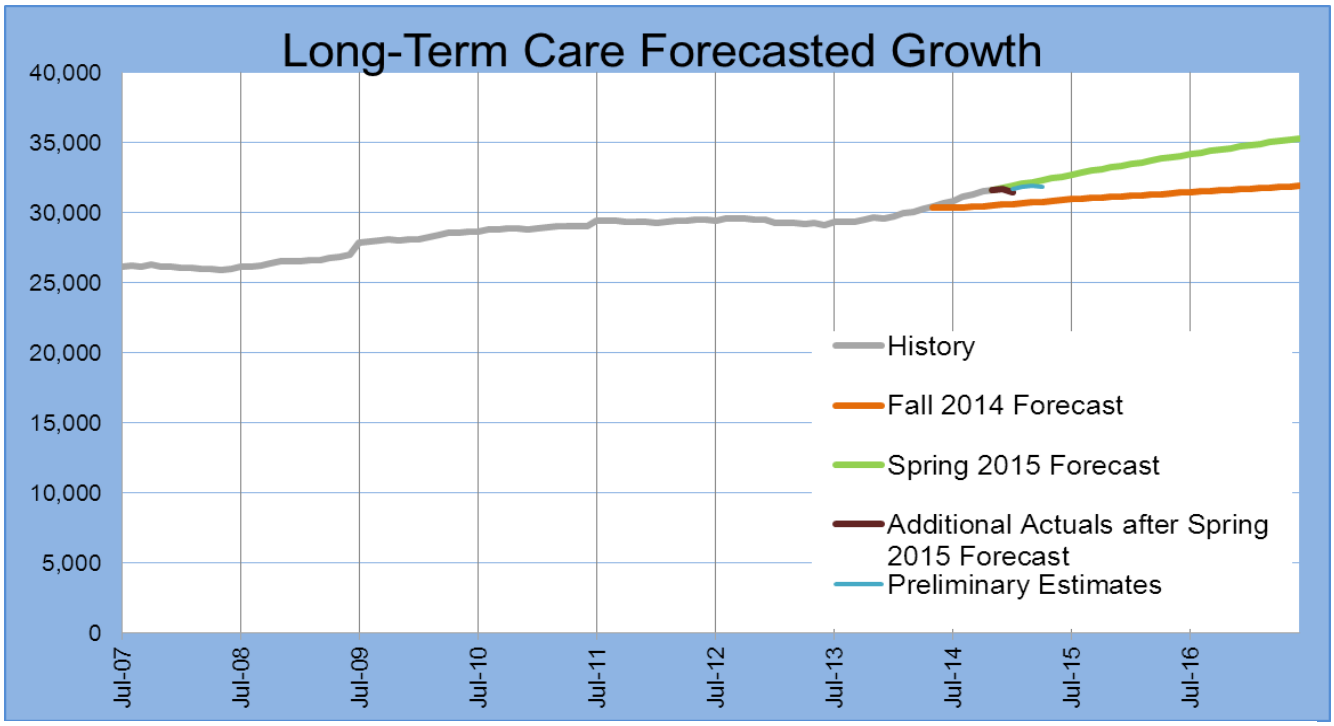
Consumer 3

Consumer 3 is a 72-year-old woman living alone in a mobile home. She has COPD and suffers from rheumatoid arthritis. She had managed to care for herself with some assistance from nearby family but her needs progressed to more than they could meet. She was no longer leaving her home because of multiple falls that had occurred. Because of her arthritis, she was finding it more difficult to bath, get out of her chair, and prepare her meals. She had been receiving food benefits and medical coverage assistance since 2003. She receives 86 hours of in-home services each month and is able to leave her home to shop, is eating better and has assistance getting up from her chair.

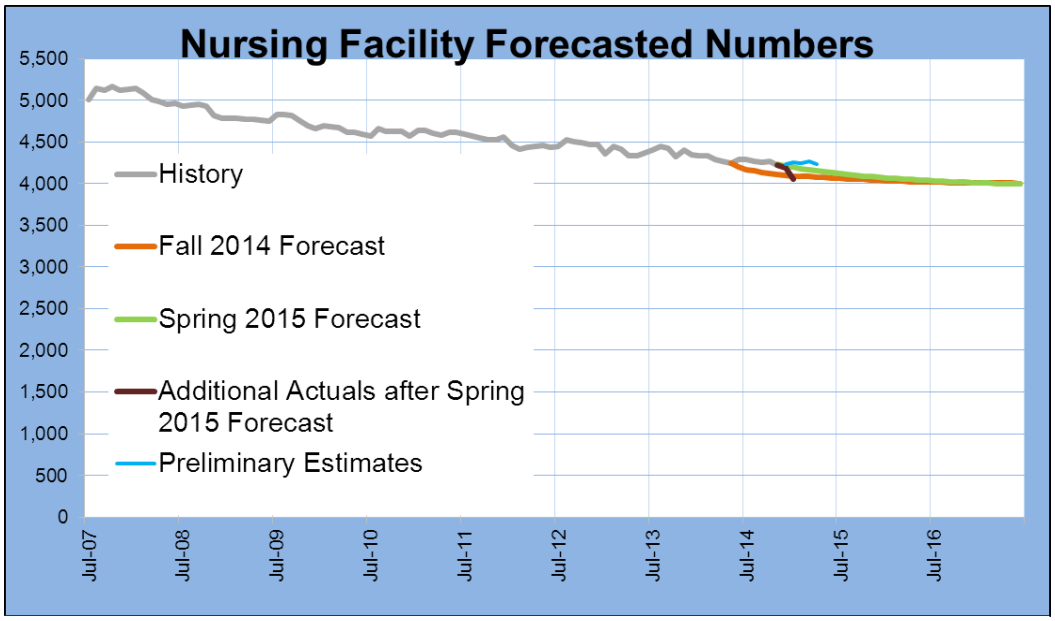
Consumer 4

As a Marine in the Vietnam War, Consumer 4 was used to jumping out of choppers with his full gear. Over time, that action has caused James, now 65 years old, great back pain and spinal stenosis. He receives a small military benefit and Social Security Disability. He was able to meet his care needs with assistance from his son until he had a stroke in June 2014. At the time of the stroke, he fell hitting his head causing a brain bleed. The brain bleed was resolved but while in a rehabilitation facility, he fell again and had brain surgery. He is now in a wheelchair and has left-side paralysis. His son quit his part-time job and is now his full-time caregiver.

Summary



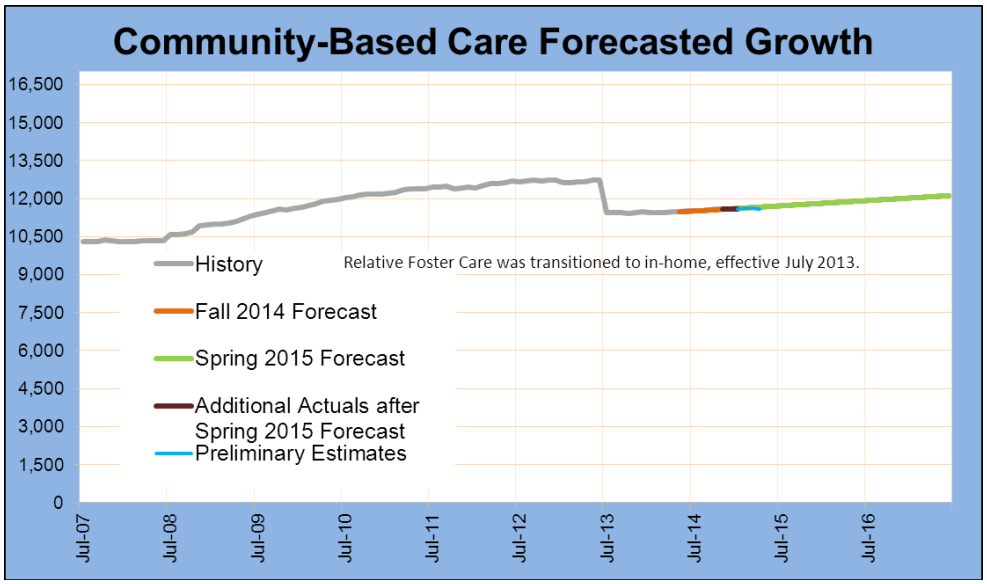
Long-term care caseloads are increasing at a higher rate than previously experienced. This table illustrates that growth.



Nursing facility utilization is falling due to consumer preferences and diversion/ transition efforts.

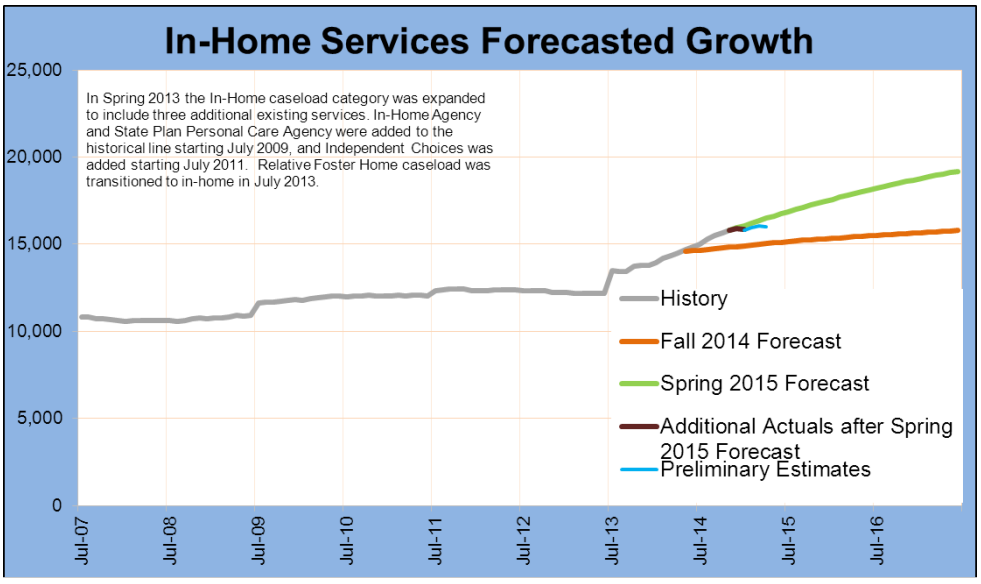
This table illustrates the trends in nursing facility caseloads.

Community-based care includes services offered through assisted living, residential care, adult foster homes, memory care and Providence Elder Place's Program of All Inclusive Care for the Elderly (PACE). In July 2013, the Department eliminated relative foster care as an option and transitioned approximately 1,300 individuals to the in-home program.



This table illustrates the overall changes in community-based care.

Current community based care growth is dominated in the category of memory care.



This table illustrates the changes in the In-Home Services Programs.

In-Home services are increasing because of consumer preferences, policy changes, enhanced infrastructure and the elimination of relative foster homes.