# Aging and People with Disabilities

# Strategic Plan

**Spring 2019**

DHS | Oregon Department of Human Services

AGING & PEOPLE WITH DISABILITIES

## Dear stakeholders, consumers and staff,

Thank you for taking time over the past several months to engage in the process of developing a strategic plan for the Office of Aging and People with Disabilities (APD) programs at the Department of Human Services. Our efforts together set the foundation for the critical work needed to support older adults and people with disabilities in living lives of maximum freedom and independence.

APD has grown in recent biennia to keep pace with the increase in older adults and people living with disabilities in Oregon and nationally. We know this will bring higher demand for the services and supports that we offer. To prepare for this growth, for decades, Oregon has been forward thinking, innovative and a true leader. We ensure adoption of programs and policies that enable individuals to delay entry into the Medicaid system and when Medicaid long-term care is needed, we offer more options for home- and community-based services and supports than any other state in the country. We save hundreds of millions of dollars by offering to serve people, who would otherwise need nursing home bed placement, in the manner they choose. Often that is in the comfort of their own homes and communities.

APD stakeholders, consumers and staff have done extensive work to identify our goals along with the actions, both short and long term, that will enable us to collectively achieve them. This strategic plan is a result of visioning around our values as a program and a state with regard to how Oregonians wish to receive long-term services and supports to maintain independence.

This strategic plan refocuses us on our core values as a program and will serve as our North Star, or the point to which we are aiming, on behalf of Oregon's older adults, people with disabilities and their families. We will use this plan to: 1) communicate our values and goals to policymakers, 2) guide our prioritization of limited resources and 3) continue to lead the nation in innovation around long-term services and supports.

We're energized by the path this plan carves out for our program because of the insights and contributions made by all of the individuals who participated in the process. We cannot and will not be able to achieve this strategic vision alone. It will take the strong commitment of all parties involved to ensure we are successful in collectively delivering results and to ensure we are able to serve Oregonians equitably so that they have access to the programs, supports and tools needed to remain safe, healthy and independent throughout their lives.

Sincerely,

Ashley Carson Cottingham
Director, Office of Aging and People with Disabilities

# Table of contents

**The case for change** ..... 4

**Vision and values** ..... 7

**Strategic goals, actions and success measures** ..... 8

Straegic goal 1: Well-being ..... 9

Strategic goal 2: Accessibility ..... 12

Strategic goal 3: Quality outcomes ..... 15

Strategic goal 4: Service equity ..... 17

Strategic goal 5: Engagement ..... 19

**Accountability measures** ..... 21

**Appendix A: Description of the APD system** ..... 22

**Appendix B: Acknowledgements** ..... 24

**Stay connected** ..... 25

# The case for change

## Current state

Oregon is nationally recognized for its system of services and supports for older adults and people with disabilities. Much of this recognition is due to the historical innovations the state made to transform these services and supports so that people could live in their own homes and communities with independence, choice and dignity.

When Medicaid began in 1965, the only option for services was the nursing home, or nursing facility as we call it in Oregon. But in 1975, Oregon Project Independence offered consumers an alternative to stay in their own homes and delay or avoid going onto Medicaid – and by extension – having to move out of their homes and into a nursing facility. Then, in 1981, Oregon received the nation's first home and community-based waiver, and consumers eligible for Medicaid could get their services at home or in non-institutional community settings. Before long, thousands of older adults and people with disabilities chose to receive services at home, in residential care and adult foster home settings, and, starting in 1989, in assisted living facilities, which was a new form of community-based care that started in this state. With the establishment of the Oregon Home Care Commission, consumers of in-home care could access a registry from which they could hire their own Home Care Workers.

More recently, Oregon's system of long-term services and supports has been enhanced through several initiatives. Starting in 2009, the state built a robust Aging and Disability Resource Connection (ADRC) network, providing information, referral and options counseling services to consumers and their family members. In 2013, Oregon became the second state in the nation to adopt the Community First Choice Option Plan in the Affordable Care Act, which allows Medicaid to cover even more person-centered services at a higher federal match rate.

Currently, Oregon is working with providers and consumers to comply with the new federal Home and Community-Based Services (HCBS) regulations, which establish rules to ensure autonomy and choice for consumers living in community-based settings. APD and its Area Agency on Aging (AAA) community partners continue to build and improve upon Older Americans Act services and supports through the current State Plan on Aging. APD has also developed intentional internal service equity plans in its districts and central office units, while forging stronger relationships with Oregon's nine federally-recognized Tribes as well as organizations serving other American Indians throughout the state. And over the past two years, Oregon's system continues to improve through initiatives to strengthen information technology for eligibility and adult protective services, stronger resources for direct care worker training and facility licensing, improvements

in services for consumers with Alzheimer's and other types of dementia, better collaboration and coordination with health and behavioral health systems, new data collection to improve person-centered services, and a systematic, intentional effort to better serve consumers in historically underrepresented communities.

Yet there have been a number of challenges to the long-term strength and sustainability of Oregon's system. During the recession of 2003-2004, approximately 4,000 consumers lost their services because of budget reductions, and many of these consumers had a higher level of need when they regained service eligibility. More recently, in response to caseload growth and changes to federal wage and hour law, consumers experienced changes in service eligibility and service hours that were made to keep the overall system sustainable. In the first year of these changes (October 2017 through September 2018), approximately 1,200 individuals lost eligibility for Medicaid long-term services and supports.

With the more recent reductions, the department is now taking steps to collect data to understand the effects that these cuts have on consumers who either lose service hours or who lose eligibility for services entirely. Within the context of limited resources, prevention programs such as Oregon Project Independence are increasingly vulnerable to budget reductions, and it is more difficult to pilot new prevention programs that require funding. Up until recently, the needs of Oregon's Deaf and hard of hearing communities and individuals who experience traumatic brain Injury have not been addressed adequately. And, despite recent rate increases for community-based services, the system has experienced a recent loss of adult foster care providers, while long-term services and supports providers who remain in the system struggle to hire and retain direct care workers — a workforce that will experience significant shortages if there are not changes to the current state.

The future challenges to a robust system of services and supports are daunting. Oregon's aging population is growing, and the proportion of younger adults with physical disabilities is growing too, among the overall population of consumers accessing Medicaid long-term services and supports. Fewer Oregonians are retiring with sufficient resources to remain financially independent the rest of their lives. Also, people are living longer, with multiple chronic conditions that may require assistance with activities of daily living, so that even individuals with savings may eventually need Medicaid long-term services and supports later in their lives. Oregon's older adult population is more diverse than ever in its history with regard to race, ethnicity, primary language, and people ages 50 and older are the fastest growing segment of the lesbian, gay, bisexual and transgender (LGBT) population. And, while the changes to better serve older adults are many, the design of services and service delivery has a much longer way to go to address the needs and life goals of younger adults with disabilities, who have been historically underserved in the system.

## A call for change

As it has historically, Oregon must proactively strengthen and improve its nationally-recognized system of long-term services and supports to meet the changing needs of older adults and people with disabilities.  Many Oregonians have family members, neighbors or friends who have experienced a crisis and did not know where to turn for services. This may be an aging parent who is hospitalized, and upon discharge can no longer live alone without at least some assistance with everyday activities, or a younger sibling or friend who has a traumatic accident and will now be facing life changes experiencing a physical disability. The chances are high that most of us will someday need these services and supports – whether it is today, tomorrow, or decades in the future.

The system must adapt so that older adults and people with disabilities can achieve their best quality of life, access services in their local communities, engage in services of the highest quality, and with a robust and well-trained caregiver network, experience services that are continuously and intentionally adapted to be culturally and linguistically responsive to Oregon's growing diverse population. Consumer engagement – a hallmark of Oregon's past innovations in developing person-centered services and supports – must be enhanced so that they have a voice with the stakeholder community in shaping the future of Oregon's system. Services and supports should not only assist the consumer, but should empower the consumer, too. This is what any of us would want when we need long-term services and supports in our lifetime.

# Vision and values

## DHS mission

To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

## APD vision

Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.

## APD goals

- **Well-being:**
  Older adults and people with disabilities feel safe and experience their best quality of life.
- **Accessibility:**
  Oregonians can readily and consistently access services and supports to meet their needs.
- **Quality outcomes:**
  Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.
- **Service equity:**
  Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.
- **Engagement:**
  Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

# Strategic goals, actions and success measures

Oregon is a vast state, with consumers living in urban, suburban, rural and frontier communities. The strategic goals, actions and success measures that follow are unique, but are also interrelated. APD and its partners will leverage their resources through actions across the goals that have many themes in common, such as actions in partnership with stakeholders and consumers, service development, and staff and provider training and workforce development. Regarding success measures and indicators, APD will work internally and with its partners to align Quarterly Business Report (QBR) measures and National Core Indicators – Aging and Disability (NCI-AD) survey results to each strategic goal, and, where appropriate, to particular action items.

## Strategic goal 1: Well-being

**Older adults and people with disabilities feel safe and experience their best quality of life.**

### Where we are now:

Oregon's older adults and people with disabilities often live alone in isolation, experience difficulties when navigating a complex system of social supports and health and behavioral services, and may be vulnerable to abuse, neglect and financial exploitation. Families are more likely to live far apart today than at any other point in history. Oregon's system of long-term services and supports is fragmented, and often does not coordinate well with physical and behavioral health providers. Even with recent landmark legislation and aimed at improving consumer safety and vast improvements in the way in which adult protective services data are collected and reported, older adults and people with disabilities are still vulnerable to abuse, neglect, self-neglect and financial exploitation – the latter being the most frequently reported form of abuse outside of licensed long term care settings.

### Our North Star:

Older adults, people with disabilities, and their families, friends and neighbors will have full access to information on reporting suspected cases of abuse, neglect and financial exploitation. Older adults and people with disabilities will have access to easy-to-understand information on service or supports options available to them in their own communities and have the options to choose among several alternative services for their needs, whether they are health and behavioral health services, culturally-responsive nutritional services, or several alternatives to get them active in the community if they so choose. Consumers will be able to access social activities, with many options to contribute to their communities through volunteer programs. People with behavioral health needs, including dementia, will have access to services by providers and direct care workers who are competently trained, and family and unpaid caregivers will have a robust system of training and respite resources. The ultimate aim is for each consumer to have the choice of services that help achieve what they define as their best quality of life.

### Two-year actions:

1. Form a workgroup with stakeholders to develop a need assessment for food security and culturally-responsive nutrition services for older adults and people with disabilities, connecting the workgroup to statewide efforts such as the Oregon Hunger Task Force.

2. Pilot a case management practice of asking consumers about social, employment, or volunteer activities they would like to have included in their service plans.
3. Fully implement House Bill 3359 (2017), and utilize reports generated from the CAM information systems to provide consumers with more robust licensing and adult protective services data.
4. Promote stronger coordination between ADRC Core Partners (APD, the Area Agencies on Aging (AAAs), Centers for Independent Living (CILs)) and local behavioral health providers and health systems for the purpose of promoting consumer wellbeing.

### Long-term actions:

1. Implement social, employment and volunteer activities as part of consumer services plans at a statewide level as well as increasing consumer access to assistive technology.
2. Create a consumer and stakeholder advisory committee committed to reviewing quarterly adult protective services data, to identify trends that need to be addressed through adult protective services and licensing and regulatory oversight and develop innovative preventive services and risk management practices that are informed by these data.
3. Deepen the ADRC's informational and promotional resources to older adults, people with disabilities, their family members, and the general public in the areas of health care, choice counseling, nutrition assistance, and a wide array of preventive services and resources available.
4. Codify best practices for coordination between ADRC Core Partners (APD, AAAs and CILs) and local health systems, including behavioral health providers.
5. Explore promising models of local, non-APD programs that promote wellbeing through building community around people, such as peer-to-peer volunteer programs, shared housing pilots, and naturally-occurring retirement communities for possible dissemination and replication in other communities in the state.

### Success measures and indicators:

- Existing Quarterly Business Report (QBR) measures: substantiated abuse and re-abuse rates; percentage of all reports completed within policy timelines; service adequacy and timely delivery of services to plan; percentage increase in activities designed to increase consumer awareness of abuse.
- National Core Indicators — Aging and Disability (NCI-AD) survey results. NCI-AD supports states in collecting data regarding consumer perceptions on service quality, their perception of the quality of their life, and other indicators.

## Strategic goal 2: Accessibility

### Oregonians can readily and consistently access services and supports to meet their needs.

#### Where we are now:

Oregon's system of long-term services and supports is complex: services are funded and administered with a mix of federal, state, local and private resources, and each program has unique eligibility criteria, with the exception of those services that are free and readily available to the general public. Consumers and family members often contact five or more organizations before getting to the resources they were seeking. For consumers who live alone, have limited access to technology, reside in rural or frontier communities, or for whom English is not their primary language, the challenge of getting information and accessing services is even greater. At the same time, many organizations serving older adults and people with disabilities, including APD, do not have adequate staffing levels to meet the growing demand for their services. Tying all of these factors together, it is challenging for older adults, people with disabilities, and their family members to get the most fundamental and accessible information on the service and supports options available to them.

#### Our North Star:

A future that is accessible starts with information that is easy for consumers and their families to obtain, and recognizes that consumers have different needs when accessing information. A continued investment, marketing and outreach of the Aging and Disability Resource Connection (ADRC) network will provide a single, comprehensive, and culturally and linguistically responsive source through which consumers can access local resources, whether their needs are housing, transportation, nutritional assistance, health and behavioral health services, assistive technology or social and volunteer activities. APD will build robust relationships locally and statewide with the health system, as well as community partners and other state agencies that provide consumer resources beyond APD's purview, such as housing and transportation. These relationships will also foster knowledge of the needs of consumers among community partners who provide health, transportation and housing services. With the further development of the ADRC and DHS's Integrated Eligibility (IE) project, the capacity for data and for self-service by tech savvy consumers will provide staff with more face-to-face time with consumers who need or prefer to get information, referrals, and services in person. Finally, Oregon's future of services and supports will require a large, robust and stable direct care workforce, and a future that is accessible must have direct care jobs that provide a family-level wage.

### Two-year actions:

1. Create a funding mechanism for consumers at risk of falling through the cracks, so that they receive services until the program for which they are qualified is identified.
2. Design improvements to increase consumer knowledge of access to services and case management.
3. Continue developing platforms (such as ADRC and IE platforms) and best practices for consumers who are technologically savvy, such as web sites, hotlines, and other self-serve mechanisms where consumers can access information and services while retaining the option for consumers to get information in one-on-one, in person contact with staff.
4. Increase outreach, information and cross-training on services within and across DHS with hospitals and health systems, with the intent of getting information to older adults, people with disabilities, and their families when the consumer is experiencing a crisis.
5. Build relationships with partners and stakeholders with the intent of achieving family-wage compensation for jobs in direct care, so that the workforce can grow, offer career ladders, and stabilize to meet the future demand for services and supports.

### Long-term actions:

1. Recruit providers and provider capacity in rural and frontier areas, as well as providers statewide in which there is a shortage, such as adult foster homes and adult day services.
2. Develop resources for unpaid and family caregivers, utilizing existing training resources and development of respite resources.
3. Continue developing capacity for APD and its community partners in providing assistance for consumers navigating the system.
4. Implement ongoing, sustainable supports for the direct care workforce in partnership with stakeholders.

### Success measures and indicators:

- Existing QBRs: percentage of first calls that go to a live screener; percentage of respondents reporting easy access to information; percentage increase of ADRC contacts; timely eligibility determinations and re-determinations; timely provider enrollment and renewal; number of events to recruit new providers.
- NCI-AD survey data.
- ADRC consumer survey.

## Strategic goal 3: Quality outcomes

**Oregonians engage in services and supports that are preventive, evidence-informed and lead to quality outcomes.**

### Where we are now:

Oregon's system of home and community-based services and supports was developed nearly 40 years ago, and the current and future services for older adults and people with disabilities require more person-centered, quality outcomes that are informed by data and evidence-informed approaches. Services today are designed around an individual's limits to perform one or more activities of living independently. Individuals are forced to spend-down resources to meet eligibility or often wait too long to receive services and supports for fear that their assets will be taken and not passed on to their family. The overall system often reacts to external pressures rather than taking proactive measures to serve a dynamic and increasingly diverse population. Fragmentation often leads to less than optimal outcomes for the consumer, who should not be affected by the different funding streams, organizational structures, and uncoordinated systems that often do not share information. With high workload among staff, it is difficult to provide time and resources toward training and career development opportunities.

### Our North Star:

Quality services will be a given in the system of services and supports for consumers. The system will transform from a reactive to a proactive culture with the capacity built for changes and adaptations to the evolving service needs for older adults and people with disabilities. In this proactive culture, APD will have stronger coordination and data sharing with other state agencies and community partners. Staff will have the time and capacity for training, whether on new services initiatives or within small group and individual "just in time" training for emerging or particular circumstances. Data will not only reflect but inform future policy direction as it will be predictive of future demographic changes, particularly health and socioeconomic data that are two significant drivers of future demand for supports and services. The system will contemplate long-term services and supports needs for all generations and people of all different socioeconomic situations and create a system to sustain these critical supports for all.

### Two-year actions:

1. Continue modernizing data and information technology systems (CAM, IE, ADRC) to develop greater capacity for data collection and analysis.

2. Fully implement training curriculum with APD's Training Unit and develop modules for one-off or just in time training courses for emerging changes or individual circumstances.
3. Fully implement Home Care Worker training program as outlined in SB 1534.
4. Develop predictive modeling to track and proactively plan for future demographic changes and anticipate changing consumer needs for both the private pay and Medicaid populations.
5. Conduct a survey of stakeholder data and research interests to identify their top priorities.

### Long-term actions:

1. Create overarching policy initiatives and innovations in response to data derived from changing consumer needs and evidence-informed best practices around preventive services (health, social supports, nutrition).
2. Develop a longer term research agenda based on stakeholder research and data interests that stakeholders have most highly prioritized.
3. Work with DHS and other agencies to develop strategic data sharing agreements for policy planning in the areas of health, housing, transportation, and other services under other state agencies' purview, as well as potential partnerships with universities and community colleges.
4. Prior to any major initiative to promote a new or existing service, perform an operational readiness test to identify any unanticipated problems with the service before the promotion and outreach are launched.
5. Develop partnerships and explore policy options designed to improve serving all Oregonians in need of long-term services and supports, such as an innovative social insurance program that is sustainable and relieves pressure on the Medicaid system over time.

### Success measures and indicators:

- Use QBRs on developing and managing staff, managing data and information; existing QBRs: percentage of policy processes and projects that meet set deadlines; percentage of policy development processes that follow defined process.

## Strategic goal 4: Service equity

**Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities and individual experiences.**

### Where we are now:

Older adults and people with disabilities are more diverse than in any other time in Oregon's history, and the trend will continue for decades to come. Because of the legacy of many historical inequities in Oregon's history, including in the lifetime of many Oregonians living today, there are significant disparities in those who access services. Many Oregonians from historically underserved communities of color, immigrant and refugee communities, the LGBT community, rural communities, Oregon's federally-recognized Tribes, and people with disabilities may not trust the system and, when accessing services for the first time, may encounter significant barriers that discourage future access to the system of services and supports.

### Our North Star:

In order to ensure a culture of inclusion so that all Oregonians can equitably access services, APD will commit to several actions to make this vision more tangible. Oregon will commit to collecting and improving data so that APD can analyze trends of service utilization and know when some groups of consumers are underutilizing the services. One large body of work will be transforming the system's services and service delivery to be responsive to the needs and life goals of younger adults with disabilities. Strong relationships built over time by broker teams will create a dialogue that will inform APD and community partners why there are disparities, and possible strategies to lessen these disparities will be informed by what community leaders and consumers and providers in these communities share with APD. APD will have a rich and nimble capacity to provide materials in other languages and alternative formats, and will have a staff that is trained for — and is reflective of — the diverse communities it serves. This includes providing staff with iPhones to be able to access translation services when out in the field.

### Two-year actions:

1. Expand the use of baseline data to identify underutilization of services by race, ethnicity, language, disability and geography, and develop data on understudied populations, such as LGBT older adults and people with disabilities.

2. Expand and continue the development of intentional relationships with Oregon's federally-recognized Tribes (and tribal members living in all Oregon communities) and underrepresented groups in Oregon, both statewide and in individual communities across the state.

3. Develop cross-communication and training programs to increase exposure and dialogue between APD and its community partners and underrepresented communities.

4. With recently recruited APD staff, work in partnership with the Deaf and hard of hearing communities in Oregon to educate elected officials, policy makers, stakeholders and the public on the inequities these communities experience, and on the need to establish a sustainable Deaf and Hard of Hearing Services Program.

5. Continue development of materials in other languages and alternative or culturally responsive formats.

### Long-term actions:

1. Conduct periodic needs assessments and utilize predictive modeling to anticipate future development of materials in other languages and alternative formats and monitor consistency of these materials across programs.

2. Recruit providers of all types who have capacity and training to serve underrepresented groups, including younger adults with disabilities, LGBT consumers and rural and frontier communities.

3. Recruit and retain more bilingual and bi-cultural APD staff.

### Success measures and indicators:

» Existing QBRs: percentage of districts with service equity plans; report outs on existing service equity plans; consumer participation on Rules Advisory Committees (RACs) and Disability Services Advisory Councils (DSACs); percentage increase in outreach to underserved communities and Tribes.

## Strategic goal 5: Engagement

**Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.**

### Where we are now:

Oregon's system of long-term services and supports has historically been shaped by robust stakeholder involvement. The state prides itself on open meeting laws, stakeholder advisory groups, and partnerships between state and local government, and such a structure is enshrined into law in Oregon Revised Statute 410. Yet this system of stakeholder involvement often does not have the consumer voice at the table. Many conversations and decisions occur in Salem or the northern I-5 corridor, and even ideas and concerns expressed at local advisory groups do not get communicated to a statewide level. Engagement often takes resources, time, and the ability to go to Salem, which most consumers and many advocates do not have.

### Our North Star:

Our system will adapt to have a much more inclusive culture of engagement, in which there will be many channels of opportunities for consumers, family members and community-level advocates to get involved, and where regular, routine consumer-directed feedback will inform improvements to services and supports. Through statewide resources such as the ADRC, any interested community member will be offered an array of venues through which they can participate in advocacy and system change. More resources will be committed to supporting local efforts at consumer involvement, through local advisory groups, community partners and through organizations that older adults and people with disabilities are already involved in (faith based communities, clubs, and other local entities). For those who are not able to use technology, person-centered outreach efforts will be made for people living in very remote communities, for historically underserved communities, and for individuals who are not able to use technology to advocate for themselves and their peers. APD will advocate for partnerships with local schools and programs to create internships, and perhaps curricula, on advocacy and community outreach for older adults and people with disabilities.

### Two-year actions:

1. Continue scaling up advisory bodies at the local district levels, such as the Disability Services Advisory Committees (DSACs).

2. Pilot at the district level outreach events in remote and hard to reach communities.
3. Hold consumer forums at the local level with partner organizations, such as local AAAs and CILs.
4. Seek input from advisory bodies (especially the commissions staffed by APD) on emerging APD policy questions.

### Long-term actions:

1. Create more APD staff capacity to engage in consumer and community involvement at the local level.
2. Increase capacity of volunteer-based programs through strategic community partnerships as well as partnerships with local school districts and community colleges.

### Success measures and indicators:

» Existing QBRs: percentage of consumer and field staff participating in rule advisory committees (RACs); stakeholder satisfaction surveys to measure efficacy in policy making; number of consumer and stakeholder meetings.

# Accountability measures

This strategic plan is not prescriptive in calling for specific policy proposals or in specific changes to the everyday practices within the system. This plan offers a vision and set of guiding principles, goals, and overall actions to improve the system to meet both short-term and long-term changes.

APD will finalize its accountability measures around all five key goals and will work in partnerships with its stakeholders to craft a specific, achievable, and time-bound implementation plan that fleshes out the actions identified in this plan. APD will work with staff and partners to align each goal (and particular actions) with QBR measures and NCI-AD survey results.

Starting with implementation plans for the two-year actions, APD and its partners will have regular check-in reviews and report outs on the progress of these short- and medium-term actions. By the end of two years, APD and its stakeholders will map out multi-year implementation plans for the long-term actions identified under each goal.

# Appendix A: Description of the APD system

Aging and People with Disabilities (APD) provides leadership to support older adults, people with disabilities, and their families to ensure they experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

## Who we serve

We provide Medicaid long-term services and supports to older adults at or above the age of 65 and to adults with physical disabilities between the ages of 18 to 64 with a qualifying need for assistance with activities of daily living (ADL). We serve Oregonians at or above the age of 60 with Older Americans Act programs. We serve older adults, and all people with disabilities under the age of 65, through financial eligibility determination for services and supports. We serve all Oregonians – consumers, family members and the general public – through our Aging and Disability Resource Connections network.

During the 2019-2021 biennium, we expect to serve:

- More than 5,000 people age 60 or older through Oregon Project Independence.
- More than 34,000 older adults and people with physical disabilities per month with long term care services paid through Medicaid.
- About 227,000 older individuals through Older Americans Act services.
- More than 150,000 Oregonians with direct financial support services.
- Approximately 43,000 Oregonians who live in APD-licensed, long term care facilities.
- More than 50,000 Oregonians served by the ADRC through information, referral and options counseling services.

## Examples of services:

- Medicaid long-term care, provided in consumers' own homes, adult foster homes, community-based care, or in nursing facilities.
- Adult protective services, investigating possible cases of adult abuse in a person's own home or in a licensed setting.

- Licensing of providers: adult foster homes, assisted living facilities, residential care facilities, nursing facilities, conversion facilities, intensive intervention care facilities, and facilities with memory care endorsements.
- ADRC, providing information and referral, options counseling, and possibly referral to Medicaid screening to older adults, people with disabilities, family members and the general public.

# Appendix B: Acknowledgements

The Office of Aging and People with Disabilities would like to acknowledge the contributions of more than 100 consumers, providers, advocates, community partners, local governments, and its own staff and management – both central and local office staff – in making this Strategic Plan. After two stakeholder meetings and one staff meeting, many stakeholders and staff added more contributions to a draft of the Strategic Plan. Aging and People with Disabilities looks forward to its work and collaboration with stakeholders, partners and staff to bring each North Star to fruition for Oregon's older adults and people with disabilities.

# Stay connected

- **APD website:**
  **https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/Pages/index.aspx**
- **Twitter:**
  **@OregonDHSAPD**
- **Facebook:**
  **@OregonDHS.APD**
- **Sign up to receive the APD Director's messages:**
  **APD.DirectorsOffice@state.or.us**

You can get this document in other languages, large print, braille or a format you prefer. Contact Aging and People with Disabilities at 503-945-5811 or 1-800-282-8096 or email APD.APSUnit@dhsoha.state.or.us. We accept all relay calls or you can dial 711.

DHS 2760 (05/2019)