

Aging and People with Disabilities

LTC 3.0

Right Services, Right Time, Right Place

September 2012



What was Long Term Care 1.0 & 2.0?



The world of long term care is changing.

- ↑ Health care costs are increasing
- ↑ The aging population is growing
- ↑ People are able to **live actively with disabilities**
- ↑ People are able to **live longer, healthier lives**
- ↑ Federal Guidelines becoming **more person centered**



Health care costs are increasing.



If food prices had risen at the same rates as medical inflation since the 1930's:

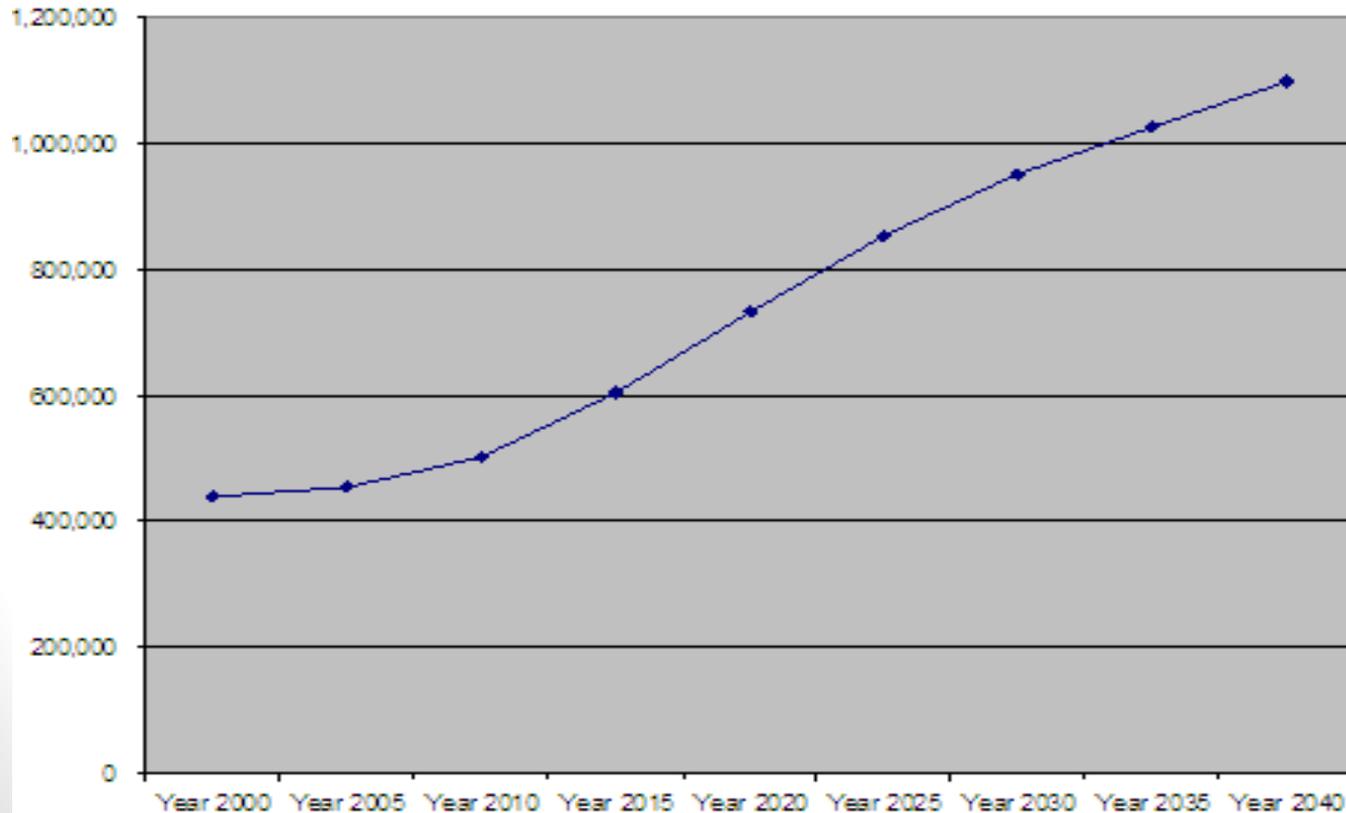
- 1 dozen eggs \$80.20
- 1 roll toilet paper \$24.20
- 1 dozen oranges \$107.90
- 1 pound bananas \$16.04
- 1 pound of coffee \$64.17

Total for 5 items \$292.51

Source: American Institute for Preventive Medicine 2007

The aging population is growing.

Projected increase in Oregon's 65+ population

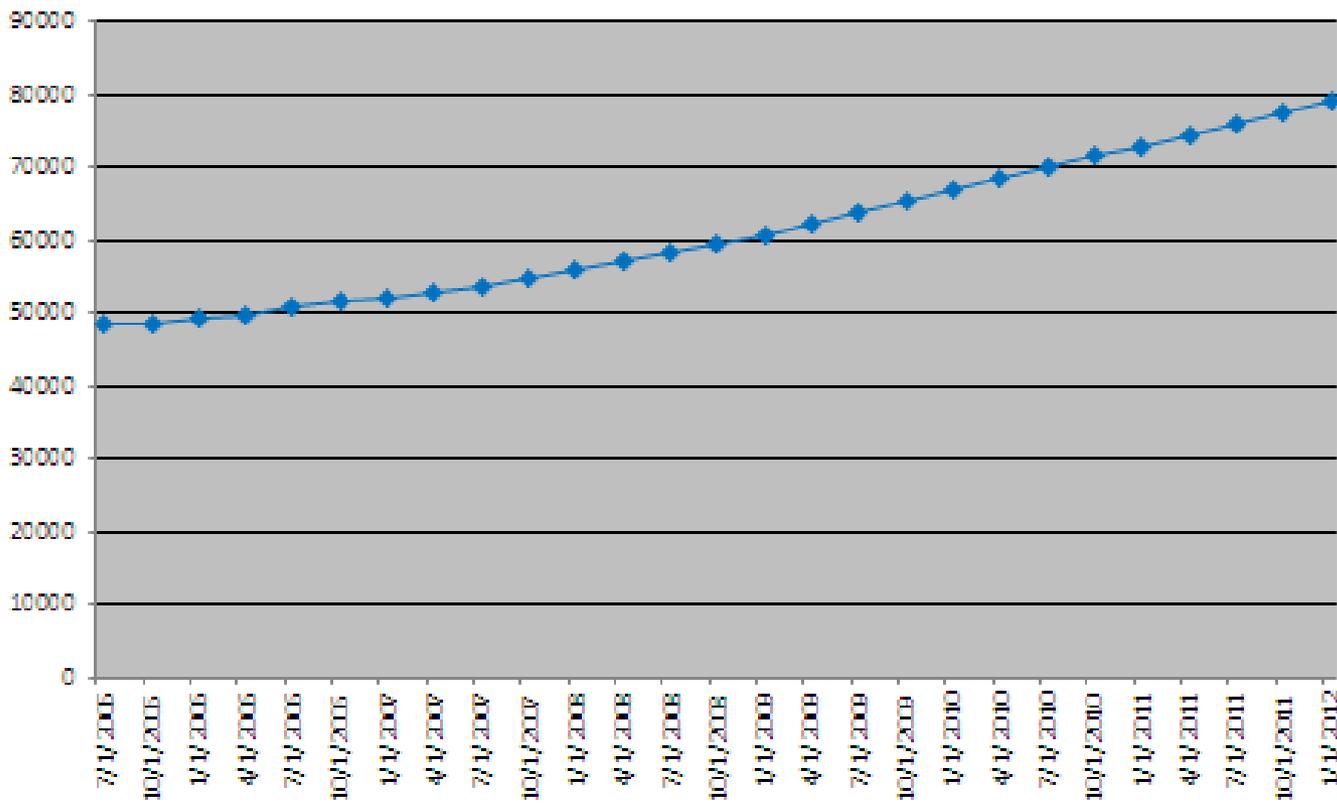


- \approx 400K in 1997
- \approx 1.1M in 2040

Source: Office of Economic Analysis

People are living actively with disabilities.

Actual increase in eligibility related to disability*



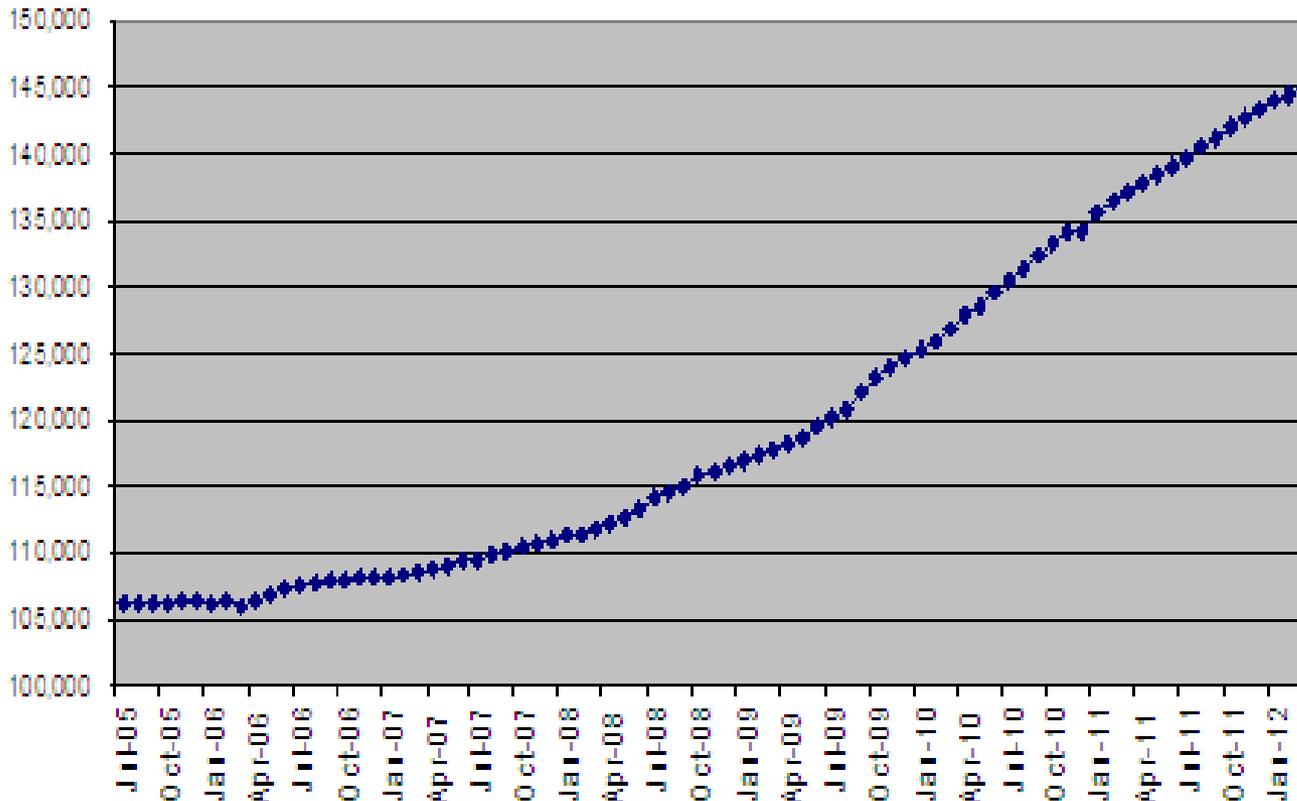
- ≈ 50K in 2006
- ≈ 80K in 2012

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

Source: Oregon DHS eligibility data

The need for assistance has grown.

Actual increase in eligibility for all DHS benefits



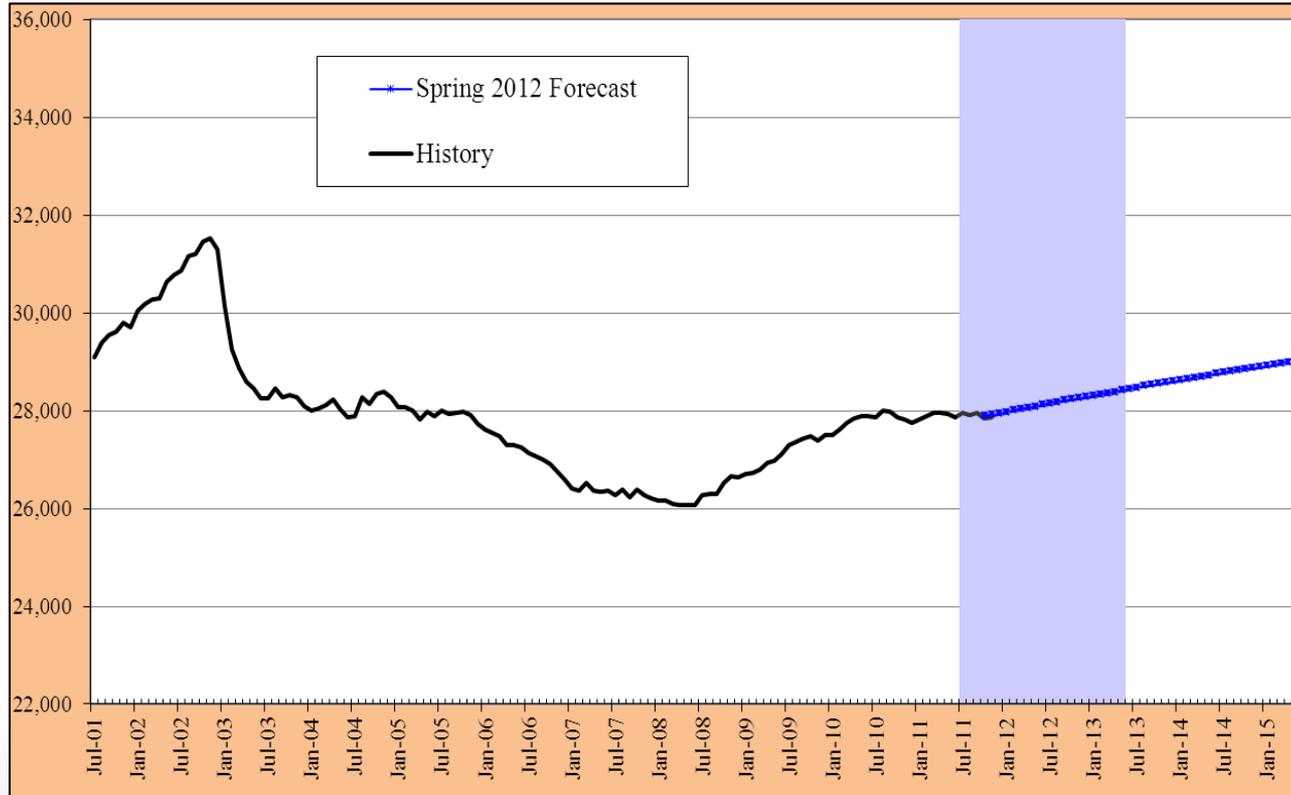
- \approx 105K in 2006
- \approx 145K in 2012

* Includes Medicaid, SNAP, Medicare Buy-in, DD and AMH-eligible individuals

Source: Oregon DHS eligibility data

The need for assistance has grown.

Current and future eligibility for long term care



- Program cuts in 2002
- MMA in 2006
- Uptick is population based, not based on change in eligibility.

Source: DHS Forecasting Office

Federal guidelines moving towards more person-centered.

CMS proposed rule for community based settings

- Owned, leased, rented with **same** rights as landlord-tenant units
- **Privacy** assured with lockable doors
- Shared space only by **individual choice**
- Free to **furnish and decorate** as desired
- Individual **control** of schedule, activities, visiting hours, visitors
- **Access** to food at all times
- Free **choice of qualified providers**

Foundation of LTC 2.0

Built on the vision described in Oregon law (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**
- **Advocate** for seniors and individuals with disabilities

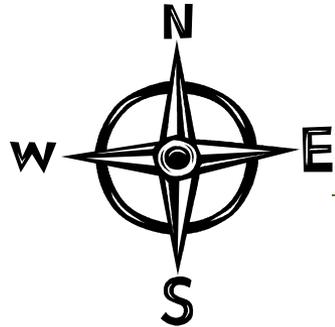
Foundation of LTC 3.0

Built on the vision described in Oregon law (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**
- **Advocate** for seniors and individuals with disabilities

What can we do better?

- **Prevention** planning and early intervention
- **Support** for 95% of population that is not Medicaid
- **Person-centered** services
- **Independence** enhancing technology
- **Community** engagement
- **Improved outcomes** for **all** Oregonians



How do we get there?

BOLD
and
INNOVATIVE
new strategies

Starting the conversation

- We want to hear **your ideas**
- We are here to listen, share and **learn**
- These next slides reflect **ideas** that have been gathered over time
 - They are **not all of the ideas**
 - They are **not a plan**
 - They are **a place to start the conversation** today

Prevention and early intervention

- **Prevention planning** and early intervention services brought into the community
- Support programs to **increase health** & decrease isolation
- Increase access and use of **employment supports**, regardless of living situation

Improve access

- **Outreach** about local resources to help with long term care needs
- Improve access and availability of **low cost, preventative** services for non-Medicaid population
- **Questions:**
 - What are the access issues?
 - What can we do that is bold and innovative to solve access issues?

LTC 2.0

LTC 3.0

Resources
disconnected and hard
to find

Lack of resources for
non-Medicaid

ADRCs
OPI for under 60

Peer volunteer
supports

Robust Employment
Supports

LTC 2.0 Existing Entitlement:
Right to Nursing Facility Care

LTC 3.0 New Entitlement:
Right to Community Based Care

Nursing facilities transform

- **Transform** nursing facility services:
 - **Rehabilitation** focus
 - **Temporary** stays
 - Improved **access**
 - **Diversified** business model

LTC 2.0

LTC 3.0

NF entitlement (not to community)

Lack of control over schedule, roommates, privacy

NF for rehab and adult day services

Increased rights as a tenant

Entitled to receive care in the community

Person-centered services

- **Options are available** regardless of Medicaid eligibility
- Wide range of choices fit your specific needs, **preferences and goals**
- Personal preferences and goals are **the core consideration** of any service provided

Long term care assessment and service planning

- **Enhanced person-centered assessment tool** provides an improved picture of actual needs and functional status
- Providers are paid fairly for the tasks they are asked to perform
- The service plan **links** back to the person-centered assessment
- **Question:** Are there populations the current tool doesn't serve well?

Community based settings

- Individual can choose onsite services from **any qualified provider**
- Support **provider career development**
- Increase access to **culturally responsive providers**
- Enhance person centered **activity programs** in all settings
- Enhance **supports** for community-based settings

In-home

In-home **service innovations:**

- Improve **awareness** of in-home options
- Increase **access** to in-home services
- Improve **supports** for relative caregivers
- Greater **flexibility** in 24 hour, live-in plans
- Expand access to **In-home agencies**

Intensive needs

- **New Comprehensive program** that links intensive needs with settings
- Develop the guardianship program:
 - Expanded program to finance costs of **guardianship**
 - **Guardianship training**, as called for in the **State Plan for Alzheimer's Disease**

Coordination between medical & social models

- Coordinated Care Organizations:
 - Transitions
 - Shared care plans
 - Sharing information
- **New models** of integrated care

Professionalism and technology

- Expand use of **technology** to support independence and choice
- Improve **provider technology**
- Professionalize and **modernize workforce**
- **Reduce bureaucracy** and streamline processes

LTC 2.0

LTC 3.0

Better coordination
with medical system

Lack of specialized
workforce

Caregivers have
specialized knowledge

Lack of in-home
options for specialized
needs

More options
available to meet
needs in-home

The Continuum of Care

In-home services



Desired outcomes

- 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
- **Home and community living**

LTC 3.0 planning dates

- **June-Sept 2012:** information gathering and planning with stakeholders
- **September – Nov 2012:** community tour and listening sessions
- **December 2012:** finalize LTC 3.0 legislative concept
- **February 2013:** legislative session and presentation of LTC 3.0 concept
- **March – Dec 2013:** detail level work on LTC 3.0 implementation plan (assuming legislative go-ahead)
- **Dec 2013- Jan 2014:** public hearings
- **Feb 2014:** obtain legislative authority to roll out LTC 3.0 implementation plan

Key contacts

- Mike McCormick, Deputy Director, APD
 - Phone: 503-945-6229
 - Email: mike.r.mccormick@state.or.us
- Bob Weir, Advocacy & Development Manager:
 - Phone: 503-947-2321
 - Email: bob.weir@state.or.us