FACT SHEET

APD Budget Note Stakeholder Meeting

APD Excerpts from the House Bill 5026 Update to the Legislature

Budget Note:

1) *The Department of Human Services is directed to take steps to provide policy and budget options for decision making that will be required during the 2017 legislative session to ensure future sustainability of the APD and IDD programs. Steps include further refinement, analysis, and pricing of viable options or ideas brought forth by the agency, stakeholders, and other interested parties; the focus should be on ways to control caseload growth and utilization. The agency will reach out to legislators, stakeholders, and partners to assist in this effort. In developing sustainability proposals, the Department shall prioritize options that minimize impacts on consumers and providers. The Department will also formally report, at a minimum, to the Emergency Board during Legislative Days in May and December 2016 on progress made under both parts of this budget note. The agency may also be requested to report to interim legislative policy committees on human services.*

2) *In addition to the work described above, the Department is also directed to take immediate actions that may help contain costs without changing the current service system structure and that do not require statutory changes. The agency's action plan includes:*
   - *Review and correct, if needed, the relationship between assessment tools and program eligibility criteria;*
   - *Take action to more efficiently align service authorization with people's needs, also consider appropriate limits;*
   - *Work to limit use of overtime in service plans; but the agency should take into account workforce shortage areas, the needs of consumers, and changes to current consumer provider relationships;*
   - *Continue discussions with CMS to prevent the conversion of natural support to paid support, with consideration for parental responsibility; and*
   - *Further restrict the live-in program to prohibit live-in service plans when the individual lives in their family's home or the family lives with the individual and is served by that relative (they would still be served in the hourly program).*

1. Assessment tools and program eligibility criteria

APD – Some of the activities of daily living (ADLs) used to determine an individual's Service Priority Level (SPL) are allowing individuals to become eligible who may not meet the original spirit of the rule. Potentially, the consumer's service needs are lower than one would expect. The issue is not the SPL structure, rather it is the underlying details in the OARs. As examples:

- A consumer who requires assistance **once a month** with limited aspects of toileting currently qualifies for benefits at SPL 13.
- A consumer who requires **no assistance** inside their home to get around, but needs some hands on assistance outside and requires supervision while eating currently qualifies for benefits at SPL 12.
- A consumer who needs assistance transferring from their bed or chair only four days during a month qualifies as an SPL 10.

Some areas of the OARs are not clear or consistent with other parts of the rule. Our initial work on this issue includes APD policy analysts working to better align OARs with the questions used within the tool and recommending commonsense changes.

2. Align service authorization with people's needs

APD – As of October 2015, a random sample of sixty new consumers qualifying for long term care are being examined each month. Forty are being reviewed by local management and twenty are being reviewed by the central office policy team. Some of the factors being considered are 1) whether CCOs are prematurely ending skilled nursing facility benefits, and 2) whether the assessments were performed accurately and are supported by appropriate documentation.

- We have six months of data thus far, with in-home cases representing approximately 48% of the sample.
- Thus far, reviewers agreeing with approximately 79% of the eligibility-related components. Of the 21% that the reviewer disagreed with the selection based on the information in the assessment, only 7% of those would have a bearing on eligibility decisions; the other 14% could potentially effect the quantity of hours or the assessed rate. We are expecting to reach 95% accuracy in assessments.
- Cases where there are questions around eligibility are being reviewed locally with management, and policy and training options to improve assessments are coming out of the review.

APD will continue to perform the enhanced quality assurance tasks for the foreseeable future. We are increasing our trainings for case managers around highlighted areas of concern and strengthening our technical assistance. We have hired a new staff person to focus on continuous improvement and assisting local offices in reaching full compliance. Trends are anticipated as more and more months are reviewed. We will formulate more detailed action plans as those trends emerge.

Enhanced Record Keeping:

APD – The former process for Home Care Workers (HCW) to claim payment involves an attestation of hours worked each month and signatures from both the HCW and the service recipient. In October, we began piloting enhanced record keeping which requires a detailed accounting of all time worked including time-in, time-out, and days of week in addition to the attestation and signatures. We completed the state-wide roll out as of April 16, 2016.

Some HCWs are finding the process challenging but most are adapting to the new system and new expectations. We are working with local offices to coach HCWs that are having problems and are now sending letters to HCWs who have incorrectly completed their voucher. In May, we will begin sending letters to HCWs that have claimed more hours than authorized to reinforce their responsibilities as a Medicaid provider.

We will continue to support local offices and HCWs in managing these changes. We are currently hosting weekly conference calls, one on one conversations, and updating frequently asked questions.

In-Home Hour Time Study:

APD – DHS has contracted with Public Consulting Group (PCG) to examine the amount of time certain tasks take to perform for consumers. For example, how long does it take to bathe someone who requires minimal assistance, substantial assistance or full assistance? The expectation is that the results of this work will either validate, reduce, or increase the allocation of hours to service plans and determine if there are tasks or needs that are not being addressed in the service plan. PCG is finalizing the study methodology and should begin the study shortly.

3. Limit use of overtime in service plans

APD – As of the writing of this letter, the State remains in collective bargaining with SEIU on how to implement overtime. While we cannot address the specifics of what is occurring at the bargaining table, the State continues to stress the importance of controlling costs in our in-home program. The State is seeking reasonable caps on the maximum number of hours Homecare Workers and Personal Support Workers can work under different scenarios. All decisions will remain sensitive to situations involving complex needs and workforce shortages.

In addition, DHS has implemented a policy, effective September 1, 2015, limiting the number of hours a Personal Support Worker (PSW) and a Home Care Worker (HCW) can work to 50 hours per week, per each individual. This policy, however, did not limit the total number of hours a PSW and HCW can work for multiple individuals.

4. Natural support vs paid support

APD – The Department recently requested Technical Assistance (TA) from the Centers for Medicare and Medicaid Services (CMS) on opportunities to craft policies that will decrease or eliminate payments for naturally occurring supports. CMS approved the request and a kickoff meeting was held April 6th with an external vendor.

The TA will also explore the ability, under K-plan authority, to promote a whole life concept, as opposed to a "paid service life". The whole life concept consists of methods to expand and enhance community integration in a manner that will maintain existing relationships and encourage new relationships, including employment and community membership, for people served through Community First Choice Option (CFCO). With help from a TA team Oregon hopes to explore ways, under specific CFCO rules and guidelines, to distinguish between the characteristics and the outcomes of natural supports and paid services, rather than causing the conversion of natural supports to paid services, which has been an unfortunate outcome observed to date.

With additional States applying for CFCO, CMS has approved a variety of models under K-plan authority by which States identify assessed needs and authorize resources to cover those needs. The CMS TA support will help Oregon explore other models and practices that may assist in better aligning needs of individuals with Medicaid resources, while also encouraging the continuation of natural supports and access to community resources to promote community integration.

The vendor is very motivated to work with CMS and the State of Oregon on crafting more thoughtful policies that leverage naturally occurring supports and support a sustainable system of long term care. Oregon is currently gathering information and data requested by the CMS TA team to initiate work. Request is due by April 22, 2016.

5. Restrictions to the live-in program

APD – We are exceeding targets for reducing the live in program caseload. In September 2015, APD was serving 1,923 individuals in its live-in program. In March 2016, APD was only serving 855 individuals. This represents a reduction of 55%. We continue to scrutinize all live-in plans centrally and encourage our local offices to work with the consumer on the feasibility of establishing hourly plans.

Additionally, APD is exploring further options around live-in services. We continue to

be concerned about the sustainability of this particular part of the APD program. That said, we would want eligible consumers to instead have their needs met through hourly service plans.

The Department believes additional policy and program changes will result in potential budget impact for the 2017-19 legislative session. These proposals are being developed and prioritized to minimize impacts on consumers and providers, while continuing to sustain the programs into the future.

These include:

- Exploring other Medicaid authorities.
- Work processes that are efficient, reduce duplication, and teach accuracy.
- Training processes that are current, flexible and easily accessible across the State.
- Developing a culture of safety and fraud prevention focus so the people we serve are in safe environments and that we are doing all within our authority and scope to protect vulnerable people.

Stakeholder Engagement

APD continues listening sessions with stakeholders and is engaged in one on one conversations to generate possible options, recommendations, and ideas. This includes representatives of the following partners and stakeholder groups:

- Governor's Commission on Senior Services
- Home Care Commission
- Home Care Worker (individual)
- Oregon Dept. of Veterans Affairs
- Department of Administrative Services – Budget and Management
- Consumers
- Non Profit – LeadingAge
- Oregon Health Care Association
- Self-Advocate
- Northwest Senior & Disability Services
- Senator Chuck Riley
- Oregon Law Center
- Providence Elder Place – PACE program
- Oregon Association of Area Agencies on Aging and Disabilities
- Independent Adult Foster Home Association
- AARP
- Oregon Cascades West Council of Governments
- Multnomah County – Aging, Disability and Veterans Services Division
- SEIU

In addition, the field structure, including the Area Agencies on Aging are actively involved and participating in this effort. Through these sessions, approximately 400 comments have been received and are being tabulated to help develop the best direction and support for long term solutions to ensure budget sustainability.

These efforts have led to challenging conversations, and the opportunity to engage more openly on long-standing issues as we all focus on improving the systems. One critical component of all discussions is the need to be planful and thoughtful with whatever comes next. Many challenges our systems face today were a result of the pace at which significant change was implemented to meet externally imposed deadlines. This engagement will continue as these plans are further developed.