

2014 Oregon Project Independence Report

State of Oregon Aging & People with Disability State Unit on Aging

Elizabeth O’Neill, Oregon State Unit on Aging and Elaine Young, NorthWest Senior and Disability Services

March 2015

Table of Contents

About Oregon Project Independence (OPI).....	2
OPI Consumer Data Summary	2
OPI Consumer Demographics.....	3
Consumer Demographics Comparison for OPI & Medicaid	5
OPI Consumer Service Priority Levels.....	5
Service & Cost Utilization Comparison for OPI & Medicaid	6
Oregon Project Independence Consumer Cost in Fiscal Year 2014	6
OPI’s Sliding-Scale Fee Structure	8
OPI Consumers’ Medicaid Utilization	8
Oregon Project Independence Consumer Risk Assessment Summary	9
Help with Activities of Daily Living.....	10
Recent Falls with Injury.....	10
Access to Help.....	10
Caregiver Stress	11
Thoughts of Relocation.....	11
Live Alone Status.....	12
Concerns about Memory, Thinking and Decision-Making	12
Concerns about Mental or Emotional Well-Being.....	12
Financial Resource Availability.....	13
Summary of Risk Assessment of OPI Consumers	13
For more information	13
Appendix A: Methodology Used to Create the OPI Consumer List.....	15
Appendix B: Methodology Used to Retrieve Medicaid Consumer List	16

About Oregon Project Independence (OPI)

Oregon Project Independence (OPI) serves seniors and people with physical disabilities by providing services while living in their own homes. Services are provided statewide through Area Agencies on Aging (AAA) local offices. Services include personal and home care, chore services, adult day care, assistive technology, registered nursing services, home delivered meals and service coordination provided by AAA staff. The goals of Oregon Project Independence are to:

- Promote quality of life and independent living among seniors and people with physical disabilities;
- Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
- Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- Optimize eligible individuals' personal and community support resources.

Eligibility for the Oregon Project Independence program is based on level of need determined by each administering Area Agency on Aging using a common assessment tool; there are no financial eligibility requirements. Priority is given to frail and vulnerable older adults who are lacking sufficient access to other long-term services and supports. OPI has traditionally served those who are 60 years of age or older or who have been diagnosed with Alzheimer's disease or a related disorder, and meet the requirement of Oregon's long-term care services priority rule. OPI consumers may not receive Medicaid benefits with the exception of food stamps, and Supplemental Low Income Medicare Beneficiary Program benefits. Service Coordinators prioritize consumers who are at the greatest risk for out of home placement.

OPI Consumer Data Summary

Previous attempts to summarize all Oregon Project Independence consumer demographics have been difficult because data is stored inconsistently across the state. Further, the DHS statewide database OACCESS is difficult to retrieve information. To collect OPI data for this study, consumer demographics were pulled from the Service & Billing report in OACCESS. Data was pulled for consumers using the "Case Management {#6} and "Homemaker (CEP) {#2a} service descriptions for fiscal year 2014.

From 7/1/2013 through 6/30/2014, there were 2,821 duplicated OPI cases and 2,802 unduplicated OPI Consumers. Of the 2,802 consumers, a quarter (26%) are served by Multnomah County Aging & Disability Services and 18% by NorthWest Senior and Disability Services as shown in the Table 1 on the following page.

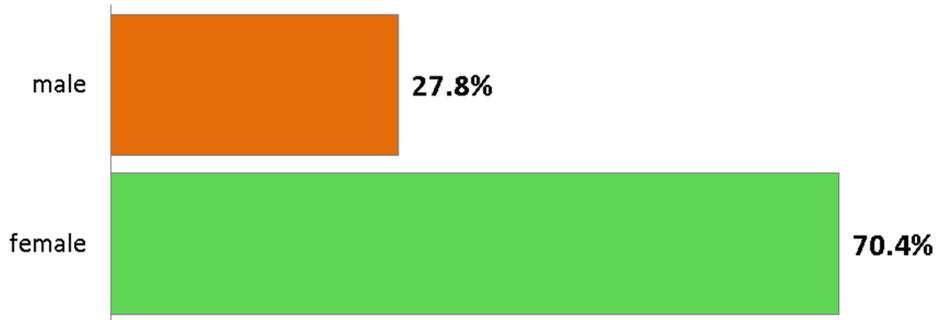
Table 1: Oregon Project Independence Consumers per Area Agency on Aging (AAA)

# of OPI Clients per Area Agency on Aging FY13-14	#	%
Multnomah County Aging & Disability Services	742	26.5%
NorthWest Senior & Disability Services (NWSDS)	501	17.9%
RVCOG	254	9.1%
Oregon Cascades West Council of Governments Senior & Disability Services (OCWCOG)	210	7.5%
Washington County disability, Aging & Veteran Services (WCDAVS)	210	7.5%
Lane Council of Governments senior & Disabled Services (LCOG)	198	7.1%
Clackamas County Social Services (CCSS)	142	5.1%
South Coast Business Employment Corp. (SCBEC)	131	4.7%
Central Oregon Council on Aging (COCOA)	88	3.1%
Douglas County Senior & Disabilities Services Division (DCSDSD)	67	2.4%
Community Action Team (CAT)	50	1.8%
Malheur Council on Aging AAA	46	1.6%
Community Action Program of East Central Oregon (CAPECO)	44	1.6%
Mid-Columbia COG	38	1.4%
Community Connection of Northeast Oregon (CCNO)	34	1.2%
Klamath Basin Senior Citizens Council (KBSCC)	33	1.2%
Harney County Senior & Community Services (HCSCS)	14	0.5%
Grand Total	2,802	100%

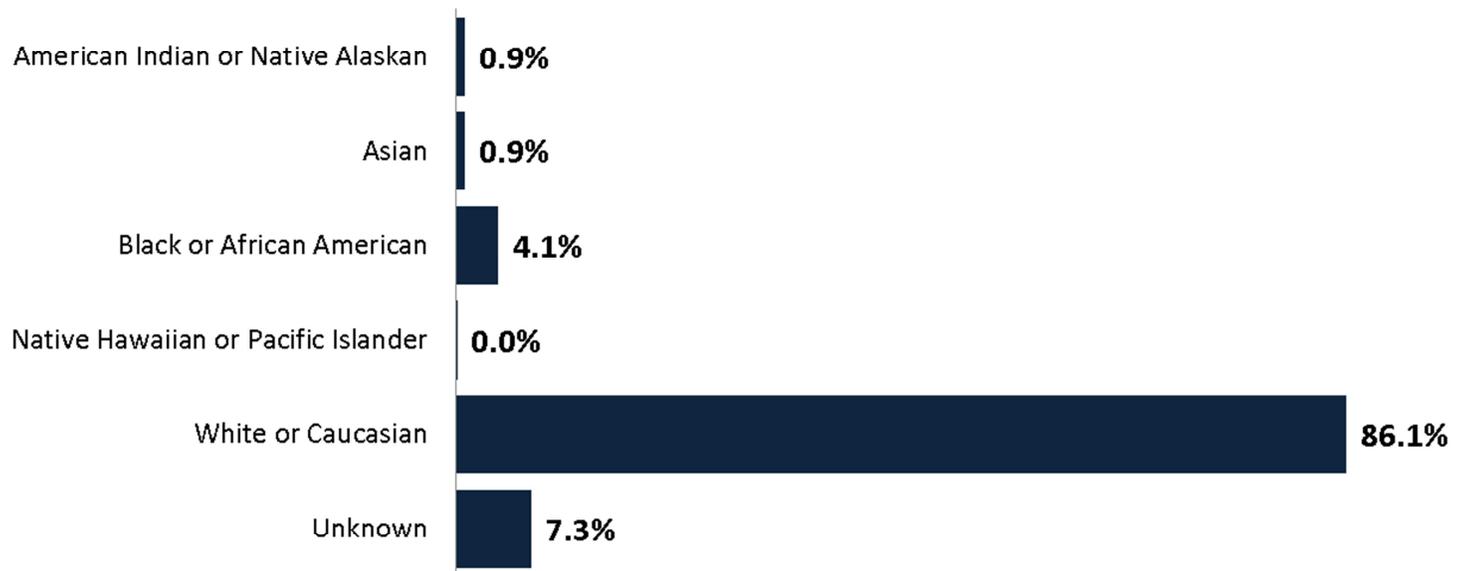
OPI Consumer Demographics

OPI consumers in FY13-14 had an average gross income of \$1,225 with a median of \$1,162. With an average annual gross income of \$14,689, the vast majority of OPI consumers are 125% of Federal Poverty Guidelines for FY2014. Average net income (after the deduction for medical expenses) for OPI consumers was \$614, with a median of \$600. Majority of OPI consumers are female (71%) as shown in Graph 1. With 7.4% missing data about OPI consumer's race, 5.9% are a racial minority and 86.7% are white or Caucasian (Graph 2). With 6.5% missing ethnicity data, 1.7% of OPI consumers are Hispanic or Latino as shown in Graph 3.

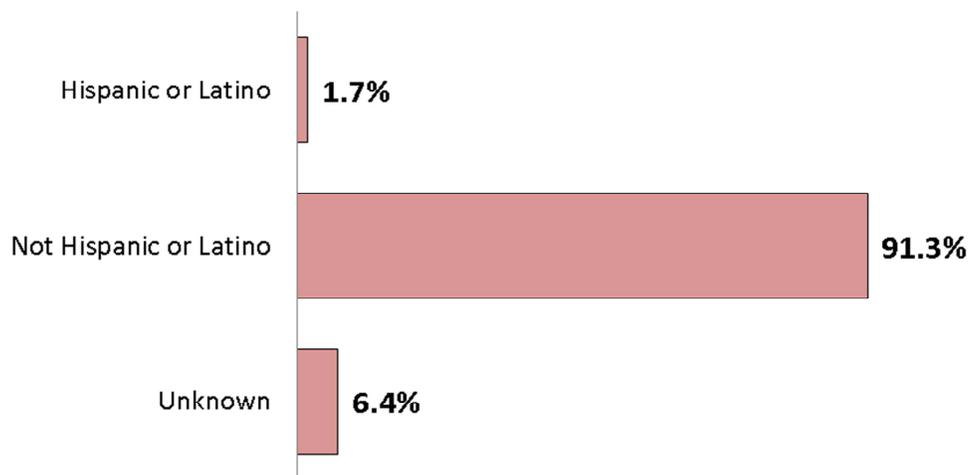
Graph 1: FY13-14 OPI Consumers by Gender



Graph 2: FY13-14 OPI Consumers by Race



Graph 3: FY13-14 OPI Consumers by Ethnicity



Consumer Demographics Comparison for OPI & Medicaid

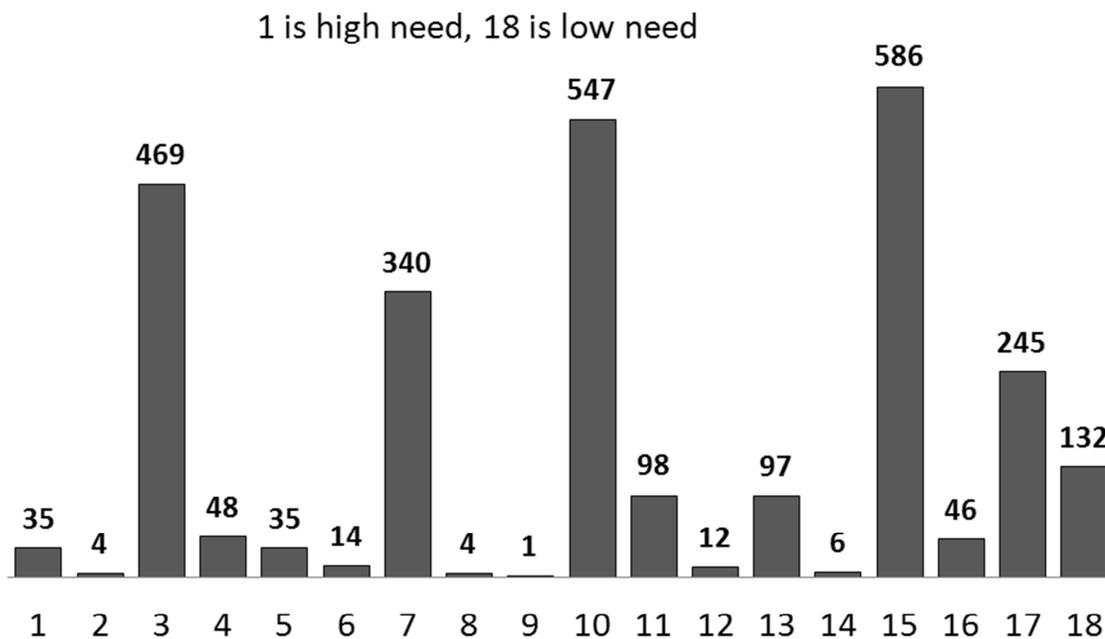
Table 2: OPI Consumers & Medicaid Consumers FY13-14

Characteristic	OPI consumers 60+ years of age	Medicaid consumer 60+ years of age
Average age	79	74
Median age	79	73
% over 85 y.o.	32.7%	31.1%
% female	70%	71%
% male	28%	29%
% Hispanic	1.7%	5.4%
% Black or African American	4.1%	3.91%
% Asian	0.9%	7.4%
% Native Hawaiian or Pacific Islander	0.0%	0.3%
% American Indian or Native Alaskan	0.9%	1.5%
% White or Caucasian	86.1%	81.2%

OPI Consumer Service Priority Levels

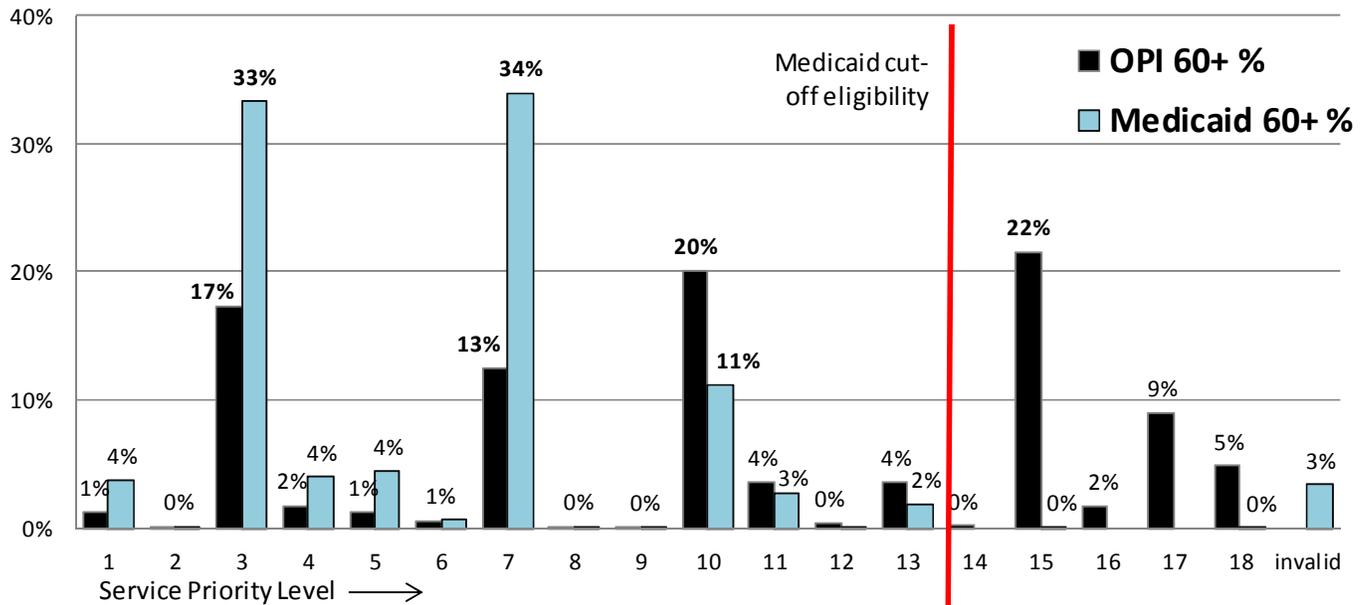
Service Priority Levels (SPL) determine a consumer's need and are the result of an annual consumer assessment. The higher the SPL, the higher the consumer's independent functioning. Available data for OPI consumers receiving services in fiscal year 2014 is shown in Graph 4.

Graph 4: FY14 OPI Consumers by Service Priority Level (SPL)



The average Service Priority Level for FY14 OPI consumers is 10.70 on a 1-18 scale. Medicaid consumers 60 years of age or older have an average SPL of 8.31 but are on a 1 to 13 scale because 13 is the eligibility cut-off for Medicaid consumers. As shown in Graph 5, the majority of OPI consumers have a Service Priority Level within Medicaid eligibility. The groupings of score around 3, 7, 10 and 15 where assessed level of dependency in mobility is a driving factor, are similar across programs.

Graph 5: % of OPI 60+ and Medicaid 60+ by Service Priority Level (SPL) FY14



Service & Cost Utilization Comparison for OPI & Medicaid

Oregon Project Independence Consumer Cost in Fiscal Year 2014

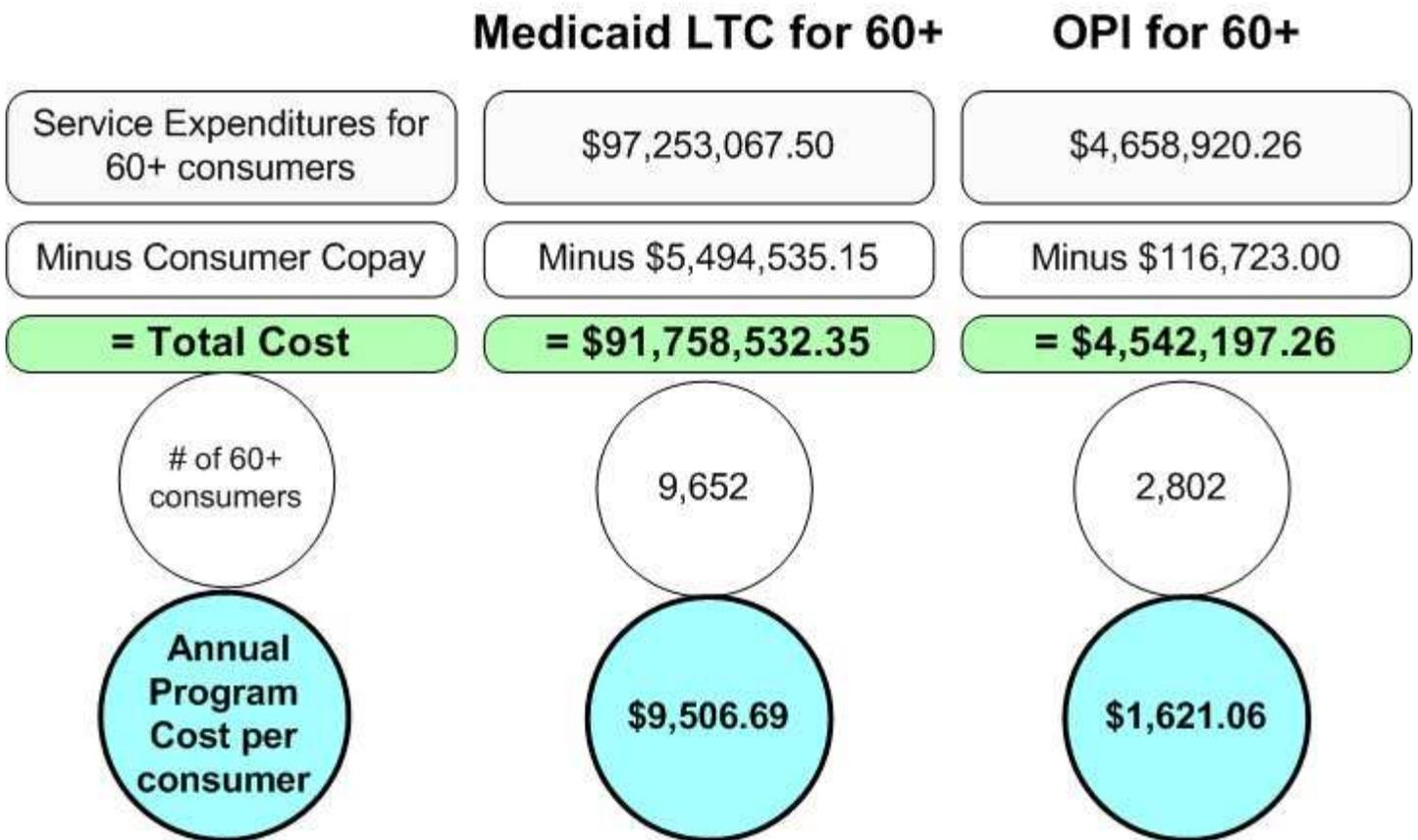
Based on Area Agency on Aging (AAA) Expenditures for 7/1/2013-6/30/2014 audited expenses submitted by each agency, the average annual cost per OPI consumer at each AAA is \$3,176.89 which includes service coordination and administrative costs. The annual median cost was \$3,144.91 per OPI consumer. Area Agencies on Aging range from \$1,844 to \$5,314 in annual cost per OPI consumer for fiscal year 2014.

A comparison of direct costs can be made between Medicaid and OPI. Excluding case management and administrative costs due to lack of Medicaid data, consumer service cost comparisons can be made between OPI and Medicaid. For FY2014 for consumers 60 and older, direct consumer service costs for ADL and IADL needs are summarized in Graph 6. Note that consumers are not necessarily enrolled in either program for the whole fiscal year, but rather some enroll later in the year and some receive services for only a short period of time. Also note that roughly 19% of OPI consumers enrolled in Medicaid services as discussed in the following report section.

The reason for the stark difference in Medicaid and OPI direct consumer program costs is not that the services are more expensive on Medicaid. Home care workers utilized by both programs for example, are part of collective bargaining and have the same rate regardless of program funding. The cost difference exists

because OPI has capped funding and Area Agencies on Aging must limit service hours to manage the program within budget. Medicaid is a federal entitlement program and does not have a hard budgetary cap, service hours are typically authorized based on the service plan generated through the assessment. In addition to personal and home care hours, Medicaid eligibility also provides individuals with benefits for comprehensive healthcare under the Oregon Health Plan (OHP) and pays for these costs. OHP costs are not reflected in Graph 6. OPI consumers do not access OHP so the healthcare expenditures to state funding are \$0.

Graph 6: Annual Direct Consumer In-home Service Costs for Medicaid and OPI for FY14, excluding Case Management & Administrative



Data note: The average hours and billable amounts for both programs are low because consumers became eligible and enrolled (and dis-enroll) in the programs throughout fiscal year 2014

In FY14, Oregon Project Independence consumers have more units for IADL needs and 60+ Medicaid consumers have more utilization of ADL needs, both indicative of the consumer populations. Most consumers in both programs do receive services for both ADL and IADL services. The data in Table 3 includes in-home agency services for both OPI and Medicaid consumers as well as service provided by Homecare Workers; but for Medicaid the in-home care agency data did not distinguish between ADL and IADL services, it is a combination.

Table 3: OPI Consumers & Medicaid Consumers 60+ years of age FY14

Characteristic 1 unit = 1 hour of service	OPI consumers	Medicaid consumers
Average hourly ADL units	45	522
Average hourly IADL units	80	399
Average In-Home Care Agency units	(included in ADL units)	1,780

Note: OPI Activities of Daily Living (ADL) is Personal Care and Instrumental Activities of Daily Living (IADL) is aggregate of Homecare and Chore. Adult Day Care is omitted from both OPI & Medicaid calculations.

OPI’s Sliding-Scale Fee Structure

Consumers with income below 150 percent of Federal Poverty Level are asked to pay a one-time fee of \$25. Consumers with net incomes between 150 percent and 400 percent of Federal Poverty Level are expected to pay a fee toward their service based on a sliding fee schedule established by the State of Oregon. Consumers with net incomes above 400 percent of FPL pay the full hourly rate of the service provided. Each Area Agency on Aging establishes a procedure for assessing, billing, collecting and expending fees. ***In fiscal year 2014, the Oregon Project Independence collected \$116,723 in program fees.*** Fees must be used to provide additional OPI services.

Based on a customer survey administered by Portland State University Institute on Aging to OPI consumers and family members in February 2013, OPI consumers who remembered getting a bill for OPI services agreed or strongly agreed that the fees were affordable 83% of the time. ***Most (88%) OPI consumers agreed or strongly agreed that the fees were appropriate and reasonable.***

OPI Consumers’ Medicaid Utilization

To investigate how many OPI consumers left OPI and enrolled in Medicaid Long Term Care (MLTC), we compared the OPI consumer list to those receiving MLTC in the DHS database (OACCESS). We examined OPI consumers from July 1 2013 to June 30, 2014 to those who received MLTC from July 1, 2013 to December 30, 2014. Of the 2,821 OPI cases, as compared to the 2,802 unduplicated consumers from FY14, 19% (538) enrolled in Medicaid Long Term Care (MLTC) during this 18 month period.

Of those who enrolled in Medicaid, the average age was 79, the majority (72%) were female and Caucasian (92.4%). This group was 3.7% African American and 1.3% Asian and 1.1% Hispanic or Latino. The average gross income was \$1,291 and net income was \$697. The Service Priority Levels (SPL) is determined by level of impairment in Activities of Daily Living (ADL/IADL). Individuals with more impairments are assessed at a higher priority level on a scale of 1 to 13 with 1 being most impaired/highest priority. Those who enrolled in Medicaid had an average Service Priority Level of 8.

The demographics of those OPI consumers who did not enroll in Medicaid were similar. The average age was also 79 and majority (71%) female. Of those who remained on OPI and did not enroll in Medicaid, 85.3% were

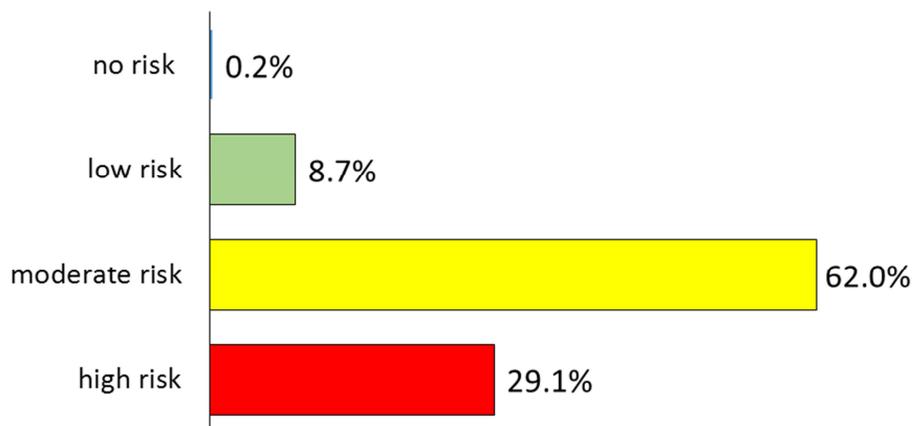
Caucasian, 4.2% African American, 0.7% Asian and 0.9% American Indian or Native Alaskan. The OPI consumers who did not enroll in Medicaid were 1.8% Hispanic or Latino. While income looked similar to those who enrolled in Medicaid (\$1,252 gross, \$596 net), the average SPL differed. The average SPL of those who did not enroll in Medicaid was 11. Those who enrolled in Medicaid had a higher level of need than those who did not.

Oregon Project Independence Consumer Risk Assessment Summary

To summarize Oregon Project Independence consumers' overall level of risk, a summary of OPI consumer's Risk Assessment Tool scores was analyzed. OPI Risk Assessment Tool (RAT) was originally modeled after the Minnesota Live Well at Home *Know Your Risk* tool which was validated for use in 2007. The OPI RAT includes questions 8 and 9 which are not on the original Minnesota tool. The goal of the tool is to screen potential OPI Consumers for risk of moving to a higher level of care outside of their home. At the time of screening, all potential Consumers live in their own homes.

Individual RAT scores were collected from each Area Agency on Aging. Data from 885 risk assessment scores were available out of the 2,802 active OPI consumers in FY2013-14, roughly 31%, a statistically-valid sample. OPI consumers from 13 of the 17 Area Agencies on Aging were represented in this evaluation. OPI consumer's total risk score is a compilation of the answers to the nine RAT questions. The total risk score determines the risk level where 0=No Risk; 1 to 5 = Low Risk; 6 to 10=Moderate Risk; 11 and more = High Risk. The average total risk score for OPI consumers in FY14 was 9.1, translating as moderate risk for all OPI consumers who had a usable record for this study. Graph 7 below shows the distribution of OPI consumers according to their total risk assessment score.

Graph 7: Total Risk Assessment Score Category for FY14 OPI Consumers



Note: Risk categories base on a consumer's total risk score where 0 = no risk (N); 1-5 = low risk (L); 6-10 = moderate risk (M); 11 and up = high risk (H).

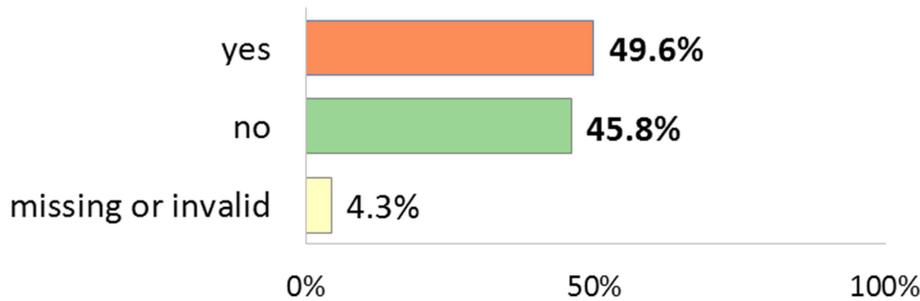
For the first time, RAT scores for OPI consumers were analyzed. This piece of the OPI evaluation was conducted by April Bundy, OPI Case Manager and PSU Gerontology Certificate Student with the support of the Portland State University Institute on Aging and supported by Elaine Young with Northwest Senior and

Disability Services, and Elizabeth O’Neill with Oregon State Unit on Aging. The Risk Assessment Score consists of nine questions and each question is examined below.

Help with Activities of Daily Living

The first question of the Risk Assessment Tool (RAT) relates to Activities of Daily Living (ADL.) The questions is “Do you need help to do the following? a. Walking b. Getting out of bed or chair c. Bathing d. Dressing e. Going to the bathroom.” Note: If consumer had 2 or more needs, answer is “yes.” If less than 2 needs, the answer is “no.” Nearly half (49.6%) of OPI consumers in FY2013-14 needed help with at least two of the listed activities.

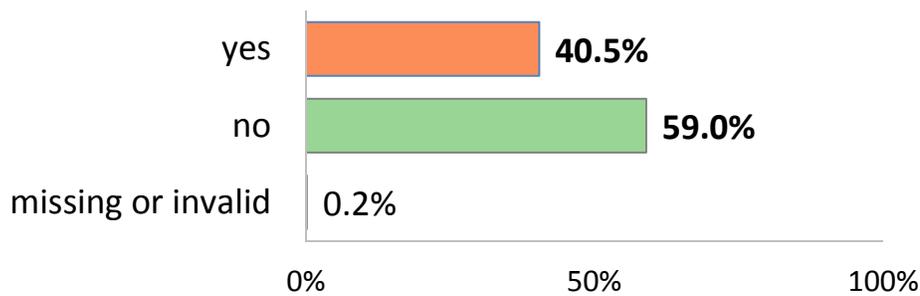
Graph 8: Activities of Daily Living



Recent Falls with Injury

The second risk assessment question is: “During the last 6 months, have you had a fall that caused injuries?” Injuries means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization or three or more of any falls. 40% of respondents have had a fall within the last six months that led to a major injury or had three or more falls within the last six months.

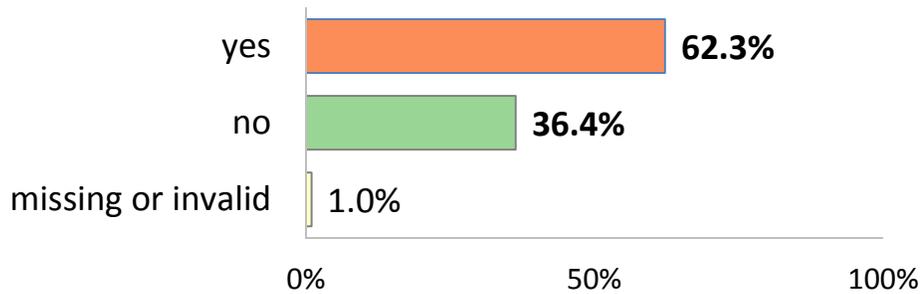
Graph 9: Recent Falls with Injury



Access to Help

The third question asks if the OPI consumer has a family member/friend to give them help when they need it. Over a third (36%) of potential consumers do not have a family member or friend to help them when they need it.

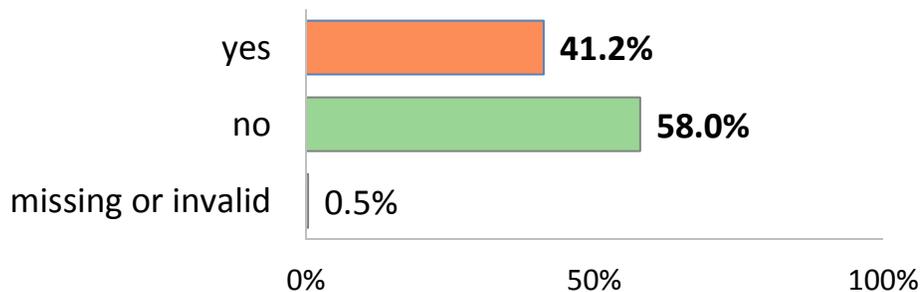
Graph 10: Available Help from Family or Friend



Caregiver Stress

The fourth question asks “Does your caregiver feel overwhelmed or stressed because they provide care for you?” Most (62.3%) of respondents state they do have a family member/friend to help them and of those, 41.2 % report that they feel overwhelmed or stressed because they provide care. OPI consumer’s perceive that most of their caregivers feel overwhelmed or stressed because of their caregiving role.

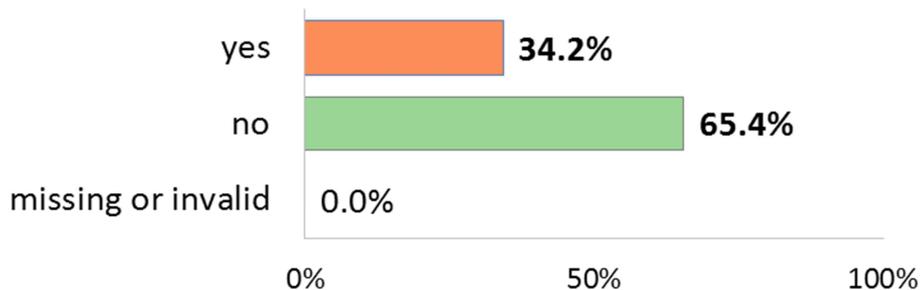
Graph 11: OPI Consumer’s Perception of Caregiver Stress



Thoughts of Relocation

Question #5 of the RAT is “Have you thought about moving to other housing? If you have, is the other housing you've considered a foster home, residential care facility, assisted living facility or nursing facility?” From this question, we know that about 65% of participants plan to remain at home, while 34% said they have considered, or are considering, moving to a higher level of care.

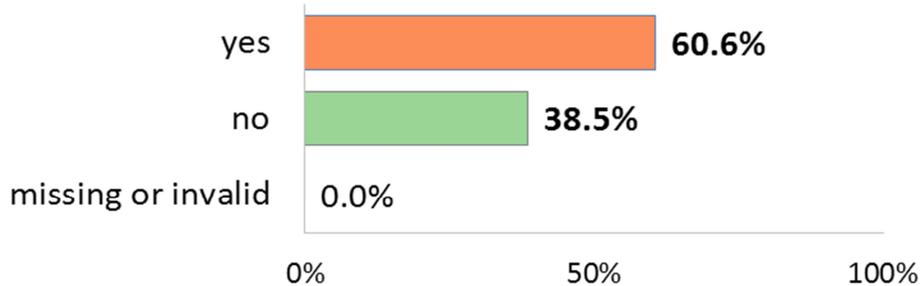
Graph 12: Thoughts of Relocation



Live Alone Status

When asked if they live alone, 60% of OPI consumers respond yes.

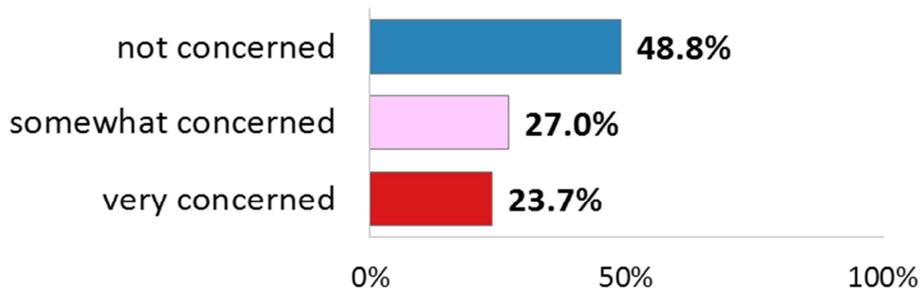
Graph 13: Live Alone Status



Concerns about Memory, Thinking and Decision-Making

Question #7 of the RAT is “Do you or your family have concerns about your memory, thinking, and ability to make decisions or remembering to pay your bills? If yes, are you: a. Very Concerned b. Somewhat Concerned c. Not concerned.” "Very concerned" is applicable if leaves the stove on regularly, forgets to pay rent or utilities, denies confusion and/or won't give up driving despite warnings from others.

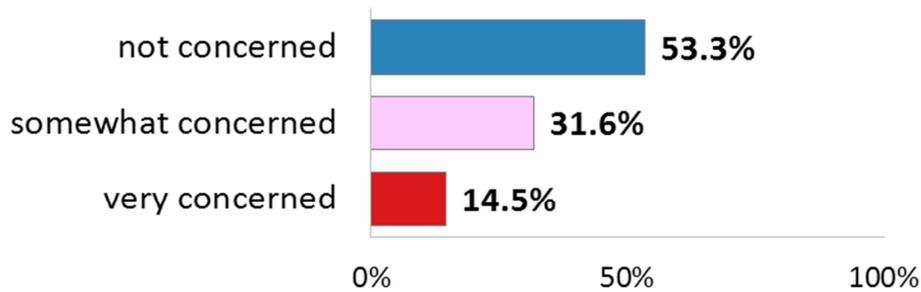
Graph 14: Concerns about Memory, Thinking, Decision-Making



Concerns about Mental or Emotional Well-Being

The next component of risk involves mental or emotional wellbeing and asks “Do you or your family have concerns about your mental or emotional well-being? If an OPI consumer answer yes, they are asked if they are: a. Very Concerned b. Somewhat Concerned c. Not concerned. For those who answer “Very concerned,” there is suicidal ideation, severe depression, hostile or aggressive behavior and/or refuses any assistance in this area. Somewhat concerned- if there is some abnormal behavior, e.g. expresses paranoid ideations but is able to maintain ADL's and/or if there is some level of decompensated mental illness or resistive to assistance in this area.

Graph 15: Mental & Emotional Well-being



Financial Resource Availability

The ninth question in the Risk Assessment Tool is “What level or amount of "liquid" resources do you have?” Liquid resources are those that can quickly be turned into cash such as savings accounts, checking accounts, money market accounts, certificates of deposit and/or retirement or investment accounts that one can draw cash from. OPI consumers have very little savings and financial resources.

- 66.89% of participants have less than \$10K or less than \$15,000 for a couple.
- 18.08% of participants have between \$10,001-\$25,000 or \$10,001-\$35,000 for a couple.
- 4.86% of participants have between \$25,001-\$50,000 or \$35,001-\$70,000 for a couple.
- 9.72% of participants have more than \$50,000 or \$70,000 for a couple.

Summary of Risk Assessment of OPI Consumers

The OPI Risk Tool aims to determine who is at most risk for requiring a higher level of care such as is provided by Medicaid long-term care services. Almost half of those who are screened for OPI need help with at least two activities of daily living such as bathing, dressing, or walking. Almost 40% of respondents have had either three or more falls in the last six months or one fall that resulted in an injury. Approximately 36% of respondents do not feel that they have help from a family or friend. Perceived caregiver stress is reported as 66% for those who have caregivers. Just over 65% of participants intend to remain at home and do not wish to move to a higher level of care. Slightly more than 60% of potential consumers live alone. Half of respondents were concerned about mental and emotional well-being. Finally, almost 67% of respondents have little to no savings at all.

For more information

- To learn more about Oregon Project Independence, please contact the Aging & Disability Resource Connection of Oregon at 1-855-ORE-ADRC (673-2372) or at www.ADRCofofOregon.org. This website is packed with information and resources to help seniors and people with disabilities live healthy lives.

This website will give you quick, easy access to your community's resources and information, including access to Oregon Project Independence.

- For questions related to the Oregon Project Independence evaluation, please contact Elizabeth O'Neill, Oregon State Unit on Aging, Program Evaluation and Research, Elizabeth.a.oneill@state.or.us

Appendix A: Methodology Used to Create the OPI Consumer List

In order to develop a list of Current OPI consumers with unique identifiers in Oregon Access, the below methodology was employed.

After discussions with the State Unit on Aging, it was determined that the more accurate way to capture a list of OPI consumers for FY 2014 in Oregon Access was to utilize the data that appears on the Service and Billing report found in Oregon Access. The majority of AAAs record OPI consumer services using the “Case Management {#6} and “Homemaker (CEP) {#2a} service descriptions. Service dates from 7/1/13 through 6/30/14 were also used to generate these reports. PDF documents of the Billing and Summary Reports for these services were created for the following AAAs:

District	Consumer List	AAA	Counties	Branch #
1	✓	NWSDS		0411, 1911, 2411, 2711, 2911, 3617
2	✓	CAT	Columbia	8710, 0512, 511
2	✓	CCSS	Clackamas	0312, 0311
2	📁	MCDS	Multnomah	-
2	✓	WCDAVS	Washington	3412, 3411
4	✓	OCWCOG	Linn, Benton Lincoln	2211
5	✓	LCOG	Lane	2011
6	✓	DCSDSD	Douglas	7610, 1011
7	✓	SCBEC	Coos, Curry	0612
8	✓	RVCOG	Josephine, Jackson	7810
9	✓	MCCOG	Wasco, Sherman, Gilliam Jefferson, Deschutes,	3313
10	✓	COCOA	Crook	0914
11	✓	KBSCC	Klamath, Lake	8110, 8910, 1811
12	✓	CAPECO	Marrow, Umatilla Grant, Baker, Union,	3011
13	✓	CCNO	Wallowa	9010, 8310 , 3114, 0112, 3113
14	✓	HCSCS	Harney	8410
14	✓	MCOACS	Malheur	8510, 2311

Using a process of selecting all of the data in each of these reports and pasting that data into an Excel spreadsheet was used in order to refine the data. Once unnecessary data was removed (report headers and footers), the spreadsheet was imported into MS Access in order to remove duplicate line items and generate a list of OPI consumers. This list was forwarded to the State in order to develop a query that would pull the demographic information for the identified OPI consumers.

Appendix B: Methodology Used to Retrieve Medicaid Consumer List

- APD Analyst pulled de-identified data from MMIS for Medicaid Consumers receiving in-home service for the period of July 1, 2013 through June 30, 2014.
- Data is for two cohorts based on age: 60+ and 19-59
- The data was sorted by county and by SPL
- Costs for the following services are included: Personal Care (ADL), Home Care (IADL), Adult Day Care, Contract RN, Home Delivered Meals, Home Repair/Modification.
- Cost for both in-home care agencies and home care workers are included
- Unduplicated Consumer count and units of service are provided
- Consumer co-pay is included