

Seniors and People with
Disabilities Division (SPD)

Seniors and People with Disabilities
Erinn Kelley-Siel, DHS Acting Director

Ways and Means

March 21, 2011



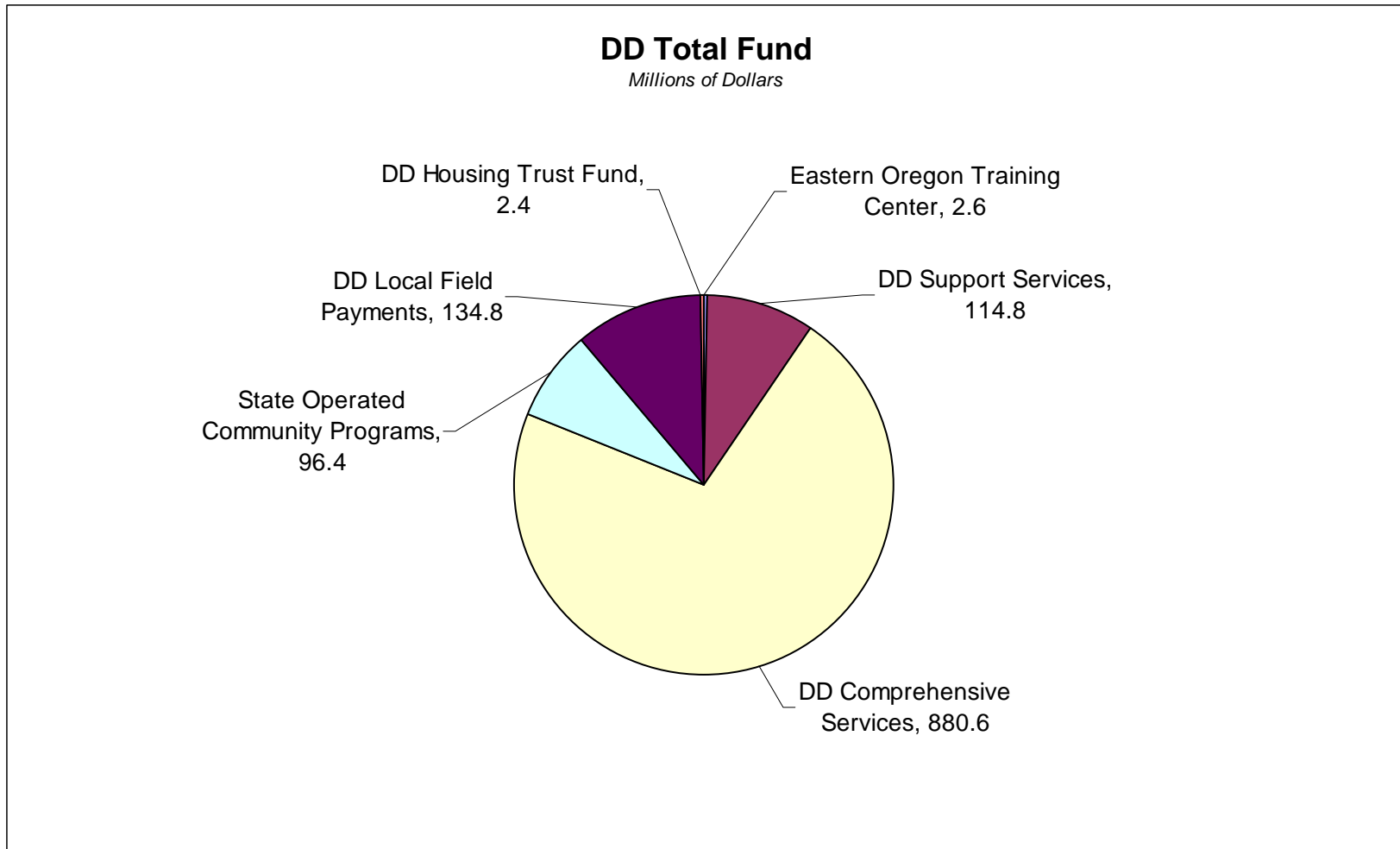
SPD Division GBB 11-13

SPD TOTAL	General Fund	Other Funds Ltd	Federal Funds Ltd	Total Funds
Governor's Balanced Budget (GBB)	1,197,987,469	159,149,700	2,068,799,161	3,425,936,330
Current Authority	1,040,152,982	174,386,080	2,390,217,686	3,604,756,748
(less allotment)	(78,166,198)	(1,000,000)		(79,166,198)
Current Authority (less allotment)	961,986,784	173,386,080	2,390,217,686	3,525,590,550
Difference <small>(Current Authority less allotment - GBB)</small>	(236,000,685)	14,236,380	321,418,525	99,654,220
Percentage Change	19.70%	-8.95%	-15.54%	-2.91%

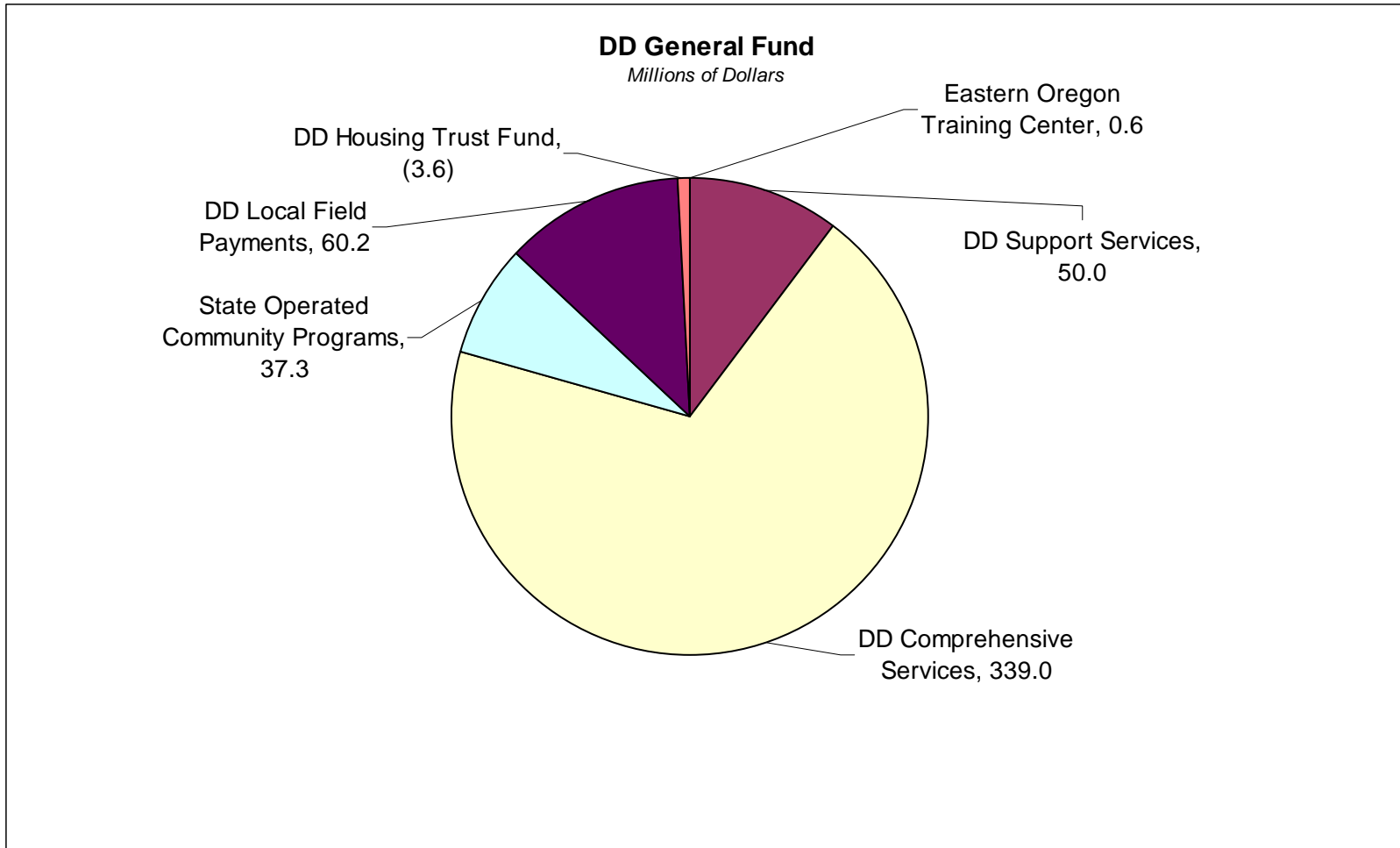
DD Governor's Balanced Budget 11-13

SPD - DD	General Fund	Other Funds Ltd	Federal Funds Ltd	Total Funds
Governor's Balanced Budget (GBB)	483,525,722	20,643,124	727,390,748	1,231,559,594
Current Authority	423,363,157	43,990,639	875,219,551	1,342,573,347
(less allotment)	(29,852,237)	(1,000,000)		(30,852,237)
Current Authority (less allotment)	393,510,920	42,990,639	875,219,551	1,311,721,110
Difference <small>(Current Authority less allotment - GBB)</small>	(90,014,802)	22,347,515	147,828,803	80,161,516
Percentage Change	18.62%	-108.26%	-20.32%	-6.51%

Developmental Disabilities Total Fund



Developmental Disabilities General Fund



Local Field Payments

09-11	11-13 GBB
<p><i>Local field payments includes funding for community developmental disability programs (CDDPs), support service brokerages, regional crisis programs.</i></p>	
<p>\$47.3M GF, \$122.2M TF</p>	<p>\$60.2M GF, \$134.8M TF</p>
<p><u>CDDPs</u> Funded at 95% equity level.*</p> <p><u>Brokerages</u> Funded at 95% equity level.*</p> <p><u>Regional Crisis</u> Funded at 95% equity level.*</p>	<p><u>CDDPs</u> Funded at 85% equity level. (Eliminate quality assurance, targeted case management reduced by 10%)</p> <p><u>Brokerages</u> Funded at 85% equity level. (Eliminate quality assurance, targeted case management reduced by 10%)</p> <p><u>Regional Crisis</u> Funded at 85% equity level.</p>

***85% equity level began 7/1/10 – allotment reduction**

What is the impact of eliminating all quality assurance staff in Community Developmental Disabilities Programs and Support Service Brokerages?

Quality Assurance is a fundamental requirement in the implementation of Centers for Medicaid and Medicare Services (CMS) Home and Community-Based Waivers.

In response to this reduction, the frequency and scope have been limited on the following activities:

- The Home and Community-Based Waiver review checklist.
- Field reviews by SPD staff of Community Developmental Disability Programs (CDDP) and Support Service Brokerages (SSB).
- Program licensing and certification activities by SPD staff.
- CDDP Case Manager monitoring and site visits of comprehensive service sites (e.g. Group Homes, Foster Homes).
- Consumer Satisfaction Surveys.
- Critical Incident Reporting

No changes have been made to abuse reporting and investigations

What is the impact of a 10 percent reduction of Targeted Case Management in CDDP's and Brokerages

- Providing case management to people in counties or Brokerages is critical to the overall service support
- Common terms used to describe case management services are: liaison, facilitator, advocate, monitor, supporter, planner, and approver of Medicaid plans
- None of the functions of case management are eliminated with a 10 percent reduction nor is the case load reduced
- The impact will be one of continued prioritization of issues related to protection, health and safety

DD Support Services

09-11	11-13 GBB
<p><i>DD Support Services includes Family Support, Long Term Diversion and Adult Support Services</i></p>	
<p>\$42.4M GF, \$107M TF</p>	<p>\$50M GF, \$114.8M TF</p>
<p><u>Family Support</u> Average cost of approx \$200 per mo.</p> <p><u>Long Term In-home Diversion</u> 250 children. Monthly cost from \$500-\$5,000</p> <p><u>Adult Support Services</u> 7,014 individuals @ \$627 per month.</p>	<p><u>Family Support</u> Eliminated</p> <p><u>Long Term In-home Diversion</u> 236 children. Limit to \$1,000 per month.</p> <p><u>Adult Support Services</u> 7,600 individuals @ \$627 per month. Only serve Medicaid eligible clients. Limit benefit for ages 18-21.</p>

Family to Family Network

Families of children with disabilities need unique support that can best be provided by other parents with similar experience

A Family-Family Network will:

- Develop local, family-led initiatives
- Train families to provide Peer support
- Provide Information and Referral on community agencies and generic supports
- Train families on issues such as person centered planning, community mapping and use of natural supports

Family to Family Network (continued)

- The GBB identifies \$600,000 in 2011-13 and would be directed as follows: \$530,000 to fund a network of Family Centers ranging from \$40,000 to \$150,000.
- \$30,000 would be used to targeted, extensive outreach to underserved, low income or other targeted groups.
- \$40,000 would support the coordination of the centers including shared resources such as technical assistance, trainings, speakers, data sharing.

DD Comprehensive Services

09-11	11-13 GBB
<p><i>Comprehensive services includes adult 24-hr residential care, foster care, in-home supports, supported living, employment/ community inclusion services, children's intensive in-home services, children's proctor care, children's 24-hr residential care.</i></p>	
<p>270.8M GF, \$901.6M TF</p>	<p>\$339M GF, \$880.6M TF</p>
<p><u>Adult 24-hr residential</u> 2,458 individuals @ \$7,847 per mo (Pre-allotment rate)</p> <p><u>Adult Foster Care</u> 2,065 individuals @ \$3,559 per mo (No allotment reduction)</p> <p><u>In-Home Comp</u> 219 individuals @ \$2,706 per mo (No allotment reduction)</p> <p><u>Supported Living</u> 767 individuals @ \$3,343 per mo (Pre-allotment rate)</p>	<p><u>Adult 24-hr residential</u> 2,515 individuals @ \$7,062 per mo (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p> <p><u>Adult Foster Care</u> 2,150 individuals @ \$3,300 per mo (10% reduction in 11-13)</p> <p><u>In-Home Comp</u> 227 individuals @ \$2,435 per mo (10% reduction in 11-13)</p> <p><u>Supported Living</u> 771 individuals @ \$3,009 per mo (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p>

DD Comprehensive Services

09-11	11-13 GBB
<p><i>Comprehensive services includes adult 24-hr residential, foster care, in-home supports, supported living, employment/ community inclusion services, children's intensive in-home services, children's proctor care, children's 24-hr residential care.</i></p>	
<p><u>Employment/ Community Inclusion</u> 4,129 individuals @ \$1,093 per mo (Pre-allotment reduction)</p> <p>Services include community job support, sheltered workshops, day program support and transportation.</p>	<p><u>Employment/ Community Inclusion</u> 2,129 individuals @ \$984 per month. (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p> <p>Maintain community job support and sheltered workshops and associated transportation. Eliminate day program support and associated transportation.</p>

Reduction in Alternatives to Work

- As part of the HCBS Waiver, Oregon's Comprehensive services have included benefits for both residential and day program services.
- Services have been provided in three major categories:
 - Community employment including jobs in individual businesses,
 - work crews and enclaves,
 - employment jobs in sheltered work settings, and
 - non-work jobs (either at a facility or community activities).

The GBB maintains funded services that result in people who are earning wages 2,129. For the estimated 2,000 others in non-work settings, the GBB eliminates those services and the associated transportation funding that was used to get people to work.

Reduction in Alternatives to Work (continued)

To implement this plan, DHS must:

- Request a Waiver amendment that eliminates non-work services. This must include assurances that individuals have a choice to enter a work plan (as a continued waiver service), that there is a transition plan for each person affected and that the person will not be negatively affected in health and well-being
- Amend the Oregon Administrative Rules on day services to include definitions of “work” and outline how people can get into work services through discovery and job development
- Re-design the payment system to authorize daily payments only for the activities of supporting someone in earning a wage and maintaining a wage.
- Assure that there are qualified and sufficient providers to offer the Medicaid service of employment.

DD Comprehensive Services

09-11	11-13 GBB
<p><i>Comprehensive services includes adult 24-hr residential, foster care, in-home supports, supported living, employment/ community inclusion services, children's intensive in-home services, children's proctor care, children's 24-hr residential care.</i></p>	
<p><u>Children's Intensive In-Home svcs</u> 320 individuals @ \$3,097 per mo</p> <p><u>Children's Proctor Care</u> 69 individuals @ \$6,050 per mo (Pre-allotment reduction)</p> <p><u>Children's 24-hr residential svcs</u> 136 individuals @ \$11,499 per mo (Pre-allotment reduction)</p> <p><u>Children's Foster Care</u> 495 individuals @ \$3,321 per mo (Pre-allotment reduction)</p>	<p><u>Children's Intensive In-Home svcs</u> 368 individuals @ \$ 3,097 per mo</p> <p><u>Children's Proctor Care</u> 72 individuals @ \$5,445 per mo (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p> <p><u>Children's 24-hr residential svcs</u> 137 individuals @ \$10,349 per mo (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p> <p><u>Children's Foster Care</u> 510 individuals @ \$2,989 per mo (rate assumes 6% allotment cut from 09-11 + 4% in 11-13 = 10%)</p>

The Comprehensive Rate Reductions Risk

Comprehensive rate reductions are based upon the following assumptions:

- CMS approves additional rate reductions from the 2010 waiver amendment.
- The collective bargaining agreements.

Fairview Housing Trust Fund

Background:

- In 1999 the Oregon Legislature revised ORS 427.340 to create the Fairview Housing Trust Account
- This revision provided for the use of the proceeds from the sale of the Fairview Training Center property
- The conditions are that 5 percent of the Fairview sale price and all the interest the account earns are to be spent to assist in community housing for individuals with developmental disabilities.
- The remaining 95 percent would stay in the trust to accrue interest

To date, the proceeds have been used for small grant programs (maximum of \$5,000) for children and adults with developmental disabilities who reside in their own home or their family home. The purpose is to help people to live as independently and safely as possible in their own homes, with the long range goal of preventing or delaying access to out-of-home services.

Fairview Housing Trust Fund (continued)

Award Overview since 2006	
Total Awards	1079
Total Amount Awarded	\$1,684,286
Typical Award Amount	\$2,475
% Children	65%
Average Age	16

Grants Awarded by Region	
Eastern	51 - 5%
Metro/Coast	197 - 18%
Southern	214 - 20%
Cascade	112 -10%
Mid-Valley	294 -27%
Multnomah	211 - 20%

Type of Project/Purchase	
Accessibility (e.g. ramps, bathroom modifications)	415 - 38%
Safety and Security (e.g. fences, wall/window hardening)	310 - 29%
Specialized Equipment (e.g. lifts, specialized positioning)	271 – 25%
Other (e.g. floors coverings)	83 - 8%
Total	1079

Fairview Housing Trust Fund, GBB

- **Current Fiscal Status**
 - Approximately \$11.9M in corpus
 - \$750K in interest account (DHS froze new requests as of November, 2010)
 - Earn \$5,000/mo on the \$11.9M (at .5%)
- **GBB 11-13:**
 - @\$6M remains in Corpus
 - Would earn @ \$2,500 in interest account
 - Would spend \$300K per year on grants using existing funds in interest account
- **Number of annual awards**
 - 122 individuals
 - Will require statutory change

New model to expand Support Services

- Use current Support Service model that caps benefits and provides self direction of services
- Include options for people to move out of family home, but into shared living models – not 24 hour staffing or foster models
- Develop assessment strategies that could help people move from comprehensive services back into Support services

New model to expand Support Services (continued)

- Timelines:
 - Planning and design group (currently formed and meeting) develops Model assumptions including access, benefit levels, structure and services. Projected Model completion, October, 2011
 - Request Medicaid approval. Projected acceptance, March, 2012
 - Develop implementation strategy including potential RFP's; March – June 2012
 - Implementation of new model – July 2012

Increase use of technology

- Review programs that provide off-site, video monitoring as replacement to staffing (used in Illinois) May need to change ORS 411-325-0170
- Research technologies such as hand-held or smart phone devices that increase individuals independence and reduce direct care staffing
- Either option will need new policies for when it could be used, authorized, monitored, and paid for

Increase use of technology (continued)

- Timelines for implementing use of new technologies in home, work and community:
 - Stakeholder group meets from January 2011 until June 2011
 - Identify policies that will require CMS approval and submit Waiver request: July – August 2011
 - Assume approval by October 2011
 - Develop Administrative Rules – November 2011
 - Convening a Technology Awareness conference for DD community stakeholders – October 2011

New model for 18-26 year olds

- Develop transitional service that includes housing, job development and community management skills – time limited service
- Each youth begins with the long term plan to be in a Support Services Model with individual plans and recurring evaluations
- Model will need to be approved as part of a Waivered Service

New Model for 18-26 year olds (continued)

- Timelines:
 - Stakeholder work group meets to design model features January – June 2011
 - Design recommendations are folded into Expansion of new Support Model work group July 2011

Increase Employment Options

- Fully implement SPD's "Employment First" policy for working age adults with developmental disabilities
- Partner with Oregon's Office of Vocational Rehabilitation Services and Department of Education in implementing the policy
- Establish benchmarks for measuring progress toward the goal of increasing paid employment and consistently publish that progress data
- Maintain ongoing communications with community advocates and stakeholders to determine progress toward meeting policy goals and refining implementation strategies and activities

Increase Employment Options (continued)

- **Enhance Management Activities**
 - Implement new structure of publishing performance data (April 2011 and ongoing)
 - Revise funding payments structure from monthly to daily (October 2011)
 - Strengthen relationship with OVRs (ongoing)

- **Increasing Community Capacity for Improving Employment Outcomes**
 - Support local “Employment First” Teams in 9 areas in Oregon in order to promote local activities to improve outcomes (February 2011 through December 2011).
 - Provide focused training to employment service providers (June 2011 – May 2012)

- **Support Individuals with developmental disabilities and their families in promoting “employment first” outcomes.**
 - Collaborate with Self-Advocates as Leaders and other stakeholder entities (current and ongoing)

Follow-up to Request for Provider Tax Information

- Provider Taxes are commonly used by states for Nursing Homes and ICF/MR's. There is little information about states who have applied the tax for community-based programs for people with developmental disabilities.
- DHS has requested legal review of the proposal
- The community providers for people with developmental disabilities have little to no private market. A tax source would need to be clearly separated from the service payments

Follow-up to Request for Provider Tax Information

DD 24 Hour Residential Rate Comparison Estimates						
		Current Rate		GBB Rate		Difference
Rate	\$	241.70	\$	233.33	\$	(8.37)
GF:	\$	89.67	\$	86.57	\$	(3.11)
OF:	\$	-	\$	-	\$	-
FF:	\$	152.03	\$	146.76	\$	(5.26)
TF:	\$	241.70	\$	233.33	\$	(8.37)

DD 24 Hour Residential Rate with Provider Tax Comparison Examples Estimated						
		Current Rate with Provider tax		GBB Rate with Provider tax		Increased Rate with Provider tax
Rate		\$241.70		\$233.33		\$255.00
GF:		\$75.79		\$72.88		\$80.73
OF:		\$14.00		\$13.80		\$14.00
FF:		\$151.91		\$146.65		\$160.27
TF:		\$241.70		\$233.33		\$255.00
Post Tax Rate		\$227.70		\$219.53		\$241.00
		Change in GBB GF Investment		Change in GBB GF Investment		Change in GBB GF Investment
GF:	\$	<i>(13.88)</i>		\$	<i>(13.68)</i>	
				\$	<i>(5.83)</i>	

SPD Continuous Quality Improvement Efforts

- Efforts of quality improvements in DD have included:
 - \$ 8.5M Eastern Oregon Training Center closure
 - \$ 91K Contract administration
 - \$111K Community Housing
 - \$134K Children's Intensive In-Home Services
 - \$ 20K State Operated Community Program Shopping

- Current improvement efforts include:
 - Expansion of eXPRS

SPD Continuous Quality Improvement Efforts

In July-August 2010, the Office of Developmental Disabilities services met with providers, counties, brokerages, families and self advocates to identify policies and processes that could be changed in response to fewer staff and resources

- Changed case management requirements of monthly contacts to quarterly
- Changed certification timelines from 2 years to 5 years
- Reduce amount of information collected for serious incident reporting

SPD Continuous Quality Improvement Efforts

In October 2010 Stakeholder recommendations for a sustainable future:

- Develop a model that expands the Supports Brokerage Model that capitates budget benefit
- Develop and expand use of technology
- Focus on employment outcomes for people with Developmental Disabilities
- Focus on youth aged 18-26