



## Protecting Long-Term Care for Oregon's Seniors & People with Disabilities: Independence, Dignity, Safety & Choice

As Oregon's lawmakers work to develop a budget that meets the needs of its most vulnerable citizens yet works within the budget and revenue realities that exist, prioritizing programs that protect not only the independence, dignity and choice of our seniors and people with disabilities, but also ensures safety in care and realizes cost savings and efficient use of state and federal dollars is of the highest importance.

**Medicaid In-Home Care:** The emphasis on in-home care for seniors and people with disabilities is one of the hallmarks of Oregon's model of long term care. As the first state to recognize that working to help individuals stay in their own home and community is not only good for the client but also cost effective for our state and federal budgets, in-home care.

- **Instrumental Activities of Daily Living (IADL):** IADLs include essential tasks such as housekeeping, meal preparation and assistance with medications. These tasks are critical for allowing a senior or person with a disability to have the ability to stay independent and in their own home for a longer period of time. The proposed reductions would threaten the ability of these individuals (approximately 9,000) to stay in their homes and is expected to increase the need for these people to move into higher cost care in a more restricted setting unnecessarily. This proposed reduction also affects the in-home care workers who are providing these services by limiting their employment.

**Oregon Project Independence:** This innovative program has proven that for many seniors, a very minimal amount of assistance at a minimal financial investment (approximately \$200 per senior per month in the program), can help seniors avoid unnecessary placement in a more restrictive care setting and avoid placement in the Medicaid system which immediately increases the state's general fund costs regardless of care setting. OPI offers help with tasks such as housekeeping, bathing, or meal preparation for those seniors who are most at risk of unnecessary enrollment in Medicaid system and allows these people to stay in their own home. The proposed reductions would cut the program in half or potentially eliminate it, which would result in much higher costs in state general funds and a loss of independence for those seniors being served by OPI.

**Protective Services:** Oregon's seniors and people with disabilities deserve to be safe in their care setting. Recent coverage of abuse and neglect has brought much needed attention to the deficiencies in this part of the system. In order to provide the oversight needed to monitor and respond to concerns in the system around abuse, Adult Protective Services (APS) has to be a priority in terms of staffing and funding for our state budget. The Governor's Balanced Budget proposes an investment in this area of long-term care to help bring a higher level of safety for our vulnerable citizens.

**Case Management & Eligibility:** The backbone of our long-term care system lies in Oregon's ability to work with the individual senior or person with a disability in order to determine what their care needs are, what kind of natural supports are available, and how it may be possible for this person to utilize the least restrictive care setting possible safely. Case managers and eligibility workers help the person in need navigate through the Medicaid screening process, eligibility process and then work with them to determine the most appropriate care setting that meets their needs yet is an efficient and effective use of funds. They are the mandatory first step for a person needing help with their long-term care. Case Managers continue to work with the individual to monitor their care, become involved in protective services proceedings if necessary and evaluate changing needs in order to help the person stay as independent as possible. Case management is a critical component in coordinating with acute care system to provide coordinated care plans and effective diversion & transition services. The ability of Oregon's long-term care system to realize the kinds of savings yet quality of care that is heralded throughout the nation is due in large part to our strong case management. Currently, case management and eligibility is being funded at a reduced level, approximately 85% of funding for the rapidly increasing caseload, which causes workers to carry caseloads at unreasonable numbers. This prevents working as fully with each client's needs and finding the least restrictive and lowest cost care setting possible. And it also increases the wait time of each potential client who is in need of help and can limit our ability to meet the federal and state mandates of our programs.

**Meals on Wheels:** Medicaid in-home meals is often the first service provided to an individual at risk of premature placement in a more restrictive care setting. This service can extend the amount of time an individual can remain in his or her own home for substantially longer. Meals helps lower the hunger rate for seniors and people with disabilities, and is a smart investment of funds. Thousands of volunteers and non-profits statewide partner together to make this program work. Hundreds of seniors and people with disabilities would be affected and will be forced to consider moving into a more restrictive care setting at a higher state and federal fund cost.

**Rates for care settings:** Several reductions are proposed for long-term care settings. These proposed reductions cost federal funds, cost economic hardship for those individuals working within those care settings, and cause instability in an already stretched workforce. Thousands of jobs could be lost due to proposed reductions in ***Assisted Living, Residential Care, and Nursing Facility Services.***

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