



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

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. **Proposed reductions will jeopardize the system of long-term care that has been saving the state millions of dollars and has preserved the independence, dignity, safety and choice of our vulnerable citizens.**

Medicaid Long-Term Care Program Cuts: 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. Proposed cuts would decimate that system and put vulnerable seniors and people with disabilities in jeopardy of losing their independence as well as quality of life and safety. It will also likely result in higher overall costs to the state – erasing any perceived savings.

- **Medicaid Home Delivered Meals (Meals on Wheels):** This essential part of in-home care is proposed for elimination in the first tier of reductions. Meals are often the most cost efficient piece of helping an individual remain in their own home. Eliminating Meals on Wheels for Medicaid clients **will** impact these individuals ability to stay in their home or be forced to move to a costlier care setting or need a costlier in-home care plans.
- **Adult Day Services:** This program is proposed for elimination in the first tier of reductions. Adult day services helps individuals remain in their homes or community by supplementing in home care or care in an Adult Foster Home. Loss of these services is likely to result in higher cost care plans – in home or in an Adult Foster Home.
- **In-Home Care:** Reductions in hours authorized for in home care is proposed in tiers two and three of reduction options. Reducing the number of hours a client can receive care will ultimately require costlier care due to the necessity of a move to a higher cost care setting. More frequent utilization of the acute healthcare system such as emergency rooms will be likely due to a lack of adequate in home care.

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 placement in the Medicaid system which immediately increases the state's general fund costs regardless of care setting.

- **The proposed reduction would eliminate the program.** It is proposed for elimination in the first tier of reductions. All current clients would lose services and many would be forced to move to Medicaid funded care at an immediate higher cost to the state budget. No savings would be realized for these individuals and the state could end up paying more than they ever saved.
- For seniors waiting for the program or at risk of unnecessary Medicaid funded care, there will be no other option but to enroll in Medicaid and let the state eat the higher general fund costs that could have

been avoided.

- Oregon Project Independence clients do not incur the additional general fund expense of enrollment in the **Oregon Health Plan**. Medicaid long-term care clients are enrolled in the Oregon Health Plan at an additional cost to the state on top of the costs of long-term care.

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, eligibility workers, adult protective services staff and diversion/transition staff help the person in need navigate through the Medicaid eligibility and enrollment process and 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.

- 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 strong staffing in the Area Agencies on Aging that are administering the Medicaid programs.
- Currently, case management and eligibility is being funded at a reduced level, less than 85% of funding for the rapidly increasing caseload compared to the Department of Human Services.
- Area Agencies on Aging and Disabilities are statutorily the most cost effective way to administer the Medicaid system – cutting this part of the system only reduces those savings to the state.
- The reduction proposal to further decrease staff will cause great harm to the long-term care system:
 - This reduction will jeopardize Oregon's ability to meet Medicaid mandates that are necessary to receive the federal match for long-term care programs
 - This reduction will increase overall long-term care costs through the inability to devise care plans that maximize independence and natural supports for as long as possible versus entrance into entitled facility based care.
 - This reduction option will also limit the current Health System Transformation from effectively working with the Medicaid long-term care system for dual and triple eligibles in order to realize the savings that are anticipated by implementation of the Coordinated Care Organization model statewide.

Balancing state budgets on the backs of vulnerable seniors and people with disabilities not only hurts the individual, it hurts our state.

There are other choices that do not impact the health and safety of seniors and people with disabilities.

Protect Oregon's system of long-term care, services and supports.

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