



Preserving and Protecting Oregon's System of Long-Term Services and Supports

A national model realizing better care, better coordination and lower costs for seniors and people with disabilities

Oregon's system of long-term services and supports (or long-term care) is a nationally recognized model of care that enables a senior or person with a disability to retain their independence, dignity and choice in the least restrictive care setting possible. Oregon's system of care has also realized significant cost savings for state and federal budgets for decades – with billions of dollars in savings to date. Federal incentive programs have been designed to encourage other states to achieve a similar model as Oregon to serve their own seniors and people with disabilities.

It is in the best interests of policy makers, executive leaders, stakeholders, advocates, clients and citizens in general to preserve Oregon's system of care:

1. Better care

- a. Oregon's system prioritizes care in the least restrictive care setting possible for the individual. Care in the home or community is a focus.
- b. Quality options for more intensive care when needed are readily available. Oregon's community based care system and nursing facilities are constantly working to provide safe and quality care for individuals who need a higher level of care.
- c. Oregon's system of eligibility and case management provides a blueprint to be followed as health care is transformed in the state for coordination. Utilizing a coordinated approach, the needs of the individual are the priority when developing a care plan. Natural supports, local resources and individual choice in care are all a part of the equation when creating a care plan

2. Lower cost

- a. Oregon's system of long-term services and supports prioritizing home and community based care was the first state to demonstrate that providing care that is person centered and locally based would not only meet the needs of the individual but also realize more cost efficiencies. In-home and community based care is significantly less costly for state and federal budgets than unnecessary or premature facility based care. For an individual receiving in-home care through Medicaid versus care in a facility, there is a savings of over \$3,000 per month per individual.
- b. As a system, Oregon's variety of care settings is already producing regular cost savings for services to individuals on Medicaid. The system is designed to promote efficiency and

can be a blueprint for the health care system as it transforms to realize lower costs yet improve the quality of care.

3. Better coordination

- a. Because the system of long-term services and supports emphasizes coordination among community based resources, non-profit and for profit providers, and clients and their families/friends, individuals receiving long-term care through Medicaid are much less likely to be the highest or costliest utilizers of health care presently. This coordinated social approach is central to the success of Oregon's Long Term Care system. *Data is available to demonstrate these outcomes*
- b. Oregon's system of long-term services and supports encourages personal responsibility and personal direction of care
- c. Chronic disease management and evidence based health programs are already being implemented for individuals receiving long-term care. Throughout the state, a wide variety of programs are actively working with individuals as they learn to live better with these kinds of conditions. Positive outcomes and results could be replicated within health care to meet similar needs for health care clients. Oregon's long-term care system brings a background and expertise in these areas of priority for the health system transformation and is an important resource for the CCOs (Coordinated Care Organizations) as they work to meet the outcomes set forth by CMS.

Through various surveys, client satisfaction remains high in Oregon's long term care system. Working within a global budget, the system of long-term services and supports is realizing positive outcomes, cost savings and better overall care to the individual.

While close collaboration between LTC Medicaid and CCOs is essential to achieving better health and an improved quality of life at a lower cost, absorption of either entity into the other would prove counterproductive to achieving these objectives. Absorption would effectively dismantle an LTC system and approach that is a proven and effective model of care that is achieving consistent positive results for the individual and for the state as a whole.

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