Presentation to the Joint Ways and Means Subcommittee on Human Services

Aging and People with Disabilities

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Director

January 30 and 31, 2019
Presentation Outline

Day 1

- Goals
- System
- Eligibility Transformation
- Safety
- Licensing

Day 2

- Population Growth
- Strategic Plan
- Programs
- Consumer Profiles
- Investments, Budget and KPMs
Oregon Revised Statute 410

The Legislative Assembly created a vision:

Older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.
Vision Statement

Oregon’s older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.
Goals

• **Well Being:** Older adults and people with disabilities feel safe and experience their best quality of life.

• **Accessibility:** Oregonians can readily and consistently access services and supports to meet their needs.

• **Quality Outcomes:** Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.

• **Service Equity:** Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.

• **Engagement:** Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.
Laws Passed in 1965: The Vision for Older Americans

Medicare

Older Americans Act

Medicaid
Services We Offer
Oregon’s Long Term Care System

- **Oregonians served**: 99,300 Aging & Disability Resource Connection Referrals
- **227,000 older adults assisted through the Older Americans Act; 5,000 in Oregon Project Independence**
- **143,000 provided Financial Medicaid (e.g., supplemental nutrition assistance)**
- **18,855 allegations investigated by Adult Protective Services**
- **18,800 served through Medicaid in-home services**
- **11,800 served through Medicaid community-based care**
- **18,800 served through Medicaid in-home services**
- **4,400 Medicaid residents in nursing facilities**
- **4,400 Medicaid residents in nursing facilities**
- **35,000 in Medicaid Long Term Care**

**Financial Medicaid** (e.g., supplemental nutrition assistance) 143,000

**Adult Protective Services** 18,855

**Medicaid in-home services** 18,800

**Medicaid community-based care** 11,800

**Medicaid in-home services** 18,800

**Medicaid residents in nursing facilities** 4,400

**Medicaid residents in nursing facilities** 4,400

**Medicaid Long Term Care** 35,000

**Licensed beds available for long-term care** 44,500
Where We Serve Oregonians
Aging Services Network Overview

Aging & People with Disabilities
(State DHS Offices)

Area Agencies on Aging (AAAs)

Type A - AAA
(Non-Medicaid – OPI /OAA)

Type B - AAA
(Medicaid, OPI, OAA, APS, etc.)
How Oregonians Navigate the System

ADRC
Aging and Disability
Resource Connection
of OREGON

adrcoforegon.org 1-855-ORE-ADRC 1-855-673-2372
Assistance Provided to Oregonians

- 66,020 calls received
- 99,300 referrals made
- 4,506 individuals received options counseling
- 29% of information and assistance/referral consumers were in rural/frontier communities
- 73% of options counseling consumers reported greater independence as a result of ADRC services
Business Case for the ADRC

How Oregonians Are Served

Options counseling

Oregonians needing in-depth help to explore their strengths and needs for long-term services and supports work with options counselors.

4,506 through options counseling

Information and referral

48,922 Oregonians served in 2017 through information and referral

ADRC’s benefits far outweigh its costs

Options counseling

Benefits = $39.8 million
Cost = $3.6 million

11 to 1 social return on investment

Benefit categories
Finding and keeping long-term services and supports and housing ($24.1 million)
Helping with basic needs ($11.6 million)
Avoiding homelessness ($3.5 million)
Preventing abuse ($663,000)
Avoiding failure ($109,000)

7 out of 10 people who sought services from I&R specialists received help in at least one of these benefit categories.

An extensive study of ADRC’s options counseling analyzed the benefits participants received in at least one of these categories.

Options counseling benefits alone equaled more than seven times ADRC’s total program costs.
DHS and the Oregon Health Authority are making it easier for Oregonians to apply for benefits through two projects: Integrated Eligibility and Eligibility Transformation.

Among the benefits included:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Temporary Assistance for Domestic Violence (TADV)
- Employment Related Day Care (ERDC)
- Summer Meals
- Refugee Cash, Refugee Medical
Eligibility Transformation: Service Delivery

**Store Fronts**
- Walk-in Customers
- Face-to-Face Services Planning
- Case Management

**Virtual Eligibility Center**
- Online / Phone Applications
- Renewals
- Change Reports
Specializes in investigating and preventing abuse of older adults and adults with disabilities.

The staff has expertise in:
• Financial Exploitation
• Domestic Violence
• Diminished Capacity
• Self-Neglect
• Guardianships

Enhanced focus on:
• Outreach to banks, real estate professionals, credit unions, and community organizations to increase awareness of how to prevent and identify signs of abuse.

Oregon’s Safeline: Since 2014, a reliable, easy resource to report abuse: 1-855-503-SAFE
Centralized Abuse Management System

A comprehensive web-based system for abuse reports and investigations:

- Standardizes APD and Type B AAA abuse screening, investigations and reports statewide.
- Replaces manual processes and outdated, disparate systems.
- Provides investigators with the ability to better track perpetrators to help prevent further abuse.
In 2017 APS investigated:

- **18,855** distinct allegations, some of which involved multiple victims

- Of those allegations:
  - **13,138**, or about **70%**, involved allegations of abuse in the community
  - **5,717**, or about **30%**, were allegations of abuse in licensed facilities
APS Workload Increasing

Between 2013 and 2017, APS experienced a 62% increase in the number of abuse allegations investigated annually.

- 2013: 11,641
- 2017: 18,855
Staff in our program have an unwavering commitment to the safety, independence, choice and dignity of vulnerable Oregonians in our licensed care settings.
# Long Term Care Settings

<table>
<thead>
<tr>
<th>Settings</th>
<th>Number of facilities</th>
<th>Memory Care Endorsed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Facilities</td>
<td>136</td>
<td>11</td>
</tr>
<tr>
<td>Assisted Living and Residential Care Facilities</td>
<td>538</td>
<td>191</td>
</tr>
<tr>
<td>Adult Foster Homes</td>
<td>1,566</td>
<td>N/A</td>
</tr>
</tbody>
</table>
APD works with licensed facilities and uses progressive enforcement of compliance tools as needed. Those tools include:

- Licensing Complaint Unit (phone/email)
- Surveys
- Civil penalties
- Letters of Agreement
- Licensing Conditions
- Suspension/Revocation/Non-Renewal of a license
## Licensing Backlogs

<table>
<thead>
<tr>
<th>License Type</th>
<th>Backlog</th>
<th>Total Licenses</th>
<th>Percent Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Foster Homes</td>
<td>24</td>
<td>1,566</td>
<td>1.5%</td>
</tr>
<tr>
<td>Nursing Facilities</td>
<td>21</td>
<td>136</td>
<td>15.4%</td>
</tr>
<tr>
<td>Assisted Living/ Residential Care Facilities</td>
<td>124</td>
<td>538</td>
<td>23.0%</td>
</tr>
<tr>
<td>Combined</td>
<td>169</td>
<td>2,240</td>
<td>7.5%</td>
</tr>
</tbody>
</table>
Governor Brown signs HB 3359 with individuals from the Alzheimer’s Association, Oregon Health Care Association, AARP, LeadingAge, Agencies and Legislators.
House Bill 3359 – 2017 Session

Large bipartisan, multi-stakeholder bill that:

• Established first-in-the-nation Quality Measurement Council;
• Introduced a fine ($1,000) for failure to self-report abuse of residents;
• Increased fines for abuse and licensing fees;
• Added training requirements for staff around dementia and Alzheimer’s disease;
• Set new standards for safer medication administration;
• Provided for standard staffing measurement via an online acuity tool;
• Required an enhanced regulatory oversight program.
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• Eligibility Transformation
• Safety
• Licensing

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• Strategic Plan
• Programs
• Consumer Profiles
• Investments, Budget and KPMs
Oregon’s Population Is Growing Older

Source: Oregon Office of Economic Analysis
Crisis in retirement savings

**US News & World Report**
What Happens if We All Run Out of Money for Retirement?

**USA Today**
For your retirement planning, count on living until age 95

**CNN Money**
1 in 4 people have almost nothing saved for retirement

**The New York Times**
Why the World Needs to Rethink Retirement

**The Motley Fool**
Half of American baby boomers face a frightening retirement reality
Strategic Plan: The Case for Change

• Oregon has been a national leader in home- and community-based services and supports.
• APD is updating its Strategic Plan in collaboration with stakeholders to continue to innovate.
• We must adapt to new realities - increasing percentage of population is 65+ with low retirement savings and worse health.
• We need to do better in serving all consumers including younger people with disabilities, communities of color and historically underserved communities.
Strategic Plan: Program Goals

**WELL BEING**
Older adults and people with disabilities feel safe and experience their best quality of life.

**ACCESSIBILITY**
Oregonians can readily and consistently access services and supports to meet their needs.

**SERVICE EQUITY**
Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.

**ENGAGEMENT**
Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

**QUALITY OUTCOMES**
Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.
Strategic Plan: Short and Long Term

Short Term: Two Year Action Plans

• Example: Pilot providing services and supports to consumers who want to be active outside their home (volunteering, employment, etc.).

Long Term: Multi-Year Action Plans

• Example: If successful, statewide expansion of service planning for consumer activities outside the home.
Older Americans Act (OAA)

- Delivered through Area Agencies on Aging (AAAs)
- Keep older adults safe and independent
- Federal funds
- Not means-tested
- 2.6 million meals (home-delivered and congregate)
- 477,000 hours homemaker/personal care services
- 25,000 sessions of nutrition education
- 23,000 trips with assisted transportation
Oregon Project Independence (OPI)

- State funded program
- Reduces risk of more costly, out-of-home placements
- Only 12% of those served ended up on Medicaid services
- Average cost-per-case
  - 60+: $244
  - People with disabilities: $393
Medicaid & Financial Eligibility

- Supplemental Nutritional Assistance Program (SNAP)
- Medicaid as primary health care
- Medicare Savings Programs
- Medicare Part D Assistance
Medicaid Long Term Care

- Long term services and supports for individuals who meet financial eligibility & nursing home level of care
- If eligible, Medicaid pays for activities of daily living and other supports
A Social Model of Services

- Holistic assessment
- Strengths based service planning
- Value a person’s choice, dignity, and self-direction
- Balance paid services with natural supports
- Resources to keep people independent, healthy, and safe
## Service Priority Levels (SPLs)

### 411-015-0010 Priority of Paid Services

<table>
<thead>
<tr>
<th>SPL</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.</td>
</tr>
<tr>
<td>2</td>
<td>Requires Full Assistance in Mobility, Eating, and Cognition.</td>
</tr>
<tr>
<td>3</td>
<td>Requires Full Assistance in Mobility, or Cognition, or Eating.</td>
</tr>
<tr>
<td>4</td>
<td>Requires Full Assistance in Elimination.</td>
</tr>
<tr>
<td>5</td>
<td>Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.</td>
</tr>
<tr>
<td>6</td>
<td>Requires Substantial Assistance with Mobility and Assistance with Eating.</td>
</tr>
<tr>
<td>7</td>
<td>Requires Substantial Assistance with Mobility and Assistance with Elimination.</td>
</tr>
<tr>
<td>8</td>
<td>Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.</td>
</tr>
<tr>
<td>9</td>
<td>Requires Assistance with Eating and Elimination.</td>
</tr>
<tr>
<td>10</td>
<td>Requires Substantial Assistance with Mobility.</td>
</tr>
<tr>
<td>11</td>
<td>Requires Minimal Assistance with Mobility and Assistance with Elimination.</td>
</tr>
<tr>
<td>12</td>
<td>Requires Minimal Assistance with Mobility and Assistance with Eating.</td>
</tr>
<tr>
<td>13</td>
<td>Requires Assistance with Elimination. (13 is current cutoff for Medicaid)</td>
</tr>
<tr>
<td>14</td>
<td>Requires Assistance with Eating.</td>
</tr>
<tr>
<td>15</td>
<td>Requires Minimal Assistance with Mobility.</td>
</tr>
<tr>
<td>16</td>
<td>Requires Full Assistance in Bathing or Dressing.</td>
</tr>
<tr>
<td>17</td>
<td>Requires Assistance in Bathing or Dressing.</td>
</tr>
<tr>
<td>18</td>
<td>Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.</td>
</tr>
</tbody>
</table>
Aging and People with Disabilities
2019-2021 Forecasted Caseload

- **In-Home Services**: 19,561 (54.4% of caseload)
- **Community Based Care Services**: 12,040 (33.5% of caseload)
- **Nursing Facility Services**: 4,331 (12.1% of caseload)
Consumer Profile: Nursing Facility Alternative

Needs:
- Fractured shoulder and plans for knee surgery.
- Assistance walking in and out of her home, using the bathroom, and bathing.
- Preparing some meals, shopping, house cleaning, and transportation.

Plan:
- Two paid providers visit for approximately 20 hours per week total to meet the above needs.
- Ongoing APD case management for monitoring and plan modification.
- Ongoing familial connections.

Cost: $1,039 per month vs. $9,388 in a nursing facility
Consumer Profile: Hospital Alternative

Adult Foster Home:

- 62-year-old female
- Autoimmune neuromuscular disease
- Ventilator dependent

Cost: $8,586 per month
Consumer Profile: Oregon State Hospital Alternative

- 51-year-old male;
- Two traumatic brain injuries;
- Criminal history starting in the early 1990s;
- Numerous failed placements;
- OSH admission lasting six years;
- Attacked a neighbor with a knife;
- Readmitted to OSH for 10 months;
- Discharged to one-person Specialized Living setting with same provider, but more intensive supports.
- Safe placement for 12 months and counting.

Cost: $42,070 per month
General Assistance Program

- 4,552 referrals to date
- 3,558 closures
- 159 SSI/SSDI determinations
- 134 current housing cases

![Pie chart showing 134 GA Housing Cases: 72% housed, 28% unhoused]
Disability Determination Services

• 100% federally funded
• Medical determination for Social Security disability benefits
• 203 staff
• 53,000 claims annually
• Cash and medical coverage provided to recipients
• $175.6 Million benefits monthly in Oregon
Deaf and Hard of Hearing Services

- **Coordination of interpreters** for members of the deaf, deaf-blind, and hard-of-hearing communities to interact with government;
- **Serve as single point of contact** for government agencies to request interpreters for their clients;
- **Publicize needs and concerns** of deaf and hard of hearing communities;
- **Provide information** to individuals about where they may obtain assistance in rehabilitation and employment and about **laws prohibiting discrimination** in employment;
- **Promote advocacy** with state agencies to increase accessibility of government services.

Partnership with Department of Administrative Services to promote ASL videos:

https://www.youtube.com/channel/UCQhqOtzmEDcf4XZk-vYf9hYQ/featured
Oregon Home Care Commission

Supports homecare and personal support workers and consumer/employers by:

- Defining qualifications of homecare workers (HCW) and personal support workers (PSW).
- Providing a statewide registry of HCWs and PSWs (where consumers and workers can be matched).
- Providing hundreds of trainings statewide, including culturally and linguistically specific opportunities.
- Serving as "employer of record" for collective bargaining for HCW and PSWs who receive service payments that are from public funds.
Senate Bill 1534 (2018): Improving In-Home Quality

- Core curriculum for existing and new homecare workers;
- Continuing education requirements for all homecare workers;
- Rule Advisory Committees begin in February 2019;
- Rolling implementation scheduled to begin in January 2020.
Governor’s budget proposals

Community Based Care rates:
• 5% effective 7/1/19
• 5% effective 7/1/20
• $17.2M GF

Adult Foster Home rates:
• 10% effective 1/1/20
• 4% effective 7/1/20
• $5M GF
Governor’s budget proposals (continued)

• Funding to support the operations and maintenance of the Centralized Abuse Management system (CAM) across programs.

• Additional surveyors to address the timeliness and quality of surveys/inspections of community-based care providers.
Central & Shared Services, State Assessments & Enterprise-wide Costs $935.0 7%

Intellectual & Developmental Disabilities $2,916.1 23%

Child Welfare $1,327.1 11%

Self Sufficiency $3,349.7 27%

VR Basic Rehabilitative Services $122.3 1%

Aging and People with Disabilities $3,900.5 31%

Department of Human Services 2019-21 Governor’s Budget Total Fund by Program Area $ 12,550.7 million

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Child Welfare $1,327.1 11%

Self Sufficiency $3,349.7 27%

VR Basic Rehabilitative Services $122.3 1%
Aging and People with Disabilities
Total Fund by Program Area
$3,900.5 million

- In-Home Care
  - $1,095.8
  - 28%

- Nursing Facilities
  - $1,103.6
  - 28%

- Community Based Care
  - $995.8
  - 26%

- APD Program Delivery & Design
  - $536.2
  - 14%

- Disability Determination Services (DDS)
  - $19.8
  - 0%

- DDS Program Delivery & Design
  - $47.8
  - 1%

- Misc. Other Services
  - $98.3
  - 3%
Aging and People with Disabilities
Total by Fund Type
$3,900.5 million

- Federal Fund: $2,451.1 million (63%)
- General Fund: $1,232.0 million (32%)
- Other Fund: $217.4 million (5%)
DHS APD Direct Payments and Services 2019-21 Governor’s Budget

Department of Human Services - APD

<table>
<thead>
<tr>
<th></th>
<th>Direct Payments to Providers</th>
<th>Direct Payments to Clients</th>
<th>Design</th>
<th>Delivery</th>
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<tr>
<td>GF</td>
<td>960,480,036</td>
<td>12,516,590</td>
<td>29,442,976</td>
<td>229,515,296</td>
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<tr>
<td>OF</td>
<td>189,086,113</td>
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<td>4,603,275</td>
<td>23,678,839</td>
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<td>FF</td>
<td>2,151,115,362</td>
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<td>32,325,762</td>
<td>267,627,660</td>
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<tr>
<td>TF</td>
<td>3,300,681,511</td>
<td>12,516,590</td>
<td>66,372,013</td>
<td>520,821,795</td>
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<tr>
<td>% of Total</td>
<td>84.62%</td>
<td>0.32%</td>
<td>1.70%</td>
<td>13.35%</td>
</tr>
</tbody>
</table>

Note: 98.3% of budget is direct services (Delivery) or direct payments to clients or providers
KPM #10 LTC NEED PREVENTION
% of seniors (65+) needing publicly-funded long term care services
Time Period: Jan- Dec.

**Note:**
- Targets were not established until 2015.
- They were subsequently reduced from 5% to 3.1% by the 2017 Legislature.
**KPM #11 LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES**

The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.

**Time period: July 1 - July 31**

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Target</th>
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<tbody>
<tr>
<td>2012</td>
<td>83.6%</td>
<td>83.0%</td>
</tr>
<tr>
<td>2013</td>
<td>84.8%</td>
<td>83.5%</td>
</tr>
<tr>
<td>2014</td>
<td>85.1%</td>
<td>84.1%</td>
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<tr>
<td>2015</td>
<td>86.1%</td>
<td>86.0%</td>
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<tr>
<td>2016</td>
<td>86.9%</td>
<td>86.0%</td>
</tr>
<tr>
<td>2017</td>
<td>87.2%</td>
<td>87.0%</td>
</tr>
<tr>
<td>2018</td>
<td>87.4%</td>
<td>88.0%</td>
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</tbody>
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KPM #16 ABUSE INVESTIGATION TIMELINESS
The percentage of abuse reports assigned for field contact that meet policy timelines
Time Period: Jan-Dec

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Actual</td>
<td>97.7%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Target</td>
<td>95.0%</td>
<td>95.0%</td>
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</tbody>
</table>
Thank you

www.Oregon.gov/DHS/seniors-disabilities

@oregondhsAPD

@oregondhs.APD

dhs.directorsoffice@state.or.us