



June 2008

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Background Brief on ...

Seniors, People with Disabilities & Long-Term Care

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Today there are 37 million people in the United States over 65 years of age, 478,000 of whom reside in Oregon (U.S. Census Bureau, 2003). The elderly population is expected to more than double by the year 2050—according to Census Bureau projections—and Oregon's aging population is growing at a rate above the national average. By 2030, nearly 1 out of every 5 Oregonians (18.2 percent) will be over the age of 65. Oregon's fastest growing senior population is those between the ages of 75-79. This group is projected to more than double in the next 20 years.

Medicaid and Non-Medicaid Long-Term Care

The Department of Human Services' (DHS) Seniors and People with Disabilities Division receives a Title XIX waiver from the federal government that allows the state to spend Medicaid nursing facility dollars on community-based care. Since 1981, community-based care in Oregon has become prevalent and Oregon's Medicaid long-term care program is considered one of the most successful in the nation. Oregon is one of the few states to spend more of its Medicaid dollars for community-based care than for nursing home care. Many of Oregon's services for seniors and people with disabilities are delivered by local Area Agencies on Aging (AAAs).

Service Priority Levels

Oregon's model uses "service priority levels," which are categories that indicate a person's need for assistance when receiving state and federal funded services. The state uses 13 categories based upon the need for assistance with activities of daily living (ADL) such as eating, toileting, mobility, bathing, and dressing. Priority Level 1 clients are the most impaired and typically require nursing facility care. Those in Priority Level 13 are the least impaired and usually receive services at home. Eligibility is based on ADLs and income level. All people must be eligible to require nursing facility services and must have incomes below 300 percent of Supplemental Security Income (about \$1,911 per month).

In-Home Care Services

Seniors and people with disabilities can receive services in their own home or apartment to assist them in living more independently. Available in-home care services include:

Oregon Project Independence (OPI) - A General Fund program that receives no federal match, unlike Medicaid services. OPI provides in-

home services to individuals who typically do not qualify for Medicaid. Services, which include meal preparation, shopping, home health care, housekeeping and similar services, are provided by AAAs throughout the state. From July 1st, 2006 through February 28th, 2007, 2,531 people were served through OPI. The program was established in Oregon well before the Title XIX waiver, mentioned above, was implemented. The 2005 Legislative Assembly authorized DHS to develop plans to provide these services to younger adults with disabilities as well, as a lower-cost alternative to more expensive care. In a 2006 study of more than 300 OPI clients, the average length of OPI services was 41 months. Just 25 percent of the clients studied eventually received Medicaid Title XIX services, suggesting that OPI has the potential to defer entry into Medicaid long-term services and save significant state resources.

Home Care Worker program - Allows providers to work directly for the person receiving services, so clients can control and direct their own services. These providers are screened for criminal histories by the state and are hired by the client. There are about 10,000 home care workers employed in the state of Oregon. Many clients in this program receive Medicaid, but the program is also used by people in OPI. The Home Care Commission was created by Ballot Measure 99 (2000) and grants home care workers the ability to formally organize. These workers have been subsequently organized by the Service Employees International Union, and the first collective bargaining agreement was signed July 1, 2005. Home care workers can be hourly or live-in.

Community-Based Facilities

Adult Foster Homes - Adult Foster Homes (AFHs) are individual, private residences licensed to provide care for five or fewer individuals. A wide variety of residents are served in adult foster homes, from those only needing room and board and minimal personal assistance, to those requiring total custodial care and a skilled nursing services. AFHs are inspected, licensed, and monitored by the state or

an AAA. There are approximately 1,735 commercial AFHs in Oregon with about 7,420 beds available. Approximately 31 percent of commercial AFH residents are Medicaid clients. In addition, there are 2,300 relative adult foster homes that are typically operated by families to primarily serve a single-family member.

Assisted Living Facilities - Assisted Living Facilities (ALFs) are residential settings with six or more private apartments. The units are fully wheelchair accessible, have kitchenettes, and offer full dining room services, housekeeping, and call systems for emergency help. Oregon operated the first ALFs in the country. The state inspects, licenses, and monitors these facilities. There are 205 ALFs in Oregon with approximately 11,600 available beds. There are approximately 3,725 ALF residents who are Medicaid clients.

Residential Care Facilities - Residential Care Facilities (RCFs) serve six or more residents. They offer room and board with 24-hour supervision, assistance with physical care needs, medication monitoring, planned activities, and often transportation services. Some offer private rooms and some registered nurse consultation services. They are inspected, licensed, and monitored by the state. There are 232 RCFs in Oregon with about 8,650 beds. Approximately 2,029 residents are Medicaid clients. Over the past several years the largest growth in RCFs has been in units providing specialized dementia care services.

Nursing Facilities

Nursing facilities provide nursing care on a 24-hour basis in a more institutional environment. They provide skilled care, rehabilitation, and end-of-life care. They are required to have licensed nursing staff in the facility 24 hours per day. Many residents have medical and behavioral needs that cannot be met in community based settings. Nursing facilities are inspected, licensed, and monitored by the state in compliance with both state and federal regulations. There are 142 nursing facilities in the state, of which 133 accept Medicaid clients.

Of the 12,195 beds in the nursing facilities that accept Medicaid, approximately 5,134 residents are Medicaid-funded.

During the 2003 Legislative Session, House Bill 2747 was passed, imposing a provider tax on nursing facilities for the purpose of generating revenue to increase payments to nursing facilities serving Medicaid-funded residents. For more information, see the Legislative Fiscal Office publication, *Health Care Provider Taxes*.

On the Move In Oregon

“On the Move in Oregon” is Oregon’s Money Follows the Person project grant, awarded by the federal Centers for Medicare and Medicaid Services. Between 2008 and September 30, 2011, Oregon plans to help more than 1,000 children and adults with developmental disabilities, seniors, and people with physical disabilities, leave nursing homes and return to their homes and communities with the long-term supports that they need. DHS will access more than \$80 million in federal funding. Grant participation requires the state to reinvest savings from moving people out of nursing homes back into the state’s long-term services networks.

Area Agencies on Aging

AAAs provide or oversee local aging and disability services. They vary in how they are structured, the services provided, and under what auspices they operate. Some are part of a county government, a Council of Governments, or are nonprofit.

AAAs are categorized based upon the type of services they offer. “Type A” AAAs administer the federal Older Americans Act (**OAA**) that funds Meals on Wheels, senior centers and other services. They also administer the OPI program funds. “Type B” programs administer OAA and OPI programs, as well as manage the Medicaid long-term care program for both seniors and persons with disabilities. In locations where Type A programs operate, state DHS offices manage both Medicaid long-term care programs for seniors and people with disabilities.

Under statute, AAAs can manage Medicaid long-term care and other related programs. Over the years, AAAs in more populated parts of Oregon have assumed this responsibility. Consequently, the DHS relies heavily upon AAAs to provide long-term care case management, eligibility determination services for food stamps and the Oregon Health Plan, and OAA and OPI services.

Financial Assistance

A “homestead exemption” tax credit program is available for seniors as a way to remain independent in their own homes. The program exempts a portion of a home’s value from property taxes. Oregon law provides a property tax deferral for qualifying low-income seniors. State government pays the taxes to the county, maintains the account, and charges six percent interest, which is also deferred. When the person passes away, the estate repays the property taxes in full to the state. Although this deferral program gives seniors some flexibility around paying their property taxes, their heirs are still ultimately liable. Seniors’ groups and some state leaders are examining a full or partial homestead exemption for seniors in Oregon.

The 1999 Legislative Assembly passed House Bill 2901 that allowed people with disabilities to qualify for Oregon’s current deferral program and also expanded the program to qualify seniors making \$27,500 or less. The cap is adjusted annually for inflation.

Protecting Seniors from Fraud and Abuse

The 1995 Legislative Assembly passed the Elder Abuse Prevention Act that allows seniors in Oregon to obtain restraining orders against people in cases of abuse or threats of abuse. It also allows prosecution for first-degree criminal mistreatment if a person abandons, endangers, injures, or defrauds an elderly person in their care. House Bill 3388 (1999 Legislative Assembly) expanded the Elder Abuse Prevention Act to add to the definition of abuse the mailing of a sweepstakes promotion to certain elderly people. Senate Bill 6 (1999) provides a cause of action against anyone who wrongfully takes money from an elderly

person. Senate Bill 106 (2005) further extended protections to seniors from abuse and neglect.

Office of the Long-Term Care Ombudsman

The mission of the Office of the Long Term Care Ombudsman is to enhance the quality of life, improve the level of care, protect the individual's rights, and promote the dignity of each Oregon citizen residing in a long-term care facility. The agency monitors care in long-term care facilities and investigates reports of abuse and mistreatment. If a complaint is substantiated, the Ombudsman reports it to the DHS, which can investigate and penalize the facility if necessary.

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