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Background Brief on ...

Seniors, People with Disabilities & Long-Term Care

Today there are approximately 40 million people in the United States over 65 years of age, 498,000 of whom reside in Oregon (U.S. Census Bureau, 2008). The elderly population is expected to increase 78 percent by the year 2030 according to Census Bureau projections. Oregon's aging population is growing at a rate above the national average. By 2030, nearly one out of every five 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 funds on community-based care as well as nursing facilities. 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 a growing number of 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 (SPLs)," which are categories that indicate a person's need for assistance when receiving state and federal funded services. Levels range from Level 1, which reflects the most impaired, to Level 18, which reflects the least impaired, and are based on the ability of the person to perform activities of daily living (ADLs) such as eating, toileting, mobility, bathing, and dressing. 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).

During 2003, to balance the state's budget, Medicaid services for clients in SPLs 12 through 17 were eliminated. Today, through the Medicaid program, SPD serves clients in levels 1 through 13. Services for clients in SPL 14 through 17 remain unfunded within the Medicaid service system.

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, personal care, housekeeping and similar services, are provided by AAAs throughout the state. From July 1, 2009 through January 31, 2010, 2,063 people were served through OPI. The program was established in Oregon well before the Title XIX waiver, mentioned above, was implemented. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities as a lower-cost alternative to more expensive care. However, funding has not been made available to support this expansion. 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 and directed by the client. There are approximately 11,500 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.

Independent Choices Program (ICP) - This program offers consumers additional choices in the way they receive in-home services and moves consumers toward further self-direction. Participants receive a cash benefit based on their assessed need that allows them to purchase services from a variety of potential sources and to pay for their services directly. Consumers are responsible for locating their providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they are able to manage their service benefit, many are able to purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being. Oregon's original five-year demonstration waiver from the federal government expired in 2006 and the program was approved as a State Plan Option. Statewide implementation began September 2008.

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 extensive

assistance and nursing services. AFHs are inspected, licensed, and monitored by the state or an AAA. There are approximately 1,735 commercial AFHs in Oregon with approximately 7,300 beds available. Medicaid clients occupy approximately 45 percent of the available beds. In addition, there are nearly 1,900 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. They offer assistance with physical care needs, medication monitoring, planned activities, transportation services and some nurse consultation services. The first ALF in the country was in Oregon. The state inspects, licenses, and monitors these facilities. There are 209 ALFs in Oregon with approximately 14,000 available beds. Approximately 4,100 Medicaid clients access ALF services each month.

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 nurse consultation services. They are inspected, licensed, and monitored by the state. There are 236 RCFs in Oregon with approximately 8,950 beds. Approximately 2,500 Medicaid clients access RCF services each month. Over the past several years the largest growth in RCFs has been in units providing specialized memory 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 141 nursing facilities in the state, of which 132 accept Medicaid clients. Of the 12,139 beds in the nursing facilities that accept Medicaid, approximately 49 percent are funded via Medicaid revenue at any given time.

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)

AAAs provide or oversee local aging and disability services. They vary in how they are structured, the services provided, and the auspices under which 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, and four AAAs presently operate under this option. Consequently, DHS maintains a successful partnership with AAAs and local offices 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

There are a variety of financial supports and services available to low-income seniors and people with disabilities in Oregon offered through supplemental cash payments and other benefits.

Supplemental Nutrition Assistance Program - The Supplemental Nutrition Assistance Program (**SNAP**) is a federal nutrition program that provides nutrition assistance to low-income Oregonians to help improve health and well being by supplementing nutritional needs. SPD determines eligibility for SNAP for individuals who are 60 or older or have a disability.

Oregon Supplemental Income Program - The Oregon Supplemental Income Program (**OSIP**) provides cash payments to low-income aged and disabled Oregonians. The cash payments are used for special needs such as transportation and one time payments to allow a client to remain independent in a safe environment.

State Medicare Buy-in - By purchasing Medicare Part B for individuals eligible for both Medicare and Medicaid (dual-eligibles) for medical services such as physician, radiology and laboratory services, Medicare pays first and Medicaid pays second. For a significantly smaller number of clients SPD also purchases Part A of Medicare which makes Medicare the first payer for hospital related services.

Medicare Savings Programs - Individuals in these programs receive federally-funded assistance with their Medicare costs. Specified low-income Medicare beneficiaries and

qualified individuals are those individuals who have income between 100 and 135 percent of the federal poverty level (**FPL**). They only have their Part B premiums paid through these programs.

Medicare Part D - Those who receive Medicare Part A or B are eligible for Medicare Part D, the Medicare pharmacy benefit. All clients in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts.

Protecting Vulnerable Adults from Abuse, Neglect, and Financial Exploitation

Oregon has taken a number of steps to help protect elders and vulnerable adults. 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. Subsequent legislation has expanded the Elder Abuse Prevention Act to add to the definition of abuse the mailing of a sweepstakes promotion to certain elderly people and provides a cause of action against anyone who wrongfully takes money from an elderly person. Recent legislation set up a workgroup to look at guardianship issues statewide. In addition to seniors, younger people with disabilities can be victims of abuse, neglect and financial exploitation and are protected by law.

Adult Protective Services (**APS**) investigates abuse and neglect, and assist victims with resources for immediate and long-term protection. In addition, APS coordinates with law enforcement when a crime has been committed. APS specialists statewide investigate more than 12,000 allegations of abuse and neglect annually, about 8,000 for people in their own homes and 4,000 for people in licensed long-term care settings. About 35 percent of allegations of abuse and neglect are substantiated.

Office of the Long-Term Care Ombudsman

This independent agency serves as the consumer advocate for residents of long-term care facilities in Oregon. The agency staff and its certified volunteers monitor care, investigate and resolve resident and citizen complaints, and offer consultations to residents, families, other state agencies and the public. Substantiated complaints are forwarded to SPD for formal investigation and regulatory follow-up.

The agency is federally mandated through the Older Americans Act and through Oregon statute. Learn more about the agency at www.oregon.gov/ltco

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