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Background Brief on ...

Seniors, People with Disabilities, and Long-Term Care Services

Today there are approximately 42 million people in the United States over 65 years of age, 530,000 of whom reside in Oregon (U.S. Census Bureau, 2010). 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 Long-Term Services and Supports

The Department of Human Services' (DHS), Aging and People with Disabilities (APD) obtained 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.

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 federally 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 \$2,163 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, APD serves clients in levels 1 through 13. Services for clients in SPL 14 through 17 remain unfunded within the Medicaid service system.

In-Home Services and Supports

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, but serves as a source of match for federally funded programs including the Older American Act and Medicaid. OPI provides in-home services to individuals who typically do not qualify for Medicaid services; these in-home services include meal preparation, shopping, personal care, housekeeping and similar services, and are provided by Area Agencies on Aging (AAA) throughout the state. OPI was established in Oregon well before the Title XIX waiver, mentioned above, was implemented. AAA offices are currently serving approximately 1,600 individuals. Due to a new investment made during the 2014 Legislative Session, most waitlists have been eliminated.

The program was expanded by the 2005 Oregon Legislative Assembly to include younger adults with disabilities as a lower-cost alternative to more expensive care, yet no funding has been available. An additional appropriation in May 2014 funded a pilot to serve people with disabilities in OPI. The Department will begin that effort in July 2014 with a plan to report on its progress to the 2015 Legislative Assembly.

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 15,000 active home care workers 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.

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 1,600 commercial AFHs in Oregon. Medicaid clients occupy approximately 41 percent of the available beds.

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 204 ALFs in Oregon with approximately 12,000 available units. Nearly 4,200 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 230 RCFs in Oregon with approximately 9,500 beds. Nearly 3,200 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 134 nursing facilities in the state, of which 125 accept Medicaid clients. Approximately 60 percent of all patient beds are attributable to Medicaid recipients.

During the 2013 Legislative Session, House Bill 2216 was passed extending the provider tax on nursing facilities through June 30, 2020. The bill also provided incentives for nursing facilities to “right size” through a Quality and Efficiency Incentive Program. Due to its tremendous success in serving individuals in home and community-based settings, Oregon has the

lowest nursing facility occupancy rate in the country. The bill established a legislative goal to reduce nursing facility capacity by 1,500 beds by December 31, 2015.

Area Agencies on Aging

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 a 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, family caregiver supports, and other preventative health services. They also administer the OPI program funds. “Type B” programs administer OAA and OPI programs, as well as manage the Medicaid long-term services and supports program for both seniors and persons with disabilities. In locations where Type A programs operate, state DHS offices manage Medicaid long-term services and support programs for seniors and people with disabilities. Under statute, local governmental AAAs can manage Medicaid long-term services and supports and other related programs, and four AAAs presently operate under this option. DHS maintains a successful partnership with AAAs and local offices to provide case management, eligibility determination services for SNAP (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. APD

determines eligibility for SNAP for individuals who are 60 or older or have a disability.

Oregon Supplemental Income Program - The Oregon Supplemental Income Program 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 – DHS qualifies individuals for Medicare Part B premium assistance for qualifying low-income seniors. Doing this ensures Medicare is in a “first payer” status on physician, lab, and x-ray types of services, ultimately saving significant funds to the Medicaid program. For a significantly smaller number of clients, APD also determines eligibility for Part A premiums, which makes Medicare the first payer for hospital-related services.

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 Centers for Medicare & Medicaid Services (CMS) with their Medicare Part D premiums and co-insurance amounts.

Protecting Vulnerable Adults from Abuse, Neglect, and Financial Exploitation

Oregon is committed to protect elders and vulnerable adults. In particular, Oregon has been continually enhancing its protections of vulnerable adults since the first abuse protection statutes were passed in 1979. In 1995, Oregon passed the Elder Abuse Protection Act, which instituted mandatory reporting, and investigations, restraining orders, and civil remedy for elder abuse. Over the past few legislative sessions, DHS and the legislature have been increasingly engaged on this issue.

Since 2009, the legislature has strengthened protections by mandating the establishment of adult abuse multi-disciplinary teams by local district attorneys to increase prosecution of adult

abuse, clarifying subpoena powers to acquire financial and medical records in abuse cases, strengthening criminal and abuse background checks for facility and individual care providers, and increasing sanctions against facilities for the most serious forms of abuse. Recent legislation has also established workgroups to explore statewide public guardianship needs, to review the safety of residents in Oregon's licensed care facilities, and to continue to examine the need for improved laws for the purpose of protecting Oregon's elders. In addition to elders, younger adults with disabilities can be vulnerable to abuse, neglect, and financial exploitation and are protected by law.

In 2012, DHS established the Office of Adult Abuse Protection and Investigations (OAAPI) to integrate protection and investigation for all Oregon vulnerable adults, including improved coordination with all partners dedicated to improving the safety and independence of Oregon's vulnerable adults. As part of OAAPI, Adult Protective Services (APS) investigates abuse, neglect, and exploitation, coordinates with law enforcement, and assists elders and persons with physical disabilities with resources for immediate and long-term protection. DHS publishes annual reports on its activities. For calendar year 2013, DHS received more than 32,000 reports of potential abuse: over 4,200 seniors and adults with physical disabilities were victims of abuse or self-neglect, with 68 percent occurring in the victim's home and 32 percent occurring in a licensed care facility. In facilities, a direct caregiver was the most common perpetrator while family members and close friends were the most common perpetrators in in-home settings.

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 APD 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/Itco

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