



LPRO: Legislative Policy and Research Office

SENIORS, PEOPLE WITH DISABILITIES & LONG-TERM CARE SERVICES

BACKGROUND BRIEF

Today there are approximately 42 million people in the United States over 65 years of age, 582,000 of whom reside in Oregon (U.S. Census Bureau, 2014). The elderly population is expected to increase by 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. SPLs are based on the ability of the person to perform activities of daily living (ADLs) such as eating, toileting, mobility, bathing and dressing. To be eligible, an individual must meet both the SPL requirement and have an income below 300

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percent of Supplemental Security Income (SSI) (about \$2,199 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 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 resource to match 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 was implemented. AAA offices are currently serving approximately 2,600 individuals. Due to new investments made during the 2014 and 2015 legislative sessions, many more are being served, but there are still wait lists in all areas.

The program was expanded by the 2005 Legislative Assembly to include younger adults with disabilities as a lower-cost alternative to more expensive care, yet no funding has been

available. In May 2014, the legislature funded a pilot program to serve people with disabilities in OPI. This funding was continued in the 2015-17 biennium, permitting seven areas to run the pilot and serve 550 unduplicated consumers to date.

Home Care Worker Program: The program allows providers to work directly for the person receiving services, so clients can control and direct their own services. The state screens the providers for criminal histories who are then hired directly by the client. There are approximately 17,000 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 (SEIU), 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 how 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 providers 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



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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 AAA. AFH owners, licensees and resident managers enrolling as Medicaid providers are screened by state staff against the national Medicare, Medicaid and Children's Health Insurance Program (CHIP) exclusion lists from the Office of Inspector General (OIG) and the System Award Management (SAM) databases; the Social Security Administration (SSA) death master file; and the Internal Revenue Service (IRS) name and Social Security Number (SSN) validation database. Finally, state staff confirm active licensing with the Secretary of State Corporation Division when AFH providers have a business name associated to their Medicaid enrollment.

There are approximately 1,700 commercial AFHs in Oregon with approximately 1,400 being enrolled with Medicaid. There are approximately 7,500 total APD AFH beds with approximately 6,400 available to Medicaid clients.

Assisted Living Facilities: Assisted Living Facilities (ALFs) are residential settings with six or more private apartments. The units are

fully wheelchair accessible, have kitchenettes, 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. ALFs serving Medicaid clients require state staff to screen owners, corporate officers, directors and managing employees against the national Medicare, Medicaid and CHIP exclusion lists from the OIG and SAM databases; the SSA death master file; and the IRS name and SSN validation database. State staff also confirm active licensing with the Secretary of State Corporation Division for business names associated to Medicaid enrollments. There are 221 ALFs in Oregon with 183 serving Medicaid. There are approximately 14,500 available beds with approximately 12,000 available to Medicaid clients. A small number of ALFs are now endorsed to provide specialized memory care services.

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. RCFs serving Medicaid clients require state staff to screen owners, corporate officers, directors and managing employees against the national



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Medicare, Medicaid and CHIP exclusion lists from the OIG and SAM databases; the SSA death master file; and the IRS name and SSN validation database. State staff also confirm active licenses with the Secretary of State Corporation Division for business names associated to Medicaid enrollments. There are 230 RCFs in Oregon with 218 serving Medicaid. There are approximately 11,000 beds with approximately 8,500 available to Medicaid clients. Over the past several years, the largest growth in RCFs has been in units providing specialized memory care services. There are 156 memory-care-endorsed RCFs with 125 serving Medicaid clients.

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

As of March 31, 2016, the nursing facility industry has reduced 1,159 of the bill’s 1,500 bed reduction goal.

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. They can be 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 preventive health services. They also administer OPI services.
- “Type B” AAAs: 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 (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 Supplemental Nutrition Assistance Program (SNAP) and the Oregon Health Plan and OAA and OPI services.



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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 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 for 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 Medicare 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 first adopted legislation protecting vulnerable adults from abuse in 1979, and has enhanced these protections since. In 1995, Oregon passed the Elder Abuse Protection Act, which instituted mandatory reporting, investigations, restraining orders and civil remedy for elder abuse. Over the past few legislative sessions, DHS and the legislature have been increasingly engaged with 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 facilities and individual care providers and increasing sanctions against facilities for the most serious forms of abuse.

Recent legislation established a public guardian program in the Office of the Long-Term Care Ombudsman, as well as work groups 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 also protected by law.



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In 2012, DHS established the Office of Adult Abuse Prevention and Investigations (OAAPI) to integrate protection and investigation with all partners dedicated to improving the safety and independence of Oregon's vulnerable adults. As part of OAAPI, Adult Protective Services (APS) workers, located across the state in the APD field and AAA offices, investigate abuse, neglect, and exploitation, coordinate with law enforcement and assist elders and persons with physical disabilities with resources for immediate and long-term protection. DHS publishes annual reports on its activities.

For calendar year 2014, DHS received more than 38,000 reports of potential abuse: Over 4,208 seniors and adults with physical disabilities were determined to be victims of abuse or self-neglect. In 2014, there was a 10 percent overall increase in the number of investigations conducted, compared to 2013. This was mainly driven by a 15 percent increase in programs that serve older adults. Financial abuse (31 percent) and Neglect (29 percent) continue to be the most prevalent substantiated forms of abuse. 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.

In 2014, DHS made reporting abuse easier by launching an abuse reporting hotline for all vulnerable populations. The toll free number, 1-855-503-SAFE, was launched in July 2014 and immediately began receiving calls. Over 300 people reported possible abuse in the first month of operation and by the end of 2014 that number had more than doubled.

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/lrco.

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