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Background Brief on ...

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

Today there are approximately 40 million people in the United States over 65 years of age, 502,000 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 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 \$2,094 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, which include meal preparation, shopping, personal care, housekeeping and similar services, are provided by Area Agencies on Aging (AAA) throughout the state. AAA offices served 2,166 and 1,583 individuals in calendar years 2010 and 2011 respectively. As of May 2012 AAAs reported 406 individuals remained on a waitlist for OPI. Decreased funding levels account for the decrease in individuals served. OPI 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 and two-thirds of the clients had income at or below the federal poverty level. 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 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 1,900

commercial AFHs in Oregon with approximately 8,100 beds available. Medicaid clients occupy approximately 41 percent of the available beds. In addition, there are nearly 1,600 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 213 ALFs in Oregon with approximately 12,000 available units. Nearly 4,300 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 247 RCFs in Oregon with approximately 9,500 beds. Nearly 3,000 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 139 nursing facilities in

the state, of which 131 accept Medicaid clients. Of the 11,882 beds in the nursing facilities that accept Medicaid, approximately 65 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*. This tax sunsets on July 1, 2014. Without extension, approximately \$45M of tax revenues and \$75M in federal matching funds are projected to be lost in the 2013-2015 biennium.

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. This program assists individuals in transitioning out of nursing facilities and other institutional settings in order to return to their homes and communities with the long-term supports they need. Oregon suspended providing direct services to clients in October 2011 through this grant in order to explore opportunities to utilize this funding source more efficiently. DHS is continuing to evaluate options for utilizing this opportunity to assist individuals with reintegrating into their community.

Area Agencies on Aging

AAAs provides or oversees 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, 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 pays Medicare Part B premiums on behalf of qualifying low-income seniors. Doing this ensures Medicare is in a “first payer” status on physician, lab, x-ray types of services, ultimately saving significant funds to the Medicaid program. For a significantly smaller number of clients APD also pays 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 published its first APS Community and Facility Report in February 2012 for calendar year 2010. In that year, DHS received more than 27,000 reports of potential abuse: 2,608 seniors and adults with physical disabilities were victims of abuse or self-neglect, with 85 percent occurring in the victim's home and 15 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/lcso

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