

Aging and People with Disabilities

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Ways and Means Presentation – March 25, 2013

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What We Are Doing Today

- **Today: Long Term Care 2.0**

- Serving over 28,000 seniors* and people with disabilities in Medicaid Long Term Care through:
 - In Home Supports
 - Community Based Care
 - Nursing Facility Care

- **Tomorrow: Long Term Care 3.0**

- ***Moving our system forward:*** Oregon's senior population is projected to grow from 502,000 to 950,000 by 2030, and the needs for people with disabilities will grow, too.

*Less than 4% of seniors get Medicaid-funded Long Term Care.

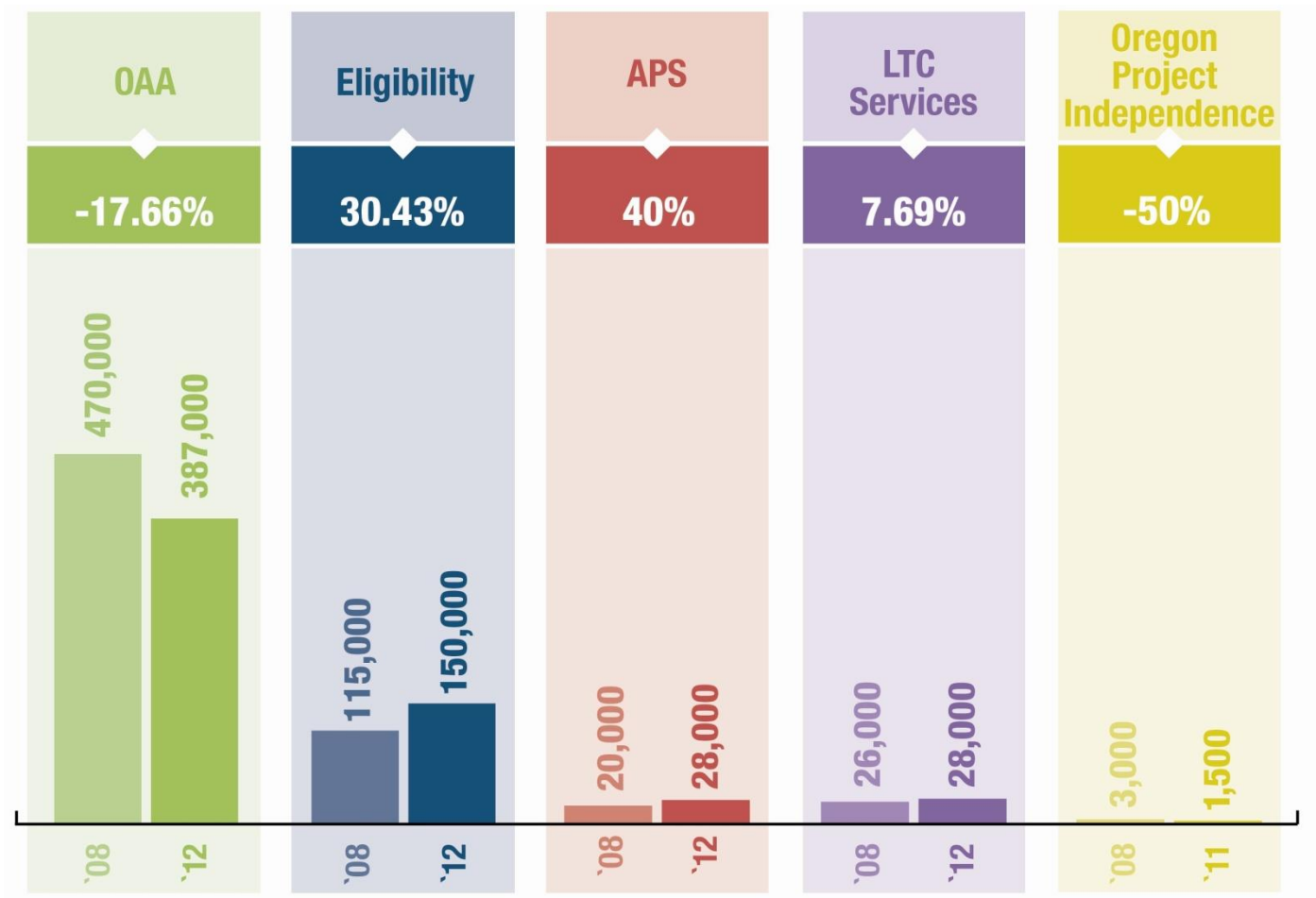
Oregon Revised Statute 410

The Legislative Assembly's leadership created a vision:

Older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence (ORS 410).



Who We Serve, How We Serve

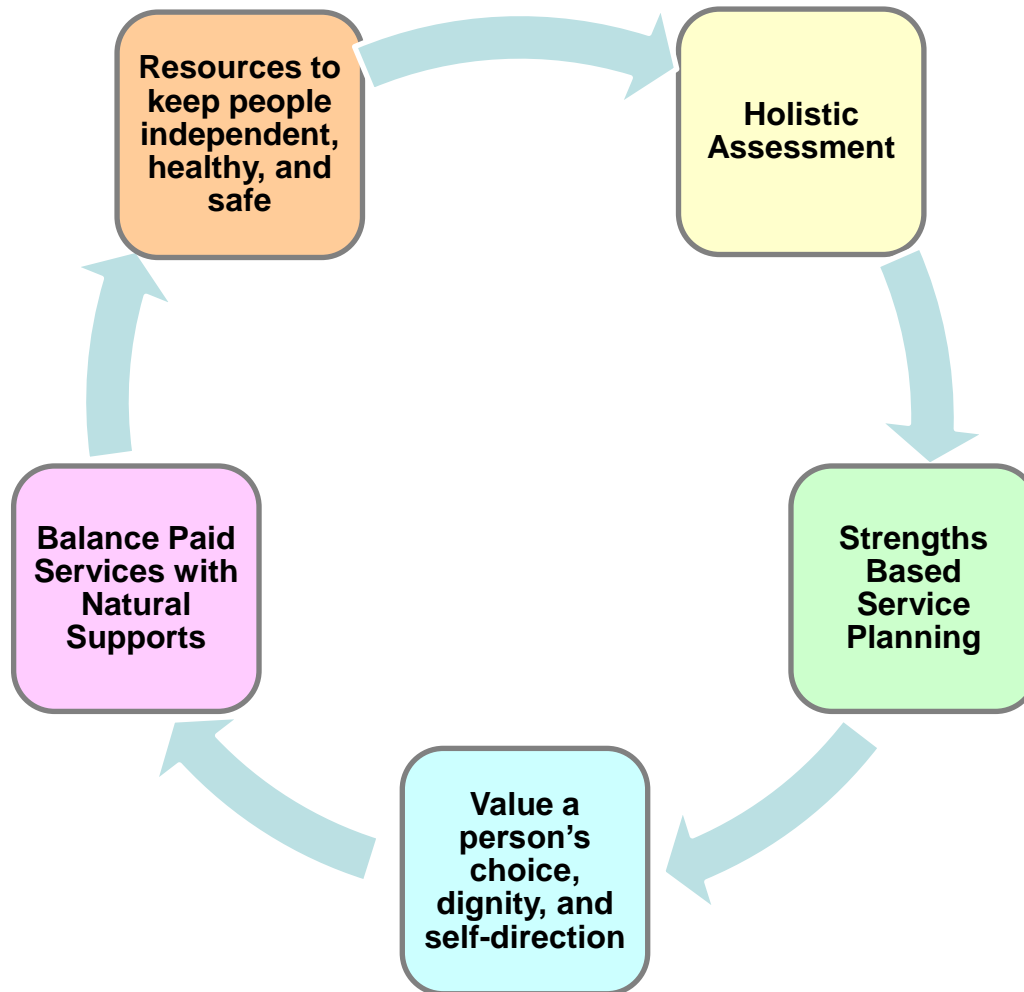


Here's What We Do







- Older American Act services and Aging and Disability Resource Connection
- Eligibility for Medicaid, supplemental nutritional assistance program (SNAP, formally food stamps)
- Case management, protective services, and licensing
- Disability determination services (SSA Title II and XVI)
- Medicare Savings Plans
- Medicaid Long Term Care



A Social Model of Services



Typical Consumer Profile: APD

	Who we serve	How we serve	Outcomes
	Single widow over 65 living alone at home.	<ul style="list-style-type: none"> • Choice of service options • Information and assistance. • Medical coverage. • SNAP benefits. • Choice of setting: <ul style="list-style-type: none"> • In Home • CBC • NF 	<ul style="list-style-type: none"> • Consumer is healthy and safe. • Health care coordinated with long term care. • Maintains maximum independence at home and in the community.
	Has Social Security income of \$800/month.		
	Limits in activities of daily living – Medicaid eligibility.		
	Chooses home care worker from the registry; some natural supports from family.		
	Limited transportation options		
	Challenges of social isolation and maintaining a household on limited income.		

Prevention and Support Services

- Oregon Project Independence (OPI) and Older Americans Act (OAA)
- Adult Protective Services (APS)
- Licensing –Regulation of Licensed Care Settings
- Aging and Disability Continuum
- Doorways to Long Term Care

OPI and OAA

- **Oregon Project Independence**
 - In home supports to 1,500 Oregonians who have a median income between \$10,000-\$20,000 per year.
 - Avoid or delay Medicaid-funded services
- **Older Americans Act**
 - Federally funded program serving nearly 380,000 older Oregonians.
 - 50,000 people were served 2.5 million meals in 2012; 12,000 were assessed at high nutrition risk.

Safety and Protection: Adult Protective Services

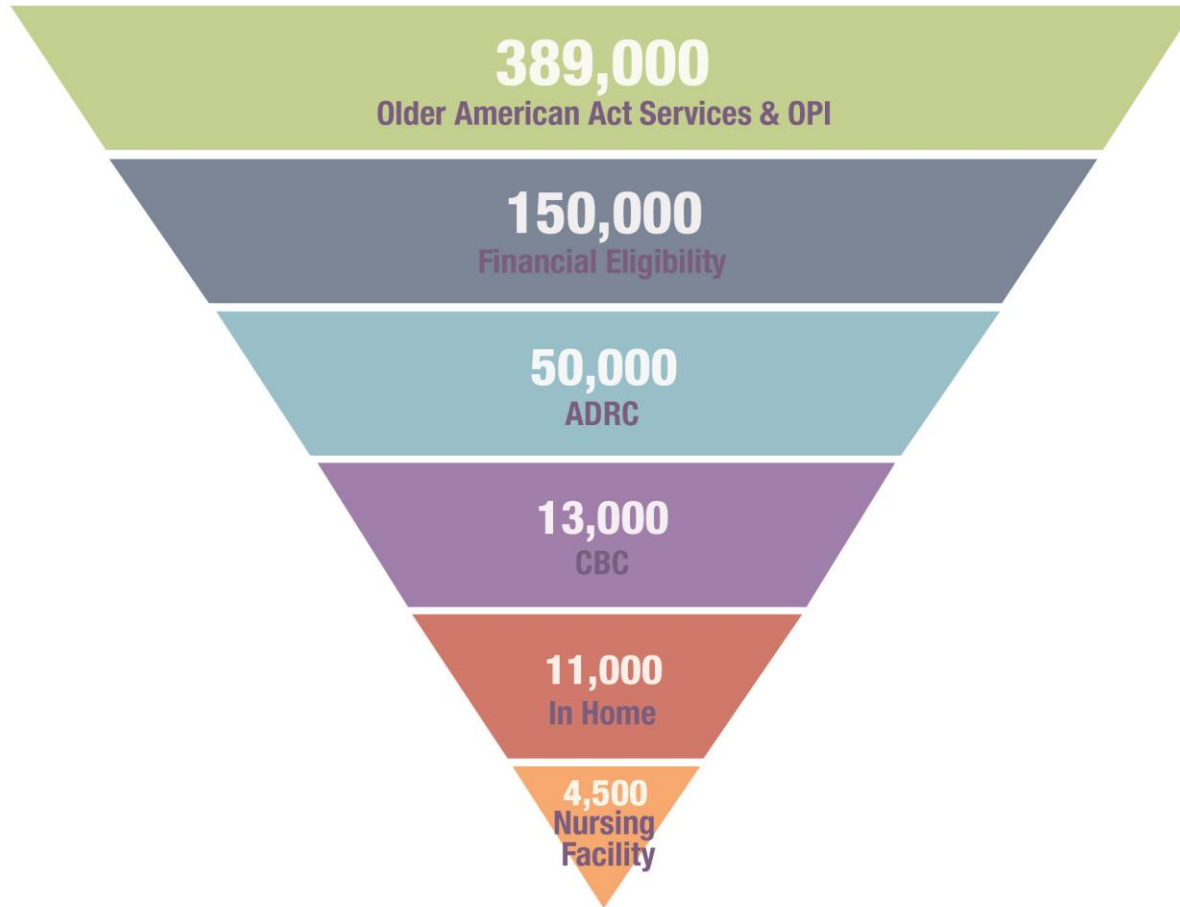
In 2011, the department received over 28,000 reports of abuse of vulnerable adults, and conducted nearly 14,000 investigations, broken down as follows:

Safety and Protection: Licensing

<u>Programs</u>	<u>Facilities</u>	<u>Residential Capacity*</u>	<u>Review Frequency</u>
Nursing Facilities (NF)	139	5,000	Every 1 Year
Assisted Living & Residential Care	467	23,000	Every 2 Years
Adult Foster Homes (AFH)	1,900	9,500	Every 1 Year

* Serves all Oregonians

Aging and Disability Service Continuum



Doorways to Long Term Care

ADRC contacted for help finding services

ADRC connects the person and their family with community resources, including the local APD office

Under 65 with a Disability: needs help with SSDI application

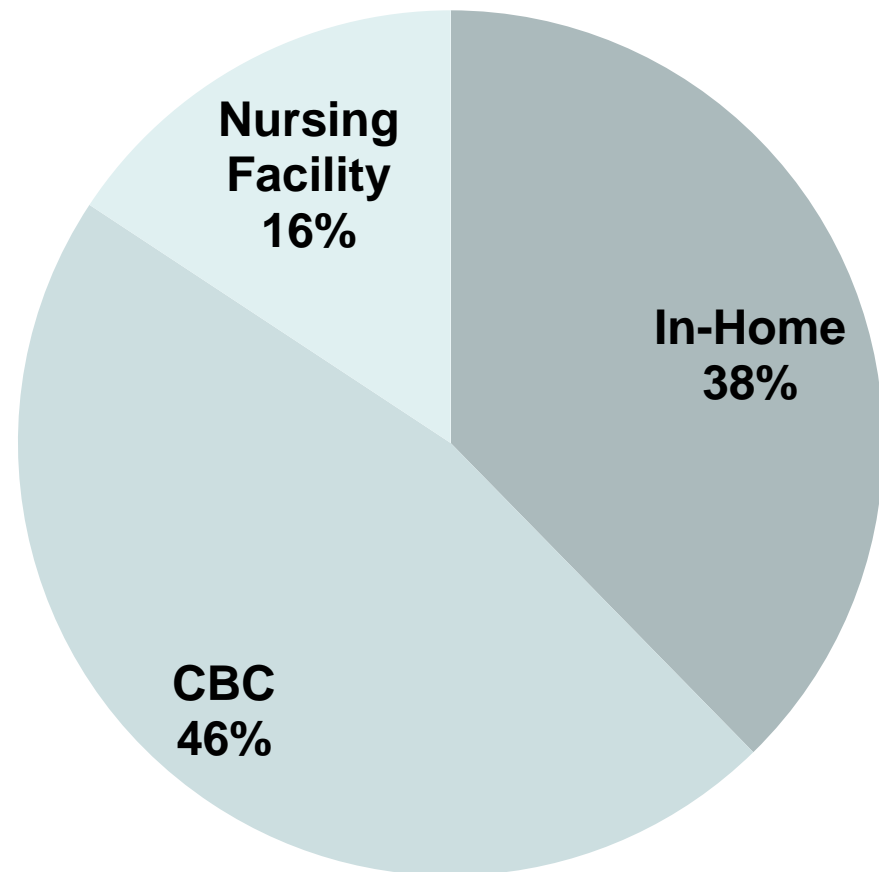
Over 65: Needs assistance with activities of daily living

The person understands their options and lives in the setting of own choice with services

Medicaid Long Term Care Services

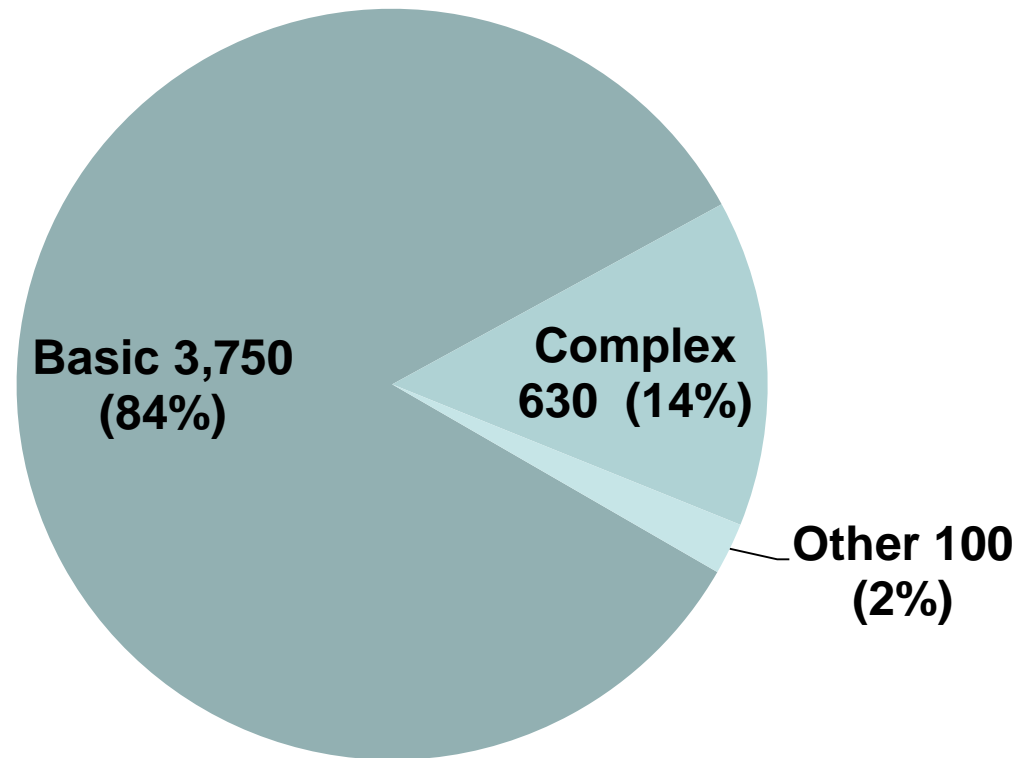
Medicaid long term care may be delivered through:

- In-home programs,
- Community based care settings, and
- Nursing facilities.



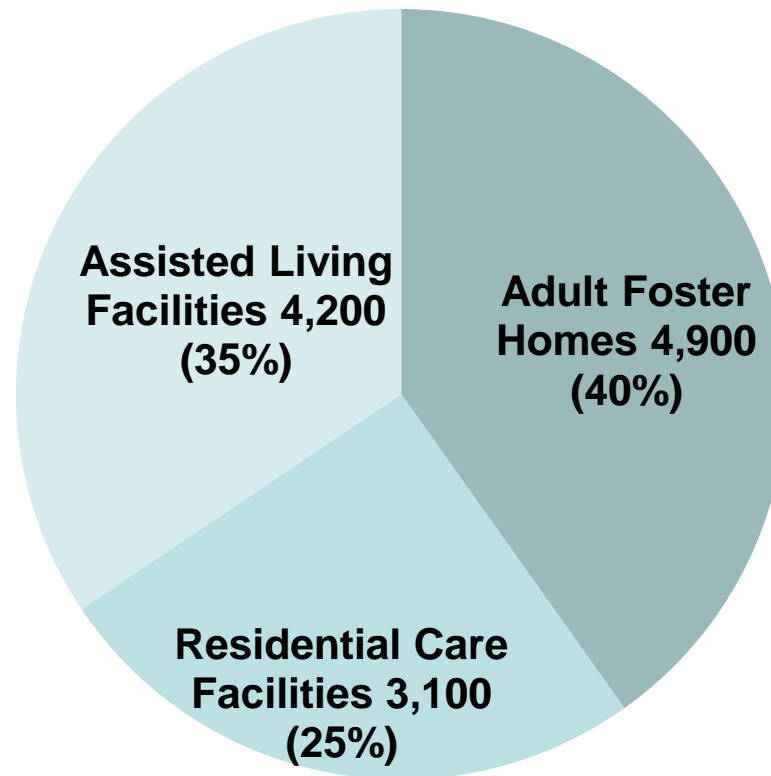
Nursing Facilities

Consumers in Nursing Facilities
Average Cost Per Case: \$5,534/month (Oct 2012)



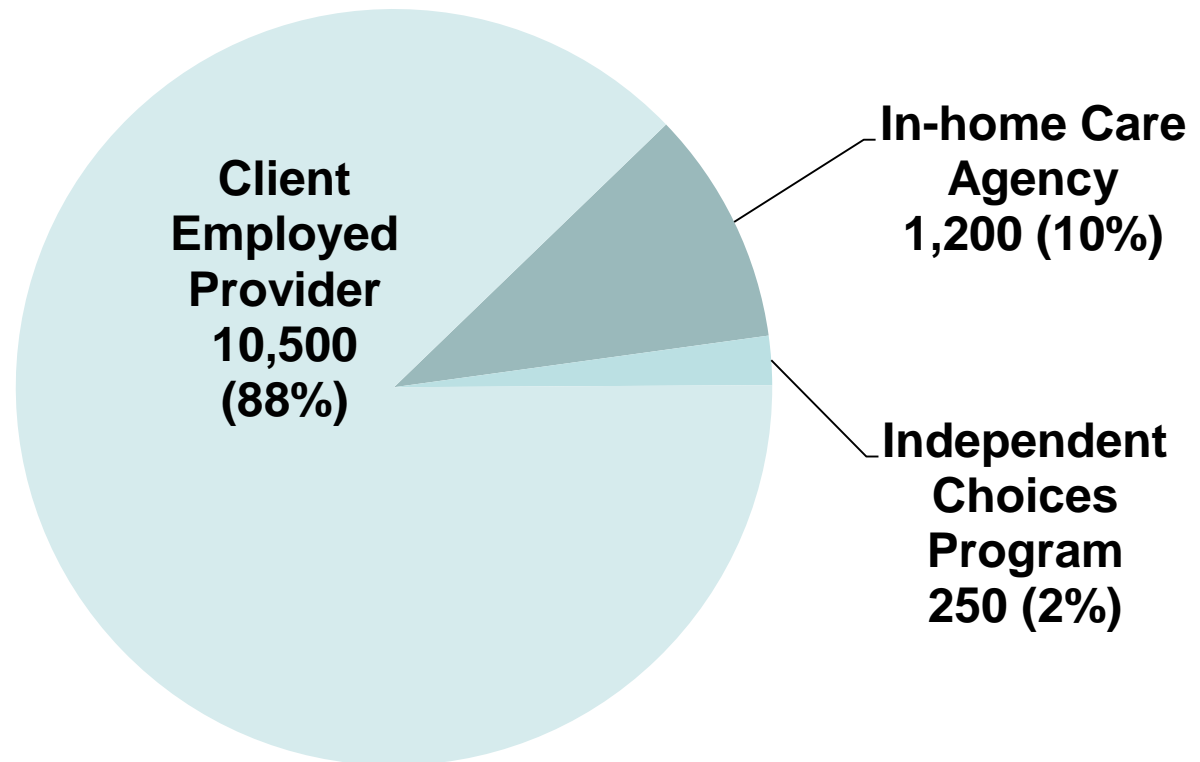
Community-Based Care

Consumers in Community-based Care
Average Cost Per Case: \$1,655/Month (Oct 2012)



In-Home Programs

Consumers in In-Home Programs
Average Cost Per Case: \$1,258/Month (Oct 2012)



Cost Comparison - Oregon LTC Model

Oregon	% of Long Term Care Caseload	Individuals	Average Cost to Serve	Total Biennial Cost
Home and Community Based Services	84.0%	23,575	\$ 1,603	\$ 906,977,400
Nursing Facility	16.0%	4,486	\$ 5,512	\$ 593,443,968
Total				\$1,500,421,368

Oregon (<i>assuming Connecticut utilization pattern</i>)	% of Long Term Care Caseload	Individuals	Average Cost to Serve	Total Biennial Cost
Home and Community Based Services	43%	12,066	\$ 1,603	\$ 464,212,001
Nursing Facility	57%	15,995	\$ 5,512	\$ 2,115,916,134
Total (Under CT assumption)				\$ 2,580,128,134

Oregon Biennial Savings Compared to CT model	\$ (1,079,706,766)
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Major Accomplishments 2011-2013

- Diversion and transition from nursing facilities surpassed 6,000 individuals;
- Facilitated and established memoranda of understanding with CCOs.
- Continued work to expand Aging and Disability Resource Connections statewide;
- Added behavioral support services to our long term services and supports array.

DHS Breakthroughs

- **Service Equity**
 - DHS consumers have equal access to culturally and linguistically appropriate services.
- **Performance-Based Contracting**
 - A shift from process to outcomes, increasing accountability for both programs and providers.
- **Modernization**
 - Service delivery model improvements that broaden consumer access options, reduces paperwork and gives staff opportunity to provide higher quality services.

What Can We Do Better?

- Tomorrow: Long Term Care 3.0
 - ↑ Prevention planning and early intervention
 - ↑ Support for + 95% of population without Medicaid
 - ↑ Person-centered services
 - ↑ Independence enhancing technology
 - ↑ Proactively remove barriers to serving individuals in their own homes
 - ↑ Improved outcomes for all Oregonians

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