Oregon
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DHS Oregon Department of Human Services

The Honorable Alan Bates, Co-Chair
The Honorable Nancy Nathanson, Co-Chair
Ways and Means Subcommittee on Human Services
900 Court Street NE
Salem, OR 97301

Dear Co-Chairs:

Please accept this letter as response to the Committee's questions raised during the Aging and People with Disabilities (APD) presentation on February 10, 2015.

Question: In reference to slide 3, do you have any dollar savings associated with more people being served in home?

Answer: We are currently serving 13.6 percent of individuals accessing long term care services in nursing facilities. That is down from the 16.1 percent who were served in nursing facilities in December 2012. The average cost of nursing facility care is $8,800 per month; and alternatively providing in-home services averaging $2,230 per month has had a positive budgetary impact for the Division. Providing nursing facility services at the 16.1 percent threshold today would mean we would be serving an additional 740 individuals in nursing facilities and be spending an additional $42 million in General Funds ($117 million Total Funds) per biennium.

Question: Please provide glossary/list of all acronyms from slides 10 and 11.

Answer: Please accept our sincere apologies for not spelling out the full names associated with the acronyms used in the presentation. Although this question was answered at the hearing, here is the full list in writing:

- CMS- Centers for Medicare and Medicaid Services
- CCOs- Coordinated Care Organizations
- PACE- Program of All-Inclusive Care for the Elderly
- HCBS- Home and Community Based Services
- IADL- Instrumental Activities of Daily Living
- NF- Nursing Facility
- PASRR- Pre Admission Screening and Resident Review

Question: How broad is the "no wrong door" for Oregonians coming in?

Answer: People of all ages, incomes and disabilities can obtain information on the full range of long term support options available in their communities through the Aging and Disability Resource Connection. An ADRC provides information and assistance to individuals seeking information on local resources, professionals seeking assistance for their clients and individuals planning for their future long-term needs.

The goal is to have "warm hand-offs" between existing aging and disability service entities for those participating with the ADRC steering committees for that region.

Through the options counseling process, consumers who meet a certain profile are able to connect with APD offices and certain Area Agencies on Aging that can help them with applying for Medicaid and/or Medicaid Long-Term Services and Supports.

Question: Please provide a profile of individuals recently discharged from Corrections into the APD Delivery System. What are their ages and medical conditions/needs? What are their crimes and served sentences?

Answer: Oregon has the highest proportion of prisoners over age 55 in the United States (12.4 percent).[1] Re-entry into the community after serving time is difficult for most offenders and as an older adult it is often more difficult. Just like the general older population, older ex-inmates have a difficult time finding work, often have increased or complex health needs and require specialized transportation or housing. For example, a large majority (82 percent) of the inmate population 65 and older have a chronic physical condition.[2] Additionally, people in prison experience "accelerated aging" and therefore someone who is 50 when released is more similar in health status to a 65 year old.[3]

In 2014, ten individuals with complex health conditions discharged from the Corrections system into the APD delivery system. A listing of the convictions includes:

- Murder
- Sodomy,
- Rape,

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[1] *Willamette Week*, "Prison Blues – And Grays – An aging population of inmates is costing Oregon a bundle," January 28, 2015 http://www.wweek.com/portland/article-23887-prison_blues%E2%80%94and_grays.html; *Pew Charitable Trusts*, Median Per-inmate Health Care Spending Was Higher in States Where Older Inmates Represented a Greater Share of Prison Populations, http://www.pewtrusts.org/en/multimedia/data-visualizations/2014/spending-higher-in-states-with-older-inmates July 18, 2014 .

[2] Human Rights Watch, "Old Behind Bars – The Aging Prison Population in the United States," January 2012 Appendix A.3: State Prisoners by Age, 2009 (pp. 21 & 100); Anthony A. Sterns et al., "The Growing Wave of Older Prisoners: A National Survey of Older Prisoners Health, Mental Health, and Programming," *Corrections Today*, October 2008.

[3] Wilson, J., & Barboza, S. (2010). The looming challenge of dementia in prisons. *Correctional Care*, *24*(2), 10–13.

- Sexual Abuse 1
- Burglary
- Sexual Offender
- Robbery
- Kidnapping

Some of their medical conditions upon release included:

- Kidney Failure
- Cardiovascular Disease
- Ventilator Dependent person w/ Quadriplegia
- Spinal injury, Wound care, catheter paraplegic
- Insulin-dependent Diabetic, Possible Stroke
- Dementia, Emphysema, Schizophrenia
- Brittle Diabetic, Dementia
- Advanced Dementia
- Parkinson's disease, Dementia
- Terminal cancer

Most of the individuals were released to nursing facilities, with a few being released to adult foster homes. As the data illustrates, this is a complex and challenging issue and supports the need for the Aging Subcommittee of the Governor's Re-entry Council to continue its work. We welcome additional discussions around this issue during Legislative Session.

Question: What gaps and/or overlap in the system have been identified with regard to licensing's function of oversight have been identified?

DHS' mission is to assist Oregonians in being independent, healthy and safe. Our partners in the Office of Licensing and Regulatory Oversight (OLRO) and the Office of Adult Abuse Prevention and Intervention (OAAPI), collaborate to cover a variety of complaints within the DHS systems. We also partner with the Office of the Long Term Care Ombudsman (LTCO) for resident-related concerns and our survey teams perform the quality assurance checks via a survey process for systems issues and to assess general compliance with rule.

A gap that was recently identified by this team consists of licensing and rule violations that are <u>not considered abuse</u> but are nonetheless complaints and are often a very important indicator of quality of care and a measure of a provider's ability to achieve and maintain compliance. These complaints essentially function as an early warning system to help us prevent abuse, keep facilities functioning at an optimal level and assure our residents and their families that we are providing a safe environment to call home.

In the past, we (collectively across systems/programs/services) have tried to address the gap by utilizing policy staff, APS field staff and others. OLRO does not currently have the capacity to investigate these types of complaints on a regular basis within the Community Based Care team; therefore APD is developing a plan to fill the gap planning to place individuals in the field structure whom are equipped to make inquiries into these types of complaints.

Regarding Nursing Facilities and Federal Centers for Medicare and Medicaid Services (CMS) oversight, CMS conducts two types of surveys:

One survey is conducted onsite with the State survey team, and then CMS conducts quality assurance surveys to ensure the state survey staff follows survey protocol, according to Federal Performance Standards. CMS is evaluating the State staff in their process, but it is not an additional survey for the provider.

Another type of review is conducted by CMS after the State Survey has been completed. This survey is referred to as a Comparison Survey or a Walk Behind Survey as it is designed to see if the CMS surveyors find the same or similar survey results. The Federal Surveyors use some of the same sample residents that were included in the state survey and compare survey results.

Question: What's the average cost for a year per patient in the Oregon State Hospital?

Answer: Our colleagues within the Oregon Health Authority provided the following information:

	Daily Rates	Monthly Rates
Blue Mountain Recovery Center Adult Treatment Services:	$628.72	$19,1240
Oregon State Hospital Medical/Neuropsychiatric Services: Adult Treatment Services: Forensic Psychiatric Services:	$713.53 $945.00 $678.44	$21,703.00 $28,744.00 $20,636.00

Question: How do activities of the Aging and Disability Resource Connection (ADRC) coordinate with 211? Are any of the services provided in different languages?

Answer: The majority of the Aging and Disability Resource Connections (ADRCs) have Memorandums of Understanding (MOUs) with their local contacts at 211 and have agreed upon referral protocols. 211 is considered a referral system and their goal is to be off the phone in three minutes. They refer to the ADRC for the people they know we serve. The scope of 211 is broader than ADRC and is referred to as being age-wide (womb to tomb) and more of a straight referral entity, as compared to the ADRC which when connected to the consumer walks them through a deeper information, referral and options counseling process in a person-centered/directed manner. Multnomah County has a good working relationship with 211 as well as Linn/Benton/Lincoln.

We hope to continue to build upon our relationship with 211 and establish MOUs in each region. We believe there are also opportunities to share data and better refine both services for Oregonians.

The ADRC website has the option of seven different languages and all of our printed material is available in Spanish. Additionally the ADRCs have bi-lingual staff and/or have access to the language line.

We hope this letter addressed the identified questions adequately. If you have additional questions, don't hesitate to contact Mike McCormick at 503-945-6229 or via email at mike.r.mccormick@state.or.us.

Sincerely,

Eric Luther Moore
Chief Financial Officer

cc: Laurie Byerly