



Oregon

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February 26, 2015

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 a response to the Committee's questions raised during the presentation on the Intellectual and Developmental Disabilities program on February 17, 2015.

Question: Provide additional information to explain the scope of work of the Ombudsman Program and Office of Developmental Disabilities Services (ODDS) Quality Assurance (QA) process?

Answer: The ODDS QA team monitors program compliance with The Center for Medicare and Medicaid Services (CMS) to assure federal requirements are met. Currently, this team is tasked with auditing Brokerages and Community Developmental Disability Programs (CDDPs) for compliance with state and federal regulations. The QA team evaluates the work of each CDDP and Brokerage every two years. The audits consist of reviewing individual files and documentation that these programs are required to develop and maintain. In addition to the review of materials, the QA team conducts face-to-face satisfaction surveys with a sample of individuals. These interviews provide an opportunity to speak about the individual's satisfaction with services provided through DD programs.

The information collected as part of the QA process helps identify areas where system improvements need to occur and how to best implement identified strategies generated from the data analysis. Additionally, the information gathered from the field audits assists in the larger effort to assure that quality standards for home and community-based services are met.

The Office of the Long-Term Care Ombudsman is a free service available to residents, families, facility staff, and the general public. Ombudsmen respond to a wide variety of resident concerns, including problems with resident care,

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medications, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans. The program serves residents in nursing facilities, residential care facilities, assisted living facilities and adult foster care homes.

Complaints are investigated and resolved by staff and a cadre of trained and certified volunteer ombudsmen assigned to facilities throughout the state. Beyond complaint investigation and resolution, ombudsmen strive to be the eyes and ears of residents and to advocate for improvements in their quality of life and quality of care. The program also provides hundreds of free consultations each year to individuals struggling with the complexities of the long-term care system.

If as part of their work, an Ombudsman identifies suspected abuse or neglect, they report the case to Office of Adult Abuse Prevention & Investigations (OAAPI) for further investigation.

Question: Plan of Care (POC) System: Please provide additional information regarding the POC system, its implications, and Department's current work to improve POC functionality.

Answer: The Plan of Care (POC) software application is attached to eXPRS (the current ODDS billing system) that manages the authorizations of a variety of different services for an individual through their Individual Support Plan (ISP). The service plan is entered into POC which then provides the authorization for both the type and amount of service needed. For billing purposes, POC documents the service type and the actual length of time that the service was provided. The corresponding service provider is also entered into the eXPRS system which assures that the provider for each service authorized has met the criteria for providing that service (i.e. background checks, fingerprints, etc.) and that the criteria is current.

Plan of Care (POC) was developed to resolve several issues for the Office of Developmental Disabilities Services. The first issue that POC addresses came to light in 2006 and 2007 when the Centers for Medicaid Services (CMS) informed the State of Oregon that several service types needed to be "unbundled" and documented in specific units of time. Bundled billing allows for several services, identified by a single code, to be billed without distinguishing between the actual services provided. Many of these services were allowed to be billed by the day rather than the hour or 15 minute unit used for most Medicaid billing. The result was that it was impossible to verify how long a provider was actually engaged in the provision of a specific service. CMS requires the ability to identify the specific service provided and the specific amount of time spent providing that service.

The second issue that POC was designed to resolve is centralized billing. A collective bargaining agreement specified that billing for Personal Support Workers (PSWs) would be processed through a single source. This was scheduled for July 1, 2014 and both parties agreed to move the implementation date to January 1, 2015. The POC facilitated the ability for centralized billing.

In November (2014) it was determined that creating a phase-in process for CDDPs and Brokerages would be the most efficient way to manage implementation. Two agencies had agreed to pilot the POC implementation beginning in October and three additional agencies were prepared to begin implementation in January. The phase-in process allows us to continue to develop improvements in the POC system. Agencies were encouraged to determine the best month for their full implementation based on readiness, i.e. all service plans entered into POC and all providers enrolled in the system. The final date for full implementation of all agencies is April, 2015. As agencies enter POC, DHS has been able to trouble-shoot and form workgroups to look for user efficiencies and software changes to ease data entry.

When we determined that the “core” components to POC were in place, we invited agencies from the provider community, CDDPs and Brokerages to participate in workgroups where we did live data entry into POC to look for steps that could be removed or simplified, software refinements to reduce time and effort in data entry and to discuss any and all options for relieving agencies from any additional impact arising out of the implementation of POC. Multiple options were identified during this process and several are under active development. All possible remedies identified are being assessed.

Question: How does the separate abuse reporting line for adults and children work compared to current use of a single 211 hotline number?

Answer: Below are the current avenues by which any individual can report child or adult abuse and neglect in Oregon:

To report abuse or neglect of a child or adult to the Oregon Department of Human Services, any person can call toll-free number 1-855-503-SAFE (7233).

Child Abuse: If anyone suspects a child under the age of 18 is being abused or neglected, one can report abuse to local DHS Child Welfare offices. List of the Offices and contact information is available on Oregon.gov:

http://www.oregon.gov/dhs/children/pages/abuse/cps/cw_branches.aspx

Elder and Vulnerable Adult Abuse: If anyone suspects abuse, neglect or financial exploitation of an elderly person or an adult with physical disabilities, one can report abuse or neglect to the Department of Human Services office in their area. List of the Offices and contact information is available on Oregon.gov:

<http://www.oregon.gov/dhs/spwpd/pages/offices.aspx>

If anyone suspects abuse, neglect or financial exploitation of an adult with developmental disabilities, one can report abuse or neglect to their county developmental disability program. List of the Offices and contact information is available on Oregon.gov:

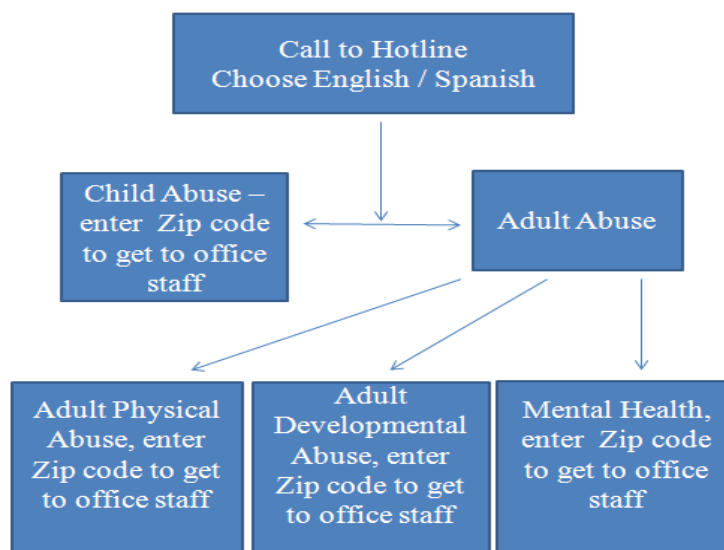
http://www.oregon.gov/dhs/DD/Pages/county_programs.aspx

If anyone suspects abuse, neglect or financial exploitation of an adult with mental illness, one can report abuse to their county mental health program. List of the Offices and contact information is available on Oregon.gov:

<http://www.oregon.gov/oha/amh/pages/cmh-programs.aspx>

Question: Provide a description of the call tree for the statewide abuse reporting hotline.

Answer: Please see diagram below describing the call tree for the statewide abuse reporting hotline:



If the person does not know their zip code, they are sent to a centralized location in either Child or Adult line.

Question: Provide information on county monies for CDDPs and list of CDDPs, including on information where CDDPs are operated by County, private non-profit organization, or State.

Answer: Enclosed is a table providing a list of County Developmental Disabilities Programs (CDDPs), including funding paid to the CDDPs as of February 20, 2015 by type of service provided. The table also indicates those counties that are serviced by CDDPs currently not operated by County government. Those CDDPs are operated by private nonprofit entities.

We hope this letter addressed the identified questions adequately. If you have additional questions, don't hesitate to contact me, Lilia Teninty at 503-945-6918 or email, lilia.teninty@state.or.us or Anna Lansky, Deputy Director, at 503-757-6962 or email, anna.lansky@state.or.us.

Sincerely,



Lilia Teninty
ODDS Director

Enclosure

cc: Laurie Byerly - LFO

CDDP Contractors	Local Administration (includes Management, Eligibility Workers and Foster Care Licensing staff)	Case Management Services	Abuse Investigators	Regional Crisis Teams	Total CDDP Revenue from DHS	Counties Covered by CDDPs that are not run by County government
Baker County	131,049.73	289,768.96			420,818.69	
Benton County	393,293.68	2,075,922.94	119,662.76		2,588,879.38	
Clackamas County	1,127,845.49	4,738,001.12	416,957.89	91,043.70	6,373,848.20	
Clatsop County	178,038.13	572,920.60	79,179.38	28,538.40	858,676.51	
Columbia Community Mental Health (FY 14-15 only)		282,106.80	31,578.64	17,719.20	331,404.64	Columbia County
Columbia County (FY 13 - 14 only)	261,516.13	496,473.14	47,367.49	24,840.00	830,196.76	
Community Living Case Management, Inc.	798,132.45	2,740,092.90	183,990.06		3,722,215.41	Coos, Curry, Josephine and Douglas as of 14-15
Crook County	96,372.86	147,844.86	40,660.26		284,877.98	
Deschutes County	371,736.55	1,260,425.32	118,559.00	1,050,339.60	2,801,060.47	
Douglas County (FY 13-14 only)	217,256.60	878,188.02	71,653.67		1,167,098.29	
Eastern Oregon Human Services Consortium	162,384.02	96,821.84	171,361.00	974,049.45	1,404,616.31	Lake and Harney counties
Gilliam County	50,911.96		6,568.86		57,480.82	
Grant County	74,915.90	86,721.72	27,019.58		188,657.20	
Jackson County	642,978.88	2,280,711.58	160,716.88		3,084,407.34	
Jefferson County	120,196.26	170,134.78	42,659.63		332,990.67	
Klamath County	361,517.75	1,239,180.24	119,796.50		1,720,494.49	
Lane County	1,161,041.04	4,479,054.94	242,818.45		5,882,914.43	
Lincoln County	226,143.62	842,315.18	79,718.13		1,148,176.93	
Linn County	518,413.33	1,803,567.98	127,857.01		2,449,838.32	
Malheur County paid thru Lifeways Behavioral Inc.	165,343.42	391,118.44	80,373.33		636,835.19	
Marion County	1,351,822.29	5,435,431.82	243,883.13	1,035,411.74	8,066,548.98	
Morrow County	127,319.20		16,432.80		143,752.00	
Multnomah County	3,763,252.48	11,032,117.28	808,580.00	1,782,542.09	17,386,491.85	
Polk County	378,578.05	1,539,920.02	119,216.27		2,037,714.34	
Tillamook County	182,801.23	546,103.04	79,064.10		807,968.37	
Union County	170,560.56	427,165.42	143,141.64		740,867.62	
Wallowa County	91,811.13	88,114.84	79,016.59		258,942.56	
Mid-Columbia	226,818.69	643,969.72	242,156.13		1,112,944.54	Wasco, Sherman, Hood River Counties
Washington County	1,170,545.83	4,507,788.04	120,378.69	93,215.10	5,891,927.66	
Yamhill County	426,628.41	1,292,989.50	120,378.69		1,839,996.60	
Wheeler County	17,473.16		2,172.47		19,645.63	
Rogue Valley Council of Governments RVCOG				1,036,693.70	1,036,693.70	
TOTAL	14,966,698.83	50,384,971.04	4,142,919.03	6,134,392.98	75,628,981.88	