

March 27, 2017

Oregon State Legislature

Joint Ways and Means Committee Human Services,
Aging and People with Disabilities Sub-Committee

Via: jwmtr.exhibits@oregonlegislature.gov

Dear Sub-Committee Members:

This letter is offered as testimony for your Sub-Committee hearings on March 28, 2017, as regards the service levels of Oregon's seniors and people with disabilities who are currently receiving long-term care supports from Department of Human Services (DHS).

Oregon has been a national leader in formulating cost-effective solutions to allow our fragile seniors and people with disabilities to receive incremental assistance where they need it, allowing many to stay established in the communities they prefer and to avoid costlier institutionalized care (that is hard to find in rural Oregon). Medicaid and Oregon Project independence funding of long-term care supports is needed more than ever as our population ages and affordable housing stock for older adults diminishes.

My perspective is garnered from serving as a member of the Oregon Cascades West Council of Government's Senior and Disability Services Advisory Board as well as working as an Occupational Therapist at numerous skilled nursing and rehabilitation facilities throughout Yamhill, Marion, Benton, Linn, Polk, and Lane counties for the past eight years. Very recently, I have become particularly focused on home and community based care services, HCBS.

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I have great concern for the estimated five, or greater percent of Oregon's Long Term Care Medicaid-dependent individuals who will be made homeless with the current DHS budget. These are people almost always without adequate family support, housing options, finances and executive functioning abilities to survive without a societal safety net. Creating new safety nets seems far more expensive than continuing to support these individuals where they are currently. I fear for these individuals' health outcomes. In all my Occupational Therapy evaluations and treatment planning, I must consider the likelihood of the patient discharging safely back to the level of care they were at previously. I see all too often that more supports are consistently needed than DHS is currently providing, and this was prior to the imminent implementation of the five percent cut.

Even more harsh, these individuals were often counseled to sell off or transfer their assets, including housing, because that was required to qualify for the Medicaid that they needed. Now, they are to be bumped off of Medicaid by the same institutions who helped them divest their assets.

I have grave concern that other DHS services for this population will be eliminated or adversely affected.

I urge your continued support and advocacy for funding DHS services for Oregon's senior and disabled population.

Respectfully,

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