

ODHS Overview for Joint Task Force on Universal Health Care

Long Term Services and Supports

- Office of Aging and People with Disabilities
- Office of Developmental Disabilities Services

December 10, 2020

Aging & People with Disabilities Overview

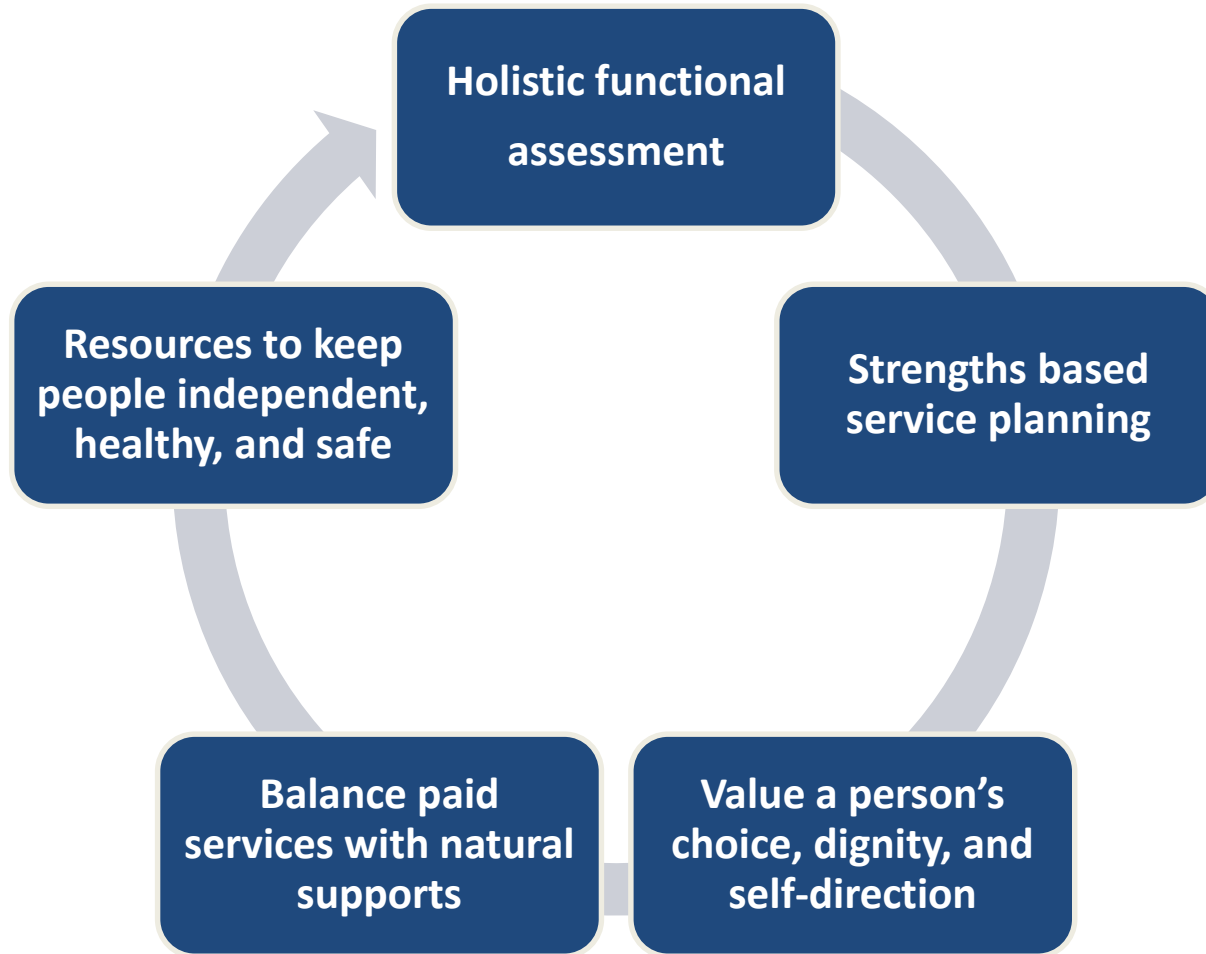
Jane-ellen Weidanz
Administrator, LTSS

December 10, 2020





A Social Model of Services



Medicaid and LTSS

- Nursing facility services are a **mandatory service** in a state's Medicaid State Plan
- However, states can use home and community-based services state plans and **waivers** to provide non-institutional long-term services and supports.

Medicaid and LTSS

- Oregon uses:
 - A 1915(k) State Plan Amendment (SPA) to pay for most LTSS services
 - Adds a higher federal match rate
 - 1915(c) Waivers through APD and ODDS to provide:
 - Access to individuals whose income is greater than standard Medicaid;
 - Add LTSS services and supports to targeted individuals
 - A 1915(j) SPA to allow APD eligible individuals to purchase their services directly.
 - A 1915(i) SPA to allow OHA to serve individuals with a mental illness

Mandatory Services in 1915(k)

- (1) Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, and/or cueing
- (2) Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks.
- (3) Backup systems or mechanisms to ensure continuity of services and supports.
- (4) Voluntary training on how to select, manage and dismiss attendants.

State Optional Services in 195(k)

- Non-excluded services and supports that are linked to an assessed need or goal in the individual's person-centered service plan.
- Oregon has included:
 - Transition costs from nursing facility and the state hospitals
 - Expenditures that increases an individual's independence or substitutes for human assistance

Federal Assurances

- Waivers and State Plans require states to meet assurances ensuring:
 - There is a standardized level of care tool that it uses for everyone;
 - Services follow an individualized and person-centered plan of care that meets the assessed need of the individual;
 - The protection of people's health and welfare;
 - Adequate and reasonable provider standards to meet the needs of the target population; and
 - Waivered services won't cost more than providing these services in an institution

Medicare & Medicaid

Medicare

- Entitlement program, administered by the federal government
- Does not pay for LTSS except when short stay skilled nursing care is needed
- Eligibility is determined by the Social Security Administration

Medicaid

- Means tested program, administered by the state
- Pays for LTSS for individuals meeting LOC criteria
- For APD LTSS, eligibility is determined by APD or Type B AAAs
- May pay Medicare out of pocket costs such as co-pays, premiums and deductibles

LTSS Funding: Medicaid

- Funded jointly with a combination of Federal Funds (FF) and state General Funds (GF).
- Amount of FF is determined annually and based on specific program:
 - Home and Community Based Services through 1915(k): 70%/30% FF/GF
 - Nursing Facility Care, 1915(i), 1915(j) and State Plan Personal Care: 60%/40% FF/GF
 - Medicaid administration (case management, eligibility): 50%/50% FF/GF
- Medicaid is the largest payor for LTSS in the United States

Other LTSS Funding Sources

- Private Pay
 - consumer's own resources
- Natural Supports
 - unpaid supports by consumer's family
- Long Term Care Insurance
- Veterans Administration benefits

Average Cost per Case

Setting	Medicaid*	Private Pay**
Nursing Facility	\$ 10,788	\$ 10,114 semi-private \$ 11, 178 private
Community Based Care	\$ 3,607	\$ 4,659 Assisted Living, 1-bedroom
In Home	\$ 2,132	\$ 5472 Homemaker Services \$ 5529 Homemaker Health Aide

* Medicaid figures approximate, based on March 2020 caseload counts and 2019-2021 LAB costs published in ODHS's Agency Request Budget

** From Genworth Financial, Inc. [Genworth 2020 Cost of Care](#)

APD Vision Statement

Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity.



APD Goals

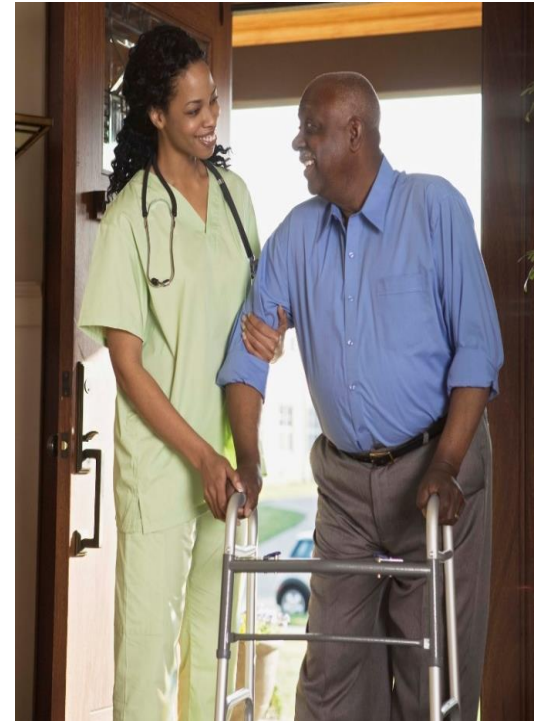
- **Well Being:** Older adults and people with disabilities feel safe and experience their best quality of life.
- **Accessibility:** Oregonians can readily and consistently access services and supports to meet their needs.
- **Quality Outcomes:** Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.
- **Service Equity:** Oregonians experience programs, services and supports that are designed, improved and responsive to historical inequities, current disparities, and individual experiences.
- **Engagement:** Consumers are empowered by information, communication and advocacy through strong, collaborative partnerships with stakeholders and rich community dialogue.

APD Population Served

- Medicaid
 - Individuals 18 and over who are either
 - An individual over 65
 - A person with a disability as determined by SSA or by APD Medicaid Presumptive Disability Determination except those with a mental illness
- Older American Act
 - Individuals over age 60
 - Family Caregivers
- Oregon Project Independence
 - Individuals over age 60 or younger with dementia
 - Individuals 18-64 in 12 counties pilot

APD Main Services

- Financial Eligibility for Medicaid, SNAP & Medicare Assistance Programs
- Long Term Services & Supports
- Adult Protective Services
- Facility Licensing & Regulation
- Disability Determination Services
- State Unit on Aging & Older Americans Act programs & services
- Aging & Disability Resource Connection
- Oregon Deaf and Hard of Hearing Program
- Boards, Commissions & Committees



Oregon's Long-Term Care System



APD Medicaid Long Term Services & Supports Eligibility

- Individuals must meet:
 - Financial eligibility;
 - Age requirements; and
 - Nursing Facility Level of Care criteria (NF-LOC)
- NF LOC is determined by using a standardized assessment tool
- Algorithm in tool assigns a Service Priority Level (SPL) from 1 to 18
- Medicaid APD currently serves SPL 1-13



SPLs are combinations of functional needs in Activities of Daily Living.

APD Service Priority Levels (SPLs)

411-015-0010 Priority of Paid Services

1	Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.	7	Requires Substantial Assistance with Mobility and Assistance with Elimination.	13	Requires Assistance with Elimination. (13 is current cutoff for Medicaid)
2	Requires Full Assistance in Mobility, Eating, and Cognition.	8	Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.	14	Requires Assistance with Eating.
3	Requires Full Assistance in Mobility, or Cognition, or Eating.	9	Requires Assistance with Eating and Elimination.	15	Requires Minimal Assistance with Mobility.
4	Requires Full Assistance in Elimination.	10	Requires Substantial Assistance with Mobility.	16	Requires Full Assistance in Bathing or Dressing.
5	Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.	11	Requires Minimal Assistance with Mobility and Assistance with Elimination.	17	Requires Assistance in Bathing or Dressing.
6	Requires Substantial Assistance with Mobility and Assistance with Eating.	12	Requires Minimal Assistance with Mobility and Assistance with Eating.	18	Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.

Medicaid LTSS Services

- Case management
- Personal care for Activities of Daily Living and Instrumental Activities of Daily Living
- Adaptive Equipment
- Environmental Modifications
- Transition Costs from
 - NF to in-home or CBC
 - From hospital to in-home
 - From CBC to in-home
- Home Delivered Meals
- Emergency Response Systems
- Behavior Support Services
- Co-administered mental health specific programs

Medicaid LTSS Settings

- APD offers individuals an array of service settings. These include:
 - In-home: About 56% receive in home services
 - Homecare workers – including spousal pay
 - In-home care agencies
 - Adult day services
 - Community Based Care:
 - Adult Foster Homes
 - Residential Care Facilities
 - Assisted Living Facilities
 - Nursing Facilities- less than 14% of individuals
 - Memory Care Endorsed Facilities
 - Specialized Living

Consumer chooses the services, provider type and specific provider

In-Home Service Providers

- Consumer-Employed Providers/Home Care Workers
 - Approximately 20,000 Home Care Workers employed by consumers of in-home services
 - Union represented
- In-Home Agencies
 - 181 currently licensed In-Home Agencies
 - Licensed by OHA, Medicaid contracts with APD

Facility Settings



Settings	Number of facilities	Memory Care Endorsed
Nursing Facilities	129	11
Assisted Living and Residential Care Facilities	536	191
Adult Foster Homes (<i>Union Represented</i>)	1402	N/A

Not all facilities accept Medicaid consumers, and very few take more than 50% Medicaid consumers

Service Network & Delivery System

Aging & People with Disabilities
(State DHS Offices)

Area Agencies on Aging
(AAAs)



Type A - AAA
(Non-Medicaid –
OPI /OAA)



Type B - AAA
(Medicaid, OPI, OAA,
APS, etc.)

Presentation to the
Joint Task Force on Universal Health Care

Intellectual/Developmental Disabilities Overview

Anna Lansky
Deputy Director

December 10, 2020



OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

Our Vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.



Our Mission

ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.



Our Values

Choice, self-determination and person-centered practices

Community inclusion and community living

Children and families together

Strong relationships

Service equity and access

Health, safety and respect

History of I/DD System in Oregon

- **1982** first HCBS I/DD Waiver approved in Oregon (Comprehensive Waiver)
- **February 24, 2000** Fairview Training Center closed
- **2000** Staley v. Kitzhaber Lawsuit, settled in 2001. Settlement established specific conditions for the development and implementation of support services throughout the state over a multi-year period and led to ICF/IDD Support Services Waiver established in 2001.
- **2001:** Medical Fragile (Hospital) Model and Behavioral ICF/IDD Model Waiver established
- **2008** Medically Involved Children's Waiver
- **2009** Closure of the last institution for people with I/DD in Oregon
- **July 1, 2013:** K-Plan implemented (Community First Choice Option)
- **Sept. 2020:** Ended sheltered workshop admissions

Children and Adults

We serve more than
30,000 people who
experience Intellectual
and/or Developmental
Disabilities (I/DD)

- 9,811 children
- 21,148 adults



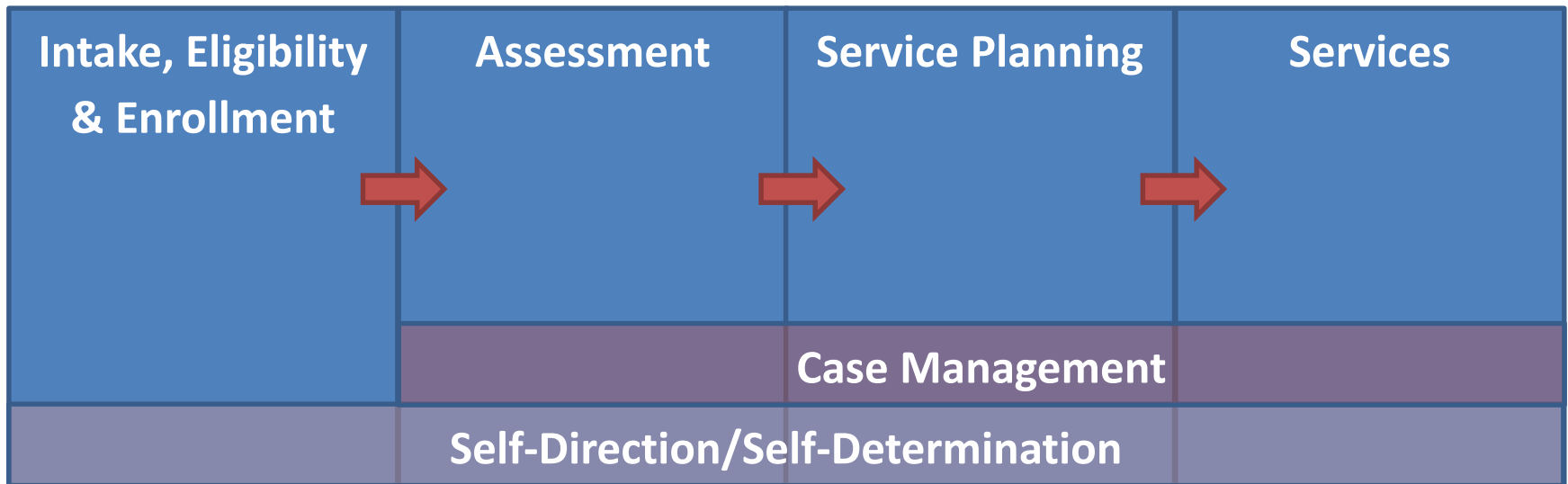
Service Eligibility

People with intellectual disabilities (IQ 75 or below) and limited ability to handle day-to-day activities

People with developmental disabilities, conditions like autism, down syndrome and cerebral palsy

They must also meet financial eligibility requirements for Medicaid services

Core Service Delivery System Components



Medicaid Administrative (FFP 50%)
1915(c) Waivers (FMAP)
Community First Choice (K-Plan) (FMAP+6%)

Accessing Services



Community Developmental Disabilities Programs (CDDPs) determine eligibility

The Eligibility Specialist in a person's CDDP will help with the necessary paperwork and guide a person through the process.

There are 29 CDDPs covering every county in Oregon. The largest CDDPs are county-run.

OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES



Case Management

CDDPs	Brokerages	ODDS Staff
29 entities statewide	14 organizations statewide	45 ODDS state staff
Serve 13,598 adults and 9268 children	Serve 7,613 adults	Serve 543 children with significant needs
Adult in-home services and Supported Living	Adult in-home services	Children's In-home Intensive Services (CIIS)
Adult Residential Services and Adult Foster Homes		Children's Residential Services
Children's in-home & I/DD Foster Care		

Some services are available regardless of case management choice.

Examples:

- Employment
- Behavior consultation

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Individual Support Planning

A Services Coordinator (CDDP) or Personal Agent (Brokerage) help children/family and adults:

- Identify their desired outcomes/goals
- Address assessed needs
- Choose services to support their goals and needs
- Follows up with person to make sure the ISP is working for them

In-home Services

For children and adults, supports for everyday activities, such as:

- Bathing
- Dressing
- Making meals
- Help with behavioral or communication challenges

Providers that offer these services:

- Provider agencies/organizations that employ Direct Support Professionals (DSPs)
- Personal Support Workers (PSWs)

Residential Services

Residential services

- Children or adults
- For people who are unable to stay at home on their own or with their family

Providers that offer Residential services:

- Provider agencies that employ DSPs
- Adult Foster Home providers
- Supported Living agencies that employ DSPs

Employment Services

Supports a person to

- Learn about employment
- Find employment
- Keep employment

Providers that offer these services:

- Provider agencies/organizations that employ Job Coaches and DSPs
- Personal Support Workers (PSWs)

Other core services

Community living supports

- Help promote integration, independence and participation in the community

Ancillary services

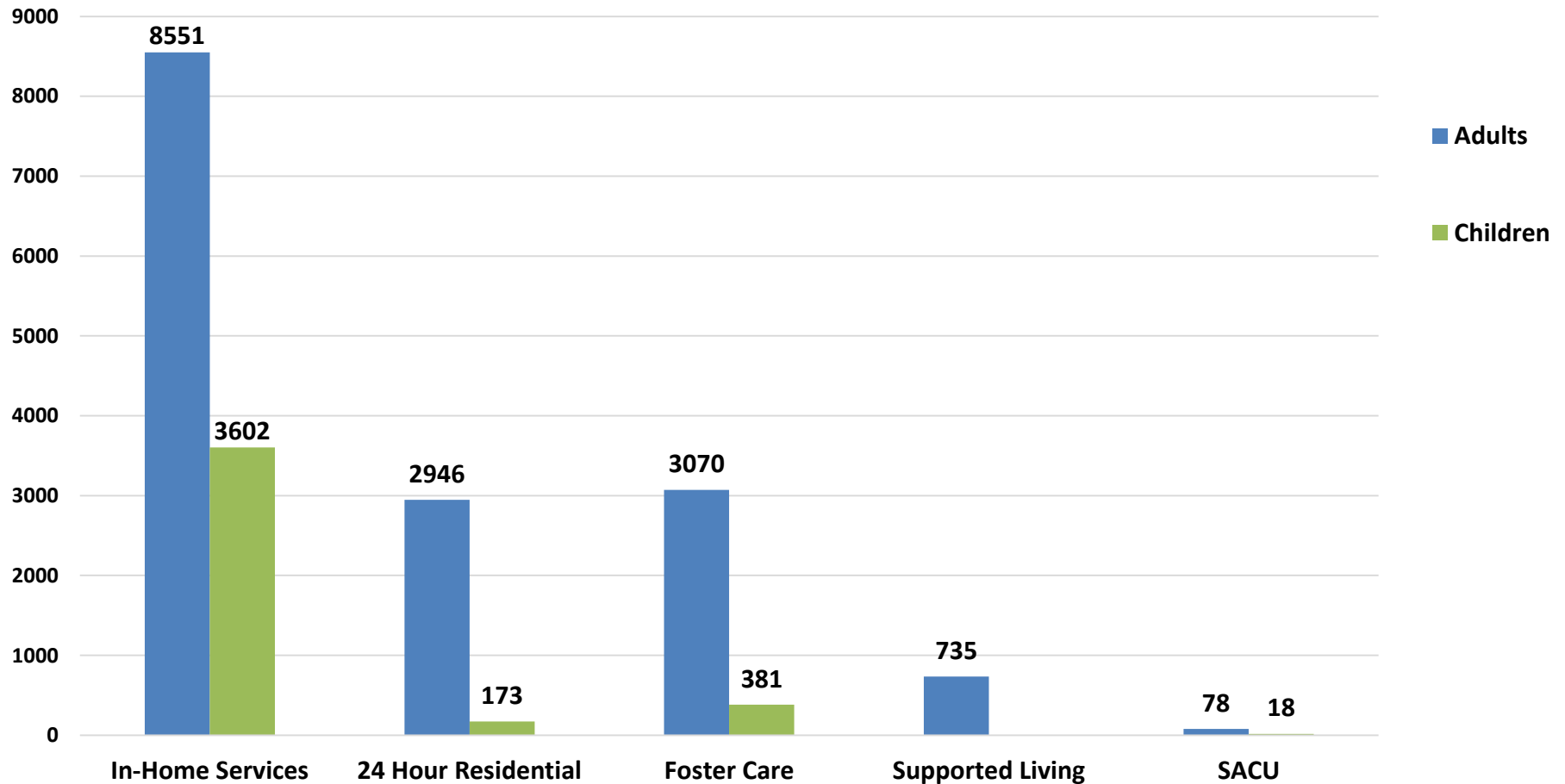
- Behavioral consultation
- Assistive devices and technology
- Environmental modifications
- Nursing services
- Family supports for families with a child under the age of 18 who is not eligible for Medicaid. The program offers minimal support services, typically respite care.

Stabilization and Crisis Unit

- Created as group homes managed and operated by ODDS in 1990s with closure of Fairview Training Center
- Became “SACU” in January 2014
- Primarily supports people with significant behavioral challenges
 - Homes for children and adults
 - Most people living at SACU have a dual diagnosis, I/DD and mental health challenges



Adults and Children by service settings



Closing

Thank you!

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