Oregon
Kate Brown, Governor

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To: Doctor Bruce Goldberg, Chair

From: ODHS Aging and People with Disabilities and Office of Developmental Disabilities Services

Re: Questions raised during Task Force on Universal Health Care meeting on December 10, 2020 at 9:00 AM

Question: What percentage of LTSS and I/DD makes up Oregon's Medicaid budget? What is the split in terms of funding sources: federal, state (GF), and other funds?

The Medicaid budget for APD, ODDS (noted as I/DD in the following chart), and OHA is displayed below. The tables include the Medicaid expenditures for each program in the 2017-2019 biennium, and the 2019-2021 budget for each program is accurate as of the Dec. 20 rebalance with the latest approved Emergency Board decisions of November 2020. Each chart provides the state General Fund, Other Funds, and Federal Funds breakdown. The highlighted percentage in each chart is the percentage of the APD and ODDS Medicaid budget as a percentage of the entire Medicaid budget (APD, ODDS and OHA). In 2017-2019, it was 29 percent, and in 2019-2021, it is estimated to be at 27 percent.

17-19 Medicaid Expenditures	APD	I/DD	OHA	Total
General Fund	$844,444,578	$845,735,017	$649,494,393	$2,339,673,988
Other Funds	$160,118,703	$14,307,424	$2,635,233,315	$2,809,659,442
Federal Funds	$1,988,743,694	$1,837,913,331	$10,981,150,808	$14,807,807,833
Total Funds	$2,993,306,975	$2,697,955,772	$14,265,878,517	$19,957,141,264
	TRUE	*TRUE*		
	90%	*98%*	*65%*	*72%*
		29%		

19-21 Estimated Medicaid Budget	APD	I/DD	OHA	Total
General Fund	$919,956,015	$924,137,633	$812,161,241	$2,656,254,889
Other Funds	$204,387,511	$7,834,018	$3,662,070,146	$3,874,291,675
Federal Funds	$2,374,694,834	$2,100,191,602	$12,969,823,579	$17,444,710,015
Total Funds	$3,499,038,360	$3,032,163,253	$17,444,054,966	$23,975,256,579
	89.0%	*97.3%*	*69.9%*	*74.9%*
		27%		

Question: Has the shift in Oregon to home-based care lowered cost and if so, has the savings been reinvested or has the budget been cut?

Oregon obtained its first home and community-based waiver in December 1981. Since that time there has been a substantial growth in the number of individuals accessing services at home and in community settings. Now, more than 86 percent of people in APD's LTSS system get services either in a community setting or in their own homes (56 percent of all people served).

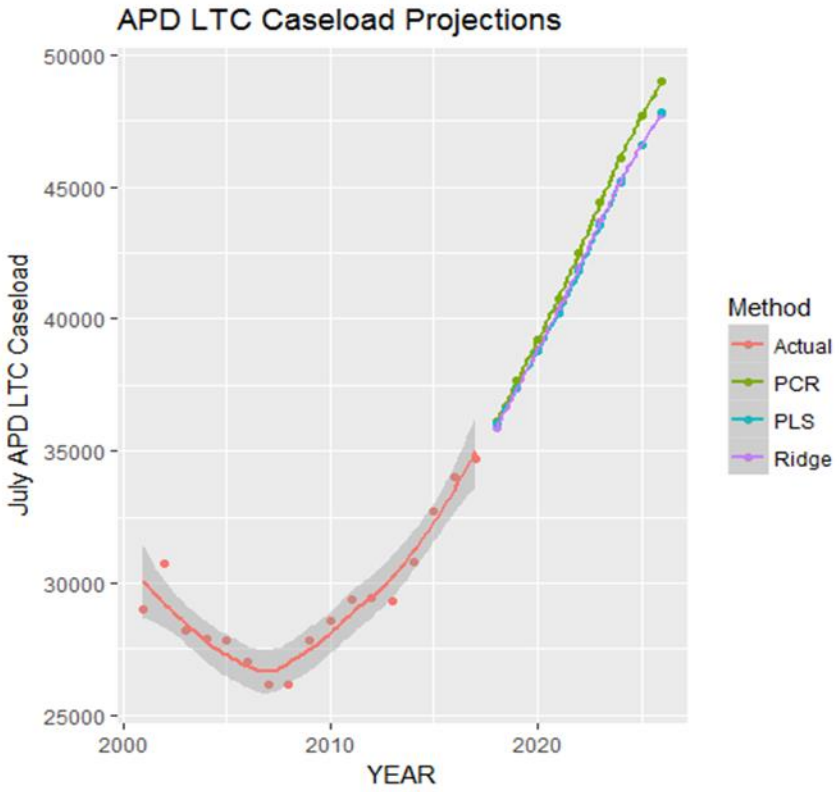
Savings from providing services in home and community-based settings have been reinvested to serve more people in need. It's important to note that there have been times during the past 40 years where, even with the savings brought by less expensive home and community-based services, reductions needed to be made. For example, in the eligibility criteria for long-term services and supports in APD, or no cost of living increases for long term services and supports providers.

For the Office of Developmental Disabilities Services, the shift to Medicaid-funded, home and community-based services greatly expanded the ability of people with intellectual and developmental disabilities (I/DD) to access services and live in their communities. Seventy-six percent of services are provided in-home. While home and community-based care is less expensive than institutional care on a per-case basis, it is impossible to determine if there has been a cost saving to the state. The increased demand and access offset the savings on a system basis.

Question: What are the projected costs relative to trends in aging, patient acuity, and demographics in Oregon.

While there are little data on the projected costs beyond ODHS's forecasting analyses currently project that APD will serve approximately 37,000 consumers in 2023, compared to slightly more than 35,000 who are served today. Forecasting project up to 2 years into the fiture. The overall population of Oregon is aging, with one of five Oregonians over the age of 60, and one and four Oregonians over the age of 60 in 2030. With the aging trends of the Baby Boomer generation, the number of people in Oregon over the age of 85 will increase dramatically after 2030. In 2017, ODHS research staff did premliminary research projecting potential caseload for

nearly a decade. A summary of that report is attached and an excerpted graph is below.



The changing demographics should also be thought of in light of the growing needs for long-term services and supports, both in terms of the growing need for individuals needing economic services and supports, and the growth of individuals needing more intensive assistance with activities for daily living. For economic need, according to AARP, nearly 30% of individuals at or nearing retirement had no savings and no defined benefit plan, such as a pension. As an example of the growth of individuals needing more intensive services and supports, according to the Lund Report, approximately 65,000 Oregonians were living with dementia in 2018, with that number projected to grow to 84,000 by 2025.

The increase in I/DD program enrollment is impacted by the general demographic growth in the state of Oregon. However, implementation of the Affordable Care Act's K Plan had a significant impact on the enrollment because it opened the door to children by requiring the state to serve all eligible children. Prior to the K Plan, the state only served children with the highest needs through Model Waivers and also served children who met crisis criteria. The cost-per-case also increased because the program moved from serving adults based on capped personal budgets under its Support Services Waiver, to serving them based on assessed need, as required under

the K Plan. The combined growth in enrollment and in average cost of serving an individual, substantially increased the I/DD services budget, beyond any savings generated by the additional 6% match under the K Plan.

The monthly caseload forcast variance report for ODDS can be viewed here.

Question: Are there any equity measures or is the "reasonable standards" language intended to capture that info & if so how is Oregon doing?

There are no national standards or comparisons at this time. The Administration on Community Living and the Centers for Medicare and Medicaid Services have recently created a national focused effort on improving service equity. This may lead to some standards or best practices.

APD and ODDS are invested in improving service equity and meeting the ODHS Service Equity North Star. APD and ODDS are investing in staff trainings, planning, and community engagement with statewide and local organizations to improve service access and outcomes for historically underrepresented communities, including communities of color, immigrant communities, LBGTQ+ older adults and people with disabilities, and intergovernmental partnerships with Oregon's nine federally-recognized Tribes.

ODHS has created a Management System framework that prioritizes, connects, enables and drives the execution of all our work to ensure that every resource drives towards a shared vision so that the organization can achieve its goals. It brings clarity, transparency and accountability to the work we do on behalf of Oregonians we serve. Each program area has identified key performance measures. Each quarter the program areas review progress on improving the key performance measures. This review is called te Quarterly Target Review (QTR).

APD is in the process of stratifying the performance measures by race, ethnicity. This is a work in progress and the measures are not completed. In addition to the QTR, APD is developing a Service Equity dashboard that will track the following:

- Utilization of services broken down by race, ethnicity compared to each service district's population of non-dominate culture individuals.
- Utilization of LTSS setting types by individuals who are not have European descent.
- Staff Ratios of local offices (APD and AAA) by REAL-D categories
- APS by REAL-D categories
- Contractors and contractor staff by REAL-D categories

- Discrepency data on LTSS service authorization and service denials.

Below is the service equity metric that ODDS includes as part of it Quarterly Target Review (QTR). The ODDS Data Dictionary attachment explains how the metric is calculated.

Annually, ODDS participates in the National Core Indicators Surveys (NCI). The National Core Indicators (NCI) program is a voluntary effort by state developmental disability agencies to track their performance using a standardized set of consumer and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). Oregon participates in three surveys:

- Adult Family Survey
- Child Family Survey
- Staff Stability Survey

Oregon worked with NCI partners to add several service equity-related questions to the 2019-2020 survey for Oregon:

1. Are your services provided in a way that is respectful of your culture? (Does the case manager, support staff or others involved in your services, show respect towards your family, traditions, faith, heritage, and or how you want to live your life?).

2. Do the people who provide your services, like your staff and case manager, talk to you in the language you prefer? If another respondent is helping the person answer, the question is slightly altered to: "Do the people who provided services for this person talk to them in their preferred language?

ODDS doesn't have its Oregon-specific report back yet with that data. Service equity questions will also be included in the survey for this coming year.

APD participates in a similar survey called National Core Indicators-Aging and Disabilities. Previous surveys were not statistically valid for race, ethnicity and language. In the next round of surveys, APD will be increasing the sample size to ensure that the data is statistically valid.

Lastly, ODDS and APD are working with our local partners and offices to develop service equity plans. These plans will strengthen local partnerships and, hopefully, increase access.

Question: Can DHS provide any information on service and patient expansion, including the data that directed those choices.

Overall, the number of consumers served by APD's Medicaid long-term services and supports system is driven by the number of older adults and younger people with disabilities who meet both the Medicaid financial eligibility criteria and the need for assistance with activities of daily living (mobility, cognition, eating, and toileting/elimination). For ODDS, it is driven by the number of people with I/DD who meet the financial and functional needs assessment.

There were two major drivers of recent service expansion in Oregon. First was Oregon's decision to appy for the 1915(k) Community First Choice State Plan Option. Because the Affordable Care Act makes a higher federal match rate available under the Community First Choice Option the programs are able to serve more people and/or blunt the impact of budget reductions. Because of requirements in federal requlation, addition children with disabilities became eligibile for home and community based care. APD also changed policy to allow in-home consumers to keep $500 per month in income above the Supplemental Security Income (SSI) before they pay into their services. Prior to this policy, in-home consumers had to pay for their services out of any monthly income that exceeded the SSI level, which is $783 per month for an individual in 2020. Changing this policy removed a barrier to individuals access services.

The second expansion mostly impacted APD. With the implementation of ACA, younger adults no longer needed to have a Social Security Administration or state

presumptive disability determination prior to being eligible for long term services and supports. Due to ACA, individuals could access Medicaid solely based on income. These individuals could also access long term services and supports as long as they meet Nursing Facility Level of Care.

Question: Is long term care analogous to or a part of social determinants of health for that population? How is housing for individuals with developmental disabilities different from concerns about housing for poor individuals in general?

Improvements in social determinants of health, like transportation, social supports and reducing poverty would have positive impacts on the individuals we support. Some elements of social determinants are shared with our systems, such as the availability of resources to meet daily needs and social supports. We view our services as supporting people with disabilities in accessing/achieving the social determinants of health. Our services are person-centered, tied specifically to the unique needs of the individual. For the most part, these services are provided through our programs because they are not available or are unattainable in the community without the support provided through the state.

Housing and long-term services and supports are also different. More than 80% of ODDS and 56% of APD consumers live in their own or their family's home and receive their services in that setting. Secondly, congregate settings such as group homes, adult foster home and assisted living facilities provide services and supports in addition to housing.

While some of the service options, such as group homes, assisted living facilities and foster homes come with a housing option built in into the service, in general individuals served by APD and ODDS experience similar challenges accessing affordable housing to people experiencing poverty or lower incomes, in general. Housing access is complicated by the fact that people we serve may have additional challenges navigating complex systems, communicating their needs, and getting accessible information about housing options. These challenges may be complicated further by the fact that the individuals we serve may use language other than English to communicate, may not use language to communicate or may not be able to read. People served by APD and ODDS may choose group homes, assisted living or foster home options because of the housing option these services present, but may prefer to live and receive supports in their own home.

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