



Oregon

Kate Brown, Governor



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January 8, 2021

To: Doctor Bruce Goldberg, Chair

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

Re: Questions sent via email on January 4, 2021

What are the current benefits/ services required in Medicaid for LTCSS?

1915 (c) Medicaid Waiver Authorities through ODDS:

- #0375 Adult's HCBS Waiver
- #0117 Children's HCBS Waiver
- Waiver Case Management
- Employment Path
- Supported Employment - Individual Employment Support
- Discovery/Career Exploration Services
- Supported Employment - Small Group Employment Support
- Environmental Safety Modifications
- Vehicle Modifications
- Specialized Medical Supplies
- Family Training - Conferences and Workshops
- Direct Nursing (only available in the Adult's HCBS Waiver)
- #0565 Medically Involved Children's Waiver
- #40193 Medically Fragile Model Waiver
- #40194 Behavioral Model Waiver
- Waiver Case Management
- Environmental Safety Modifications
- Family Training
- Individual Directed Goods and Services
- Specialized Medical Supplies
- Vehicle Modifications
- Employment Path

"Assisting People to Become Independent, Healthy and Safe"

- Supported Employment - Individual Employment Support
- Discovery/Career Exploration Services
- Supported Employment - Small Group Employment Support

1915 (k) State Plan Amendment (K Plan) serving both APD and ODDS:

- Assistance with Activities of Daily Living (ADLs), Independent Activities of Daily Living (IADLs), and health-related tasks through hands-on assistance, supervision, and/or cueing.
- Skills training (or acquisition, enhancement, and maintenance of skills necessary to perform ADLs, IADLs and health related tasks)
- Chore Services
- Long-term Care Community Nursing Services to support health related tasks within the state's nurse practice act (i.e., Delegation, teaching and monitoring).
- Electronic back-up systems:
 - Emergency Response Systems
 - Electronic devices
- Assistive Technology
- Relief Care
- Behavioral Support Services
- Voluntary training on how to select, manage, and dismiss attendants
- Environmental Modifications
- Assistive Devices
- Community Transportation
- Home-Delivered Meals
- Expenditures for transition costs from nursing facilities including deposits, fees, bedding, basic kitchen supplies, and other necessities linked to an assessed need for an individual to successfully transition.

Additional Oregon Medicaid State Plan services:

- Private Duty Nursing (ODDS only)
- State Plan Personal Care through APD, ODDS and OHA provides some services such as assistance related to treatments, first aid and handling of emergencies, cognition assistance and emotional support, etc. that are not covered in the K plan or home and community-based services benefits.

1915 (c) Medicaid Waiver Authorities through APD:

- Waivered case management
- Community based care transitions to an in-home setting.

1915(j) through APD:

- Provides direct cash benefits to eligible inhome consumers to purchase their own service and to self-direct their care.
- Services are based on the 1915(k)

Program for all Inclusive Care for the Elderly through APD:

- A capitated program that includes Medicare, Medicaid health benefits and all LTSS benefits

What is the current eligibility criteria?

Developmental disability

- Meet Medicaid financial eligibility
- Medical diagnosis of a disability and low functioning in adaptive behavior
- Does not require or depend on I.Q. testing
- Causes significant impairment of daily living skills (adaptive behavior) such as, but not limited to, communicating, grooming, dressing, safety and social skills
- Adult eligibility completed by age 22
- Examples of DD: Autism, cerebral palsy, Down syndrome, epilepsy, or other neurological disabling conditions

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

- Meet Medicaid financial eligibility
- I.Q. score of 75 or less; low functioning in adaptive behavior
- I.Q. score of 71-75 may be considered if also significant impairment in adaptive behavior (as diagnosed by a licensed clinical or school psychologist)
- Adult eligibility completed by age 18

Aging and People with Disabilities:

- Meet Medicaid financial eligibility –
 - Be eligible for Medicaid through the MAGI criteria of the Affordable Care Act; or

- Have income under 300 percent of Supplemental Security Income (SSI) eligibility criteria, and under \$2,000 in assets for an individual or \$3,000 for a couple.
 - For individuals 18-64:
 - They must have a disability determination either by the state or the Social Security Administration;
 - Their need must not be driven by a mental illness or substance use.
- Be over the age of 18 and:
- Meet a Service Priority Level 1-13 through a standardized assessment tool;
 - SPLs are clusters of limitations in activities of daily living that prioritize the most vulnerable individuals (see below)
 - Eligibility is driven by limitations in Cognition, Eating, Elimination, and Mobility.
 - Individuals who are not eligible for Medicaid LTSS through APD may be eligible for Oregon Project Independence or SPPC.
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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.

How many people are currently enrolled? (Medicaid only, dual-eligibles)

Total enrollment: per IDD Caseload Variance Report Dec 2020: 31,066

36% of currently enrolled individuals are dually eligible.

For APD, based on monthly enrollment data for January through October 2020, there were an average of 32,087 consumers accessing services per month. Of that total, an average of 26,388 (82 percent) were dually eligible for Medicare and Medicaid, and 5,749 (18 percent) were eligible for Medicaid only.

What is the per capita cost for current benefits/services?

Setting Type	Children CPC	Adult CPC	Combined CPC
In-Home services	\$2,170	\$3,720	\$3,258
Foster Homes	\$5,630	\$6,460	\$6,372
Group Homes	\$18,089	\$11,894	\$12,224
Supported Living (Adults only service)		\$6,912	
Children Intensive In-Home Services (CIIS) (Children only service)	\$6,065		
Stabilization and Crisis Unit (SACU)	\$58,259	\$64,001	\$62,958
All Enrolled Individuals	\$3,769	\$6,256	\$5,012

* Expenditures 7/2019 to 6/2020 current as of 1/3/2021

** Includes Case Management, Employment, DSA. Transportation and all other ancillary costs under the Service Setting

For APD, based on monthly cost data from January through October 2020, here are the average cost per case by the service type:

Setting	Monthly Average
Nursing Facility	\$9,547
Adult Foster Homes	\$2,410
Assisted Living	\$4,326
Memory Care	\$4,480
Residential Care Facility	\$3292
PACE	See rate table link below
In-Home Services - Payments are based on authorized hours; <ul style="list-style-type: none"> • HCWs receive \$15.77 per hour; and • IHCAAs receive \$27.12 per hour. 	\$2,387

Based on estimated caseload in November 2020, the average monthly cost per case for consumers in SPPC is \$369 per month for APD, and \$315 per month for ODDS.

Rate Table: <http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf>

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

Please refer to the previous letter on the details for the funding breakdown. As the letter states, LTSS's budget (APD and I/DD combined) made up 29 percent of Oregon's overall Medicaid expenditures in 2017-2019, and an estimated 27 percent of Oregon's overall Medicaid budget in 2019-2021.

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

Please refer to the answer provided in the previous letter, and please let us know if we can provide additional information that was previously provided.

What are the projected costs relative to trends in aging, patient acuity, and demographics in Oregon? Is this a question for the office of forecasting?

Please refer to the previous letter, in which there was mention of a project in 2017 to forecast the caseload – if not the actual costs – through 2026. Regarding the question of cost more specifically, ODHS does not forecast costs beyond two biennia. Caseload forecasting projects caseload for the upcoming biennium and is reset every six months.

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