



Presentation to the 2023 Joint Ways and Means Subcommittee on Human Services

Office of Aging and People with Disabilities

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February 21 and 22, 2023

Outline

- I. **Who we are**
- II. Who, where and how we serve
- III. Tracking our progress
- IV. The work ahead
- V. Governor's Budget
- VI. Closing remarks

Office of Aging and People
with Disabilities



Why we do our work

Everyone in Oregon deserves to be treated fairly and with dignity and respect.

But **older people and people with disabilities are not always treated fairly or seen as equals** in our society.

They often are marginalized, which minimizes their contributions to our communities and creates barriers to accessing the opportunities everyone deserves.

The Office of Aging and People with Disabilities (APD) works to remove those barriers so that older adults and people with disabilities from all backgrounds can access the supports they need to **live their best lives – in the communities they choose and at every stage of life.**



Our mission and vision

Mission: To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Vision: 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, well-being, honor choice, respect cultural preferences and uphold dignity.



Our values

- We support **independence, choice and dignity.**
- Oregon stands apart nationally for innovative programs with community-based options:
 - 1975: Oregon Project Independence
 - 1981: First HCBS waiver
- To keep pace with needs, we must prioritize:
 - Equity
 - Safety
 - Workforce



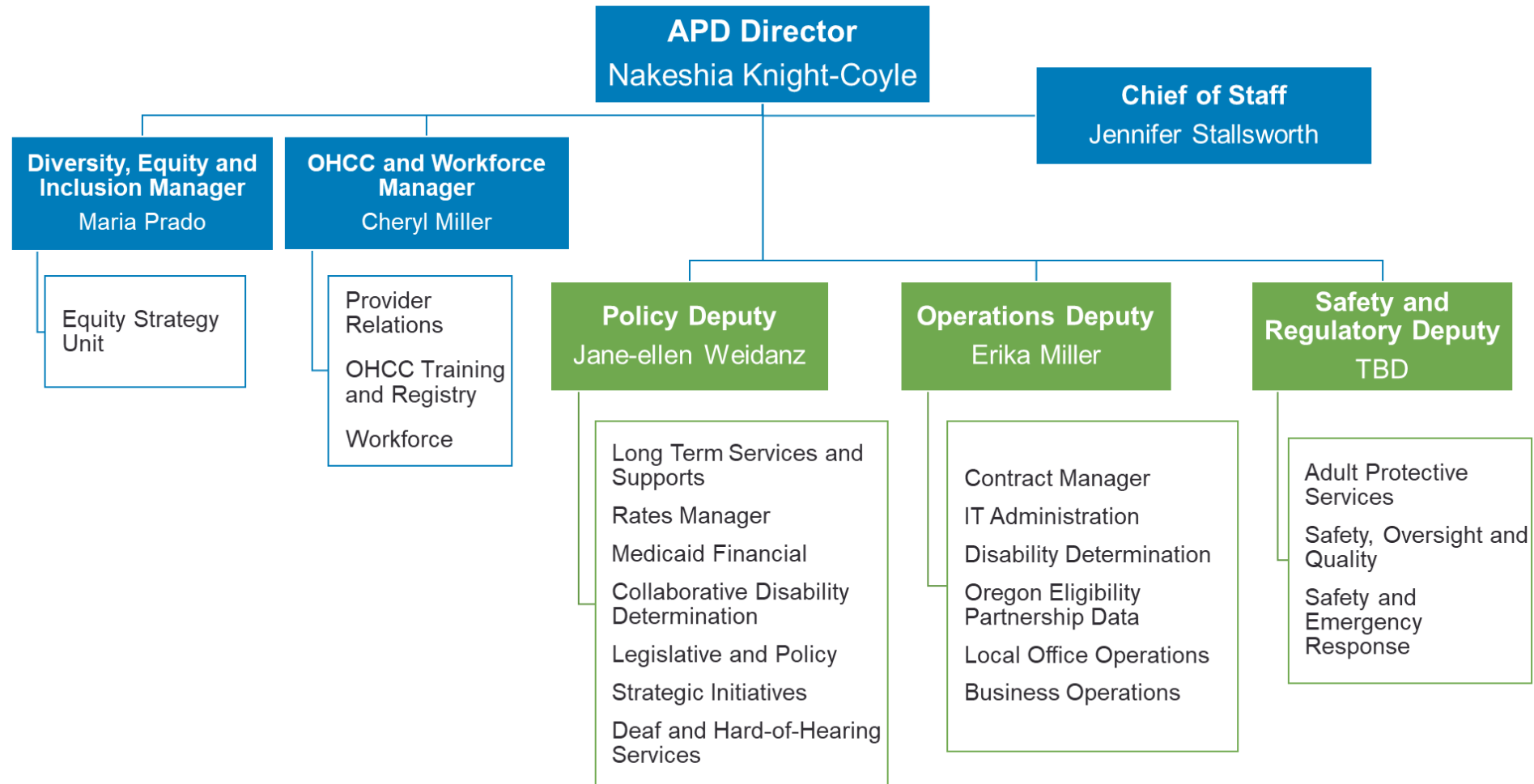
Meet Jegaranchitham (Dr. Jam)



“Vegetarian meals and help dressing in my sari make me feel at home”

- 91-year-old Dr. Jam had lived independently before moving in with her son in Oregon after her husband died.
- When Dr. Jam needed more help, she and her family sought other care options.
- It was important that the provider respect her culture, values and beliefs.
- At the adult foster home where she now lives, she’s served vegetarian meals and fellow residents share in Sri Lankan dishes that her daughter-in-law brings by the home.
- Each day, Dr. Jam gets help dressing in her traditional sari.
- Everyone in the adult foster home joins in when Dr. Jam celebrates Sri Lankan holidays throughout the year.

How we are organized



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Office of Aging and People
with Disabilities



How our programs impact Oregon communities



Older adults and people with disabilities can **better connect with community** and access the supports they need.



Individuals and their families have the information and supports they need to **help them make decisions about their care**.

Strong and Thriving Communities



People have a safe place to live and can **focus on well-being and potential** instead of financial stress.



Older adults have **choices about their services** and can access supports that align with their values and promote dignity and respect.


How we serve: Programs and services

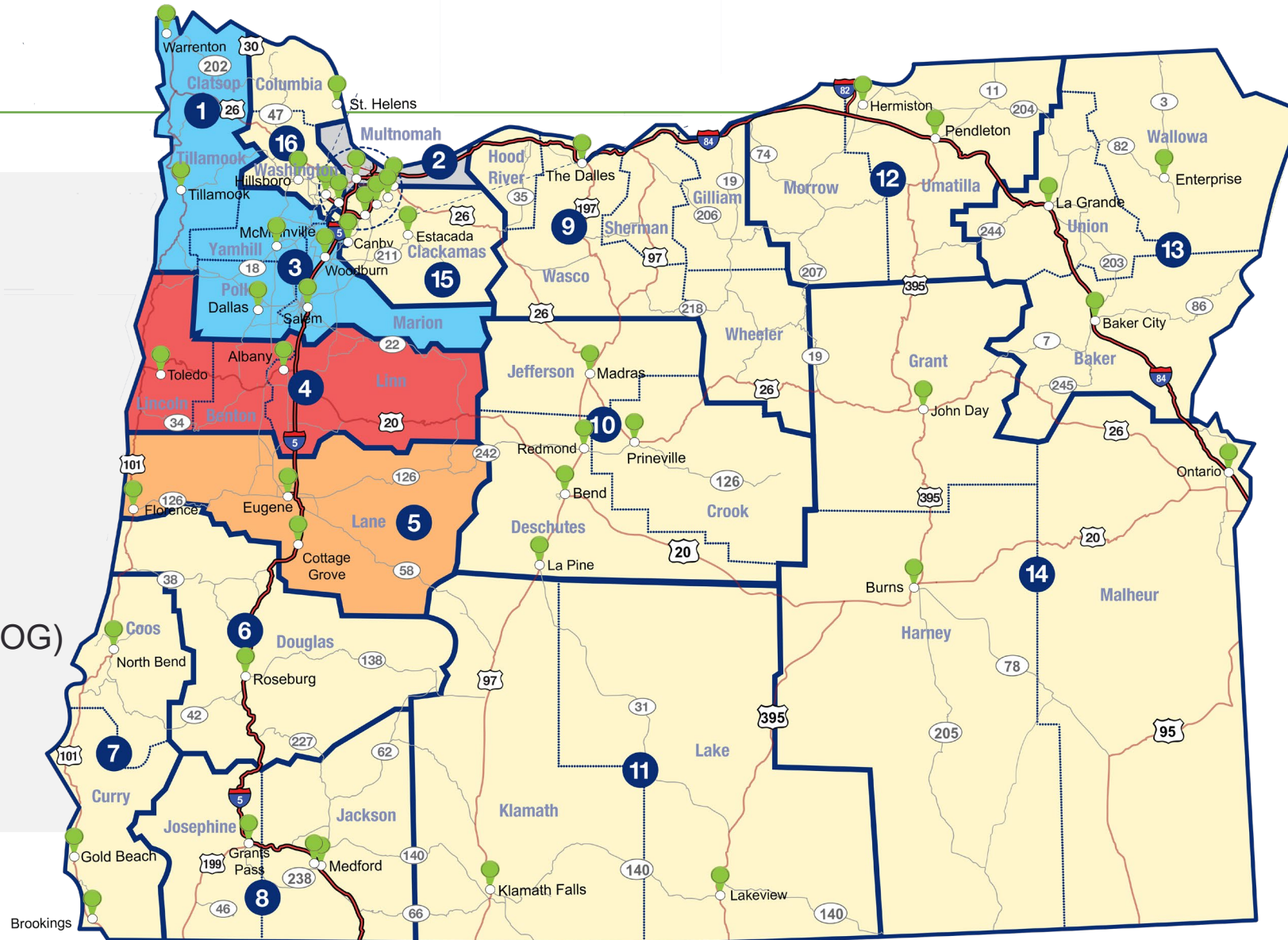
Aging & Disability Resource Connection	Information and referral services, and counseling on care options.	Older Americans Act	Offers family caregiver supports, nutrition, employment and legal services, and more.
Adult Protective Services	Prevents and investigates abuse.	Oregon Deaf and Hard of Hearing Services	Provides resource for Deaf, DeafBlind and Hard of Hearing people and their families
Disability Determination	Determines eligibility for Social Security Disability and Supplemental Security Income.	Oregon Home Care Commission	Connects people to high-quality homecare services.
Financial Eligibility Determination	Determines eligibility for Medicaid, Medicare premium assistance, general assistance and SNAP.	Oregon Project Independence	Provides in-home services for people aged 60 and older, or younger with an Alzheimer's diagnosis.
Long-term care licensing and oversight	Licenses and provides regulatory oversight of long-term care providers.	Senior Health Insurance Benefits Assistance	Free and comprehensive Medicare benefits counseling.
Medicaid Long-Term Services and Supports	Provides services that help with activities of daily living.		

Who we serve

<p>Across our programs</p>	<p>Two-thirds are age 65+ One-third are ages 18-64 with a disability</p>	<p>Medicaid Long-Term Services and Supports</p>	<p>56,268 received support in the two-year period ending June 2021</p>
<p>Adult Protective Services</p>	<p>Investigated 20,228 alleged incidents of abuse</p>	<p>Older Americans Act</p>	<p>Helped 85,222 people with meals, employment and more</p>
<p>Aging and Disability Resource Connection</p>	<p>89,500 people seeking resources and referrals</p>	<p>Oregon Project Independence</p>	<p>Enabled 1,850 people to stay in their own homes</p>
<p>Financial Eligibility Determination</p>	<p>180,000 people accessed Medicaid, Medicare premium, general assistance and SNAP benefits</p>	<p>Social Security Disability Determination</p>	<p>Assisted 43,000 people in applying for benefits</p>
<p>Long-term care licensing</p>	<p>Oversight of 2,052 facilities/homes serving Oregonians</p>		

Where we serve

-  APD and Area Agencies on Aging (AAA) office locations
-  Multnomah County (MultCo) AAA
-  Northwest Senior and Disability Services (NWSDS) AAA
-  Oregon Cascades West Senior Services (OCWCOG) AAA
-  Lane Council of Governments (LCOG)
-  Aging and People with Disabilities (APD)



Operationalizing our Equity North Star across all programs

We are committed to supporting equity, independence, choice and dignity so that the people we serve can have their best quality of life.

- Instituted services equity plans beginning in 2018.
- APD Equity lens and Equity Impact Protocols established and operational in 2021.
- Consumer engagement – a hallmark of Oregon’s past innovations in developing person-centered services and supports – is being enhanced.
- Performance-based contracting for equity with our Area Agencies on Aging (AAA) and Program for All-Inclusive Care for the Elderly (PACE) contracts.
- Implementation of REALD and SOGIE training.



Partnering with communities

We partner with community organizations and advocates on many initiatives. Recent examples include:

- 2021 Oregon LGBTQ+ Older Adult Survey.
- Innovation Fund grants focused on improving services.
- Elder Abuse Awareness Day outreach activities to prevent abuse.
- Distribution of air conditioners to help people susceptible to heat.
- Hosted webinars in recognition of the Americans with Disabilities Act anniversary.

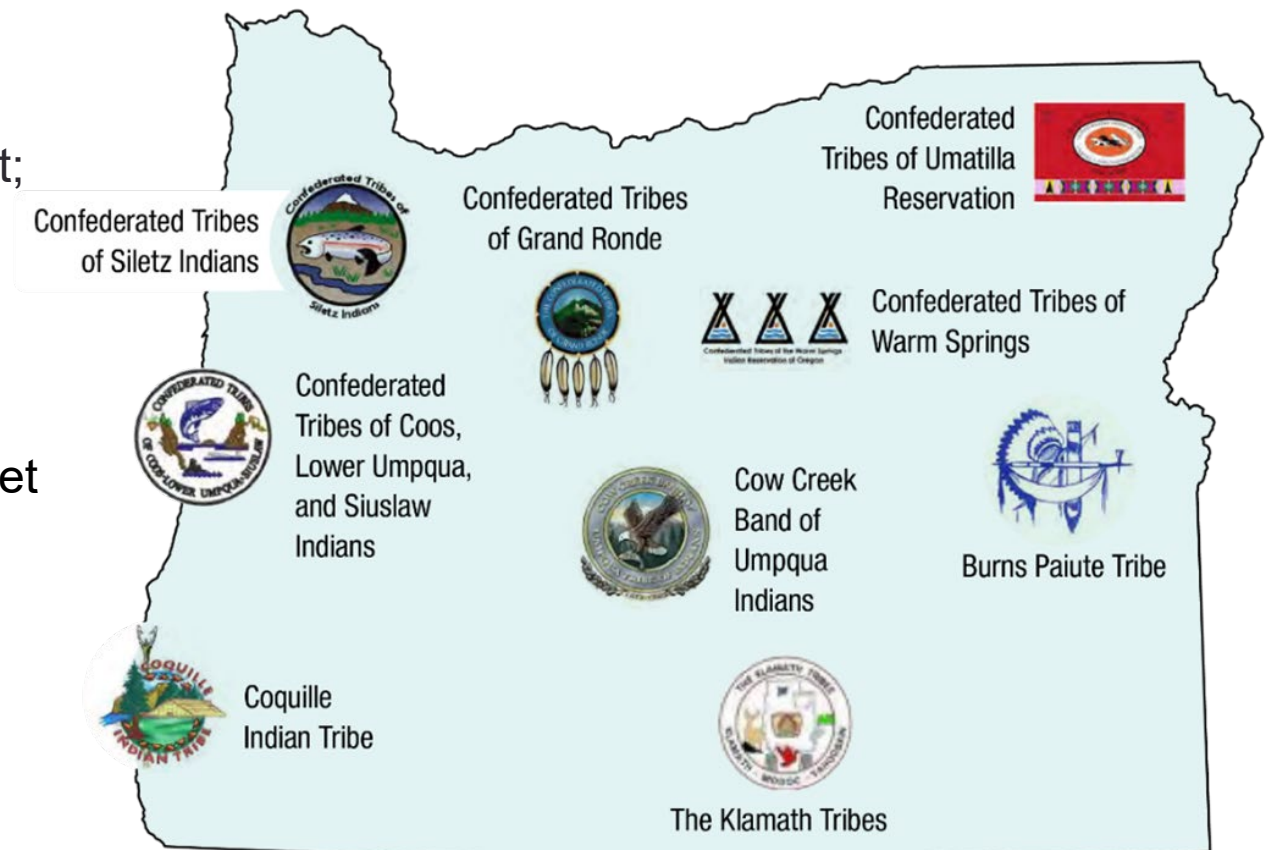


Tribal engagement

APD is improving service equity for Tribal Nations within our organizational structure and through specific programs including:

- Hiring a full-time APD Tribal Affairs consultant;
- Expanding the Tribal Navigator Program;
- Developing equity plans to promote collaboration with Tribal governments;
- Holding statewide and regional Meet and Greet events with Tribal leaders and members; and
- Training Adult Protective Services workers to work with Tribal resources, law enforcement and Tribal governments.

Oregon's Nine Federally Recognized Tribes



Tribal Navigator Program

APD Tribal Navigators, who work for the Tribes, help overcome barriers Tribal members may face in accessing services and supports. APD has contracts with six Oregon Tribes, one Urban Indian Health Center and one not-for-profit, including:

- Confederated Tribes of the Coos, Lower Umpqua, Siuslaw Indians
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Indians
- Confederated Tribes of the Umatilla Indian Reservations
- Confederated Tribes of Grand Ronde
- Native American Rehabilitation Association
- Next Door Inc.



Key partner organizations

- AARP of Oregon
- Afrika House
- Age+
- Alzheimer's Association
- APD Consumers
- Area Agencies on Aging
- Cascade AIDS Project
- Burns Paiute Tribe
- Centers for Independent Living
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of Umatilla Reservation
- Confederated Tribes of Warm Springs
- Cow Creek Band of Umpqua Indians
- Coquille Indian Tribe
- Disability Rights Oregon
- Disability Services Advisory Councils
- Immigrant and Refugee Community Organization
- Klamath Tribes
- Leading Age Oregon
- Legal Aid of Oregon
- LGBTQ+ Aging Coalition
- Local law enforcement agencies
- National Association for the Advancement of Colored People
- Native American Rehabilitation Association of the Northwest
- Next Door Inc.
- Oregon Association of Area Agencies on Aging and Disability
- Oregon Attorney General
- Oregon Care Partners
- Oregon Department of Justice
- Oregon Health Authority
- Oregon Health Care Association
- Oregon Housing and Community Services
- Oregon Law Center
- Oregon Long-term Care Ombudsman
- Oregon State University
- Portland State University
- SAGE Metro Portland
- Senior Advisory Councils
- Service Employees International Union 503
- Volunteers of America
- Working Interdisciplinary Network of Guardian Stakeholder

Partners cont.: Statutory advisory bodies

Governor’s Commission on Senior Services (ORS 410.320-410.340)	Advise the Governor and ODHS on needs of older adults.
Medicaid Long Term Care Quality and Reimbursement Advisory Council (ORS 410.550-410.555)	Review and recommend any proposed change to the reimbursement system for long-term care services and community-based care services.
Oregon Deaf and Hard of Hearing Services Advisory Committee (ORS 410.740)	Advise ODHS on services for Deaf, hard of hearing, and DeafBlind Oregonians.
Oregon Disabilities Commission (ORS 185.110-185.200)	Advise ODHS, Oregon Health Authority, the Governor, the Legislative Assembly and state agencies on meeting needs of individuals with disabilities.
Oregon Home Care Commission (ORS 410.595-410.632; Or. Const. Article XV(11))	Ensure quality home care services (consumer and worker training, orientation, registry).
Quality Measurement Council (ORS 443.447)	Develops metrics to measure the quality of care provided by licensed facilities.

Meet Donna



"This has been such a huge blessing for my comfort and health."

- 71-year-old Donna's health conditions were exacerbated by heat waves.
- Donna's case manager called her to see if she would be interested in receiving an air conditioner at no cost, and Donna gladly accepted.
- Having air conditioning has made a big difference, and Donna no longer worries about mobility issues due to extreme heat.

Regulatory and Safety Oversight



Regulatory and Safety Oversight: Why it matters

APD has three major programs to ensure older adults and people with disabilities are safe:

- Adult Protective Services
- Licensing
- Safety and Emergency Response.

Combined these programs help ensure older adults and people with disabilities are:

- Safe from harm
- Receive the care they need
- Have the support they need during emergencies.



Meet Dana



"I feel better, I feel cleaner"

- APD licensing and compliance unit specialists conducted a routine inspection of the assisted living facility where 79-year-old Dana lives.
- Dana told the compliance specialists that residents received just two showers per week.
- The compliance specialists spoke with facility staff and Dana's care plan was amended to include three showers per week.
- Dana now feels better and cleaner after APD staff ensured her needs were addressed with compassion and dignity.

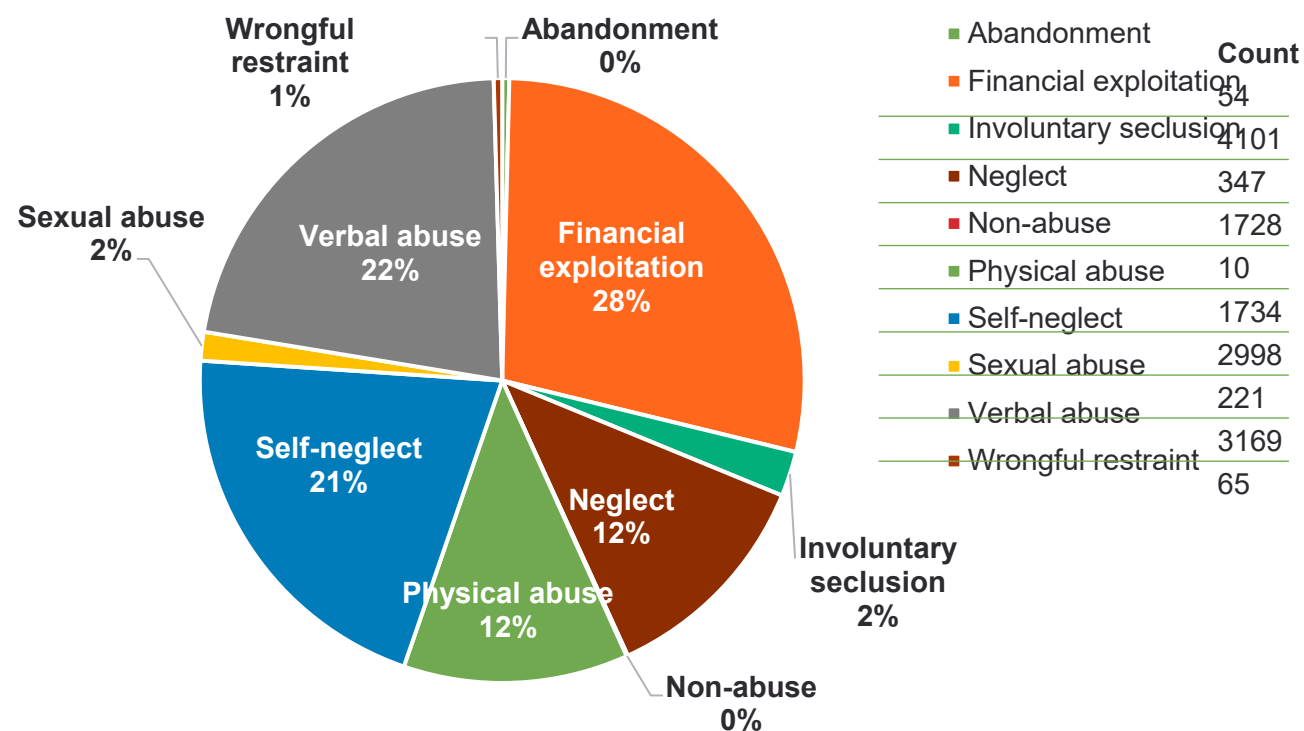
Abuse investigations in the community

Adult Protective Services works in the community and in licensed care facilities.

- Community investigations take place outside of a licensed care setting.
- Facility investigations occur in adult foster homes, assisted living and residential care facilities, nursing homes.

In 2021 APS assisted 13,554 alleged victims of abuse in the community. Of those:

- **11,109** involved allegations of abuse in the community.
- Financial exploitation was the most common form of abuse representing 28 percent of cases.
- When comparing the substantiation rates from 2019 (a non-COVID-19 year) to 2021, the **rate for abandonment increased from 11.3 percent to 23.5 percent.**

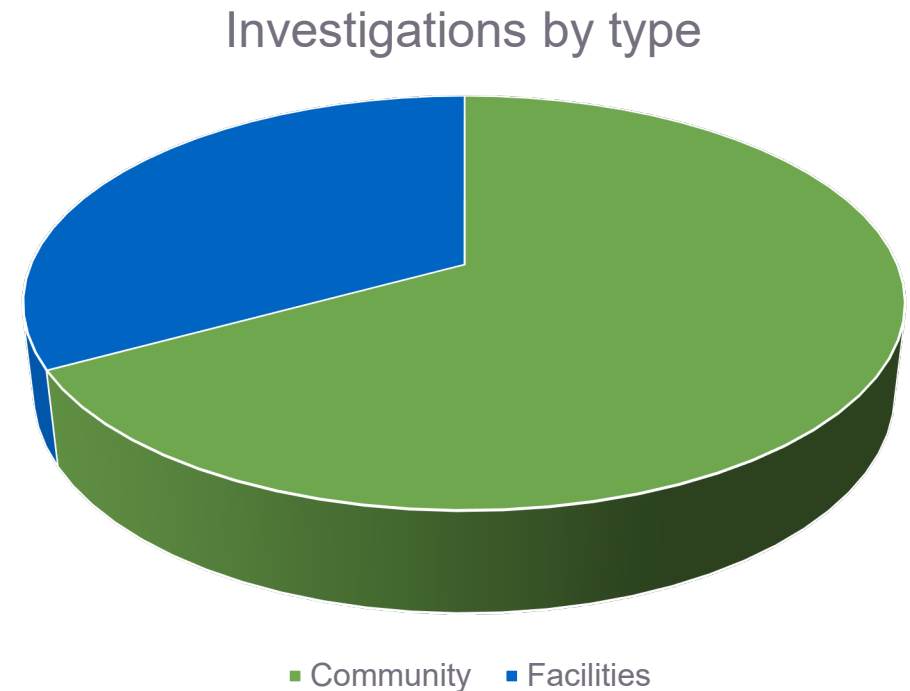


Abuse investigations: Facility settings

APD conducted 6,674 abuse investigations in licensed care facilities in 2021.

- Adult Protective Services conducted 5,371 investigations including 7,443 allegations of abuse in community-based care.
- The Nursing Facility Complaint Unit completed 1,303 investigations of abuse in nursing facility settings.

Combined with community incidents, APD investigated more than 20,000 allegations of abuse.



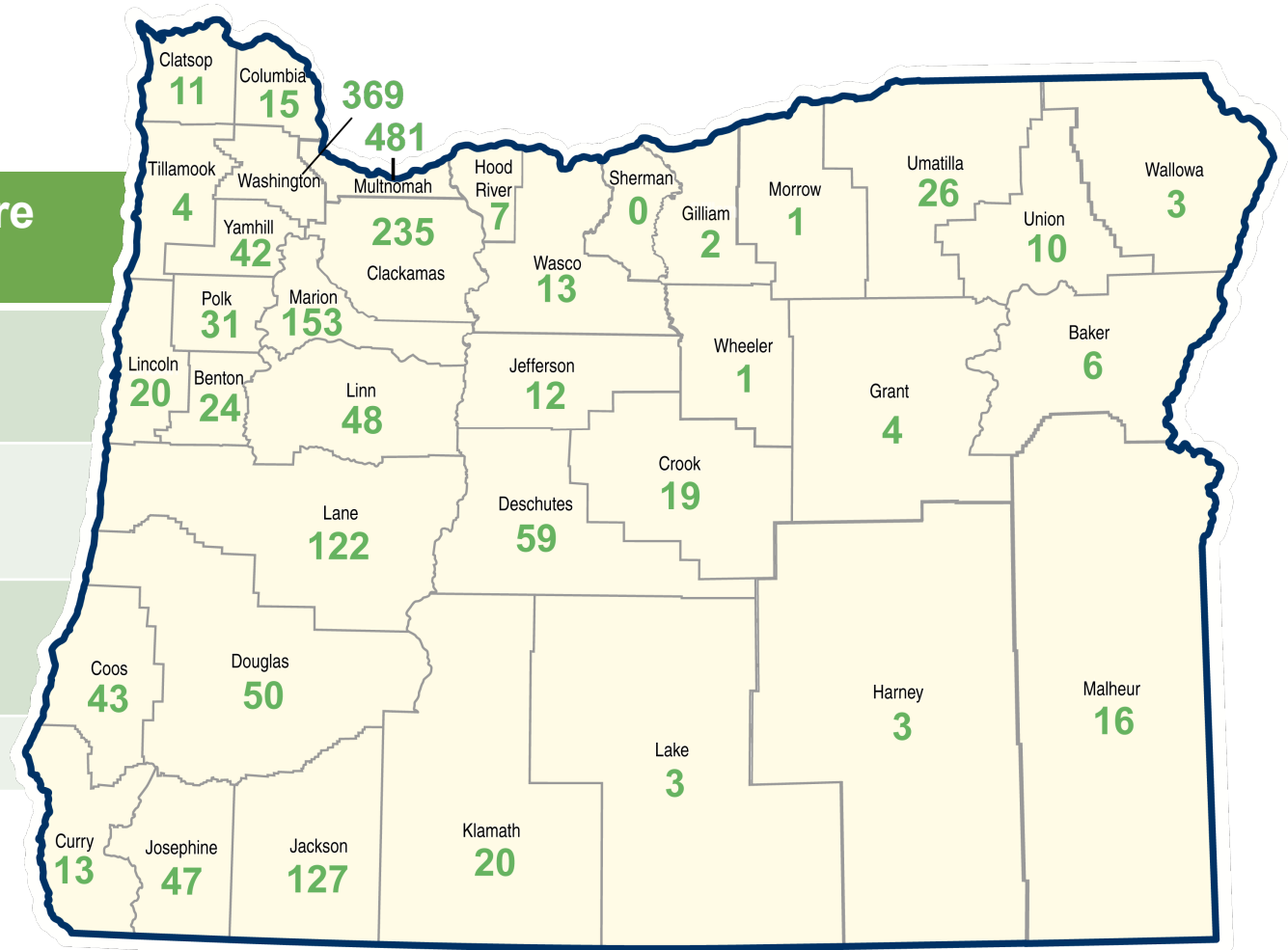
2021-23 Adult Protective Services accomplishments

- Received grants through the U.S. Health and Human Services Department's Administration for Community Living. Grant activities have included:
 - **Enlisting expert consultants** in decisional capacity, safety and enhanced cognitive interviewing.
 - **Conducting community outreach** related to fraud, scams, adult abuse.
 - Investing in a **Data Collection/Reporting System Investment** related to National Adult Maltreatment Reporting (NAMRS) and compliance with legislative mandates related to standard collection of race, ethnicity, language and disability (REALD) data.
- Established a **Statutory/Equity Framework Analysis & Plan.**



Long-term care setting licensing and oversight

Setting type	Number	Memory Care Endorsed
Nursing Facility	129	11
Assisted Living and Residential Care	567	228
Adult Foster Home	1,356	N/A
Totals	2,052	239



2021-23 accomplishments for long-term care licensing

- Introduced an **Acuity-Based Staffing Tool**.
- Developed an **Emergency Services Program**, including hiring an EMS Coordinator and formation of the Emergency Medical Services Council.
- **Launched a [webpage](#)** where residential care and assisted living facilities provide summary statements of the services they provide.
- Added **kitchen inspections** for assisted living and residential care facilities.



Meet Eve and Jewel



**“It’s comforting to know they
are in our corner”**

- Eve’s daughter Jewel is a founding member of the Family Council where Eve lives.
- In 2022, the Family Council invited APD staff to present information about the oversight they provide.
- A short time later, the memory care facility was found non-compliant in meeting staffing requirements and APD intervened.
- Jewel is comforted to know that when people cannot be with their loved ones in a facility, there are officials with authority in their corner to ensure people are safe.

Safety and emergency response

Our Safety Team:

- Helps individuals get to safety when there are natural disasters;
- Relocates residents when facilities close;
- Addresses and prevents negative outcomes affecting consumers we serve.

Examples:

- Partnered with Oregon Health Authority to distribute air conditioners.
- Helped individuals evacuate during wildfires.
- Helped residential care facility residents move to a safe location when their provider became too ill to meet their needs.

Response spotlight

During the September 2022 wildfires and public safety power shutoffs, APD and Area Agencies on Aging staff contacted **1,321** people who receive in-home services to determine their needs in Clackamas, Lane and Marion counties.

Additional calls were made as fire risk increased - including 90 contacts made in Lane County and 35 in Douglas County - to assist them with information and resources.

In Marion County, APD worked with four assisted living facilities and two adult foster homes on potential evacuation planning.



Medicaid Long-Term Services and Supports



Medicaid Long-Term Services and Supports: Why it matters

Medicaid Long-Term Services and Supports unit provides critical, life sustaining supports for individuals who can no longer meet their own needs.

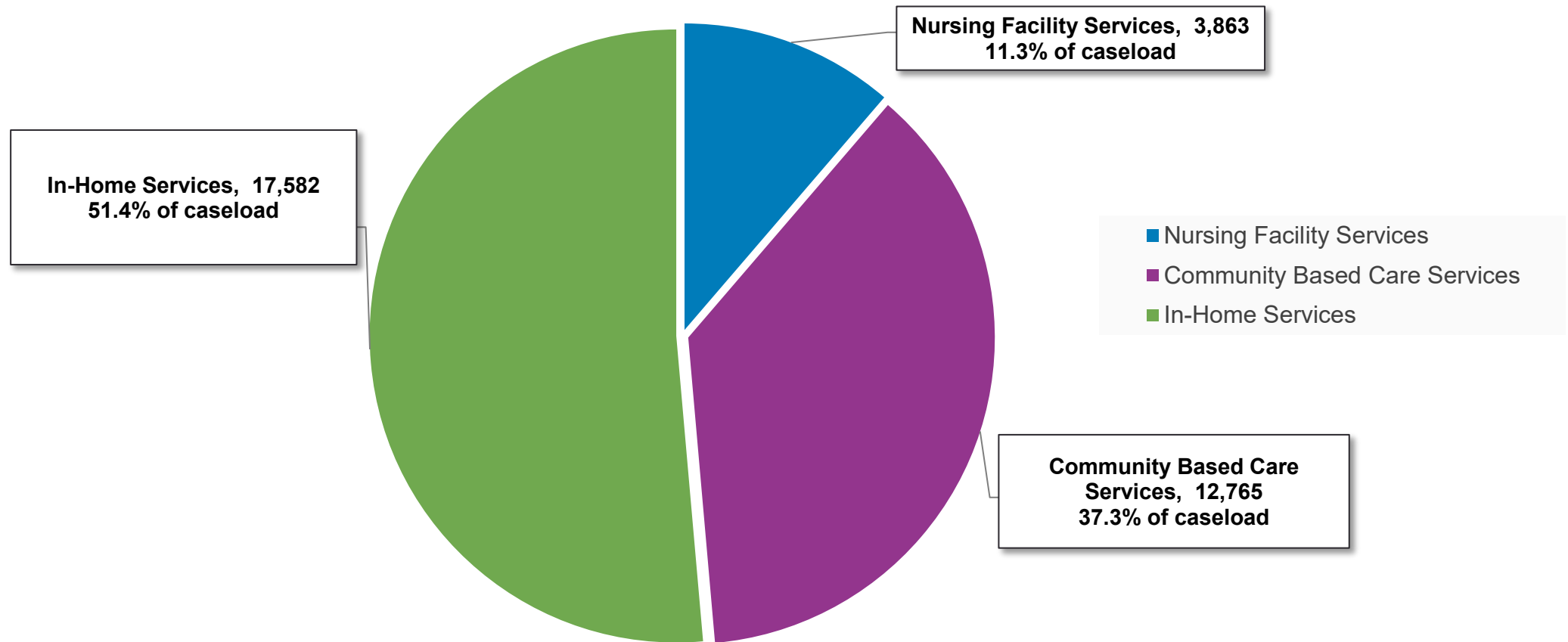
- Serves individuals who need daily assistance with:
 - Walking and transferring out of their chair or bed
 - Eating
 - Elimination and toileting
 - Cognition.

Medicaid helps individuals remain as healthy and independent as possible.

- Individuals can receive services in their own home, in a licensed community setting or a nursing facility.
- All services are person centered and help the individual meet their goals.

Increasingly we serve people in home or community-based settings

2023-2025 Forecasted Caseload



Long-term care delivery system

LTC Setting (#)	Description	Primary Payors	Average Monthly Medicaid Cost
Nursing Facilities (129)	24-hour supervised nursing care; caregivers must be certified nursing assistants (CNA)	Medicare, Medicaid & Private	\$13,280
Assisted Living (238)	Serves 6+; registered nurse not present 24/7; CNA not required	Medicaid & Private	\$3,020
Residential Care Facilities (329)	Serves 6+; registered nurse not present 24/7; staff are not certified	Medicaid & Private	\$1,890
Facilities with memory care endorsement (239)	Staff trained in dementia care specialized services in a secure setting	Medicaid & Private	\$5,578
Adult Foster Homes (1,324)	Single-family home with 1-5 residents	Medicaid & Private	\$2,205
Program for All-Inclusive Care for the Elderly (2)	Provided all LTSS and health care through a capitated model	Medicaid, Medicare & Private	\$5,615
Adult Day Services (16)	Certified – not licensed	Medicaid & Private	\$95 a day
In-home (19,979 homecare workers)	Homecare worker (training required; certification optional) home care agency	Medicaid & Private	\$2,332

2021-23 Medicaid long-term services and supports accomplishments

- Expanded money management programs to support individuals who require help.
- Revised state plan personal care services to allow individuals to qualify for services and supports even if their only needs were outside of their homes.
 - This change was particularly impactful for individuals who are Deaf or DeafBlind
- Eliminated requirement for in-home consumers to contribute towards the cost of services.
- Required service equity plans for PACE providers.
- Expanded housing supports.
- Established crisis fund.
- Provided GrandPads for individuals experiencing severe isolation.



Meet Nancy



“It’s the best gift I’ve received in a very long time”

- Nancy is 85 years old and lives alone. Nancy wanted to connect more with her friends and family but had no way to do so.
- In October 2022, APD LTSS launched the GrandPad Pilot
- Nancy's APD case manager enrolled her in the pilot.
- Through the GrandPad, Nancy has been playing memory games and calling her relatives from long distances every day.
- After using the GrandPad, Nancy called her local office to thank ODHS for the best gift that she has received in a very long time.

Behavioral Health Services: Overview



Enhanced Care Services:

Co-located programs that serve individuals over age 65 with mental illness.



Mental Health Projects:

Local evidence-based programs that help address depression, anxiety and social isolation.



Behavior Support Services:

Training and supports for providers to help them address behaviors.

SB 5529 – Behavioral Health Budget Note

Issues highlighted in the report include:

- Lack of behavioral health treatment services for individuals eligible for APD services.
- Confusion on which program should serve individuals under the age of 65 who have co-occurring needs for behavioral health and activities of daily living.

Background:

- APD does not serve individuals under age 65 whose primary need is driven by a mental illness.
- This is based on dated CMS requirements that no longer apply.

Recommendations:

- Issue policies to prevent discrimination.
- Improve communication between OHA and ODHS.
- Develop processes to ensure services are culturally and linguistically appropriate.
- Support existing efforts to address the ongoing workforce shortage.
- Coordinate services for people with complex needs.
- Discuss the prioritization of who receives mental health services defined in statute.
- Discuss APD's current limitation on who can be served.

Housing supports to address needs

Existing services

- Diversion and Transition Services
- Room and Board payments
- Specific Needs Programs
- Enhanced Care Services
- Home Modifications
- Extended Waiver Eligibility
- Cash Assistance
- General Assistance Cash Benefit

New services 2021-2023

- Eliminated client pay-in allowing consumers to keep more of their money
- Crisis funds that help with repairs and other urgent issues to keep people in the home.
- Housing Support Services



Housing supports services

Affordable housing is a critical barrier for Medicaid eligible individuals to receive in home services.

- To help consumers, APD applied for and received permission from CMS to provide Housing Support Services.
- One Housing Support Navigator is placed in each district in the state.
- Navigators help consumers maintain or obtain housing by assisting:
 - Case Managers with housing information, resources, and complex case staffing.
 - Consumers to apply for and find housing and maintain their housing by understanding their rights and responsibilities.
- In 2022, Housing Navigators were hired by two of the Area Agencies on Aging (AAAs) covering Lane and Multnomah counties.
- Housing Navigators for the remaining AAAs and Districts 6-16 will be hired in 2023.



Financial Eligibility Determinations



Financial Eligibility Determinations:

Why this matters

Financial eligibility determinations are the doorway to a multitude of programs administered by APD including:

- Medicaid
- Medicare Savings Programs
- SNAP benefits
- General Assistance.

Determinations are completed by local office eligibility workers who help ensure access to:

- Healthcare, Medicare premium assistance
- Long-term services and supports
- Food assistance
- Social Security disability benefits
- Housing assistance including utility assistance.

Meet Corina

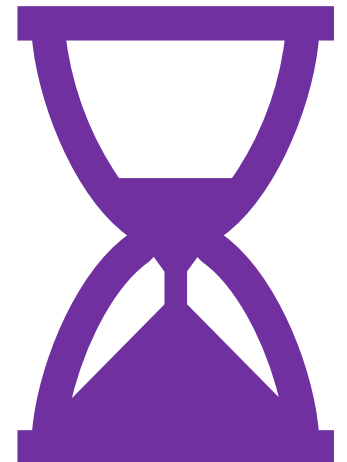


“People need this service”

- 60-year-old Corina lost her job in 2019 and her chronic health conditions worsened.
- With no job and no way to pay rent, Corina moved into a motorhome with a friend. The conditions exacerbated Corina's health conditions.
- Corina connected with APD staff who helped her apply for General Assistance funds.
- After being approved, Corina was able to move into her own apartment.

Public Health Emergency unwinding

- APD is taking a proactive approach to the Public Health Emergency Unwinding.
- In addition to the unwinding work outlined by the Oregon Eligibility Partnership, APD is identifying ways to leverage contacts between case managers and consumers to assist with the renewal process.
- An initial area of focus will be consumers who appear to be over income or over resources for their current medical program.
- Within this population, APD is prioritizing consumers in residential care and nursing facilities due to the potential loss of housing should medical coverage, and thus service eligibility, end.

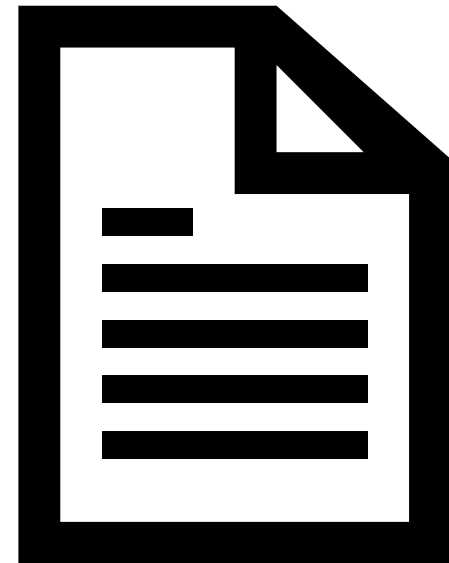


Expanding Medicaid Funded Services



Expanding Medicaid funded services: Why it matters

- Medicaid has strict eligibility criteria, leaving many people without the supports they need.
- Oregon Project Independence (OPI) has helped fill the gap, but it is limited by the available general funds.
- More than 2,000 people have been waiting to receive OPI services.



1115 Medicaid demonstration waiver

Work is underway to receive Centers for Medicare and Medicaid Services' approval to:

- **Expand Oregon Project Independence** using Medicaid to serve more older adults and people with physical disabilities who require some assistance with activities of daily living.
- **Create a Family Caregiver Assistance Program**, offering a limited, monthly benefit to older adults and people with physical disabilities receiving support for activities of daily living from family or other unpaid caregivers.

Budget Note and
Advisory Committee
(2019-present)

Application prepared
and submitted to
CMS (June-
November 2021)

Implementation
preparation (August
2021-present)

Discussion of
proposal with CMS
(January 2022-
present)

Meet Arden



“OPI has been a huge help to me”

- Arden served in the US Navy and was also a symphony musician, singer and radio show personality.
- In 2017, he was diagnosed with Parkinson’s Disease.
- Arden could soon no longer drive safely. Fractures in his spine left him in constant pain and he also developed COPD.
- In November 2018 he enrolled in Oregon Project Independence (OPI).
- Through OPI Arden was able to choose a Homecare Worker who was a good match for his needs.
- He now has help with ambulation, bathing, meals, transportation, shopping, housekeeping and memory assistance, and can remain in his own apartment.

Deaf and Hard of Hearing Services



Deaf, DeafBlind and hard of hearing services: Why it matters

“The ability to communicate, **to understand and to be understood**, is the cornerstone of all areas of human development. It may look different from person to person, but without it, everything else is lost.”

– Community-Based Needs Assessment of Oregon’s Deaf and Hard of Hearing Communities: Final Report

- People who are Deaf, DeafBlind, Deaf with additional disabilities and individuals who are hard of hearing often face problems accessing state and local services.
- Without a statewide program, government entities often struggle with serving these individuals.



Deaf and hard of hearing services

Service unit:

Works to make state services and programs welcoming and accessible to people who are Deaf, DeafBlind and hard of hearing by providing:

- Information and referral;
- Accommodations for services;
- Support for individuals accessing state services; and
- Training for state agencies on how to better serve these individuals.

Oregon Deaf and Hard of Hearing Services Advisory Committee:

- Represents people who are Deaf, DeafBlind, Deaf with additional disabilities and hard of hearing.
- Provides advice to ODHS by identifying needs, concerns and programs.

Examples:

- Changed eligibility for State Plan Personal Care to support DeafBlind individuals in the community.
- Upcoming request for proposals to start a new program to help DeafBlind individuals fully engage in their communities.

Supporting our Provider Workforce



Supporting our provider workforce: Why it matters

Care providers in our facilities and consumer's homes are indispensable in meeting the needs of older adults and people with disabilities.

- APD providers are struggling to rebound from the pandemic due to a lack of nurses and direct care workers.
- A growing number of consumers are unable to find caregivers or providers forcing them to struggle without the help they need.
- Oregon's caregivers deserve to be treated well and compensated fairly for the work they do.



Provider workforce initiatives

Funding was provided for:

- **Wage study** and focus-group research on challenges faced by direct-care workers.
- **Apprenticeship program** to provide training and other supports for CNAs seeking jobs in long-term care facilities.
 - 58 graduates
 - 53 currently in training
- **RN Well-being grants** to support in-home and community-based nursing workforce and enhance retention and recruitment.
 - Ten long-term care facilities selected to receive grants.
- **Nurse Crisis Teams** provide staff to facilities when they have worker shortages.
 - About 200 facilities received support.



PSU provider cost study

A study questionnaire was developed by Portland State University in collaboration with ODHS staff, with multiple opportunities for input from community partners, industry organizations, and interested parties.

- Average licensed capacity: **64.2** (n=153)
- Occupancy: **76.4%** (n=146)
- Medicaid residents: **47.5%** (n=143)
- Memory Care residents: **27.7%** (n=147)

Facilities differed widely in terms of the average total cost of care per resident per month.

Bottom 10 th	Bottom 25 th	Middle 50 th	Top 25 th	Top 10 th
\$3,606	\$4,320	\$5,621	\$7,302	\$11,409

Total cost of care per resident per month by Medicaid contract and license type

Medicaid and license type	Facilities	Average
Oregon	104	\$6,698
Medicaid – special	11	\$14,006
Medicaid – regular	81	\$5,380
Single RCF (non-MC)	9	\$5,438
Single ALF (non-MC)	33	\$4,611
Single MC (ALF or RCF)	17	\$6,192
Mixed (AL/RC+MC)	22	\$5,882
No Medicaid contract	12	\$8,893

Distribution of cost categories (all facilities)

Cost category	Bottom 25 th *	Oregon Average	Top 25 th *
Payroll (care-related)	25.4%	35.7%	45.0%
Payroll (non-care)	14.4%	21.0%	27.6%
Property expenses	4.7%	15.6%	21.8%
All other operating expenses	5.1%	9.0%	13.0%
Administrative and general expenses (non-labor)	3.1%	6.0%	7.7%
Food expenses	3.6%	5.2%	6.4%
Management fees	0%	4.2%	6.3%
Third party staffing agency care-related staff	<1%	2.2%	2.2%
Direct care supplies	<1%	1.2%	1.4%

Meet Mary



**"Some people have no family;
they need this stability"**

- Mary has been an enrolled homecare worker since the early 1990s.
- Mary helps her consumer employer with things like medication management, grocery shopping and cleaning.
- When people can stay in their own homes their outlook on life can be more positive.
- Mary makes sure she is there for them through hospital visits, good days, bad days and the days in between to ensure they receive quality care in their homes with dignity and respect.

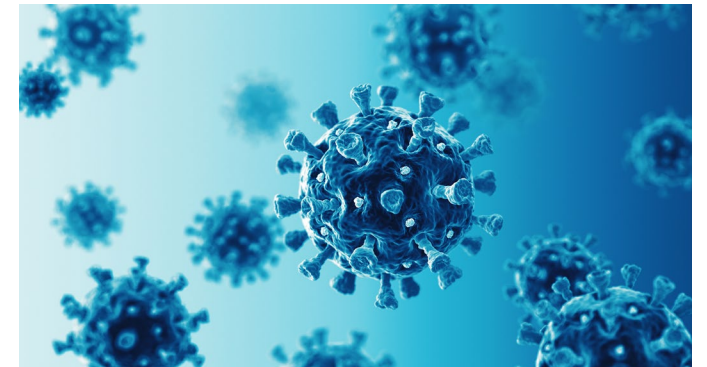
2021-2023 projects and investments

- **Eliminated client pay in**
- **Crisis funds** for Medicaid consumers
- **Money Management** for SPPC and 1915(k) Consumers
- Workforce **recruitment and retention** strategies
 - Wage and Benefit Study
- **Grants** to senior centers to modernize and to improve transportation options and meal sites
- Grants to community organizations through the **Innovation Fund to remove service barriers**
- Additional support for **Adult Day Service** providers
- Provider **rate improvements**
- **Reports** to the Legislature
 - Mental health barriers
 - Models for managing in-home providers
- Implementing **Healthier Oregon**

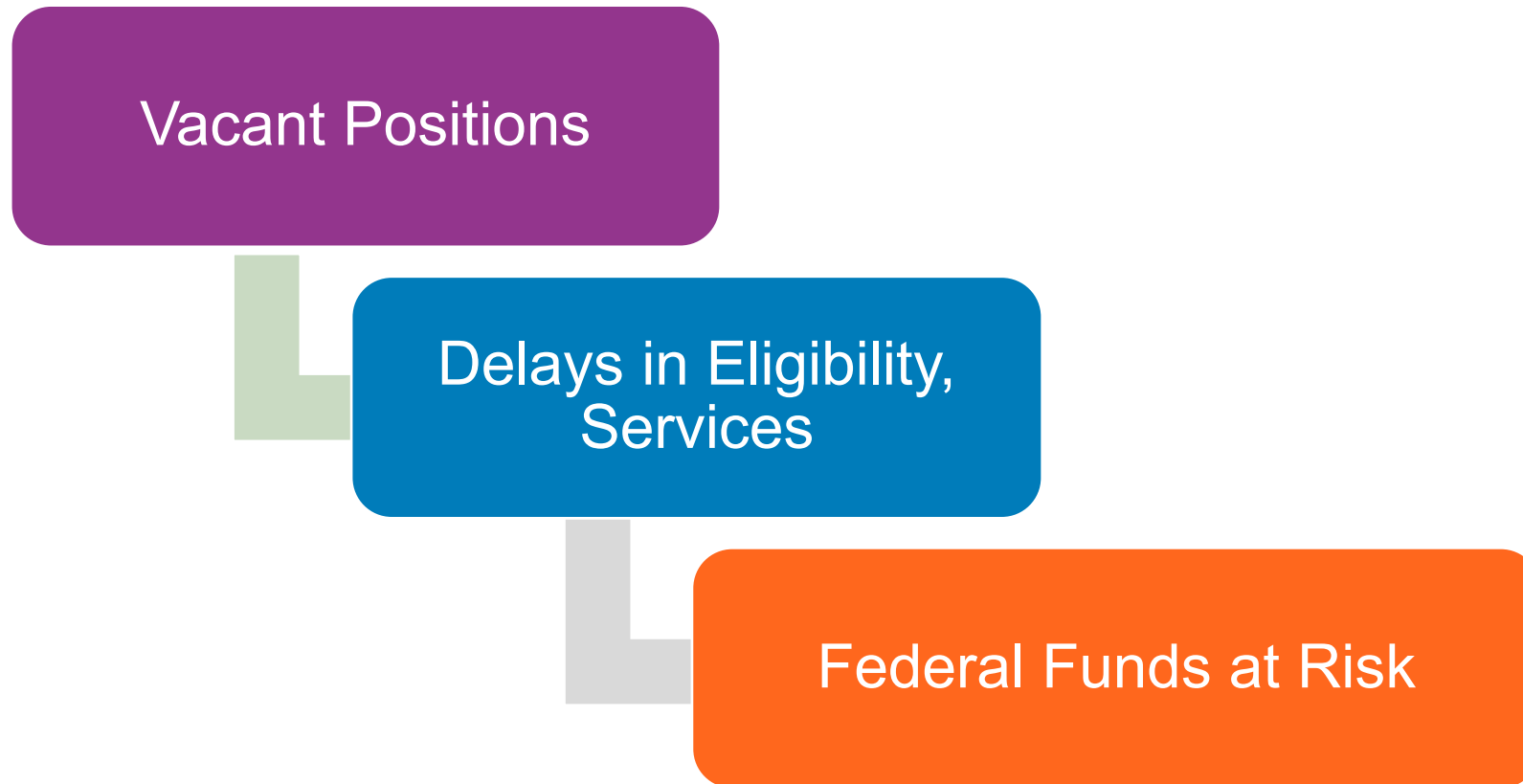
Improved efficiencies in pandemic response

With the COVID-19 Public Health Emergency, we:

- **Instituted e-signatures** to streamline the application and assessment process.
- **Embedded contract staff in hospitals** to improve the speed of individuals being discharged.
- Provided **Crisis Funds**.
- **Offered incentives** to providers accepting people from hospitals and provided a wage add-on to help providers retain staff.
- **Eliminated client pay-in** for in-home consumers and PACE
 - Saves staff time;
 - Helps to address housing needs of in-home consumers.
- Streamlined processes to **facilitate hospital discharges**.



Workforce: Risks related to APD/AAA staff shortages



Additional key risks

- **Houselessness**
 - Individuals with chronic houselessness are often difficult to serve.
 - Housing costs make it difficult for individuals to safely remain in their own home.
- **Behavioral Health**
 - Individuals with co-occurring substance use disorders often cannot find or lack access to providers.
- **Provider rates:**
 - Nursing Facility rate methodology is set in statute.
 - Community based care provider rate methodologies were created in the 1980s and 1990s.
 - The rates paid are based on the assessed needs of individuals, but the tool clusters needs.
 - The methodologies do not capture the costs to serve individuals.
- **Public health unwinding** will reduce federal benefits and flexibilities.
- **IT Systems including Provider Time Capture and ONE:**
 - Antiquated mainframe hampers our ability to meet the needs of Oregonians and providers.
 - New systems take time for staff to adapt.

Outline

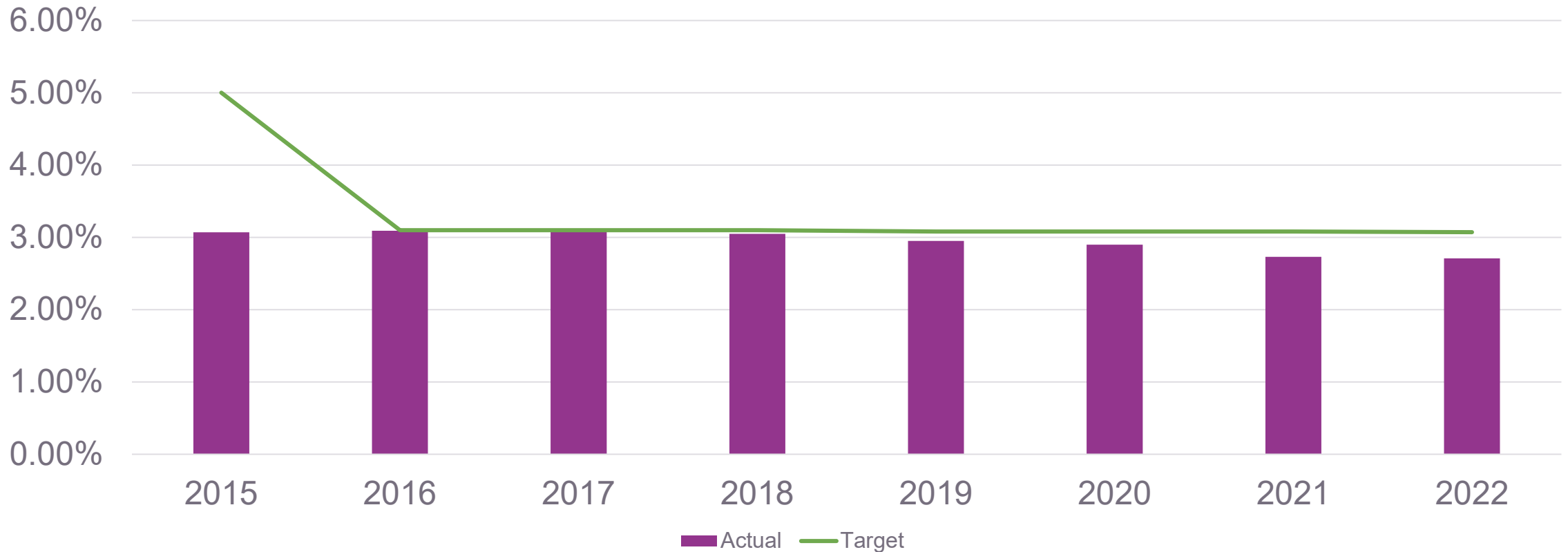
- I. Who we are
- II. Who, where and how we serve
- III. Tracking our progress**
- IV. The work ahead
- V. Governor's Budget
- VI. Closing remarks

Office of Aging and People
with Disabilities



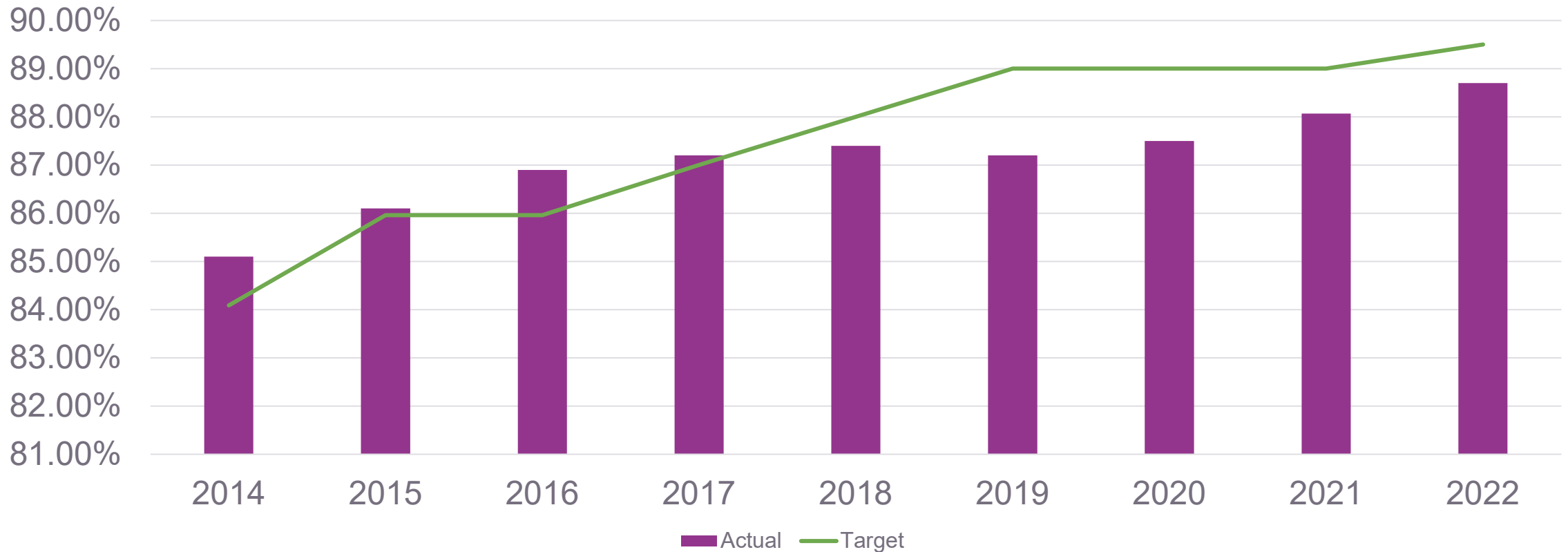
KPM #1 – Older Adults Needing Long Term Care Services

Percentage of Older Adults Needing Long Term Care Services
Current Target: Under 3.07%



KPM #2 – Long Term Care Recipients Living Outside of Nursing Facilities

Percentage of Long Term Care Recipients Living Outside Nursing Facilities
Current Target: Above 89.5%



KPM #3 – Timely APD Abuse Investigations

Percentage of Timely APD Abuse Investigations
Current Target: Above 95%



Improving accountability in serving Oregonians

- Analysis of our strengths, weaknesses, opportunities and threats or challenges
- Mapping of regulatory process
- Review of Fundamentals Map and Quarterly Target Review
- Review of APD strategic plan
- Workforce retention, promotion and competencies analysis



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2023-25 Key Issues



Lessons learned

Pandemic

- Individuals living in congregate care settings faced disproportionate impact.
- People living independently lacked access to vaccines.
- All older adults and people with disabilities faced higher levels of isolation and loneliness.

Emergency response

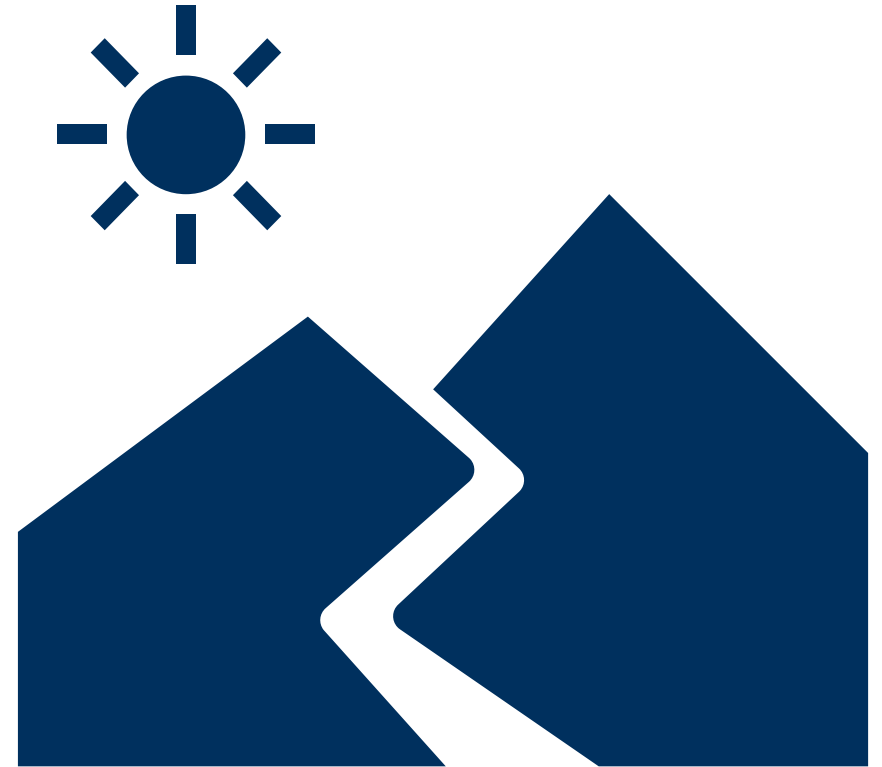
- Almost three-fourths of people who died from heat were over age 60.
- People we serve require intentional and targeted outreach and assistance during any emergency.

Workforce

- Direct-care workforce shortages have worsened.
- Workers want more –did not return to jobs vacated during the pandemic.
- Many front-line staff now have limited experience with in-person assessments given they've worked remotely.

At a crossroads

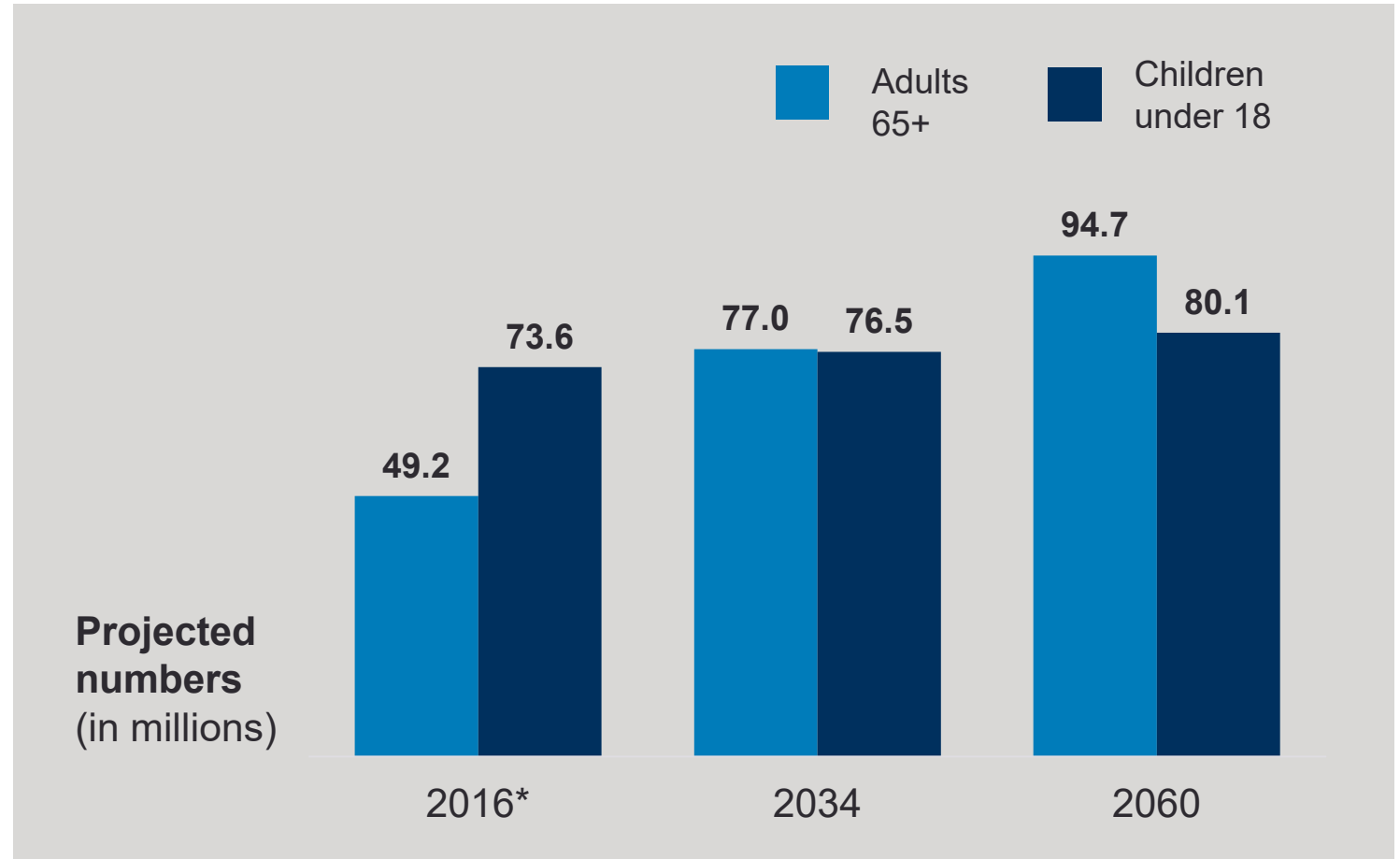
- We must do better as we recover from the COVID-19 pandemic.
- Workforce challenges impact our ability to serve consumers and ensure safe and quality experiences.
- Inequities continue for communities of color, immigrant communities, LGBTQ+ older adults and people with disabilities.
- There is a gap in available behavioral health supports.



Age demographics are changing

By 2034, the U.S. Census Bureau projects that **older adults will outnumber children** for the first time on record.

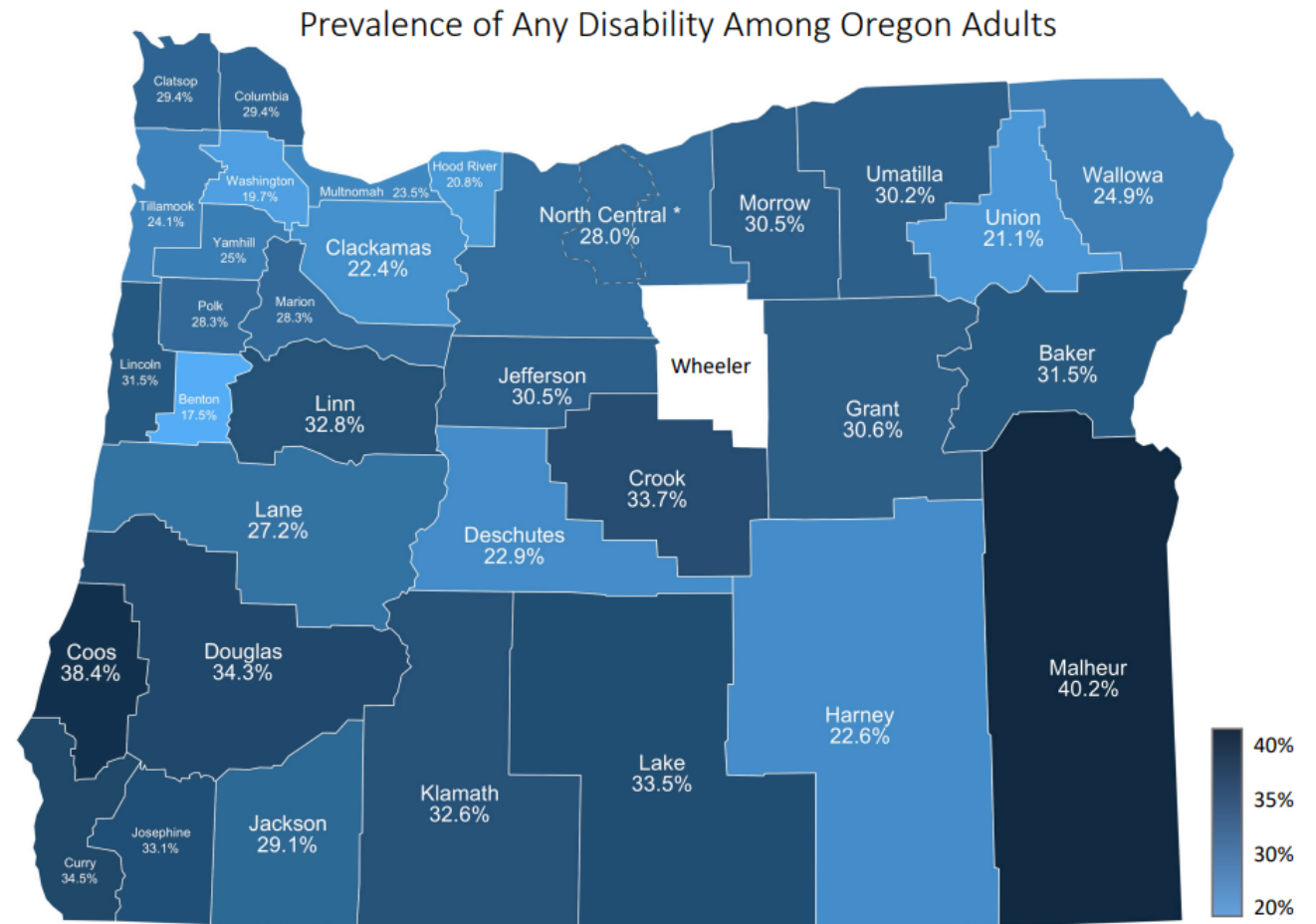
- The Baby Boomer generation is the driving force behind this change.
- Starting in 2030, when this group will be older than 65, **older adults will make up more than 20 percent of the U.S. Population** up from 15 percent in 2016.



*2016 data are estimates, not projections
Source: [U.S Census Bureau](https://www.census.gov)

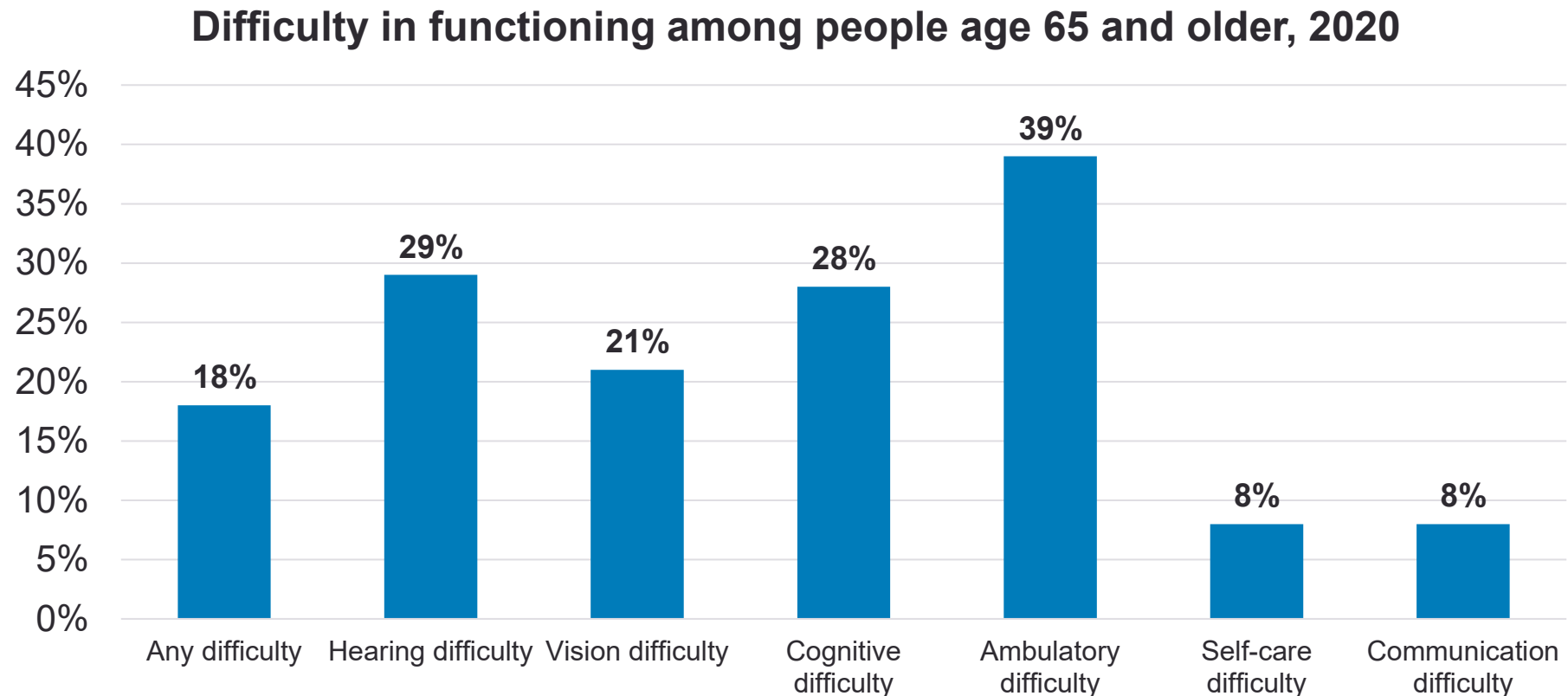
People are living longer with disabilities

- **1 in 4** Oregonians is living with a disability.
- In some counties, people with disabilities represent about **40 percent of the population**.
- About **35 percent of the people we serve are adults under 65** who are living with a disability.



Source: Oregon Office on Disability and Health; Estimates generated from the Oregon BRFSS 2014-2017 combined county dataset (n=35,740).

As people live longer, needs get more complex



"Any difficulty" includes those who reported "a lot of difficulty" or "cannot do it at all" in any functioning domain.

Source: November 2022 report: [Profile of Older Americans](#), U.S. Administration for Community Living, Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Need for memory care increases with age

Between 2020 and 2025, it is estimated Oregon will experience a nearly **22 percent increase in people with Alzheimer's**.

Today, 59 percent of people receiving Medicaid long-term services and supports have a cognitive impairment.

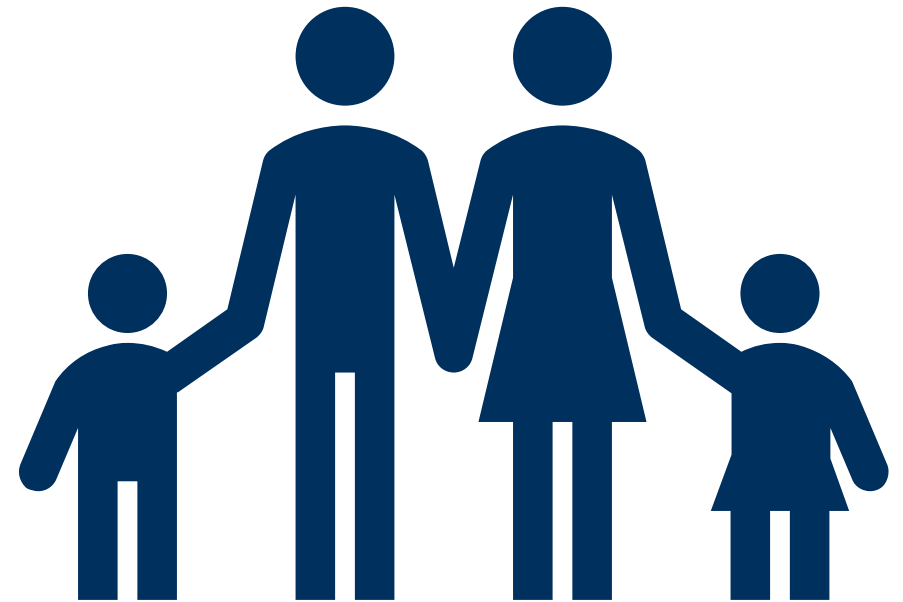
- Risk of cognitive impairment increases with age.
 - Prevalence of Alzheimer's disease doubles every five years beyond age 65.
- Family caregivers are often the source of supports.

Sources: Alzheimer's Association, *Oregon Alzheimer's Statistics* (2022); Centers for Disease Control and Prevention, *Alzheimer's Disease and Healthy Aging*



Lived experiences affect how people age

- Poverty
- Racism
- Discrimination
- Houselessness
- Behavioral health
- Social isolation
- Informal social supports



Most older adults will require help with daily living

The older someone is, and the lower their income during their lifetime, the higher the likelihood they will need publicly funded assistance. Income, age and gender all affect how much help a person will need.



Someone turning age 65 today has almost a 70 percent chance of needing long-term care services and supports.



20 percent of people older than 65 will need services for longer than 5 years.



Women need care longer than men.

Meet Kaha



- 63-year old Kaha had surgery to remove a tumor from her lower back, which left her paralyzed from the waist down.
- While in a rehabilitation facility afterward, Kaha experienced both physical and emotional trauma because she could not communicate with the staff.
- Kaha's daughter applied to become a Homecare Worker so Kaha could receive care from someone who shares her language and culture.
- Kaha feels comfortable communicating, can request her favorite cultural foods and she feels less stressed out when she is in the community or in appointments.

People with disabilities face lifelong economic challenges

Federal and state requirements limit an individual's ability to increase their economic well-being by creating income-limit thresholds.

People who have always had a disability, and rely on Supplemental Security Income (SSI), often live in abject poverty.

- Individuals who have been unable to work due to a disability receive **\$914 a month in SSI or 25 percent below the federal poverty level.**
- The average monthly **Social Security Disability Insurance (SSDI) benefit paid in 2022 is \$1,358.**

Earning an income puts Social Security and Medicaid at risk.

- Since 1987, **savings cannot be higher than \$2,000.**
- Equipment funded by Medicare and Oregon Health Plan does not typically support people's independence in the community.
- After age 55, all benefits are subject to estate recovery.



Cost of care is unreachable for many older adults

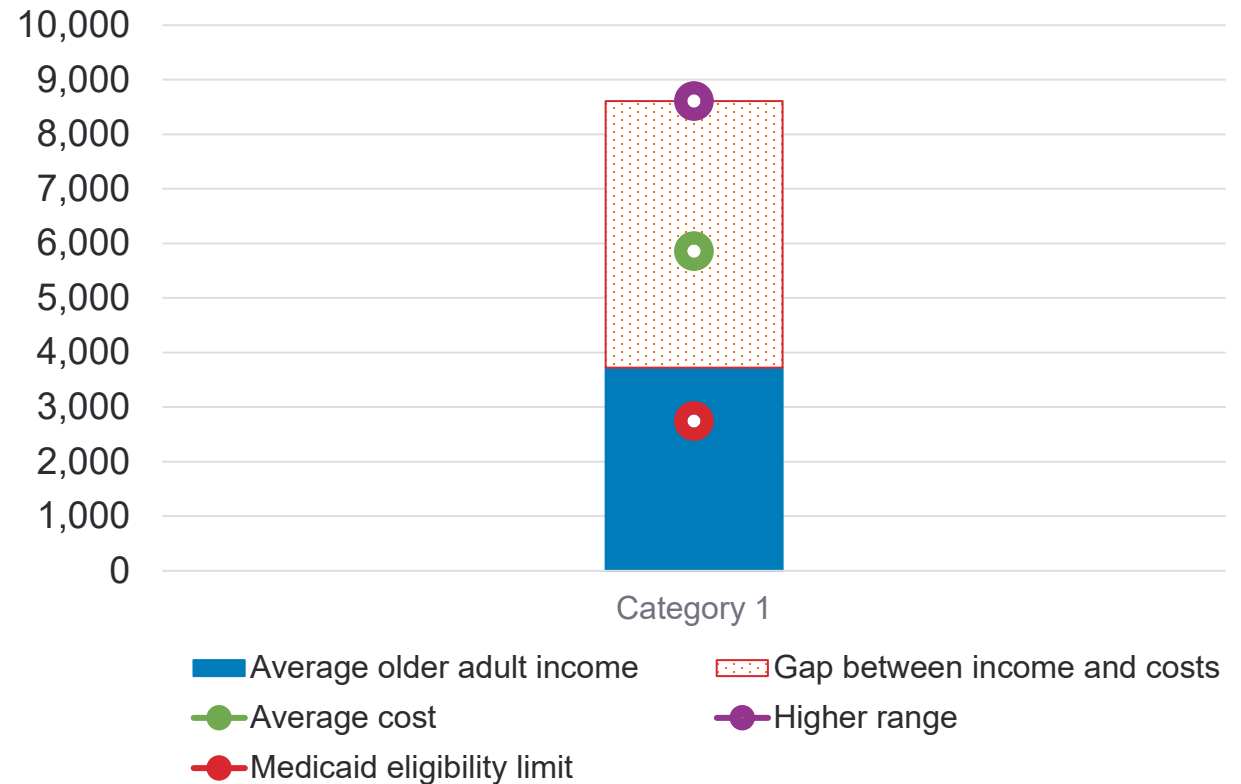
There is a gap between income and the cost of care:

- Private pay costs for assisted living and residential care facilities:
 - Average cost - \$5,852 per month
 - Higher range - \$8,607 per month.
- Average older adult income in Oregon:
 - \$3,725 per month.

Medicaid won't fill this gap given the eligibility income limit:

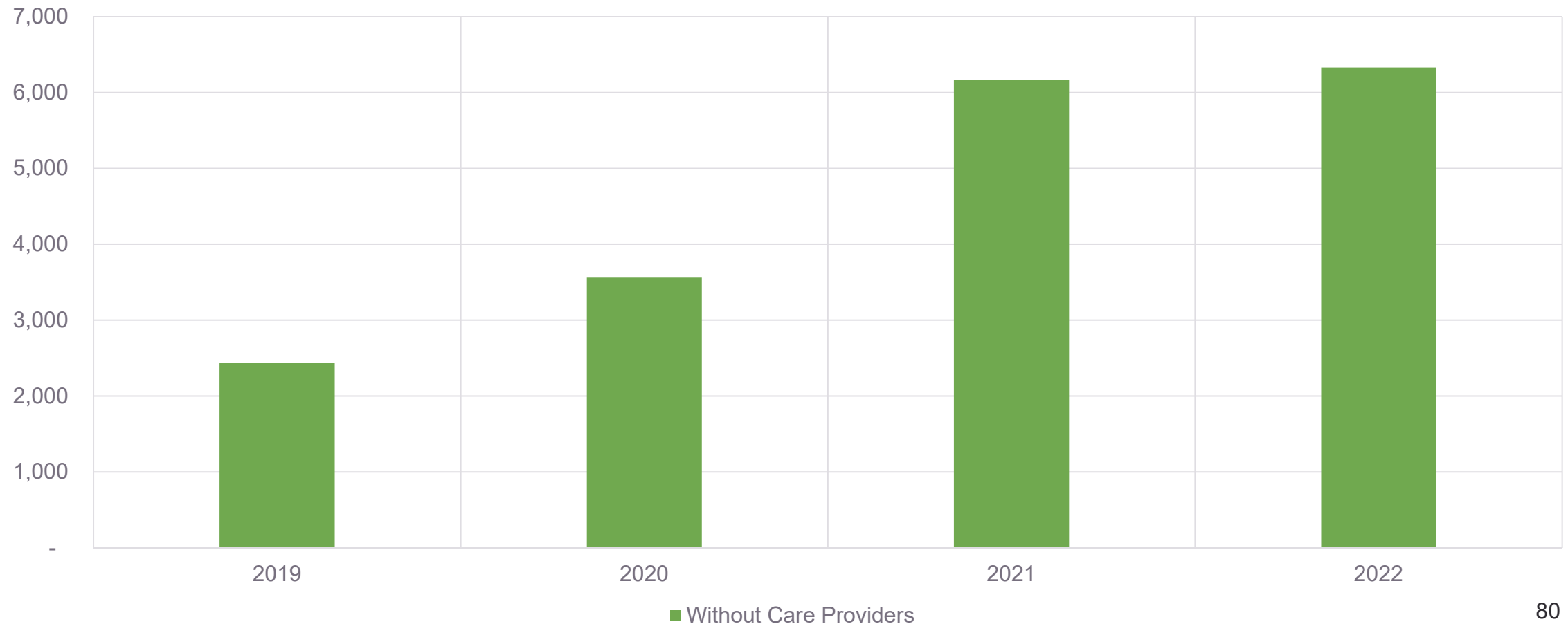
- \$2,742 per month.

Care costs, income and Medicaid eligibility limits



For consumers who qualify, help not always available

Number of people eligible for Medicaid services and supports in Oregon who do not have care providers.



Long-term care workforce challenges

Low wages in the caring professions have contributed to workforce crisis.

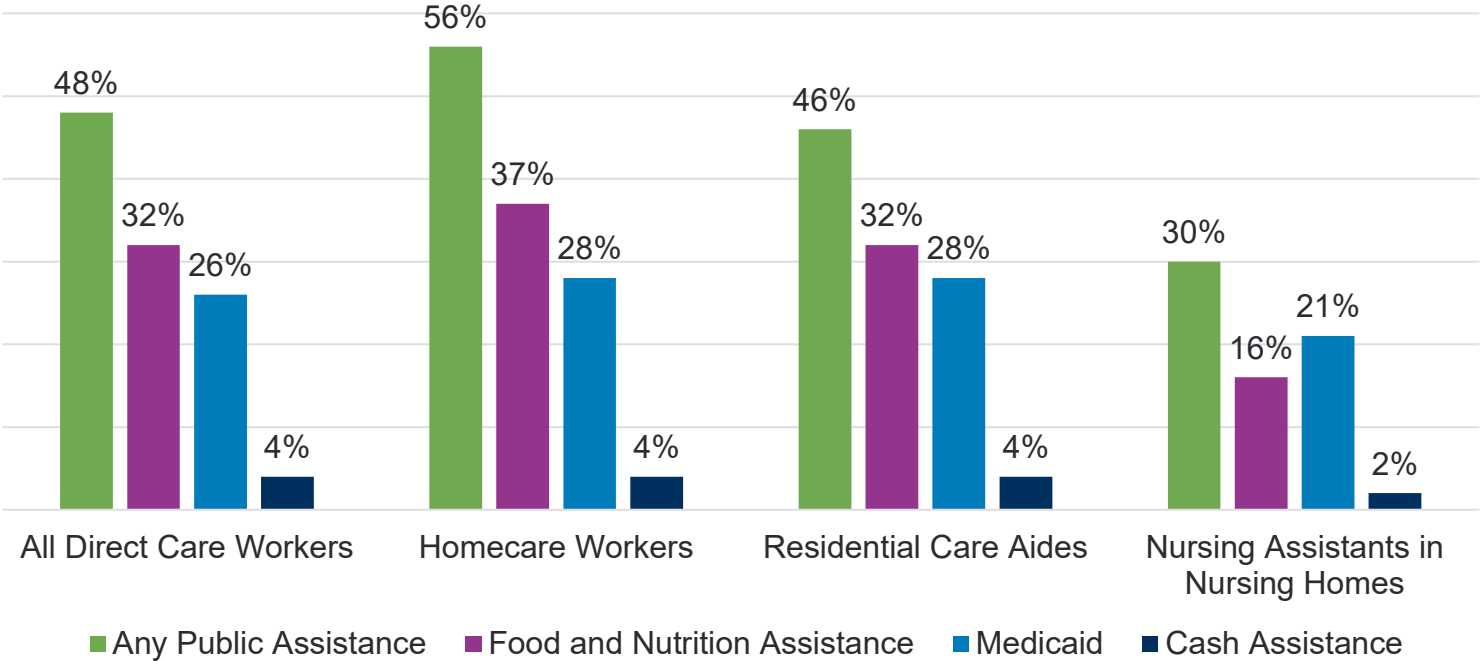
- Hourly rates start at **\$17.77 an hour for homecare workers** serving people in Oregon with Medicaid services. Comparable employment options pay \$18.12 an hour.
- Direct care workers are often people who are members of historically socially and economically marginalized groups:
 - **1 in 4 are aged 55** and older;
 - 1 in 6 are immigrants;
 - **1 in 3 are people of color**; and
 - **81 percent are women.**



Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. IPUMS USA: Version 12.0. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

Direct care workers rely on public assistance

Nearly half of Oregon’s direct care workers rely on public assistance.



Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. IPUMS USA: Version 12.0. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

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Office of Aging and People
with Disabilities



Key changes: 2017-2023

2017-19

- Tribal Navigator Program
- Centralized Abuse Management System
- HB 3359 implementation
- Service equity planning
- Changes to eligibility definitions
- Changes to in-home services

2019-21

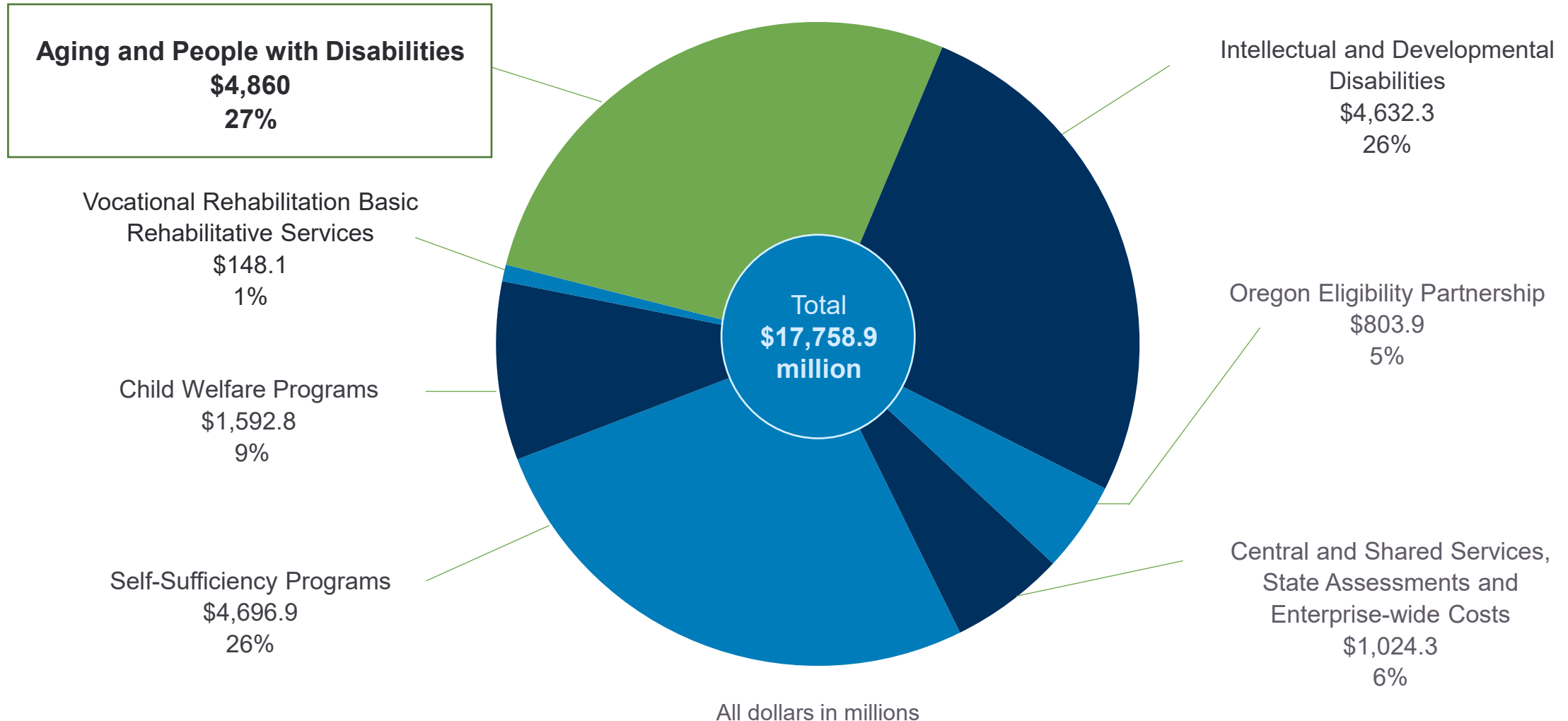
Pandemic response:

- Supporting long-term care facilities and adult foster homes with actual or suspected COVID-19 cases
- Remote service delivery and eligibility determination
- Providing recovery facilities to reduce spread and maximize long-term care availability

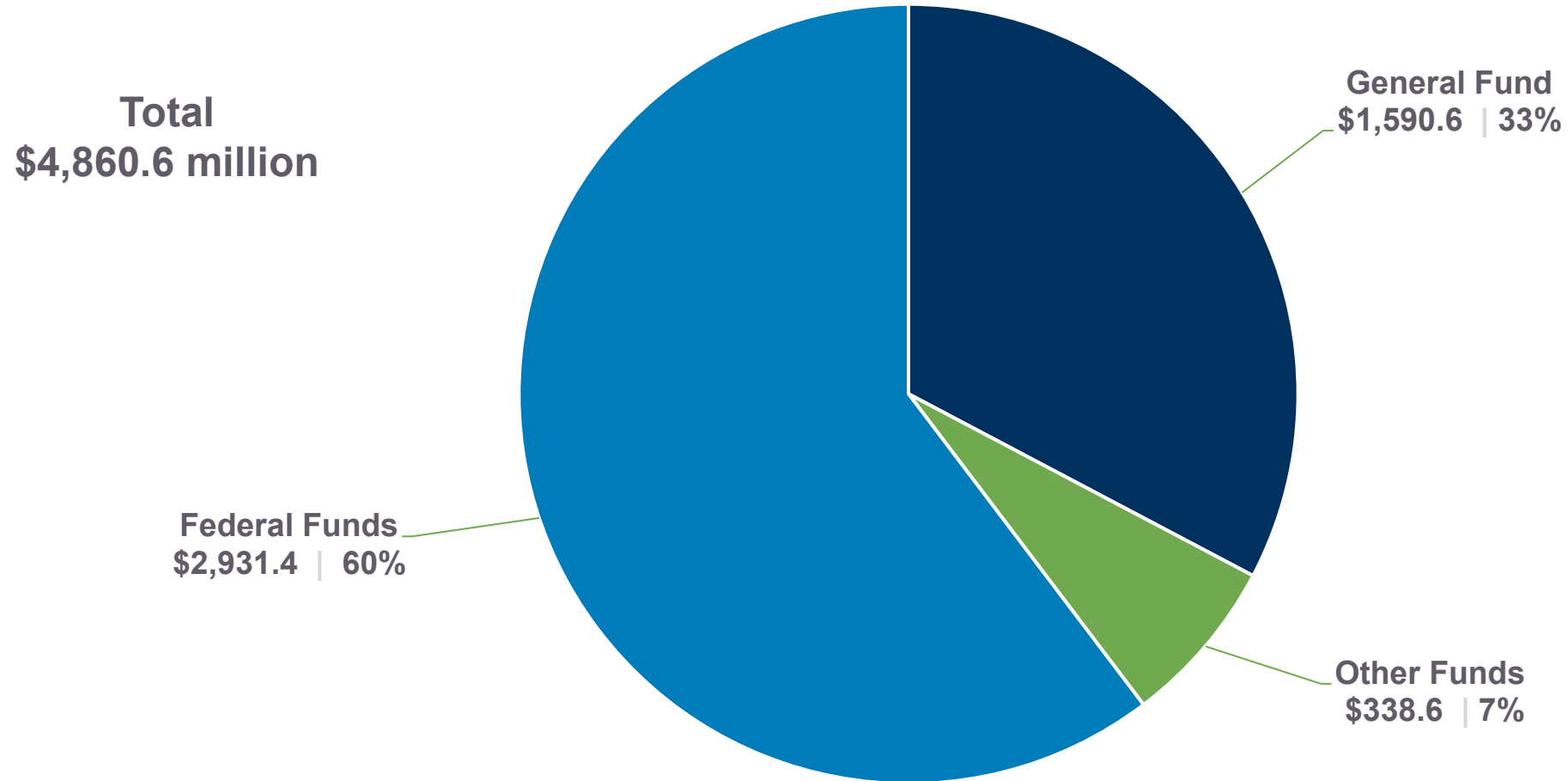
2021-23

- 1115 Medicaid Waiver application
- Phase 1: Provider Time Capture
- LGBTQ+ older adult survey
- Acuity-based Staffing Tool implementation
- **New initiatives:**
- Housing Support Services
 - Crisis Support Services
 - Distressed Provider Relief Fund

2023-25 Governor's Budget: ODHS total fund by program area



Governor's Budget: APD total by fund type



All dollars in millions

General Fund investment highlights



Strengthening our foundations

Invests \$4 million for LTC Facility Capital support for individuals with behavioral health issues



Creating the future of human services

\$17.5 million to support the Healthier Oregon Program

Movement toward Oregon Eligibility Partnership

Self Sufficiency Programs

General fund	Total funds	Positions
\$218 million	\$450.1 million	1,834

Aging and People with Disabilities

General fund	Total funds	Positions
\$62 million	\$124 million	323

Central Services

General fund	Total funds	Positions
\$53.1 million	\$135.5 million	84

one Oregon Eligibility Partnership

General fund	Total funds	Positions
\$334 million	\$710.6 million	2,241

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Office of Aging and
People with Disabilities



We are being called upon to innovate

- Nationally and in Oregon, people with disabilities and older adults are living longer and making up increasing shares of our population. These **demographic changes present new opportunities** for our communities.
- **They also present challenges:** As we live longer lives, our needs can become more complex – and we may not have access to the financial resources we need or to the informal supports that previous generations relied on.
- People experience better health and well-being outcomes when we can choose to **remain a part of our communities** regardless of the complexity of our needs.
- Fortunately, Oregon has a long tradition of finding innovative solutions to challenges. Now is the time to tap into that ingenuity. Together, we can create solutions to ensure **we can all thrive in the place we choose to live, at every stage of life.**





Questions?
