

ANALYSIS

Department of Human Services Home and Community Based Services Update

Analyst: Gregory Jolivette

Request: Acknowledge receipt of a report that provides an update to a January 2024 report on home and community-based services investments related to enhanced federal match.

Analysis: The American Rescue Plan Act provided temporary enhanced federal match for state Medicaid spending on home and community-based services. For the period of April 1, 2021 through March 31, 2022, states received a 10% increase in their federal medical assistance percentage (FMAP) to improve Medicaid home and community-based services. In Oregon, state and federal funding for Medicaid HCBS programs is provided through both DHS and the Oregon Health Authority (OHA), but mostly supports Intellectual and Developmental Disabilities and Aging and People with Disabilities programs in DHS. The agencies worked with stakeholders and program participants to identify ways to enhance services, which led to a HCBS spending plan that was approved in the 2021 legislative session.

The HCBS spending plan includes \$305.7 million General Fund across both DHS and OHA. This is the amount of General Fund the state saved as a result of the 10% enhanced FMAP and is therefore the amount ARPA requires the state to re-invest in HCBS by March 31, 2025. As many initiatives in the spending plan are eligible for federal matching funds, the state is expected to leverage \$508.6 million in federal funding, bringing total planned spending to an estimated \$814.3 million. The 2021-23 legislatively approved budget provided the estimated total funds required to fully execute the plan, with the understanding that any unspent funds would be carried forward to the 2023-25 legislatively adopted budget.

The budget report for HB 5026 (2023), which is the Department of Human Services' (DHS) primary budget bill for the 2023-25 biennium, included a budget note directing the agency to report to the Human Services Subcommittee of the Joint Committee on Ways and Means by January 1, 2024 on the status of the Home and Community Based Services (HCBS) spending plan, and related program outcomes. In January 2024, the interim Subcommittee acknowledged receipt of the report; however, because the report did not include information on program outcomes as requested in the budget note, DHS was directed to submit a follow-up report during the 2024 session. The follow-up report was received on February 9, 2024.

Progress on Meeting Federal Requirement: According to the agency's report, as of October 31, 2023, DHS and OHA had spent a combined \$173.8 million General Fund, or 57% of the HCBS spending plan, which leaves a balance of \$131.9 million General Fund that needs to be spent by March 31, 2025. While the rate of spending suggests Oregon may be on course to meet the ARPA requirements, there are a couple of areas of potential concern. First, OHA is spending at a much slower pace than DHS. As of October 31, 2023, OHA had only spent \$1.1 million, or 5%, of the agency's total planned expenditures, whereas DHS had spent \$172.7 million, or 61%, of its total planned expenditures. Given that OHA is responsible for a relatively small portion of the HCBS spending plan (\$21.5 million), this may not be a significant issue, but the follow-up report does not provide an explanation for OHA's slow

implementation. Second, no expenditures have been made for several DHS initiatives in the spending plan, and the report provides no explanation or a timeline for when those items will be implemented.

New Information on HCBS Spending Plan Outcomes. For purposes of reporting, the agency grouped the HCBS investments into five categories: provider benefits; workforce benefits; consumer benefits; infrastructure investments; and diversity, equity, and inclusion. Below are some examples of outcomes reported by DHS for each major category. The attached report contains additional information.

Provider benefits

- Increased rates for Assisted Living and Residential care facilities by 15.6%
- Provided a 10% wage add-on to ensure workers receive at least \$15.00/hour
- Provided 7.4% increase in rates for adult foster homes
- Increased personal support worker and personal care attendant base wages to \$17.77/hour

Consumer benefits

- Eliminated the client liability for Aging and People with Disabilities participants, allowing approximately 5,200 individuals to keep their income to meet these living expenses
- Provided iPads to more than 710 individuals, improving access to providers, family, and friends
- Awarded grants to improve accessibility of provider operated homes serving people with I/DD will impact up to 2,332 homes

Workforce Benefits

- Developed Online Infection Prevention and Control Staff Training that has been taken 1,518 times
- Provided recruitment and retention incentive benefits, which reportedly helped 24-hour residential providers and supported living providers recruit and retain more than 8,000 direct support professionals

Infrastructure

- Awarded grants to 48 organizations to update their meal sites for older adults. These sites serve more than 2,520 individuals
- Awarded grants for facility improvement projects, including awards for 154 HVAC upgrades/replacements, 31 backup generators, and 20 upgraded air purification systems
- Awarded grants to stabilize and rebuild the day support provider infrastructure

Diversity, Equity, and Inclusion

- Provided funds to incentivize Area Agencies on Aging (AAA) to develop Services Equity Plans. All 16 AAAs participated
- Developed and delivered equity training for Long Term Services and Supports to 65 staff and administrators
- Conducted outreach at more than 20 community events and connected with more

New Spending Plan Initiatives: In the initial report, DHS reported that several initiatives in the original spending plan ultimately had lower than planned costs, and others were subsequently modified from the initial plan based on review and feedback from the Centers for Medicare and Medicaid Services, which resulted in funding becoming available to be repurposed to meet the spending target. DHS identified new spending ideas but provided very limited information. In the follow-up report, the agency describes the desired goals and outcomes for each initiative. Review of the additional information indicates the new spending ideas—totaling \$16.2 million—align with recent legislative priorities for

home and community-based services, such as workforce recruitment and training, consumer outreach and supports, and access to mental health early intervention, to name a few.

Recommendation: The Legislative Fiscal Office recommends that the Joint Committee on Ways and Means acknowledge receipt of the report.

Request: Report on the status of the Home and Community-Based Services spending plan for the Oregon Department of Human Services Aging and People with Disabilities, Intellectual and Developmental Disabilities, and Child Welfare programs and the Oregon Health Authority Medicaid Division.

Recommendation: Acknowledge receipt of the report.

Discussion: The Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) delivered a report on the Home and Community-Based Services (HCBS) spend plan to the Joint Interim Committee on Way and Means Subcommittee on Human Services as directed by a budget note in House Bill 5026 (2023). The report was presented to the Human Services Subcommittee on January 10, 2024; however, it lacked key information on program outcomes, overall HCBS system improvements for consumers, the workforce, and provider networks. As a result, the Legislative Fiscal Office directed the Departments to deliver a follow-up report that included additional details on both overall outcomes and the status of individual initiatives. This report outlines the spending plan initiatives, which generally fall into five broad categories: infrastructure, workforce, consumer benefits, provider benefits, and diversity, equity, and inclusion.

Infrastructure investments encompass support for case management systems, modernization of aging buildings, and enhancement of electronic health record collection. Workforce investments aim to bolster the HCBS workforce through improved marketing, increased wages, services, benefits, and training. Consumer benefits include expanded access to advocacy training, flexible funds for unique needs, money management services, and technology grants to combat social isolation. Provider investments, which are the most substantial in years, involve one-time payments for pandemic services, rate increases, and support for collective bargaining. These investments are crucial for sustaining and expanding HCBS providers in Oregon to ensure statewide access to care, especially given workforce shortages during COVID-19. Additionally, diversity, equity, and inclusion investments aim to make long-term services and supports more accessible and responsive to the racial, ethnic, and linguistic needs of individuals. The updated report also provides details on the budget for the remaining amounts planned use by program area.

The HCBS spending plan allocates \$305.7 million General Fund, distributed between ODHS and OHA. This represents the General Fund amount saved by the state due to the 10 percent enhanced Federal Medical Assistance Percentage (FMAP) rate, which is mandated by section 9817 of the American Rescue Plan Act (ARPA), for reinvestment in HCBS by March 31, 2025. With many initiatives in the spending plan eligible for federal matching funds, it is anticipated the state will leverage \$508.6 million in federal funding, resulting in a total estimated expenditure of \$814.3 million.

In total, ODHS identified \$284.2 million in Section 9817 Funds made available through additional FMAP earned from April 2021 through March 2022. To meet the maintenance of effort requirement, \$284.2 million represents the amount of General Fund dollars across the 2021-23 biennium and 2023-25 biennium (until March 31, 2025), which must be spent on HCBS investments. In the 2021-23 biennium and through October 2023 in the current biennium, ODHS spent \$172.7 million Section 9817 Funds, indicating a remaining \$111.5 million to be spent by the March 2025 deadline.

OHA has spent \$1 million for a remaining \$20.4 million, which would need to be spent by the March 2025 deadline. The total funds budget for ODHS is \$782.3 million, across 2021-23 and 2023-25, including the additional federal funding leveraged through Medicaid match. This represents a significant investment in HCBS providers, clients, and the workforce.

It is recommended the Departments work with the Department of Administrative Services Chief Financial Office and the Legislative Fiscal Office if there are anticipated issues in meeting the deadline with the current HCBS plan.

February 9, 2024

Senator Elizabeth Steiner, Co-Chair
Representative Tawna Sanchez, Co-Chair
Joint Committee on Ways and Means
900 Court St. NE
H-178 State Capitol
Salem OR 97301

RE: Update on Home and Community-Based Services Funding per HB 5026

Dear Co-Chairpersons:

On Jan. 2, 2024, Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) jointly submitted a report to the Human Services Subcommittee of the Joint Committee on Ways and Means in response to a budget note associated with House Bill 5026 (2023), which directed the agencies to report on the status of the Home and Community-Based Services (HCBS) Spending Plan.

Following that submission, the Legislative Fiscal Office (LFO) recommended that the Joint Interim Committee on Ways and Means acknowledge receipt of the report and direct the agencies to:

Submit a follow-up report for consideration during the 2024 legislative session that includes additional details and justification for the new initiatives included in the spending plan and identifies program outcomes to demonstrate how the spending plan has strengthened and improved Oregon's HCBS delivery system.

Agency Action

ODHS and OHA are submitting the attached report in response to the LFO recommendation above. The report summarizes the agencies' efforts to date along with associated expenditures, outcomes and lessons learned. It also discusses next steps planned in achieving the objectives of Oregon's HCBS Spending Plan.

Senator Elizabeth Steiner
Representative Tawna Sanchez
February 9, 2024
Page 2 of 2

Action Requested

ODHS requests acknowledgement of this report.

Legislation Affected

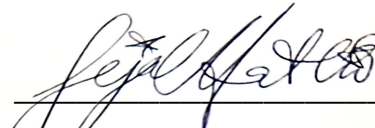
This action stays in line with the intent and direction in HB 5026.

If you have questions, please contact Rob Kodiriy, ODHS CFO at Rob.Kodiriy@odhs.oregon.gov.

Sincerely,



Fariborz Pakseresht
ODHS Director



Sejal Hathi, MD MBA
OHA Director

EC: Amanda Beitel, Legislative Fiscal Office
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Update on Home and Community-Based Services (HCBS) Funding per HB 5026

February 5, 2024

Oregon Department of Human Services and
Oregon Health Authority



Table of Contents

Table of Contents	2
Executive Summary	3
HCBS Spend Plan Report	4
Introduction	4
Background	4
Summary of Expenditures	5
HCBS Plan Investments	6
Progress on Meeting Federal Requirements	7
Implementation Challenges	7
Highlights and Outcomes of HCBS Investments	8
New Initiatives	11
Lessons Learned	12
Next Steps	12
Appendices	14
Office of Aging and People with Disabilities	14
Child Welfare	35
Office of Developmental Disabilities Services (ODDS)	35
OHA Revised Spend Plan	53

Executive Summary

House Bill 5026 (2023) included a budget note that directed the Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) to report on the status of the Home and Community-Based Services (HCBS) Spending Plan to the Joint Committee on Ways and Means by January 1, 2024.

This is a follow-up to the report submitted to the legislature on January 2, 2024. It includes additional details and justification for the new initiatives included in the spending plan and outlines the work, expenditures, accomplishments and lessons learned to date as well as next steps planned in achieving Oregon's HCBS Plan objectives.

As of October 31, 2023, ODHS and OHA had spent a combined \$173.8 million General Fund, or 57 percent of the HCBS Spending Plan funds, leaving a balance of \$131.9 million General Fund that needs to be spent by March 31, 2025. ODHS HCBS Plan initiatives are on track to meet the deadline for spending. OHA is revising its plan to meet the federal requirements.

The Oregon HCBS Plan was designed to sustain Oregon's economy while providing infrastructural resources to support individuals, families and providers during and after the COVID-19 pandemic.

The Oregon HCBS Spending Plan initiatives generally fall into five broad categories: infrastructure, workforce, consumer benefits, provider benefits, and diversity, equity, and inclusion. Each of the more than 100 projects included in the HCBS Plan fall under one of these broad areas. The work is being led across three program areas within ODHS: the Office of Aging and People with Disabilities (APD), the Office of Developmental Disabilities Services (ODDS), and Child Welfare (CW); and the OHA Medicaid Division.

Current and ongoing American Rescue Plan Act (ARPA) funded initiatives are helping Oregon make long-term improvements to ensure an adequate provider base to meet the state's needs and that services meet the changing needs of the individuals we serve.

HCBS Spend Plan Report

Introduction

House Bill 5026 (2023) included a budget note that directed ODHS and OHA to report on the status of the Home and Community-Based Services Spending Plan. The specific language included in the Budget Note is as follows:

“The Department of Human Services shall provide a report to the Human Services Subcommittee of the Joint Committee on Ways and Means by January 1, 2024, on the status of the home and community-based services Spending Plan. The report shall include actual and projected expenditures for activities in the investment plan, and discuss outcomes associated with Spending Plan investments.”

This is a follow-up to the report submitted to the legislature on January 2, 2024. It includes additional details and justification for the new initiatives included in the spending plan and outlines the work, expenditures, accomplishments and lessons learned to date as well as next steps planned in achieving Oregon’s HCBS Plan objectives. Appendices include specific information on individual projects. Copies of the quarterly spend plan and narrative submissions provided to the U.S. Centers for Medicare and Medicaid Services (CMS) will be provided concurrently in a separate report.

Background

The American Rescue Plan Act of 2021, also called the COVID-19 Stimulus Package or American Rescue Plan (ARPA), is an economic stimulus bill that went into effect March 11, 2021, to speed up the country's recovery from the economic and health effects of the COVID-19 pandemic and the recession occurring at the time.

Section 9817 of the ARPA provided qualifying states a temporary 10 percent increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS. States could not reduce any services or rates that were in effect on April 1, 2021, and were required to use state funds equivalent to the amount of federal funds equal to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program. The increased funding could not supplant state general funds. ODHS collaborated with OHA on submission of Oregon’s Initial HCBS Spending Plan Projection and

Initial HCBS Spending Narrative to CMS.

The HCBS Spending Plan includes \$305.7 million General Fund across both ODHS and OHA. This is the amount of General Fund the state saved as a result of the 10 percent enhanced FMAP and is therefore the amount ARPA requires the state to re-invest in HCBS by March 31, 2025. As many initiatives in the Spending Plan are eligible for federal matching funds, the state is expected to leverage \$508.6 million in federal funding, bringing total plan spending to an estimated \$814.3 million. The 2021-23 legislatively approved budget provided the estimated total funds required to fully execute the plan, with the understanding that any unspent funds would be carried forward to the 2023-25 legislatively adopted budget.

Summary of Expenditures

Below is a summary of the ODHS and OHA projected and actual General Fund, Federal Fund, and Total Fund Expenditures. ODHS continues to make significant progress towards implementation of the state's ARPA HCBS Spending Plan. OHA is refocusing efforts to meet the March 31, 2025, deadline.

Table 1. Overview of General Fund (GF), Federal Fund (FF), and Total Fund (TF) Expenditures

Oregon Department of Human Services

	Section 9817 MOE*	Spent up to 10/31/23			Remaining Amounts required to be spent in 23-25			% Spent
	GF	GF	FF	TF	GF	FF	TF	
APD	113,642,188	79,694,169	181,637,184	261,331,353	33,948,019	23,849,136	57,797,155	70%
I/DD	169,863,725	92,377,609	235,137,539	327,515,148	77,486,116	57,534,408	135,020,524	54%
CW	669,473	669,473	0	669,473	0	0	0	100%
Total	284,175,386	172,741,251	416,774,723	589,515,974	111,434,135	81,383,545	192,817,680	

Oregon Health Authority


	Section 9817 MOE*	Spent up to 10/31/23			Remaining Amounts required to be spent in 23-25			% Spent
	GF	GF	FF	TF	GF	FF	TF	
BH	21,516,581	1,086,362	3,649,954	4,736,316	20,430,219	3,789,230	24,219,449	5%

* Maintenance of Effort requirement. The GF listed is specific to that MOE requirement.

HCBS Plan Investments

The Spending Plan initiatives generally fall into five broad categories: infrastructure, workforce, consumer benefits, provider benefits and diversity, equity and inclusion. Infrastructure investments include, for example, support for case management systems and funding to modernize aging buildings, and improvements in the collection of electronic health records. Workforce investments include enhanced marketing to grow the workforce, and increased wages, services, benefits, and training. Consumer benefits include expanded access to advocacy training, flexible funds to address unique consumer needs, expanded access to money management services and grants for technology to combat social isolation, among others. Provider investments include one-time payments for service provided during the pandemic, permanent and temporary rate increases and more support for collective bargaining.

Provider investments represent the most significant investment in home and community-based services in many years. ARPA funds support crucial projects to sustain and grow the HCBS providers serving individuals in Oregon to ensure



access to care and support options throughout the state. This is critical, as workforce shortages that existed before COVID were exacerbated during the pandemic, leading to safety and quality of care issues. Diversity, equity and inclusion investments strengthen the network of services that support individuals to be more accessible and responsive to the racial, ethnic and linguistic needs of people accessing long-term services and supports.

The more than 100 projects included in the HCBS Plan each fall under one of the aforementioned areas. The work is being led across three program areas within ODHS: the Office of Aging and People with Disabilities (APD); the Office of Developmental Disabilities Services (ODDS); and Child Welfare (CW); and the OHA Medicaid Division.

Current and ongoing ARPA-funded initiatives are helping Oregon make long-term improvements to ensure an adequate provider base to meet the state's needs and that services meet the needs of the individuals we serve.


ARPA projects that enhanced service options built upon existing investments in APD and ODDS including filling gaps that existed in serving people. In some cases, such as APD crisis funds, these projects help prevent people from becoming houseless or eventually requiring higher levels of service. The appendices contain detail reports of HCBS Spending Reports by program.

Progress on Meeting Federal Requirements

As of October 31, 2023, ODHS and OHA had spent a combined \$173.8 million General Fund, or 57 percent of the HCBS Spending Plan funds, which leaves a balance of \$131.9 million General Fund that needs to be spent by March 31, 2025. ODHS HCBS Plan initiatives are on track to meet the deadline for spending. OHA is revising its plan to meet the federal requirements.

Implementation Challenges

ODHS and OHA experienced challenges in fully implementing the ARPA Plan during the pandemic and post-pandemic period due to a lack of sufficient capacity to support the simultaneous introduction of multiple large projects as the agencies were also managing the public health emergency. The primary choke points were hiring staff necessary for project implementation and timely procurement processes. Additionally, the Centers for Medicare and Medicaid Services (CMS) added significant reporting requirements to the programs, which necessitated coding changes in legacy payment systems and new steps for program staff. ARPA implementation teams have assessed how investments are being allocated to ensure more efficient implementation based on existing resources.



OHA has also experienced several challenges to implementing its initiatives. OHA paused on implementation when an internal audit cited fundamental issues with the administration of the HCBS system for behavioral health. Additionally, this work highlighted that there is a lack of a coordinated comprehensive case management system that meets the needs of individuals with behavioral health issues. In partnership with ODHS, OHA's revised plan ensures that ARPA funds are strategically invested in a system redesign that de-siloes access for adults with complex behavioral health needs and disabilities.

ODHS and OHA are leveraging existing contracts, finalizing work already underway and partnering to ensure that the funds are spent timely and move Oregon's HCBS system forward.

Highlights and Outcomes of HCBS Investments


There are several exciting highlights to share concerning progress made on efforts to improve provider benefits, infrastructure, consumer benefits, workforce and diversity equity and inclusion. Key outcomes are highlighted below by category.

Provider Benefits

Provider rates are critical to the HCBS system. Rates support the availability of trained and competent direct care staff and the necessary administration and oversight of the programs. During the reporting period, temporary and permanent rate changes for authorized providers in APD, ODDS and OHA were completed. This includes incentives and temporary rate increases for collectively bargained providers, including Adult Foster Homes (AFH), as well as homecare workers, personal support workers and personal care attendants who serve individuals receiving services and supports through OHA and ODHS.

Infrastructure

ARPA funds were instrumental in modernizing and strengthening the HCBS infrastructure. HCBS Plan investments have made a significant impact on ODDS' case management system by encouraging and incentivizing contracted case management entities to engage in local initiatives to improve, increase and expand access to Intellectual/Developmental Disabilities (I/DD) services. ODDS issued targeted capacity restoration and expansion grants to fund start-up/rebuilding for Employment and Day Support Activity service programs and start-up for all types of provider agencies. This resulted in increased service capacity and choice for individuals with I/DD to work and participate in their




communities. In addition, APD provided funding to 68 congregate meal sites and senior centers to modernize infrastructure and improve access to transportation. APD also funded 201 community-based care facility projects to upgrade heating and cooling systems, adding back-up generators and other capital improvements. This affected more than 10,000 individuals through the provision of modern heating and cooling systems, air purification systems and backup generators. Older adults are disproportionately impacted by excessive heat, making this investment a critical and life preserving measure for this population.

Consumer Benefits

ARPA funds also benefited consumers in tangible ways. For example, APD eliminated the client contribution to care for consumers living in their own home, which allowed approximately 5,200 individuals to keep and use their income to meet living expenses. In addition, APD strategically placed housing navigators and related supports statewide for individuals at risk of losing housing. These projects resulted in 281 individuals receiving assistance with meeting their housing goals. APD also mitigated social isolation for older adults through the distribution of 713 GrandPads, which is an innovative technology designed for older adults to access telehealth services and connect with people. Social isolation can have a deleterious impact on older adults making the investment in GrandPads critical to their wellbeing. ODDS used ARPA funds to enhance emergency preparedness for individuals with intellectual and developmental disabilities and local communities through grants to case management entities for equipment and supplies, including generators and emergency kits. They are also expanding opportunities for education and support for individuals experiencing I/DD and their families through funding to promote and enhance self-advocacy. Finally, APD expanded the Oregon Money Management Program (OMMP), providing representative payee services and other financial management supports to individuals unable to manage their finances due to a disability or cognitive impairment. As a result of ARPA funding an additional 1,500 older adults, individuals with physical disabilities, individuals with intellectual and developmental disabilities and individuals with behavioral health have been served through OMMP.

Workforce

APD contracted with Oregon Care Partners (OCP) to develop trainings for direct care workers to address challenges associated with infection control and prevention. This training was developed and has been delivered more than 27,000 times. Given the disproportionate toll of COVID-19 on nursing facility residents, investments in infection control and prevention is an important strategy for promoting the health of individuals residing in these facilities. In addition, APD identified that case managers needed additional support with a goal of increasing



worker satisfaction and retention. To address this concern, APD hosted the first case manager conference in more than 15 years. This conference successfully attracted about 700 participants that reporting a 91 percent level of satisfaction from in-person attendees, and 76 percent for virtual attendees.

Diversity, Equity and Inclusion

APD added performance-based incentives and expectations for the collection and reporting of equity data in Area Agencies on Aging (AAA) contracts. Before 2021, AAAs were not required to report nor specifically account for the diversity of the population in their service areas. After implementation of the performance-based contract requirement, all 16 AAAs have service equity plans, and the individuals served with race and ethnicity documented is now at 74.3 percent. In addition, APD partnered with Providence ElderPlace (PEP) to incentivize PEP to improve services to individuals of color through performance-based payments. Payment was contingent on PEP meeting performance measures that improve services and access to people of color for services such as improved enrollment numbers, increased vaccination rates and other critical measures. Combined, these efforts are intended to improve access and outcomes for individuals of color. APD also allocated a total of \$3 million to support innovative projects, designating at least \$2 million for projects focused on equity. Equity-focused projects included those that are serving communities and groups that have experienced barriers in accessing services and supports for older adults and people with physical disabilities. APD funded 12 community-based organizations (CBOs) including culturally-specific organizations and reached approximately 8,000 Oregonians. Finally, APD contracted with the Oregon Health Care Association to develop and deliver equity training for Long Term Services and Supports (LTSS) providers. As a result, 304 individuals attended training sessions and three out of the nine facilities that applied were selected for onsite consultation.


The pandemic had a profound effect on the people ODHS and OHA serves. ARPA funding enabled ODHS and OHA systems to meet critical needs and quickly stand-up programs to stabilize system infrastructures. Furthermore, it challenged these systems to better serve Oregonians through enhanced home and community-based services.

New Initiatives

As mentioned above, some projects came in underbudget. Unused funds are being diverted to projects that are consistent with the intent of ARPA funding and where implementation can successfully occur within the allotted timeframe.

Examples include:

- An increase in outreach efforts to recruit Adult Foster Homeowners/Operators. This is important given the observed decrease in Adult Foster Homes (AFH) during COVID and the critical role these homes play in providing Oregonians with safe environments in settings similar to a home environment. If successful, the anticipated outcome of this effort will be an increase in the number of AFH providers.
- An increase in recruitment efforts to recruit homecare workers (HCW), personal support workers and personal care attendants and to help these new workers connect with consumers who need caregivers and attendants.
- Extending contracts that are delivering training to HCBS providers including nurses to improve access to, and quality of, the services provided in HCBS.
- Addressing equity through targeted LGBTQ+ projects and promoting diversity in leadership roles in Long Term Services and Support (LTSS) systems to meet the needs of a growingly diverse community.
- Funding will be reinvested into projects that have proven successful and can be implemented quickly such as nurse internships and provider training. Anticipated outcomes from implementation of these projects include additional training, increase in nurses and direct caregivers.
- Additional investments are being made in strategies to proactively address upcoming CMS mandates such as tracking the time it takes to find a provider for individuals and engaging in more robust person-centered service planning and improving community access to APD services.
- OHA is designing and purchasing a comprehensive assessment tool that can be used across OHA/ODHS to support the Independent and Qualified Agent (IQA) and 1915(i) Home and Community Based Services (HCBS) providers. The new tool will streamline and improve operational efficiency



for the new assessment process by using training components, comprehensive Person-Centered Service Planning (PCSP), licensing agreements, data sharing platforms, and technical support for updated and improved versions of the tool.

- OHA is investing in an Integrated Case and Care system and has completed the first phase of analysis for the case management system as part of the Medicaid Enterprise Systems (MES) Modernization program. Case/Care Management modules are readily available in the market with proven installations and history, and has been identified by advocates, clinicians and OHA/ODHS staff as critical to improve the HCBS system.

Lessons Learned


Implementation of ARPA-funded initiatives resulted in many lessons learned; however, of particular importance is how the investments had unintended consequences for the statewide network of providers. Varying levels of rate increases were approved for different provider types, which led to an observed potential correlation between rate increases and providers' ability to maintain solvency. Providers with lower rate increases closed their doors because they could not compete for workers or keep pace with increases in operating costs.

In addition, the enhanced wage add-on, which was intended to provide a boost to worker wages, did not necessarily result in increased wages for the provider workforce as anticipated. Future funding for wage add-ons for direct care staff should include reporting requirements and corrective actions to ensure that funding is used as intended.

ODHS learned that contracting substantial sums on multiple projects overwhelmed existing agency staff's ability to manage the contracting process. It may have been more useful to invest in fewer projects with more funds. However, the number of projects highlights the growing demand for changes in Oregon's HCBS system. Oregon must adapt to the changing landscape of more individuals needing assistance, a wider array of needs for those individuals, a shrinking workforce to serve these individuals and more complex administrative requirements from the federal government.

Next Steps

APD is working with existing partners to implement the projects that are still remaining. ODDS is finalizing contracts and ensuring that expenditures are completed. ODHS is assisting OHA to fully implement their revised plan. The



Oregon Spend Plan team is also working to identify the specific HCBS initiatives that will require consideration for continued funding during the 2025 legislative session.

After legislative approval, ODHS and OHA will be submitting a revised spend plan to CMS which will also update the quarterly reports required by ARPA.

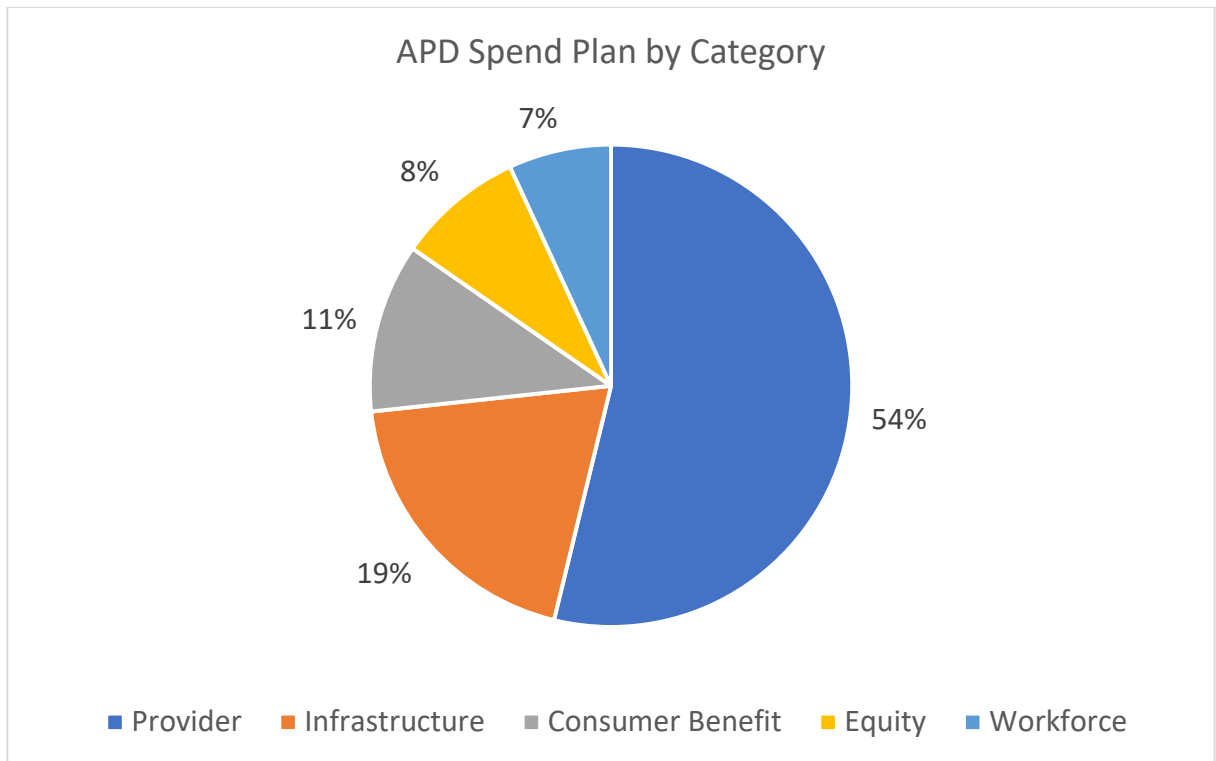
Appendices

Office of Aging and People with Disabilities

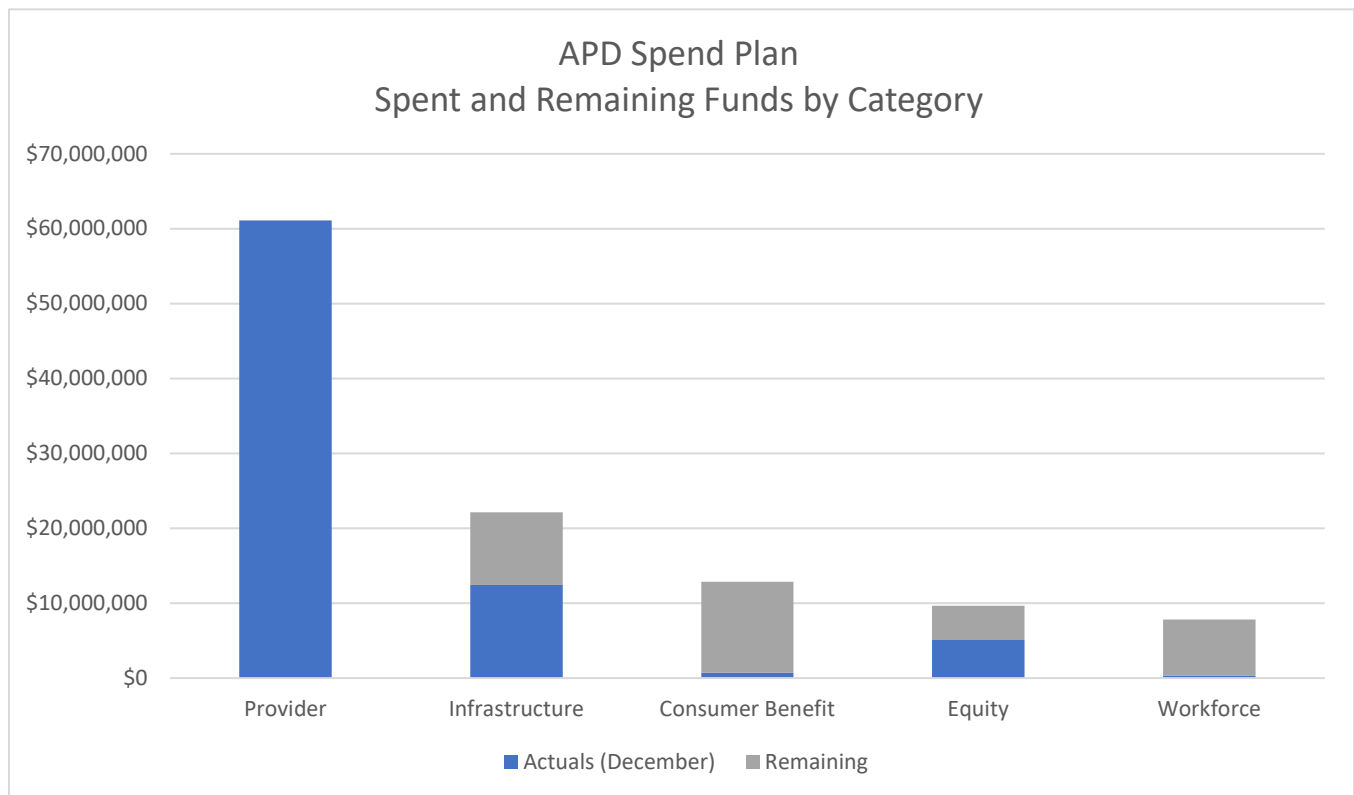
When informed of the ARPA enhanced match and the maintenance of effort, APD engaged with community partners, including Area Agencies on Aging (AAAs), providers and local offices to devise a spend plan. The themes that emerged from those discussions were an aging infrastructure across the spectrum of service settings and provider types; provider rates not keeping pace with rising costs and workforce shortages; gaps in Medicaid services and supports that directly impact individuals' well-being; a lack of understanding of diversity, equity, and inclusion in the aging service delivery structure; and the decline of the direct care workforce. Through discussions within APD leadership, many projects were selected to address these issues.

APD had many goals associated with the funding, all under the umbrella of improving the APD's HCBS system. APD focused their Long-Term Care Investment Package on helping the system recover from COVID and advancing the full delivery system for older adults and people with disabilities. Key goals included:

- Enhancing provider rates to address workforce shortages and rising costs.
- Improving the delivery system's infrastructure.
- Focusing workforce recruitment, training, benefits, and retention strategies to improve service delivery for the people APD serves.
- Addressing unmet needs of older adults and people with disabilities through new or enhanced services.
- Increasing diversity, equity and inclusion.
- The chart below shows the APD Spend Plan by category. Some of the items that crossed different categories were included in the most relevant category.



APD has made significant progress in meeting the HCBS investments as required by ARPA.



Some projects are still in process, while other projects came in under budget. To meet the ARPA requirements, the remaining funding is being allocated to meet the federal intent and address ongoing system issues, with consideration for projects that can be funded quickly.

Provider Rates

Licensed Provider Types

As demonstrated by the chart above, most of the funding was spent on augmenting provider rates. These provider rates were authorized by the Legislature and were intended to help facilities address rising costs, especially associated with staffing agencies, workforce shortages and inflation.

Rate increases seem to be effective in maintaining capacity, though APD does not have a means to determine what would have occurred in the absence of the rate increase. Below is a chart of closures within the APD system by provider type and year.

Facility Type	2019	2020	2021	2022	2023	2024	Total
Adult Foster Home	183	156	204	189	123	1	856
Assisted Living Facility	1	1		2	1		5
Residential Care Facility	5	4	2	6	3		20
Nursing Facility	3	1		1			5
Grand Total	192	162	206	198	127	1	886

It is interesting to note that the providers with the lowest average rates AFHs and Residential Care Facilities (RCFs) had more closures than those with higher rates. Additionally, AFHs received the smallest rate increases during this period. Lower rates for AFHs and lower increases, seem to be correlated to closures for

APD AFHs that serve the most complex individuals.

The 2021 Oregon Legislature approved the Enhanced Wage Add-on (WAO) Program to support facilities and In-Home Care Agencies with retention of employees through a guaranteed wage. This WAO provided a 10 percent rate increase for Assisted Living Facilities (ALFs), RCFs, Memory Care (MC), In-Home Care Agencies (IHCAs) and Adult Day Services (ADS) who paid their workers at least \$15 per hour and 4 percent rate increase for Nursing Facilities (NFs) who paid at least \$17.50 per hour. It did not include AFHs. Providers submitted documentation and attested that they were paying the minimum rate. 701 APD Medicaid providers were approved for the WAO. This included:

- 52.4 percent of ALFs and RCFs.
- 100 percent of NFs.
- 90 percent of IHCAs.

While participation was high, there is no data that shows that providers increased direct care wages or that the program addressed workforce shortages. If the Oregon Legislature determined that a wage add-on policy was worth pursuing, APD would recommend that requirements for reporting and pass-through expectations be added. Additionally, AFHs should be allowed to participate in future programs.

Homecare Worker Rates

APD usually includes homecare workers (HCWs) under workforce. However, for the purpose of this report, financial benefits to HCWs are included under provider rates. The goals for these increases were threefold: maintain current workforce, recruit new workers, and incentivize training. In 2021-2023, using ARPA funds, increased HCW wages to \$17.77 per hour, increased funding for training and benefits and added holiday pay for three state holidays. Wage increases included a \$0.90 per hour raise on January 1, 2022, and \$1.10 raise on January 1, 2023. It also created a new differential for HCWs serving complex individuals and incentivized HCWs to receive additional training through training differentials.

An enhancement to the HCW bargaining pot was provided to aid with maintaining and increasing this workforce with enhanced wage and benefit increases. A review of active providers by month was reviewed to measure the success of these efforts. A summary of the data is provided below:

Year	January	July
2021	25,413	23,997

2022	24,733	23,412
2023	21,088	19,841
2024	19,903	

Unfortunately, the data indicates a decline of approximately 22 percent from January 2021 to January 2024, with the most notable decrease from 2022-2023. APD believes this reduction is not related to the rates paid to homecare workers (HCWs). Rather it is a combination of administrative barriers and an inability of HCWs to connect to consumers looking for caregivers. APD is using remaining HCBS ARPA funding to address this issue. Project plans include support for potential workers to become HCWs and a contractor to help match available HCWs with consumers looking for caregivers.

Infrastructure

Infrastructure spending has lagged behind provider rates since the majority of funding needed to be contracted out through competitive procurement processes. However, contracts are in place for many of the projects and APD is on track to have the remaining projects in place in 2024.

Congregate Meal Programs

Congregate meal programs are a lynch pin of the Older Americans Act, ensuring nutritious meals and opportunities for socialization for older adults regardless of income. COVID dramatically impacted these meal programs, forcing them to close their sites and change their delivery systems for almost two years. Due to these closures, many older adults changed their behaviors. To bring these individuals back to meal program sites and rebuild this infrastructure, APD offered funding to all meal program sites associated with the Older Americans Act Program. During round one procurement, APD awarded 35 community-based organization grants to update meal sites. In round two, an additional 13 sites, including Tribes, were awarded funds. Many of the grantees are still in the process of updating their sites. Outcomes include improving congregate meal preparation and serving functionality; making sites ADA accessible and expanding congregate meal sites' ability to address culturally specific, special, seasonal, or emergency Congregate Meal needs. The sites serve more than 2,520 individuals.

Senior Center Transportation

Transportation is an ongoing barrier for older adults and people with disabilities. To help address this issue, APD funded transportation grants to local senior centers. In the first round of grants APD awarded 18 grantees and in round two, awarded seven grantees. To date, 25 community-based organizations and eight Federally Recognized Tribes and Tribal organizations have received a total of \$1,482,192. Examples of outcomes include:

- Expanded local fleet to meet the increase in demand for older adult transportation services.
- Streamlined transportation program by developing a system to efficiently track and schedule rides, trips, and other outreach programs.
- Improved general operations and consumer experience through technology.
- Expanded fleet to enhance transportation access for Tribal Elders living outside the reservation.
- Supporting access to transportation for Tribal Elders.
- The Confederated Tribes of Grand Ronde Community of Oregon has served 125 Elders so far with their grant. Klamath Basin Senior Citizens Center estimates they have been able to support 350 older adults and people with disabilities with the funds APD provided. Harney County Senior and Community Services used the funds to purchase vehicles; one is being used to deliver home delivered meals for 50 individuals, and the other for out-of-town trips for about 15 riders per week. North Clackamas Parks and Recreation District used the grant to improve security on buses ensuring the well-being for 350 individuals who use the buses.

Capital Improvement Fund

SB5529 (2021) contained the provisions of the budget for the Oregon Department of Human Services (ODHS). The budget report contained the following budget note:

“The Oregon Department of Human Services is directed to adopt rules for the administration of the Long-Term Care Capital Improvement and Emergency Preparedness Program, including requirements and criteria for the application, approval, distribution, and oversight of the program.

In making grant award decisions, the department is directed to consider and prioritize high Medicaid-census buildings, aging buildings, and upgrades; and, to ensure equitable access across the State. Eligible expenditures include emergency power sources, air quality and HVAC improvements, infectious disease prevention strategies and equipment, technology to facilitate virtual visits and telehealth for residents, and room reconfigurations that reduce the risk of transmitting infectious diseases. The Department is directed to present information to the Human Services Subcommittee of the Joint Committee on Ways and Means during the 2022 legislative session on the status of program implementation, the number of applications received, and total awards made by type of facility.”

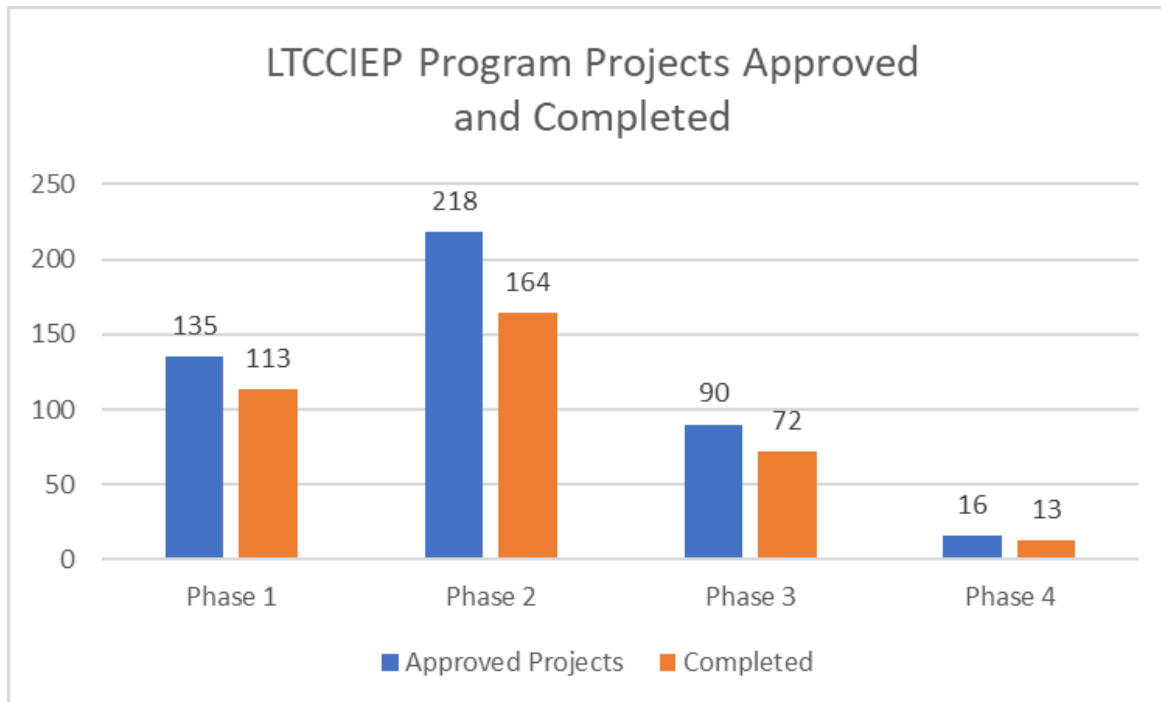
ARPA HCBS funding could only be used to support community-based care facilities. The Legislature provided additional general funds for nursing facilities. APD met with long-term care industry representatives to develop the administrative rules needed to implement the Long-Term Care Capital Improvement and Emergency Preparedness Program (LTCCIEPP). APD prioritized ensuring that the maximum number of facilities would have access to the available funding. To do that, APD identified priority buildings, phases and maximum compensation levels.

As of January 23, 2024, we have processed the following:

- Of the 459 pre-approved projects, 372 projects have been reimbursed:
 - 201 in Community-Based Care (CBC) settings, and
 - 171 in Nursing Facilities.
- In CBCs:
 - 154 projects covered updating or replacing HVAC systems for a total of \$11,168,246. 22 of these projects included adding or updating a backup generator.
 - 20 projects included adding or upgrading air purification systems for a total of \$1,267,399.
 - 9 projects included adding or replacing a backup generator for a total reimbursement of \$481,087.
 - 16 project requests were for upgraded wi-fi or other means to increase telehealth and mitigate social isolation for a total of \$346,450.

In Phase One approximately 5,600 residents, of which 3,855 were Medicaid

recipients, saw the benefits of the approved projects. The Phase Two applicants did not have to submit their census, but the license capacity of the facilities was approximately 10,800. Assuming an occupancy rate of 74 percent, almost 8,000 more residents felt the positive impacts of the projects.



Supply-chain issues continue to impede completion of larger projects, but all are in process. Providers have until June 30, 2024, to submit final invoices.

The demand for these project funds has been high. APD has already seen improvements in access to modern hearing systems and back-up generators that helped providers keep people safe in ice and snow events.

Future Investments

APD intends to add the following services to support the delivery system:

- Create a hands-on program to help consumers find and hire available HCWs. This goes beyond the registries that are available to actual meeting needs and abilities.
- Working collaboration with providers to help align APD services with CMS HCBS Setting Requirements.
- Partner with national experts to help develop a plan to modernize APD's person- centered service planning system and processes.

Adult Day Services

Oregon ranks 50th in the number of Adult Day Services (ADSs) for older adults and people with disabilities out of all states. This lack of capacity creates a burden on family caregivers and prevents many consumers from leaving their home. APD intended to provide start-up costs to 10 new ADSs, however, only six were successful in meeting the request for proposals requirements. APD is in the process of contracting with the six successful ADS applicants. APD is also analyzing what other states have done to improve capacity and access and intends to use the remaining funds to support those efforts.

In addition to the projects that have been implemented, APD is in the process of developing and funding these projects:

- Homecare worker (HCW) /Consumer Matching Service to support HCWs and consumers ability to ensure the care provider's skills and schedules align with the supports the consumer requires.
- HCBS Setting Requirement Engagement and Improvement Project. CMS has identified areas in which APD licensed providers are not meeting the HCBS settings requirements (such as allowing individuals to control their own schedule and the right to privacy). APD intends to use remaining funds to support this effort and to make the necessary changes a permanent change.
- Modernizing APD's person-centered service planning system and processes. APD's case management system that was last updated in 2005 and no longer meets CMS expectation. To address this gap, APD intends to use remaining ARPA funds to contract with the University of Missouri, a national expert on Person-Centered Planning and the "LifeCourse Model" used by ODDS, to help a road map and project plan.

Consumer Benefits

APD added new consumer services to support growing demand and remove barriers to services. These new services include:

- Elimination of client contribution.
- Addition of Housing Support Service.
- Expansion Oregon Money Management Services.
- Providing GrandPads through a pilot to PACE and in-home consumers.
- Creation of a fund to help individuals out of crisis.
- Supporting Deaf/Blind individuals to access the community.

In addition to the projects that have been implemented, APD is in the process of developing and funding these projects:

- Pursue an 1115 demonstration waiver to support family caregivers.
- Prevention for individuals at risk of loneliness and social isolation.
- Mental health early intervention.
- Community integration supports.
- Vaccine outreach and support for long-term services and support providers.

Following are details on each of the projects already implemented.

Client Contribution

Before January 2022, consumers living in their own homes were only allowed to keep \$1,294 in income. The rest of their income had to be applied to the costs of their long-term services and supports. This policy often meant that consumers had to choose between services or meeting their housing and living costs. The following data highlights this concern:

- Average rent in Oregon is \$1,750 per month.
- Rental subsidies are only meeting about 10 percent of the eligible population.
- For older adults and people with disabilities who own their own homes, the average property tax is \$2,241 per year.

- Average utility costs are approximately \$350 per month.

In January 2022, APD eliminated the client liability. This allowed approximately 5,200 individuals to keep their income to meet these living expenses.

Housing Support Services

APD implemented a Housing Support Services program to support APD eligible consumers at risk of, or experiencing, houselessness. The initial investment, funded by ARPA, included funding for 16 Housing Navigators, one per district. To successfully implement the program and maximize federal revenue, APD amended its 1915(c) Medicaid Waiver to make Housing Support Services (HSS) a permanent part of APD's supports for APD eligible individuals. Approved services include supporting case managers with information and assistance, helping individuals to avoid houselessness, assisting individuals to complete the housing application process and developing a plan to address barriers to permanent housing. CMS approved Housing Support Services under APD's 1915(c) Waiver as of January 1, 2022.

In 2022, 84 individuals were assisted with meeting their housing goals by one Area Agency on Aging, Lane Council of Governments. In 2023, 263 individuals were assisted with meeting their housing goals. Another 255 individuals were in the process of being assisted. And in, 2024, 281 individuals are currently receiving assistance with meeting their housing goals. This number includes the carryover of 255 individuals who were receiving assistance in 2023. APD expects the number to reach more than 310 individuals. APD is developing the IT infrastructure to better track outcomes for this population. Anecdotally, many of the individuals served in 2022 and 2023 found housing and maintained housing. Here are a few examples.

- A housing support individual worked with a person who was in a third-floor apartment, meaning that the consumer could not leave their home without Emergency Medical Services. The landlord had refused a first-floor apartment. The housing navigator met with the landlord and negotiated a new apartment.
- A formerly houseless individual was unable to complete the required paperwork to receive a housing voucher. The housing support navigator met with the consumer, completed the application, and ensured it was turned in. The consumer is on the approved wait list for housing.
- In 2022, an individual was referred for Housing Support Services due to difficulty finding available housing using a Section 8 voucher. The Housing Navigator was able to assist with getting the voucher extended for 120

days and finding housing. The individual was able to move in.

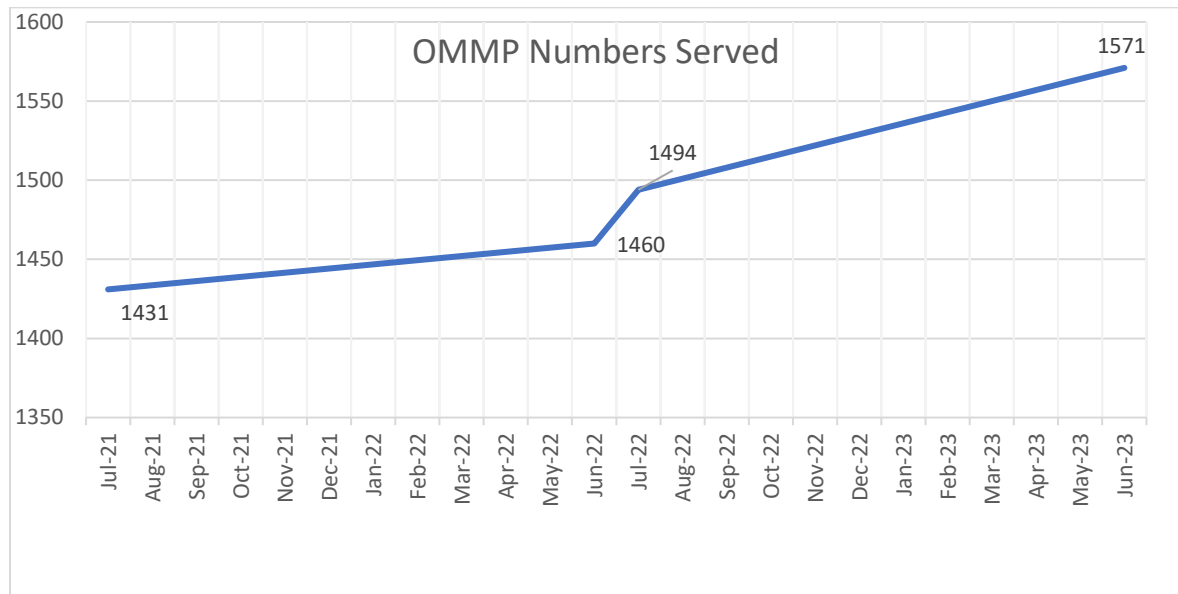
- In August 2023, a Housing Navigator worked with an individual who had been living in their car, causing an exacerbation of existing health issues. The individual's goal was to move into a new apartment. The Housing Navigator made a referral for rental assistance and contacted the individual's Coordinated Care Organization for a possible motel room for a few days until the voucher processing was complete. The Housing Navigator is continuing to work with the individual until housing is secured.
- An individual with financial and health problems was referred for Housing Support Services. The Housing Navigator learned the individual is part of the Yurok Tribe, based in California. The Housing Navigator coordinated with the Yurok Tribe to assist the individual to explore federal housing options and to learn of available resources.

Oregon Money Management

The Oregon Money Management Program (OMMP) provides representative payee services and other financial management for individuals who are unable to manage their finances due to a disability or cognitive impairment. This inability has led people to becoming houseless and other problems. OMMP has been limited in the number of individuals who can be served by the general funds available for the program. To increase access, APD used ARPA funds to immediately expand access and to add this vital program as a Medicaid service. Prior to implementation, APD estimated that 80 percent of the individuals served were Medicaid eligible. On one program alone, they are paying more than 380 bills/invoices with 44 percent of their referrals coming from Adult Protective Services due to substantiated financial exploitation or high risk of financial exploitation. The examples of the impact of this programing are both heartwarming and heartbreaking.

- In Multnomah County, an individual whose previous representative payee was not making payments for the consumer's rental space. OMMP has able to work with the consumer to develop a budget and ensure that the \$5,000-plus in arrears was paid. This meant that the consumer was not evicted and knows the situation will not occur again.
- In a rural area of the state, the OMMP provider received a referral for a consumer who was 89 years old on hospice and whose wife had recently passed away. He didn't have the ability to manage his own funds and

needed an Income Cap Trust to qualify for Medicaid. OMMP was able to help him set up the trust and ensure that he was able to receive Medicaid services. This allowed him to focus on his health and well-being during the final stages of his life.



The number of individuals being served is steadily increasing with a 10 percent increase in the first two years of the expansion. However, the Medicaid participation is not increasing at the level expected. This is primarily because providers are used to submitting invoices and are having difficulties in using Medicaid payment systems. APD is working with the providers to address this issue and believe with additional supports the numbers will increase significantly.

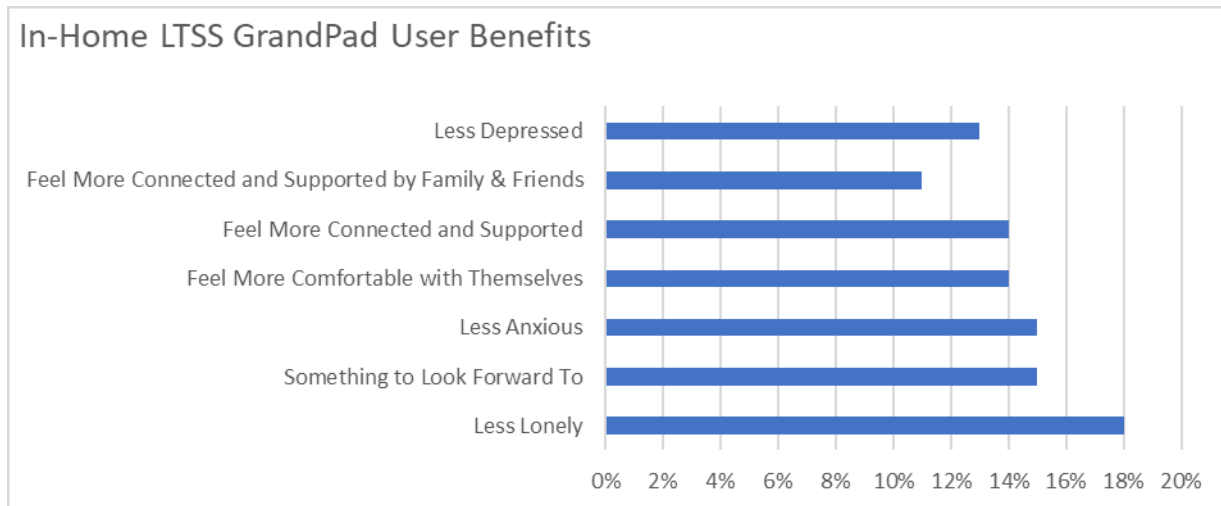
GrandPads

GrandPad is an innovative technology designed for older adults to access telehealth services and connect with people to prevent social isolation. APD's goals in funding these pilots were to determine if such devices helped consumers connect to family and friends, improved access to health care providers and improved their overall well-being.

ODHS' APD pilot project provided GrandPads to two groups of LTSS users during the COVID-19 pandemic. Both groups indicate high user satisfaction, decreased isolation, and a related increase in health and wellness (notably decreased depression and anxiety, comfort with using the device, and increased activity).

- In-Home Consumers - APD provided GrandPads to 375 individuals. Prospective users were identified by their case manager as socially isolated and potentially lonely, or, were scored as "lonely" using the UCLA

3-Item Loneliness Scale. Once consumers met the criteria, they were offered a GrandPad. Self-reported benefits of using the GrandPad were as follows:



¹ Data was collected by APD LTSS staff in coordination with GrandPad staff. Users were given the opportunity to provide multiple responses to benefits of using the GrandPad in surveys conducted during the months of April and October 2023.

97 percent of in-home users enjoying having/using the GrandPad; 78 percent of users stated the GrandPad enabled them to increase their activities during the day.

In-Home Client testimonial as submitted by their case manager:
LTSS consumer called to thank ODHS for the best gift they have received in a very long time, the GrandPad! They have been playing memory and mind games on it and calling their relatives from long distances every day; they are very happy with the device.

- Program for All Inclusive Care of the Elderly (PACE). GrandPads were provided to 338 PACE participants. According to Providence Elder Place, 67 percent are continuing to use and benefit from the GrandPad. Anecdotal benefits from participants include a decrease in isolation through the ability to increase communication with support persons and friends and family, as well as increased health and wellness through access to activities that would not have been available without the device (assisting with coping and mental stimulation).

The outcomes associated with the GrandPad pilot project indicate it is worthy of

expansion to additional consumers. APD is currently exploring use of the GrandPad to embed personalized music programs (shown to decrease challenging behavior in cognitively impaired individuals) and the GetSetUp program providing live classes for older adults by older adults.

Crisis Funds

APD has had a long-standing goal of helping individuals remain in their own homes both because this is in ORS 410 and because consumers tell us this is where they want to live. Unfortunately, for many who own their own homes, upkeep and repairs can force them out of their home. Medicaid cannot be used to address these issues. APD requested ongoing funding to help consumers stay in their own homes.

The Crisis Support Program, which began in March 2022, is designed to support individuals receiving services in their own home with assistance in moments of crisis where the individual is facing serious harm to health and well-being. APD has funded 753 requests since the program started. The majority of requests surround the need for safe housing, such as assisting with past due rent, deposit assistance, moving assistance, home repairs and utility assistance.

The type 5 categories for supports include:

Service	Requests Funded
Utility Assistance	82
Past Due Rent	67
Deposit Assistance	46
Moving Assistance	44
Home Repairs	28

Services for DeafBlind Individuals

APD's initial concept for this project was to expand State Plan Personal Care (SPPC) to support individuals who are unsafe to navigate in the community without supports. This change to SPPC was made and local office staff were trained on the new criteria. However, due to the financial criteria for Medicaid, the DeafBlind individuals this program was intended to serve were unable to access the program. To meet the intent of this project, APD is in the process of contracting with an outside entity to manage a non-Medicaid program. This program will help individuals with tasks such as: shopping assistance; general

transportation needs; material reading; basic banking tasks; assistance with and during medical, dental, counseling, and other appointments; and participation in other daily activities chosen by the individual, though not as an interpreter.

With the remaining funds allocated to this program area, APD is planning to do the following:

- Pursue an 1115 demo waiver to support family caregivers.
 - APD has been in active negotiations with CMS since fall 2021. Final decisions are expected in early 2024. In the meantime, APD has been working with Area Agencies on Aging to develop Oregon Administrative Rules, and policies and procedures. APD expects to implement the program 90 days after final approval.
- Prevention of loneliness and social isolation
 - APD has been doing analysis about different project and ways to implement a social isolation benefit. An RFP is scheduled for March 2024.
- Mental Health Early Intervention
 - APD has funded Mental Health Early Intervention programs since 2013. The program was temporarily eliminated in the 2019-2021 biennium through legislative direction. In 2021-2023 changed requirements for the program and fewer providers were selected. Organizations that previously delivered these services, want to restart the programs. APD is partnering with Office of Contracting and Procurement to issue a new request for proposal.
- Community Integration Supports
 - APD has long provided home and community-based services. While these services are a hallmark of the APD system, CMS has continued to press the expectation that individuals need to be able to control their own scheduling, including going into the community. This project will develop a roadmap and a pilot to help APD providers come into compliance with this expectation.
- Vaccine Outreach and LTSS Provider Support
 - During the height of COVID, APD partnered extensively with local public health authorities, pharmacies, and providers. APD was not

funded nor staffed to continue these efforts which has unfortunately resulted in a significant decline in vaccine rates. The project will rebuild capacity to encourage and provide vaccinations for flu and COVID.

Equity

AAA Performance Based Contracting for Equity

Before 2021, Area Agencies on Aging were not required to report nor specifically account for the diversity of the population in their service areas. After implementation of the performance-based contract requirement, all AAAs now have service equity plans, the individuals served with race and ethnicity documented is now at 74.3 percent.

Performance Based Contracting for PACE

APD partnered with Providence ElderPlace (PEP) to incentivize PEP to improve services to individuals of color. Performance measures were negotiated with PEP and the language was added to contracts. These measures include:

- Pneumonia Immunizations
- Percentage of Participants with Dementia receiving a Dementia Specific Medication
- Power of Attorney for Health Care
- Increase in number of participants who enroll while living in an in-home setting
- Goals of Care Conversation (and end of life planning).

As of December 8, 2023, PEP is currently meeting four of five key performance metrics.

Innovation Fund

APD allocated \$3 million to support innovative projects, designating at least \$2 million for projects focused on equity. Equity focused projects included those that are serving communities and groups that have experienced barriers in accessing services and supports for older adults and people with physical disabilities. APD funded 12 community-based organizations (CBOs) including culturally specific organizations. Selected CBOs included:

- African Family Holistic Health Organization – Their project focused on

African immigrants and refugees 60 years old or over through a Community-Based Informed Health Program (CBI-HP). The CBI-HP is informed by CAPABLE, evidence-based practices that facilitate older adults aging at home. The integrated health model with nurses developed tailored goals with elders based on their needs. Community health workers aided individuals with their living situation. This project demonstrated that providing culturally specific services and tools are essential to African immigrant elders.

- Providence Medical Foundation – This project focused on increasing cultural and linguistically responsive services within Providence ElderPlace, a Program for All Inclusive Care of the Elderly (PACE), to Black/African American communities in the Portland area through a dedicated staff member. The staff member conducted outreach at more than 20 community events and connected with more than 200 individuals to explain the PACE program.
- The Immigrant and Refugee Community Organization (IRCO) – This project focused on renovating IRCO's kitchen to bring it into compliance with commercial kitchens and to make more accessible. The new kitchen is intended to open in March 2024. To assist with the efforts, IRCO hired a culturally-specific cook who will teach health cooking classes for older adults.
- Minds in Motion Initiative – This project focused on training for direct service providers using motivational interviewing and rehabilitation philosophy and methods to support individuals with brain injuries. This project results in decreasing direct service provider turn over from a national average of 43 percent to 8 percent.

Training of LTSS providers on service equity

APD contracted with the Oregon Health Care Association to develop and deliver equity training for Long Term Services and Supports (LTSS) providers. Most of this project is complete as of June 2023. Programs and events included:

- Quality Summit – DEI Focused Education - two full-day event
- DEI Lunch and Learn Education Series - four one-hour sessions
- Annual Convention – DEI Training Track - one multi-session training track

- DEI Leadership Academy - two events
- On-Site DEI Intensive Consultancy Pilot.

Upcoming Equity Projects

Overall, these projects demonstrated that targeted investments supporting CBOs, can make a difference in the lives of Oregonians. To continue these efforts, APD intends to use remaining ARPA funding on the following projects:

- Promoting Diversity in LTSS Leadership
- LGBTQ+ APS Outreach, Social Isolation Prevention and Staff Training.

Workforce

APD quickly identified during COVID that the provider and internal workforces were challenged to meet the changing reality of managing a pandemic. Workforce numbers in home and community-based care continued to decline and turnover was extremely high. APD's investment, in addition to the wage add-on above, was intended to prove this challenging reality. Investments focused on recruitment, training and retention efforts. Some of the original projects that were planned to be funded through ARPA HCBS were funded through other ARPA funds.

Online Infection Prevention and Control Staff Training Curriculum

APD in partnership with OregonCares Partners (OCP) developed two trainings to address infection prevention and control. Pre-Service Infection Prevention and Control Online Training was developed and as of January 24, 2024, 26,401 have taken the training. Infection Control Specialist Online Training is required in in OAR 411-054-0050. The infection control specialist training was developed in collaboration with OCP and meets the specialized training requirements for designated Infection Control Specialists in Assisted Living and Residential Care communities outlined. As of January 24, 2024, the training has been taken 1,518 times with some staff taking the training multiple times.

Wage and Cost Study

APD conducted a Workforce Development and Training study and issued a report to the Oregon Legislature in 2022. The report fulfilled the requirements of SB 703 (2021) and provided recommendations for what it would look like to create a pathway to prevailing wage-like structures for the long-term care

industry. APD contracted with Portland State University to conduct the study.

Direct Care Workforce Policy Analysis

APD contracted with PHI to conduct a direct-care workforce policy scan and analysis. Research findings, including a list of four to seven evidence-informed policy recommendations to strengthen and stabilize the direct care workforce recruitment and retention in Oregon, were presented to APD leadership and community partners. The results are supporting upcoming initiatives highlighted below.

Statewide Case Management Conference

APD identified that case managers needed additional support with a goal of increasing worker satisfaction and retention. To support this goal, APD conducted a case management conference. The goal was to create a conference to support, empower, motivate and educate APD and Area Agency on Aging (AAA) case management professionals across the state. The conference was held in June 2023 and offered both in-person and remote options. This event was successful with about 700 participants reporting a 91percent level of satisfaction from in-person attendees, and 76 percent for virtual attendees. APD has not yet had the opportunity to assess the impact on CM retention. Perhaps not fully attributable to the conference but APD's case manager turn over reduced in 2023 from 33.65 percent in 2022 to 27.14 percent in 2023.

Based on the results, APD is attempting to find the resources to host another conference. Additionally, APD is sharing this information with OHA as we move towards aligning case management systems.

Convert In-person Training to Online Training to Support Case Managers

APD traditionally has provided case manager training in schedule in-person trainings causing new case managers to wait to receive necessary training. This project was developed to convert the in-person training to on-line, on-demand training modules that would allow new case managers to begin training immediately, learn at their own pace, and provide a foundation of fundamental concepts to build upon in future training. This project faced barriers with finding contractors who could assist training staff. In general, the work reverted to APD's training staff. The project is still in process with an expectation that all the modules will be finalized and available in April 2024.



Future Workforce Plans

APD believes that using a significant portion the remaining funds on workforce recruitment and support is critical. Learning from other workforce projects funded through other resources, APD intends to implement the following strategies:

- LTC workforce development and training investments
- Developing a program-wide registry
- Developing systems to support potential workers to become homecare workers (HCWs) and to help them find consumers who need assistance
- Develop media-based recruitment efforts for AFHs and HCWs
- Support recruitment, training and retention of nurses to serve in HCBS
- APD staff training and support.

Child Welfare

Child Welfare invested a small amount of ARPA funds in a demonstration project to develop provider capacity to deliver services and supports that are historically available to youth once they are determined to be eligible for services through ODDS before and during that determination process. The goal was to determine if Child Welfare could support youth who may eventually become eligible for services through ODDS in accessing services in the community and provide placement stability without the need for higher levels of care. This project is scheduled to end on December 31, 2023, and Child Welfare will further analyze the efforts for successes and lessons learned. Following the end of this project, Child Welfare will have no further investments through ARPA savings.

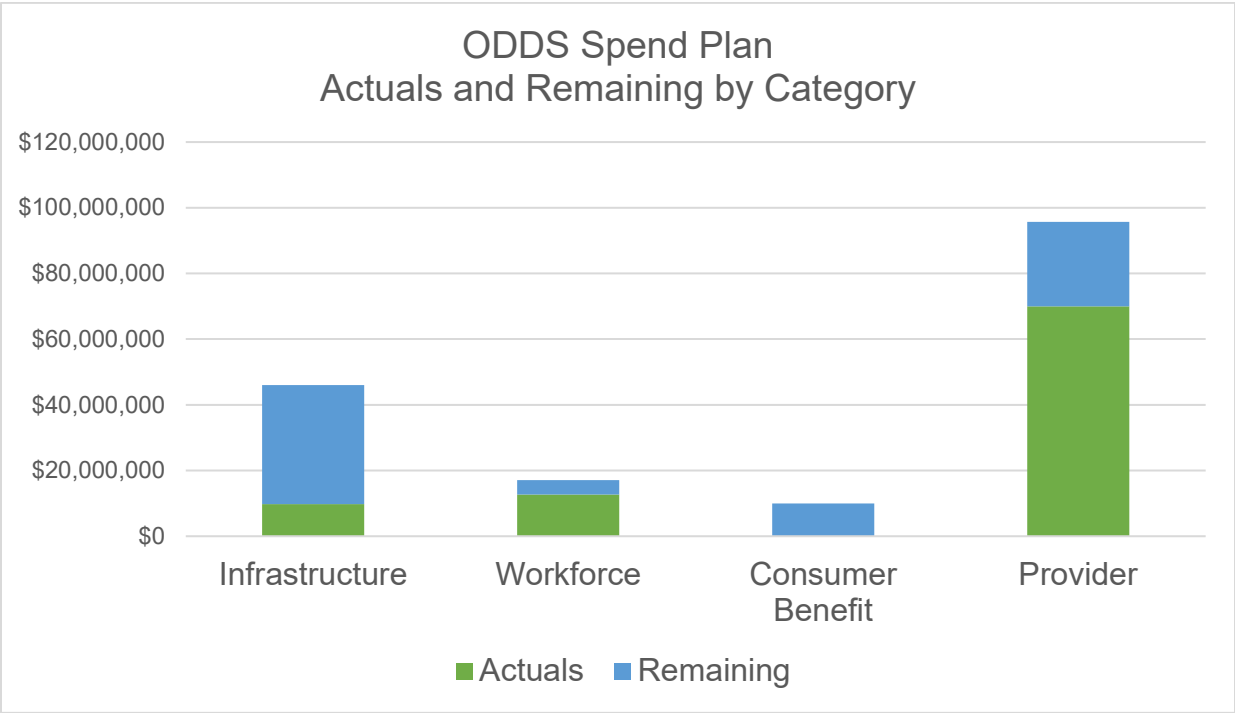
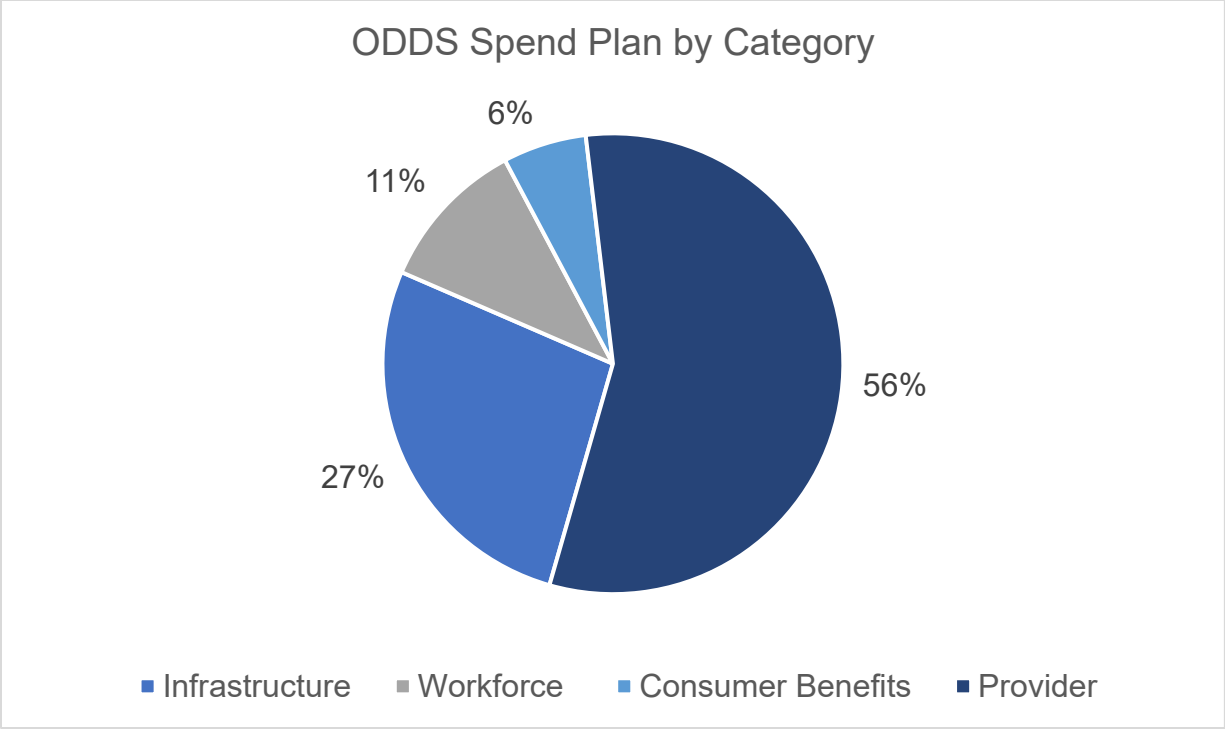
Office of Developmental Disabilities Services (ODDS)

During 2023, ODDS made considerable progress in using ARPA funding, in accordance with federal regulations, to strengthen and expand its home and community-based services (HCBS) system capacity for the benefit of individuals experiencing intellectual and developmental disabilities (I/DD) and their families.

As stated above, ODHS programs including ODDS focused on four primary categories for ARPA funding: infrastructure, workforce investments, provider investments and consumer benefits.

The intended goals and outcomes of ARPA investments in these categories are to: improve the overall stability and quality of service delivery system to ensure ongoing availability of services and providers, including enhancing provider rates; to address workforce shortages and rising costs; increase individuals' independence and autonomy; increase opportunities for individuals to engage in and access their broader communities; incentivize and increase network of qualified culturally and linguistically appropriate service providers, to better meet the needs of individuals; develop additional service settings, including funding for enhancements and improvements to existing settings, to increase individuals' choice of settings; and develop and provide culturally and linguistically appropriate information and materials, in multiple modalities and support to navigate services.

The charts below show the ODDS Spend Plan by category.



The project descriptions that follow provide additional detail on the Spending Plans by category.

Infrastructure

ODDS allocated a significant portion of ARPA investments, 27 percent, to strengthen its service delivery infrastructure. Four significant areas of investments in ODDS' infrastructure, all of which are currently in process, are:

- Case Management Entity Innovation Grants
- ODDS/Case Management Entity Grant Infrastructure
- Capacity Restoration and Expansion Grants
- Emergency Response Grants

Case Management Entity Innovation Grants

ODDS provided funding to encourage and incentivize contracted case management entities to engage in local initiatives that align with goals to improve, increase and expand access to Intellectual/Developmental Disability services.

The goals of these projects were to increase the independence and access to their broader community for individuals experiencing I/DD, greater access to culturally and linguistically appropriate information and materials, in multiple modalities and support to navigate the service delivery system.

To date, 18 grants have been awarded and are being used to fund:

- Initiatives to increase partnerships and collaboration with local Tribes to improve outcomes for individuals with I/DD who are American Indians/Alaska Natives.
- Hiring of positions to focus specifically on capacity building of employment and/or foster care services within the CME.
- Small grant projects with community-based organizations not currently engaged in supporting people with I/DD and their families to incentivize their participation.

Funding has helped create two local alliances, which includes one Spanish-speaking alliance, providing a vital space for community-building and open discussions on needs and long-term planning. The alliances have hosted events and activities that are fostering a sense of community that has significantly reduced isolation and contributes to a more inclusive and supportive environment for people with I/DD. Case management entities (CMEs) have hired sixteen limited duration positions focused on community outreach, assistance with

navigating and accessing services, housing assistance and bilingual support. CMEs have held several community outreach events to increase engagement and connection for people with I/DD and families, including:

- Two events in the Confederated Tribes of Warm Springs community offering outreach materials and assistance with navigating I/DD services.
- Community dance with more than 100 attendees.
- Community-building excursion to Oaks Park Amusement Center - chosen by the local alliances, attended by 57 individuals, (both English and Spanish-speaking).
- Sprout Film Festival in Springfield attended by 100 people.
- Two events hosted by Klamath Downtown Association to conduct outreach.
- Supported community inclusion with "Human Foosball" event at Klamath County Fair.
- Lincoln County partnership with Beach Buddies for inclusive events to engage people with I/DD in their local community. In a Lincoln City event 20 individuals were able to attend and in a Depoe Bay event 48 individuals attended. Additional events are scheduled throughout 2023-24.


The goal of this investment was to support robust community engagement and inclusion efforts and building local partnerships and networks to promote participation from diverse communities.

ODDS Case Management Entity Grant Infrastructure

ARPA afforded ODDS the ability to address gaps and fill training needs in its infrastructure. This included providing limited duration ODDS positions to develop, manage, and implement ARPA grants, providing limited duration position funding for CMEs to support their work in carrying out ARPA grants and additional resources to fully engage with providers, capture the face-to-face learners, and develop and/or conduct trainings.

ODDS goal for this project, was for individuals experiencing I/DD to receive services and supports through a delivery system that is stable, adequately staffed, and well-trained resulting in better outcomes and access.

To date, approximately \$5 million has been used to hire necessary staff at ODDS and CMEs to manage the workload impacts of initiating and completing ARPA



projects. ODDS limited duration positions hired include eight positions within the Training Unit, an emergency coordinator, a complaints coordinator, a housing and home modifications policy analyst, a Child Welfare-ODDS liaison and other infrastructure positions.

The newly created Training Unit has completed several accomplishments which include the following including: presenting more than 15 training topics to more than 4,000 people, including individuals with I/DD, self-advocates, families, providers, CMEs, and other community partners, creating training inventories, developing training materials, standards, and minimum requirements, providing best practices in adult learning, accessibility, and diversity, equity and inclusion (DEI), and conducting training surveys of system partners and community.

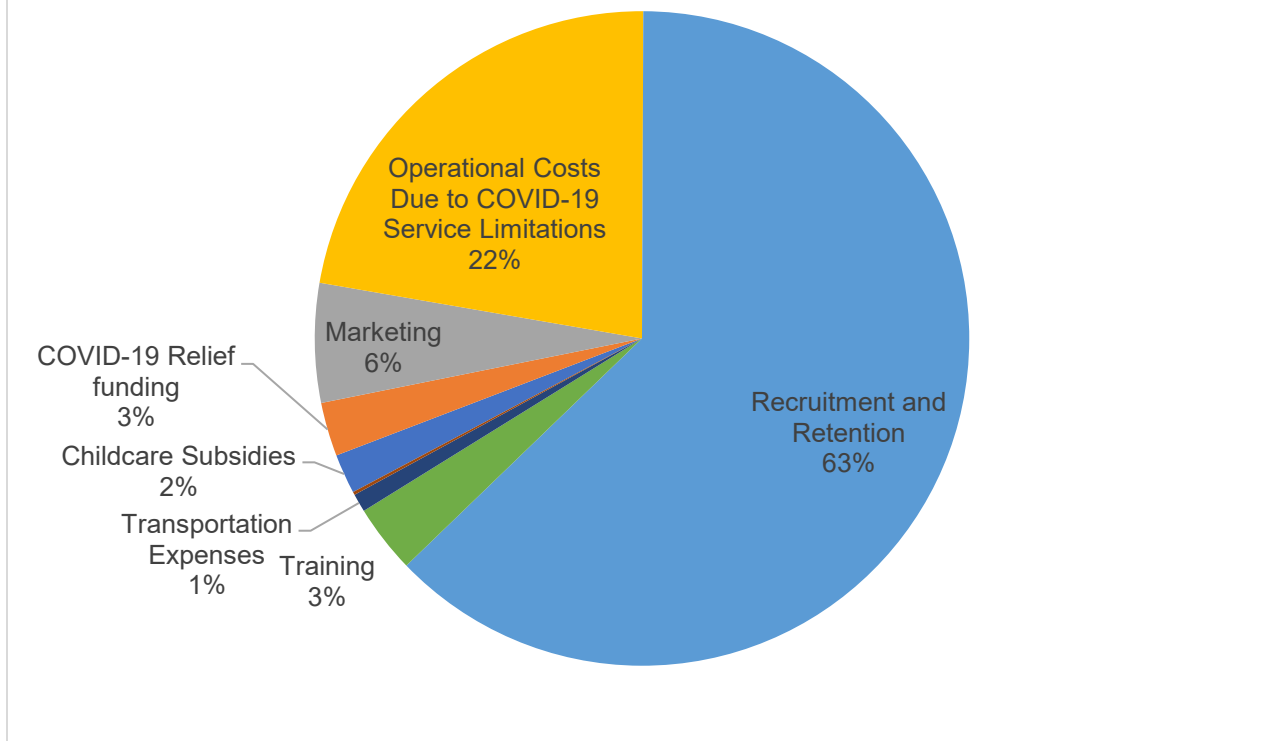
Capacity Restoration and Expansion Grants

ODDS supported targeted capacity restoration and expansion grants to fund start-up/rebuilding for Employment and Day Support Activity (DSA) service programs and start-up for all types of provider agencies. Funding to providers is based on an expectation of supporting appropriate wages and benefits for Direct Support Staff to improve retention and maintain continuity of providers for individuals receiving services.

The goal was to rebuild and stabilize HCBS provider capacity from impacts of the pandemic and help individuals experiencing I/DD to have increased independence and access to their broader community, more robust choice of providers and settings, including culturally and linguistically appropriate service providers, and improved stability and continuity of services. To date, approximately \$4,775,503 in Capacity Restoration and Expansion Grant funding has been awarded. One hundred twenty-six grants to DSA and Supported Employment programs were awarded, the chart below highlights categories of funding for those grants.

ODDS is in the process of awarding an additional 41 grants. Funding is anticipated to create or restore 346 positions, including behavioral and bilingual support positions and help to create or restore 15 DSA programs and 17 employment programs.

DSA and Employment Categories of Spending



Overall service data trends by discrete service:

DSA: The number of individuals receiving DSA fell by 80% between Oct 2019 and April 2020, during COVID, down to 770 people served across the state, and recovered to 77 percent of the pre-COVID numbers, with over 3,000 Oregonians receiving DSA services and supports.

Job coaching: This service is tied directly to individuals working in competitive, integrated jobs and being supported by agencies with on-the-job coaching. Job coaching billed service hours decreased between Oct 2019 and April 2020, with a 54 percent reduction due to COVID. Job coaching billable services hours have recovered fully from COVID lows and have exceeded pre-COVID capacity. This indicates that individuals in services are now working more hours across the state than they were prior to COVID. The post-COVID recovery shows a 131.5 percent increase in billed service hours from pre-COVID numbers. The number of unique individuals receiving job coaching services also reflected an increase from 2019; rebuilding from COVID numbers and increasing the number of individuals coached by 157 individuals, a 117 percent increase from pre-COVID).

Small Group Supported Employment (SGSE): From October 2019 to April 2020, there was a 76.76 percent decrease in hourly services billed in SGSE. The 2023 numbers showed a recovery of 65.75 percent of the pre-COVID (2019)

numbers. The individuals in this service also recovered to 63 percent of the 2019 numbers.

The data pulled is from the Oregon Express Payment and Reporting System (eXPRS) where service providers submit billing based on individuals receiving services and the type of service provided. This data shows the pre-COVID 2019 numbers being the highest and the 2020 numbers the lowest due to COVID. The May 2023 reflects the highest rate of recovery after the funds and projects ended, but not too late in the year to have other projects skew these numbers.

Billing hours totals	May 2023	April 2020	October 2019
Day Support Activities (DSA)	130,696	10,104	221,501
Discovery	15	1	49
Employment Path Services	22,351	6,241	70,766
Ind. Supported Employment (job coaching)	107,728	42,933	95,203
Ind. Supported Employment (on job attendant)	698	115	294
Small Group Supported Employment	24,864	8,453	36,378

Employment and DSA data is historically varied based on individuals in services lack of attendance due to illness, scheduling, etc., and a variety of other factors in the service and system. These data show the natural fluctuation of utilization as well as the obvious covid impact/decline, and then recovery.

Hours billed in eXPRS 07/2019- 05/2023 by DSA and Employment Providers.

Emergency Response Grants

Funding is being used to purchase generators for residential homes or family homes, provide emergency preparedness kits for people receiving I/DD services, develop connections between I/DD providers and local Emergency Response units and provide training on emergency preparedness.

Emergency Response Grants are intended to better prepare individuals experiencing I/DD and their broader communities for emergency events, resulting in fewer preventable emergency department visits, hospitalizations and deaths. The grants are structured to allow case management entities to distribute equipment and supplies to participants to best meet the individuals' needs and local community needs. Grant funding rolled out to case management entities beginning in January 2024. ODDS will provide more data on the impact of this funding in the future including number of emergency supplies and generators distributed.

The goal of this funding was to strengthen service delivery system capacity and building local infrastructure to respond to emergencies and address the needs of the individuals' receiving services in emergency situations.

Workforce

ODDS committed 11 percent of its of ARPA funding to enhance and stabilize the I/DD workforce. Examples of innovative uses of ARPA investments into the I/DD workforce, all of which are currently in process of implementation, include:

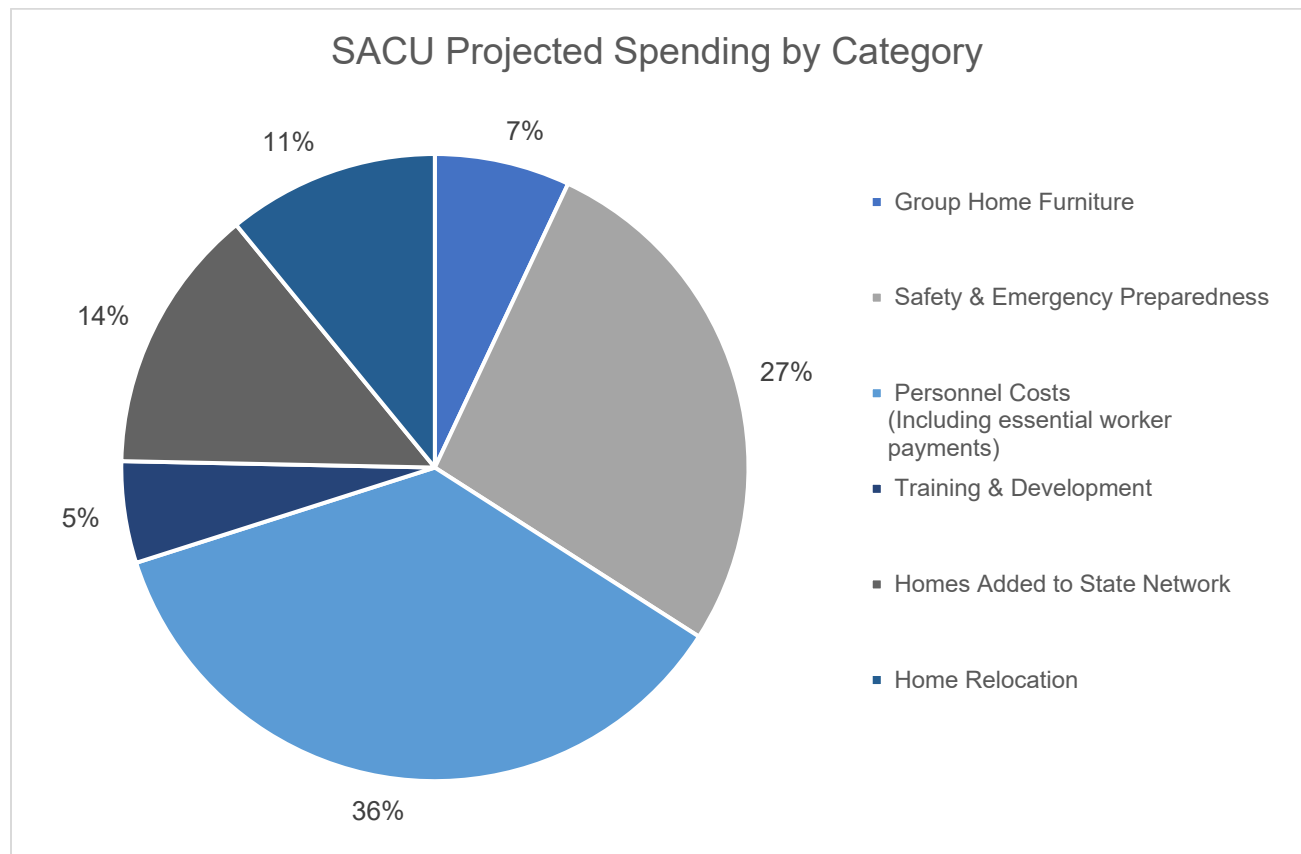
- Stabilization and Crisis Unit (SACU) enhanced funding.
- Investments in medical and clinical expertise.
- Provider recruitment and retention funding.
- Maintenance and updates to Provider Homes and Adult and Children's Foster Homes.

Stabilization and Crisis Unit (SACU) enhanced funding

ARPA funding is being used to improve the services and supports provided to individuals residing in SACU 24-hour crisis residential settings. SACU serves individuals with I/DD, often with co-occurring mental health issues, whose needs exceed the supports offered or provided by other community-based residential programs. SACU's Direct Support Crisis Staff are well-trained and have resources and tools to effectively support and meet the needs of people living at SACU.

To date, investments of approximately \$413,000 have been made. Funding is intended to result in completion of home improvements, maintenance and upgrades (for example, . hardening walls, adding fencing), providing access to specialized staff training, procuring a Diversity, Equity and Inclusion (DEI) consultant to lead DEI committee and provide training, Providing SACU essential workers payments, purchase of safety and emergency equipment, and purchase of group home furniture (for example, mattresses, TV cabinets and beds).

The goal is to enhance and strengthen HCBS through workforce and capacity development and by improving service settings.



Medical and Clinical Expertise for ODDS

ODDS often supports children and adults with significant co-occurring medical and behavioral health challenges. As a community-based human services system, ODDS staff and partners have not had ready access to medical or behavioral health experts when individuals' complex issues and needs arise. Complex issues may impact an individual's eligibility for I/DD services, or how a provider can adequately support someone in a community-based setting.

Individuals experiencing co-occurring I/DD and complex medical or behavioral health challenges are benefiting from the consultation and evaluation provided by medical and clinical experts. A contract with Oregon Health & Science University

has been executed and this resource is currently available.

Funding is also helping to provide mental health training to ODDS employees and providers, which will increase provider confidence and aptitude in providing care. To date, there have been five training sessions held with a total of 324 participants and there is a 90-minute live webinar that is available to mental health providers and is approved for continuing education credits.

The goal of this investment is to improve supports to individuals with significant medical and behavioral health needs.

Provider recruitment and retention fund

To date, ODDS has issued approximately \$12.2 million in ARPA grants for staff recruitment and retention to provider agencies to assist with staffing crisis. Funding awarded to Supported Living and 24-hour Residential Providers was based on an expectation of supporting appropriate wages and benefits for Direct Support Staff to improve retention and maintain continuity of providers for individuals receiving services.

Providers completed spending in March 2022 and submitted a report of expenditures and any unspent funding. Funding was used to support innovative recruitment and retention strategies such as:

- Incentive payments to attract workers.
- Payments for completing specialized training requirements.
- Performance-based increases or bonuses.
- Retention bonuses.
- Vaccine bonuses.
- Targeted marketing to attract workers.

As a result of this investment, individuals with I/DD have increased choice of providers and service settings and improved service stability.

This investment demonstrates compliance with federal ARPA requirements to enhance, expand and strengthen HCBS under the Oregon Medicaid Program through workforce development efforts.

The chart below highlights how many direct service providers (DSPs) were recruited and retained in result of provider recruitment and retention investments.

24-hour residential		Supported living	
DSPs retained	4800	DSPs retained	1052
DSPs recruited	2138	DSPs recruited	201
Total	6938	Total	1253

Maintenance and Updates for Group Homes and Adult and Children's Foster Homes

Group home agencies and Adult and Children's Foster Homes provide housing to individuals with I/DD as part of the overall service. These homes are provider-owned which excludes them from receiving funding for capital improvements and accessibility modifications through Medicaid authorities. ARPA funding is being used to provide grants to these provider types to make significant repairs and improve accessibility for the homes.

The intended outcome of these investments is to improve the lives of people with I/DD currently residing in and who will reside in these homes in the future by supporting providers to improve overall quality and accessibility of homes. These improvements increase the capacity of providers and the availability of HCBS settings that are "placement ready" for individuals with accessibility needs. This helps ensure that individuals will not have to wait for extended periods of time for necessary modifications to be completed before they are able to move into the home.

Providers can use grant funding to:

- Complete existing modifications for individuals currently residing in the home.
- Update the home where better technology has become available.
- Add modifications that increase an individual's independence and/or replace the need for human assistance to ease the pressures on the workforce crisis.

ODDS received 189 grant applications in September 2023 and is currently in the process of reviewing grant applications. This project will impact up to 2,332 homes.

The goal is to enhance and improve HCBS settings where individuals live.

Supports for Individuals and Families

ARPA funding afforded ODDS the opportunity to strategically invest in enhancing and improving the experience of individuals receiving HCBS through the ODDS service delivery system. Approximately 7 percent of all ARPA funding was allocated to consumer benefits.

ODDS targeted investments for the benefit of individuals experiencing I/DD include:

- Funding to support advocacy by self-advocates.
- Restoring the Fairview Trust.
- Developing resources and services for parents with I/DD.

Fund to Support Advocacy by Self-Advocates

ARPA funding will be used to help create new self-advocacy entities and expand access to advocacy trainings, meetings, and events for individuals with I/DD.

This investment enhances current HCBS and results in better outcomes for individuals with I/DD by providing opportunities for education, support for self-advocacy and strengthening participant direction. The self-advocacy grant opportunity closed on January 26, 2024. ODDS will provide more data on the impact of this funding in the future.

Self-advocacy grants will be awarded to address start-up funding for the creation of new self-advocacy entities, expansion of current self-advocacy entities, expansion of individual access to self-advocacy activities, including written materials, digital access, and website development, increasing languages other than English, and include additional cultures into self-advocacy activities and projects, self-advocacy trainings, and peer-to-peer mentoring.

The goal is to support increased self-advocacy efforts and participation.

Restore Funding for the Fairview Trust

The Fairview Trust works to create an Oregon where people with I/DD have access to safe, accessible and affordable housing in the community. These efforts help expand and enhance access to Home and Community-Based services by increasing options and access to community housing for individuals with I/DD in response to shortage and other barriers to integrated and accessible community housing.

This ARPA investment will restore the \$6 million in General Fund that was cut during the economic downturn in the 1990s and enhance the funding to expand access to housing options for people with I/DD.

The Fairview Trust funds work in three key areas of housing and monitors progress of these investments:

- Expanding Universal Design in Housing
- Increase Housing Options in Oregon
- Broadening Advocacy for Affordable Housing.

This funding can also go to support development of "smart homes" that

increase independence for people with Intellectual/Developmental Disabilities.

The Fairview Trust is now with Oregon Community Foundation. ODDS is working to finalize a contract with the Oregon Community Foundation. In addition to restoring the Trust, this funding can also go to support development of "smart homes" that increase independence for people with Intellectual/Developmental Disabilities.

The goal of this investment is to promote community housing options for people with I/DD.

Develop Resources and Services for parents with an Intellectual/Developmental Disability

There is a growing need for resources, training and services that are specific to parents who experience I/DD. In partnership with Child Welfare, this funding will be used to develop resources, training materials and ultimately specialized services for parents with an Intellectual/Developmental Disability. This will include supports to adapt Child Welfare assessments and practices to meet the needs of children and parents with disabilities.

The intended outcome of this investment is to help parents with I/DD learn parenting skills, so they are better equipped to parent their child/children. Additional training will include healthy relationship training. ODDS and CW will work together to create cross-system support and access to these resources. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful.

This investment demonstrates compliance with federal ARPA requirements to enhance, expand, and strengthen HCBS under the Oregon Medicaid Program by providing supports for parents with I/DD to develop parenting skills and maintain stability and integration in their communities for themselves and their children.

Provider Investments


Most of ODDS' ARPA funding, 56 percent, was used for provider investments. Increases to and sustainment of rates and wages can incentivize service providers to enter, re-enter and stay in the service delivery industry. This can result in better access to services, increased choice of providers and stability for individuals receiving services.

Those investments which have been completed or are in process of completion are listed below.

- A COVID related 5 percent payment increase for Adult Foster Home providers and a one-time flat payment of \$1,000 per person served in each

Adult Foster Home was agreed to through the collective bargaining process and was implemented on December 1, 2021.

- One year continuation, from July 1, 2021 - June 30, 2022, of a 2021 Oregon Legislature-approved rate increase of 5 percent for non-bargained services. Increases were provided to 24-hour residential group homes, day support activity and employment services, supported living, children's foster care, and in-home services agencies and was intended to support front line, direct support professionals who worked to care for people with I/DD throughout the pandemic.
- Funding used to support new rate models was implemented July 1, 2022, for certain home and community-based services. Rate models were fully funded to support services for individuals with I/DD, provider capacity, and direct care workforce. These rate models are being implemented in compliance with currently approved Medicaid HCBS authorities. Beginning early 2024, ODDS will start using the Oregon Needs Assessment (ONA) to set a range of service hours available to the individual when they live in their own or family homes. In January 2023, CMS approved Oregon's strategy for transitioning to the new assessment instrument with a hold harmless provision throughout the duration of federal Maintenance of Effort (MOE) requirements. ARPA funding will be used to cover the general fund match portion of the hold harmless provision during this time period.
- Enhanced bargaining packet for Adult Foster Homes (in addition to Governor Recommended Budget levels).
- A one-time COVID relief payment of \$500 to Personal Support Workers who provided personal care services under approved Medicaid authorities between March 1, 2020, and February 28, 2021.
- Enhance bargaining packet for Personal Support Workers (in addition to Governor Recommended Budget levels). This additional funding has been incorporated as part of the collective bargaining agreement and was implemented on January 1, 2022. Funding to enhance services offered to Personal Support Worker through the benefits and training trust. The chart below highlights changes in provider numbers before ARPA funding in 2020 and after ARPA provider investments were made comparing a monthly snapshot of provider numbers. The pandemic had a major impact



in the number of providers and ARPA investments have helped to create provider stabilization and even growth for a few provider types.

Provider Setting Type	Number of Providers March 2020	Number of Providers September 2021	Number of Providers September 2022	Number of Providers September 2023
Adult Foster Care	1,203	1,161	1,102	1,071
Adult Group Homes	178	248	358	444
Adult In-Home Supports	182	190	188	181
Adult Supported Living	57	55	60	64
Child Foster Care	296	228	195	159
Child Group Homes	14	17	17	28
Child In-Home Supports	56	56	64	70
Children's Intensive In-Home Services	22	23	27	29
Totals	1,778	1,757	1,787	1,823

ODDS Removed Project Plans

- ODDS #4 Flexible grant funding to support people through CDDPs and Brokerages - funding reallocated to implementation of the new rate models.
- ODDS #10 Eliminate client contribution for people in in-home services - funding reallocated to implementation of the new rate models.
- ODDS #22 Increase Licensing staff with limited duration staff during 2021-2023 - funding reallocated to implementation of the new rate models.
- ODDS #37 Demographic Data collection - funding reallocated to implementation of the new rate models.
- ODDS #38 Develop IT Infrastructure - funding reallocated to implementation of new rate models.
- ODDS #39 Healthcare Trust for long term care workers - funding reallocated to Diversity, Equity and Inclusion, statewide training and technical assistance, and emergency response.

OHA Revised Spend Plan

A narrative description of the investments is below. The investments are broken out into four major categories: infrastructure, workforce, consumer benefits and provider benefits.

Infrastructure

Total estimated investment: \$11.5 million General Fund

Enterprise Case/Care Management System

Integrated Case and Care Management systems have historically been identified as a critical need across all Medicaid members receiving Home and Community-Based Services. Future state planning underway by Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) to remove siloes across HCBS access has identified a case management system as a critical backbone tool for access to ongoing and meaningful services.

OHA has completed the first phase of analysis for the case management system as part of the Medicaid Enterprise Systems (MES) Modernization program. Case/Care Management modules are readily available in the market with proven installations and history. They promote data sharing across all programs and providers and can eliminate siloes such as those dedicated to Medicaid Fee-or-Service claims processing.

Individuals engaged in programs across OHA and ODHS have data stored in multiple, disparate systems, this limits their receipt of whole person care. Additionally, staff need to access multiple systems to complete business processes—the addition of unique or ‘siloes’ systems further degrades user experience and compounds this problem. Elimination of these siloes data systems aligns with OHA and ODHS data strategies.

Procurement of the Case/Care Management solution must align with enterprise standards and scalability to improve whole person care and limit additional negative impacts to the user experience. OHA estimates an investment of \$8.5 million General Fund.

Comprehensive Level of Service Determination Tool

OHA is designing and purchasing a comprehensive assessment tool that can be used across OHA/ODHS to support the Independent and Qualified Agent (IQA) and 1915(i) Home and Community-Based Services (HCBS) providers. The new tool will streamline and improve operational efficiency for the new assessment process by using training components, comprehensive Person-Centered Service Planning (PCSP), licensing agreements, data sharing platforms, and technical

support for updated and improved versions of the tool.

OHA will use ARPA funding to pilot the assessment tool in 2024 and will help consumers connect to the appropriate service's needs, improved access to health care providers and improved their overall well-being. As OHA moves forward with the pilot process there will be continued collaboration with individuals accessing services, ODHS, community advocates, hospitals, and home and community-based providers. OHA estimates an investment of \$1 million General Fund.

Hospital pilot

OHA will collaborate with APD and hospitals during the assessment tool rollout to enhance visibility and test functionality for individuals with complex needs. In addition, conducting the assessment alongside APD and IQA in the same setting will support decreasing repeat assessment procedure leading to retraumatizing individuals being served. OHA estimates an investment of \$1 million GF.

Evaluation of investments and continuous Improvement

OHA will contract for evaluation of impact of ARPA investments, ongoing evaluation of compliance processes and an increased focus on continuous improvement. OHA estimates an investment of \$ 1 million General Fund.

Workforce

Total Estimated Investment: \$3 million General Fund

OHA plans to use ARPA funding to better align and partner with APD to expand the Personal Care Attendant (PCA) program and Adult Foster Home program. ARPA funds will focus on recruitment, trainings, and study rate structure to increase retention demand.

- Collaborate with APD to improve recruitment mechanisms contributing to more robust home care workers (HCW) and PCAs.
- Support training development and delivery for providers on service equity.
- Work with APD to establish performance based contracting fund to incentivize providers to achieve quality, staffing, compensation benchmarks jointly established through the stakeholder and accountability process towards providers in the HCBS settings.
- Invest in navigation tools to increase efficiency in matching home care workers to individuals based on an individual's needs, scheduled and

preferences.

Home Care Worker (HCW)/Personal Care Attendant (PCA) Recruitment

OHA will partner with ODHS to conduct media-based recruitment efforts. The goal is improved recruitment mechanisms contributing to a more robust HCW/PCA workforce. OHA estimates an investment of \$1 million General Fund.

Adult Foster Home (AFH) Recruitment

OHA will partner with ODHS to conduct media-based recruitment efforts. The goal is improved recruitment mechanisms supporting recruitment and retention of AFHs. OHA will also determine if APD's quality initiatives will be a benefit to OHA AFHs and will support those efforts if applicable. OHA estimates an investment of \$1 million General Fund.

Home Care Worker (HCW)/Personal Care Attendant (PCA) Navigation

OHA will partner with ODHS to develop a new process to assist potential workers in navigating the process to become a HCW or PCA. The goal is to increase the number of HCWs/PCAs available to serve Oregonians. OHA estimates an investment of \$1 million General Fund.

Consumer Benefits

Total Estimated Investment: \$3.5 million

Quality and Access to Care Improvements (Compliance Findings)

OHA is investing in advocacy trainings, meetings, and events for individuals with Behavioral Health (BH) needs that are presumed eligible for HCBS. OHA estimates an investment of \$2 million General Fund.

- Support for travel costs to meetings and trainings and accessing services allowing the use of Rideshare.
- Create and distribute marketing materials in the top 10 languages in Oregon for self-advocacy organizations.
- Home Delivered Meals to individuals receiving 1915(i) HCBS.
- Support growing need for resource and educational materials in

specialized services to support individuals in the community with before and after services.

Co-occurring Pilot

Improve accessibility through telehealth assessments for individuals with disabilities. OHA estimates an investment of \$1 million General Fund.

HCW/PCA – Consumer Matching Service

Like APD consumers, OHA consumers struggle to find personal care attendants that are available to meet their needs. Though there are registries available to help, there is still a missing step in aligning needs such as the schedule the consumer needs with the availability of workers. OHA will partner with APD to contract with an outside vendor to assist with that detailed, in-person matching. OHA estimates an investment of \$500,000 General Fund.

Provider Benefits

Total Estimated Investment: \$2 million General Fund

OHA will improve accessibility of assessments and coordinated care through increased collaboration with community clinics and partners to expand reach.

Provider Experience Pilot

Expand providers able to conduct Mental and Behavioral Health assessments in communities across Oregon.

- Developing provider documentation standards trainings to promote consistency across all providers agencies.
- Provide network management services to behavioral health providers and safety net clinics to expand billable assessments and care coordination for HCBS services.

Funds Already Spent


Provider Benefits

OHA provided one-time payments of \$1,000 per resident to all Adult Foster Home providers who served residents under the 1915(i) between March 2020 and February 2021. The one-time payments totaling \$173,118.00 was used to incentivize providers to support resident's transition out of the state hospital.



OHA also increased rates for Adult Foster Homes (AFHs) by 5 percent for AFHs serving individuals in the 1915(i) from July 2021 to March 2022. In total, \$689,614.00 was spent.

OHA also provided a one-time payment of \$2,262.00 to all Personal Care Attendants (PCA) who worked between March 2020 and February 2021. This helped support PCA retention to ensure support individuals with mental health diagnoses to maintain their current level of independence. In total, \$161,974.00 was spent.



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