

2 WILL NOT DO

No less than 10, but ideally 17 Client Representatives Needed
on the HCBS Workforce Standards Board (check my math below if you doubt me)



My name is John Saito, and I am advocating on behalf of my daughter Yui. Yui is a young adult with a very high needs form of autism (Level 3), resulting in severe, lifelong impairments.

- Complete dependence on others for all basic daily living tasks (toileting, dressing, bathing, eating, etc.)
- Inability to communicate beyond immediate & concrete needs
- Prone to unsafe behaviors (self-harm, aggression)

I am writing to insist that if an HCBS Workforce Standards Board is formed through SB1505, it ensures that the number and type of client representatives reflect all of those receiving critical care from this workforce. **2 client reps is dangerously inadequate given the actual diversity of need.**

Currently, HCBS caregiving services in Oregon support a wide range of ages and support needs organized through ODDS's Service Group construct.

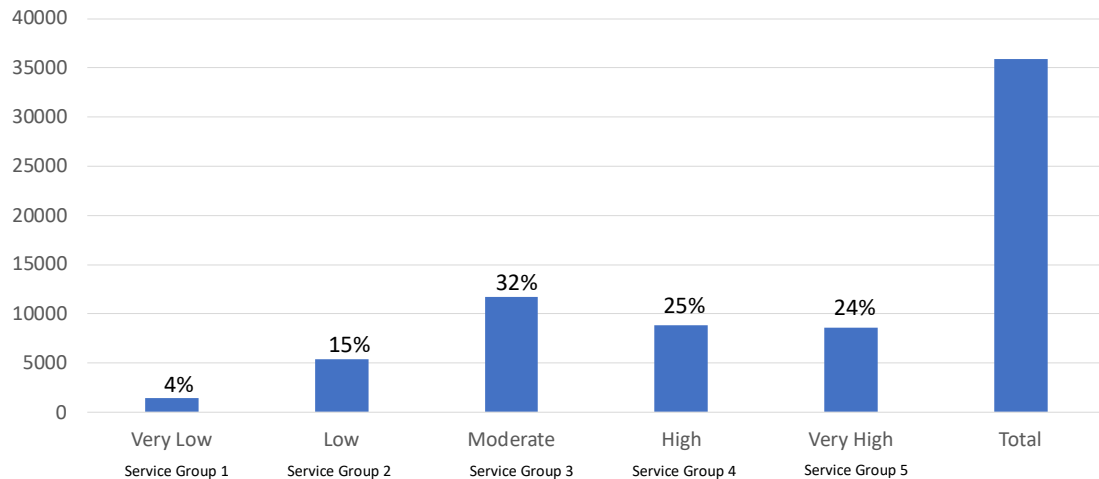
Service Group Descriptions

Child	Adolescent	Adult	General Description of Each Service Group (paraphrased)
1. Very Low to Low	1. Very Low	1. Very Low	minimal general support needs; rarely require focused medical or behavioral supports
	2. Low	2. Low	low general support needs (i.e., activities of daily living (ADLs) and instrumental activities of daily living (IADLs); may perform some activities independently; medical and behavioral support needs that do not require extraordinary support
2. Moderate	3. Moderate	3. Moderate	moderate general support needs; substantial support in one or a few areas; medical and behavioral support needs that do not require extraordinary support
3. High to Very High	4. High	4. High	high general support needs; substantial/maximal support for most instrumental activities of daily living (IADLs), particularly with more complex activities; medical and behavioral support needs that do not require extraordinary support
	5. Very High	5. Very High	very high general support needs; one or more medical condition(s) that requires a very high degree of support; behavioral challenges that require a very high degree of support

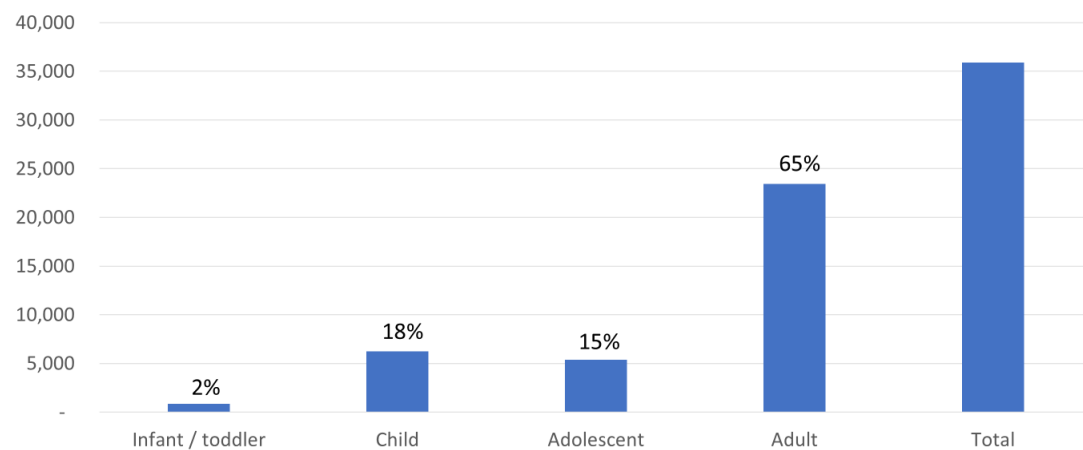
<https://www.oregon.gov/odhs/compass/pages/service-groups.aspx>

No single service group nor age group is so large as to make the other groups a small enough minority of needs to minimize.

Enrollment by Service Group



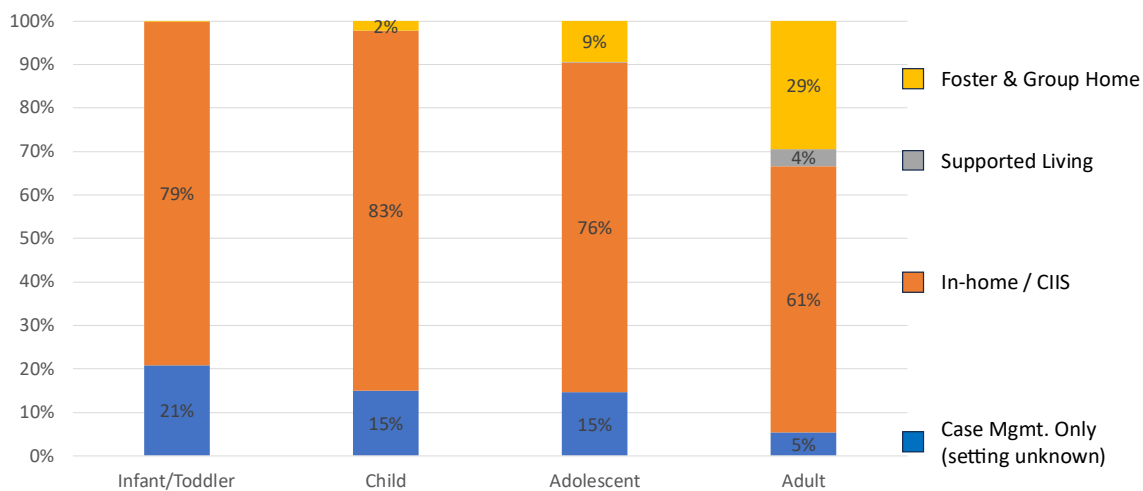
By Age Group



At a minimum, an HCBS Workforce Standards Board should **include 1 client representative from each age and service group** (10 to 14 total, depending if you want to collapse low/very low and high / very high needs groups into 1 rep for each age group).

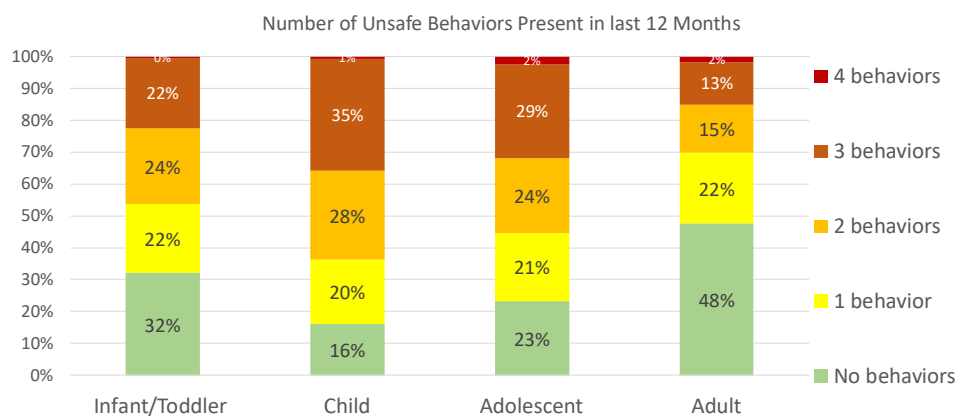
You should also **include at least 1 client representative for those living in foster & group homes.**

Caregiving Setting by Age Group



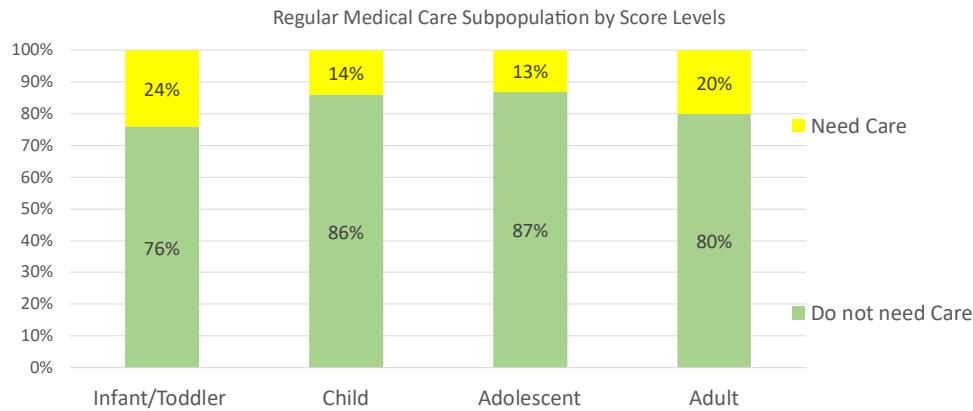
You should also **include at least 1 client representative for those with behavioral challenges.**

Unsafe Behavior Presence by Age Group



And you should **include at least 1 representative for those with routine medical care needs.**

Regular Medical Care Need by Age Group



If you want this board to improve workforce quality and participation for all those who need caregiving services, you need a set of client representatives that cover the entire range of need in the state. 2 will not do.

Thank you.

John Saito
johnnegon@comcast.net
503-888-7073

Sample Language on Budget Notes Protecting Medicaid Services for I/DD in Oregon

Budget Note: Equity Impact Assessment Requirement Prior to I/DD Service Reductions The Oregon Department of Human Services (ODHS) shall conduct an equity impact assessment prior to proposing any programmatic or rate changes affecting the K Plan and other Medicaid Waiver programs administered by the Office of Developmental Disabilities Services (ODDS). This assessment must explicitly examine differential impacts on individuals with profound disabilities, defined as individuals with severe intellectual impairments, minimal or no functional communication, high behavioral support needs, and high dependence on others for activities of daily living. The findings of the assessment shall be submitted to the Joint Committee on Ways and Means and made publicly available at least 30 days prior to implementation of any proposed changes.

Budget Note: Maintenance of Effort for Core I/DD Services The Oregon Department of Human Services (ODHS) shall maintain funding levels for core home- and community-based services provided through the K Plan and other Medicaid Waiver programs at no less than the 2023-25 Legislatively Adopted Budget levels, adjusted for caseload and inflation, unless otherwise approved by the Emergency Board or the Joint Committee on Ways and Means. If budget reductions become necessary, ODHS shall first exhaust non-service-related savings options and explore temporary federal matching opportunities before enacting service-level reductions. A report outlining these efforts and justifications for any proposed reductions shall be submitted to the Human Services Subcommittee of the Joint Committee on Ways and Means, and made publicly available prior to budget rebalance implementation.

Budget Note: Protection of Critical Services for Individuals with Profound Intellectual and Developmental Disabilities The Oregon Department of Human Services (ODHS), Office of Developmental Disabilities Services (ODDS), shall take all necessary measures to prioritize the continuity of critical Medicaid-funded services for individuals with profound intellectual and developmental disabilities who require intensive, constant care and supervision. In the event of revenue shortfalls or budgetary constraints during the 2025-27 biennium, ODHS shall avoid reductions that would directly diminish service levels or jeopardize health and safety for this population. Any proposed service changes shall include an analysis of the potential impact on individuals requiring the highest tier of support intensity and shall explicitly outline any anticipated risk to life, health, or placement stability. ODHS shall report to the Human Services Subcommittee of the Joint Committee on Ways and Means no later than _____, detailing the methods used to protect these services and summarizing any trade-offs made to preserve funding levels.