

# Seniors and People with Disabilities Division

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## Mission

The mission of the Seniors and People with Disabilities Division (SPD) is to assist seniors, and people with disabilities of all ages, to achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

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## Goals

The goals of SPD are to:

- Help seniors and people with disabilities to remain as independent as possible.
- Help sustain seniors and people with disabilities with the supports they need to maintain quality lives in their home communities.
- Honor choices made by seniors and people with disabilities about their own lives.
- Promote value-driven commitments in statute and policy.
- Partner with advocacy groups, commissions and councils, local government partners, and community service organizations.

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## History

States traditionally have provided services to seniors, people with physical disabilities and people with developmental disabilities in institutional settings such as nursing facilities and intermediate care facilities for the mentally retarded. The Fairview Training Center was opened in 1908, providing the first state-funded services to people with developmental disabilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s. During the 1970s federal Medicaid funds became available for operation of "Intermediate Care Facilities for the Mentally Retarded" (ICF/MR) programs such as Fairview.

About this same time, professional standards and public thinking about how to best serve people with disabilities began to change. Life in the community became more accessible. People with disabilities gained civil rights including the right to a public education. More of society became available to individuals with disabilities as structural accessibility increased and society began to accept people with disabilities as part of the community. Families had the ability to remain intact and to keep their loved ones – child, adult or elder with disability – at home.

Federal dollars using Medicaid waivers first became available in 1981 for “Home and Community-Based Services.” That same year the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The Legislature mandated that the state work to empower people with disabilities, keep them as independent as possible, and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the Senior Services Division and a strong statutory mandate to support seniors in their own homes and community settings outside of institutions.

In response to that mandate Oregon applied for, and received, the first home and community-based waiver that allowed the state to use Medicaid funds to provide Medicaid long-term services outside an institution. Throughout the 1980s and 1990s Oregon received waivers that allowed services for unique groups of people, including children with developmental disabilities. For Medicaid-eligible seniors and people with disabilities in Oregon this has meant that the provision of long-term care has, in large measure, shifted away from nursing facilities and training centers to in-home services, assisted living facilities, adult foster homes and group homes. Fairview Training Center closed in February 2000. This was part of a long-term plan to develop community placements and supports for its residents, improve wages for direct care staff in community homes, and expand community-based services for other developmentally disabled people. Services for people with developmental disabilities are now delivered almost exclusively through regional and local partnerships. For seniors and people with physical disabilities, the development of a vast network of community-based alternatives has propelled Oregon to the top ranking among the 50 states in percentages of dollars expended for, and people served in, settings other than nursing facilities.

Oregon’s population growth and legal rulings concerning services have significantly affected SPD during the past 10 years. Population growth means more

people are likely to need developmental disability (DD) services. DD services in Oregon historically have not been provided on an entitlement basis. Court decisions in the U.S. Supreme Court support people's right to receive services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities" (*Olmstead v. L.C.*, 1999 U.S. Supreme Court decision). When the state settled the *Staley v. Kitzhaber* lawsuit in February 2000, it agreed to a phase-in of community services for adults with developmental disabilities, guaranteeing access for thousands of individuals. The original settlement agreement would have ended June 30, 2007, at which time all eligible people with developmental disabilities would have been entitled to services. In light of the state budget situation, however, the settlement agreement was renegotiated in spring 2003 to phase in services at a slower rate than the original agreement. The renegotiated agreement extends the settlement until June 30, 2011.

After years of expanding caseloads, the department was forced in 2002 and 2003 to eliminate programs and services to selected groups of people. In 2003, to balance the state's budget, the Legislature approved eliminating services to approximately 4,900 seniors and people with physical disabilities who did not meet more limited eligibility criteria. The General Assistance and Oregon Project Independence programs also were reduced. (The 2005 Oregon Legislature eventually eliminated funding for the General Assistance program.) At the same time, however, the 2003 Oregon Legislature adopted a nursing facility provider tax that provided a significant increase to Medicaid nursing facility reimbursement. Also in 2003, in response to a ballot measure, the Legislature funded a wage increase, medical insurance, and worker's compensation insurance for home care workers who provide in-home services to people eligible for Medicaid long-term services.

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## Services

During 2007 SPD provided the following services to Oregonians:

- 2,900 people age 60 and older maintained their independence through services provided under Oregon Project Independence.
- Nearly 27,000 seniors and people with physical disabilities received long-term services paid through Medicaid.
- Almost 17,000 people with developmental disabilities were assisted through support services, 24-hour programs or case management services.

- Older Americans Act services, developed to meet the needs of local seniors, were used by more than 323,000 people.
- Almost 75,500 Oregonians made use of Direct Financial support services.
- More than 20,000 Oregonians benefited from protective services.
- The health and safety of residents in almost 5,000 long-term care facilities was insured through licensing and regulation.

SPD employees and Area Agency on Aging Employees throughout Oregon are responsible for direct client services in programs administered within SPD that serve seniors and people with physical disabilities through a network of local offices. Employees also determine eligibility of seniors and people with disabilities for programs provided through the Division of Medical Assistance Programs (DMAP) and conduct adult protective services investigations. Eligibility and case management services for developmental disabilities are done by local community developmental disability programs (CDDPs).

SPD employees located in the Salem central office make eligibility determinations under Title II and Title XVI of the Social Security Act for individuals who claim they are unable to work due to a disability. Central office SPD staff coordinate licensing and regulation of all long-term care facilities serving seniors, people with disabilities and people with developmental disabilities, and they manage programs for seniors and adults with physical disabilities, and adults and children with developmental disabilities.

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## **Programs**

SPD has three program areas: Services to Seniors and People with Physical Disabilities, Services to People with Developmental Disabilities and Program Support.

### **Services to Seniors and People with Physical Disabilities**

This program area includes:

- Older Americans Act
  - ◆ Support services
  - ◆ Family caregiver support
  - ◆ Medication management
  - ◆ Nutrition services
  - ◆ Senior employment
  - ◆ Legal services
  - ◆ Elder abuse prevention
- Oregon Project Independence
- Direct financial support
  - ◆ Oregon Supplemental Income Program
  - ◆ Employed Persons with Disabilities Program
  - ◆ Special-needs Payments
  - ◆ Medicare buy-in programs
- In-home services
  - ◆ Home care workers
  - ◆ Independent choices
  - ◆ Adult day services
  - ◆ In-home agency providers
  - ◆ Home-delivered meals
  - ◆ Personal care

- Community-based care facilities
  - ◆ Adult foster homes
  - ◆ Residential care
  - ◆ Enhanced care
  - ◆ Specialized living
  - ◆ Assisted living
  - ◆ Program of All Inclusive Care for the Elderly (PACE)
- Nursing facilities
- Money Follows the Person (MFP)

## **Services to People with Developmental Disabilities**

This program area includes:

- Comprehensive services
  - ◆ Adult residential group homes
  - ◆ Children residential group homes and proctor homes
  - ◆ Children intensive in-home services
  - ◆ Adult in-home services
  - ◆ Supported living services
  - ◆ Non-relative foster care for children and adults
  - ◆ Vocational services
  - ◆ Diversion/crisis services
  - ◆ Transportation services
  - ◆ State-operated community program
- Support services
  - ◆ Adult support services
  - ◆ Family support services

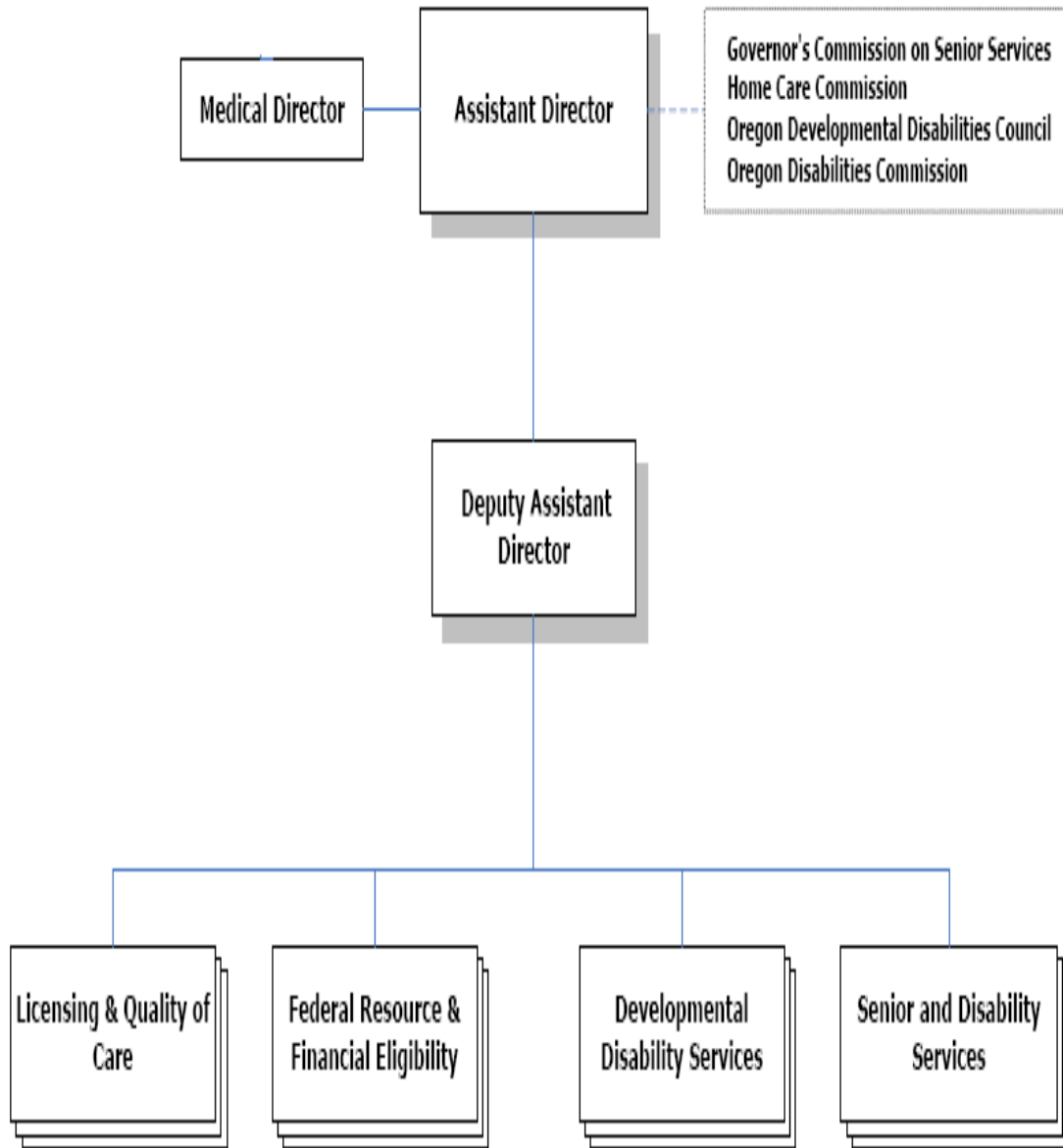
## **Program Support**

This program area includes:

- Office of Developmental Disability Services
- Office of Senior and Disability Services
- Office of Federal Resource and Financial Eligibility
- Office of Licensing and Quality of Care

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# Organizational structure



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## **Services to seniors and people with physical disabilities**

### **Key programs**

Services to seniors and people with physical disabilities focus on supporting people's needs to meet fundamental activities of daily living (ADL) such as bathing, dressing, mobility, cognition, eating and personal hygiene. Long-term services ensure that the person is living in a safe and healthy environment that promotes choice, independence and dignity. Services can be provided in nursing facilities, in community settings such as residential care facilities and foster homes, or in the person's own home.

### **Older Americans Act**

SPD is the state administrator of the Older Americans Act, a federal program targeted to people 60 years old and older. Approximately 323,000 Oregonians accessed Older Americans Act services in 2007.

SPD distributes the funds to local AAAs.

The Older Americans Act provides federal funding for locally developed support programs for individuals ages 60 and older. SPD ensures that services are provided in accordance with the Act and distributes federal funds to the AAAs using a federally approved intra-state funding formula based on the demographics and square mileage of each area. Local AAAs provide programs for support services, family caregiver supports, medication management, nutrition services, senior employment, legal services, and elder abuse prevention services. They also may provide assistance to senior centers and wellness/prevention activities. AAAs work within their local communities to develop a plan of services that meet the needs of older individuals in their area.

Other program requirements include mandates that:

- Local services should be targeted to provide for older individuals with the greatest economic and social needs,
- A focus is placed on low-income minorities and those seniors residing in rural areas, and
- There are no income or asset requirements to receive services except for the Older Worker Employment Program.

## **Oregon Project Independence**

Approximately 2,900 senior Oregonians receive in-home services and related supports each month which enable them to remain as independent as possible and living in their own homes. These are services provided through the Oregon Project Independence program, and often represent the most cost-effective crucial element preventing or delaying an Oregonian's move to facility based care and need to access the more expensive Medicaid service system. Examples of services received are limited hours of assistance with activities of daily living such as housekeeping, bathing, grooming, health care tasks, meal preparation or provision, transportation, caregiver respite, chore services, and adult day program services.

OPI services are extremely cost-effective. Most individuals served by the program are able to maintain themselves in their own homes with very minimal amounts of assistance which tend to represent a critical relief or supplementation of services to those already being provided by family members or other natural supports. A 2006 study revealed that only about 25 percent of the individuals served by OPI eventually access more costly Medicaid funded living situations or programs, suggesting that OPI does effectively prevent or delay entry into that significantly higher cost system and saves significant state resources. More importantly, it allows minimal government intrusion into the lives of thousands of Oregonians, while allowing them to remain primarily financially self-sufficient and living independently in their own homes and familiar local communities and natural attachments.

OPI services are available statewide. Service eligibility determination, case management, and service authorization and planning services are provided by staff of each local Area Agency on Aging. To be eligible for OPI services, an individual must not be receiving Medicaid funded health and long term services and must meet the definitions of requiring long term services, as determined by an assessment of their functional abilities related to performing activities of daily living. Service Priority Levels are assigned based upon this assessment, and services can presently be provided to individuals through levels 1-18. There is no financial asset limitation. However, individuals with net monthly incomes between 100 and 200 percent of the Federal Poverty Level (FPL) are expected to pay based upon a sliding fee scale toward the cost of their service. A minority of those served, with net incomes above 200 percent of FPL, pay the full rate of the service provided.

OPI presently serves individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Although the 2005 Oregon Legislature approved a general expansion of the OPI program to include younger persons with disabilities, funding has not been made available to support this expansion.

## **Direct financial support**

DHS determines eligibility for, and provides financial support or services to, certain low-income seniors and people with disabilities. Programs are designed to meet a variety of special circumstances.

### **Oregon Supplemental Income Programs**

The Oregon Supplemental Income Program (OSIP) provides a small cash benefit (\$1.70 per month) to low-income aged and disabled Oregonians who are receiving federal Supplemental Security Income (SSI) benefits. The state created this program after Congress transferred the SSI program to the Social Security Administration. Individuals who are eligible for OSIP also are eligible for the Oregon Health Plan Plus benefit package through Medicaid. The maximum federal SSI benefit for individuals is \$638.00 per month in 2008. For couples, the maximum federal SSI benefit is \$956.00 per month. Although the OSIP monthly grants are small relative to the SSI grant, the \$1.70 Supplemental Income Payment (SIP) check meets our federal requirement for SPD's maintenance of effort (MOE). SPD is collaborating with our federal partners to determine if there is a more efficient way to meet the MOE requirement.

- **Employed Persons with Disabilities** – This program assists people with disabilities who are working to remain at work and retain their eligibility for Medicaid. The goal of this effort coincided with the 1999 federal Workforce Incentives Improvement Act (WIIA). This act attempted to remove a significant impediment to people with disabilities seeking employment – the loss of health care and other benefits resulting from a higher household income from wages.
- **Special-needs cash payments** – The department uses these payments to reduce the need for more expensive long-term care payments. For example, these funds can be used to make home adaptations that allow a client with disabilities to retain mobility in a safe environment or to provide the extra cash needed to pay food costs for an assistive animal.

- **Food Stamp program** – The Food Stamp program is a federally regulated and funded program for low-income individuals and families. SPD and local AAAs determine eligibility for seniors and people with disabilities.
- **Medicare buy-in programs** – Federal law requires states to provide payments for Medicare beneficiaries who meet income guidelines. There are two major categories in this program:
  - ◆ **Qualified Medicare Beneficiary (QMB):** In this federally mandated program, the state pays the Medicare Part B premium, the annual deductible and co-insurance charges on Medicare-covered services for Medicare recipients who have income at or below the federal poverty level.
  - ◆ **Special Low Income Medicare Beneficiary:** This program provides assistance to Medicare beneficiaries who meet federal income criteria from 100 to 135 percent of the federal poverty rate. Coverage is limited to payment of the Medicare Part B premium only.

### **Medicare Unit**

The federal Medicare program, which provides primary health coverage for 80,000 DHS clients, has undergone major change since January 2006. DHS has experienced a significant fiscal and administrative impact due to these changes. Since January 2006 the number of DHS clients served by Medicare Part D and Medicare Savings Programs has increased by 10 percent. The 80,000 clients served by the two programs all receive Medicare Part B premium assistance and Low-Income Subsidy eligibility for Medicare Part D. The ongoing workload of the Medicare Modernization Act has brought about an increased focus to Medicare benefits and an increased departmental knowledge regarding Medicare programs. In February 2007 DHS realized the importance of centralizing the expertise and the operational functions for Medicare programs. Administrative Services Division transferred the Medicare Buy-In Unit to SPD's Medicare Team to better meet the needs of clients and save administrative costs. The Medicare Buy-In Unit processes the Medicare Premiums for 80,000 clients who are also eligible for Part D Low-Income Subsidy.

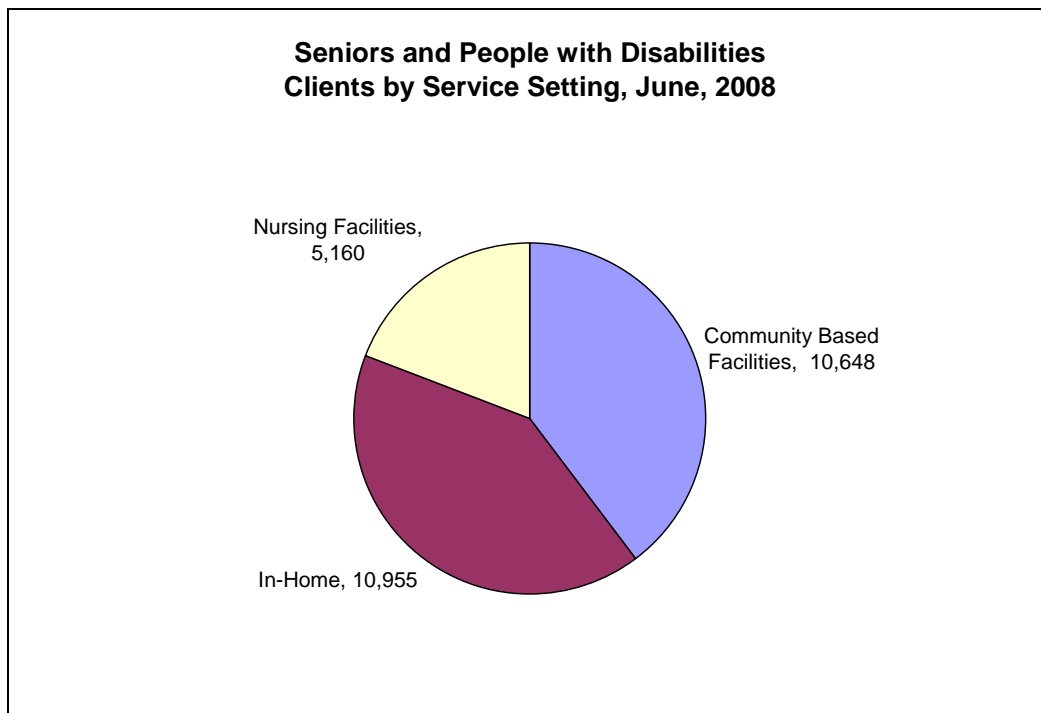
The passage of the Medicare Improvement for Patients & Providers Act (MIPPA) of 2008 has, once again, impacted the state fiscally and administratively. The new expanded asset allowance of nearly six times the current limitation and the

elimination of the estate recovery component of Medicare Savings Programs will further impact the significant growth of the programs since 2006.

## Long-term services

### Services provided

For many seniors or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in daily living activities. Historically, the only way to meet those needs was in a nursing facility. For more than 25 years Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home and community-based waivers. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these waivers.



## **In-home services**

### **Home care workers**

Care providers, hired directly by the client, provide many of the services Medicaid clients need to remain in their own homes. The care provider is referred to as a Home Care Worker (HCW). The client hires the HCW as an employee. The HCW must be qualified to provide services and must pass a criminal record check. The client, as the employer, outlines job duties, trains and supervises the HCW and maintains employee records. SPD develops the service plans, processes the necessary forms for the providers, completes the criminal records check, and approves and makes provider payments on behalf of the client. Approximately 10,500 clients are expected to receive services in 2009-2011 supplied by HCWs each month. Service Employees' International Union (SEIU) Local 503, OPEU represents approximately 10,000 HCWs serving seniors and people with physical disabilities.

- **Home care workers hourly provider** – A client may hire an hourly HCW to assist them in meeting their ADL needs and other common tasks.
- **Home care worker live-in provider** – Clients also may hire a live-in HCW to provide 24-hour care.
- **Spousal providers** – Clients may choose to have their services provided by their spouse if the spouse is able to provide the level of care the client needs.

### **Independent Choices**

The Independent Choices program offers clients more choices in the way they receive in-home services and moves clients toward further self-direction. Participants receive a cash benefit, based on their assessed need, which allows them the flexibility to create and fund their own service plans. Clients are responsible for locating the services they need, paying their employees and withholding and paying necessary taxes. Oregon's original five-year demonstration waiver from the federal government expired November 30, 2006, and has been renewed as a State Plan Option. Statewide implementation will begin September 2008.

## **Other in-home services**

Other support strategies provide in-home services beyond the HCW program. Some programs use private agencies to provide additional in-home or day services.

- **Adult day services** – Adult day services provide supervision and care for adults with functional or cognitive impairments. Services may be provided for part or most of the day and are provided in stand-alone centers as well as hospitals, senior centers and licensed care facilities.
- **In-home agency provider** – As an alternative to a client hiring an HCW directly, in-home agencies are contracted to recruit, train and hire staff for the client. The agency will ensure all hours are covered for the client. In-home care agencies are licensed through DHS.
- **Meals** – Home-delivered meals are provided for clients who are homebound and unable to go to congregate sites such as senior centers for meals. This program provides midday meals arranged by local AAAs.
- **Personal care** – These services are available to people who are Medicaid-eligible but not eligible for waived services. Services are limited to no more than 20 hours a month. Personal care can be used only for activities of daily living related tasks.

## **Community-based facilities**

Community-based facilities include a variety of 24-hour care settings and services for seniors and people with physical disabilities that provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight, and social activities. Services can include nursing and behavioral supports to meet complex needs. Along with client-specific care programs, non-institutional settings must meet extensive state and federal guidelines related to health and safety.

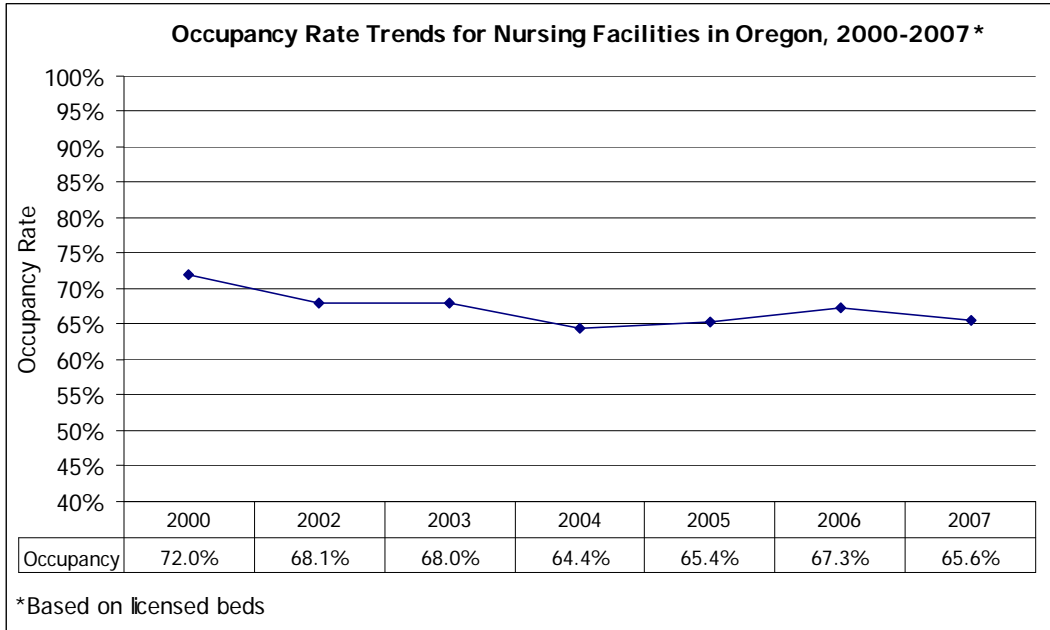
Service settings include:

- **Adult foster homes** – These services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services such as serving ventilator-dependent residents.

- **Residential care facilities** – These facilities are licensed 24-hour service settings serving six or more residents. Facilities range in size from six beds to more than 100. Different types of residential care include 24-hour residential care for adults and specialty Alzheimer’s facilities. Registered nurse consultation services are required by regulation.
- **Enhanced care services** – Enhanced care services are specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have needs that cannot be met in any other setting. These programs support clients with combined funding from SPD and the Addictions and Mental Health Division (AMH).
- **Specialized living facilities** – These facilities provide services in a home-like environment for specific target groups who are eligible for a live-in attendant but, because of special needs, cannot live independently or be served in other community-based facilities. Specialized living facilities provide services to target groups such as clients with acquired brain injuries or other specific disabilities.
- **Assisted living facilities** – These facilities are licensed 24-hour settings for six or more residents that include private apartments. Services are comparable to residential care facilities. Registered nurse consultation services are required by regulation.
- **Providence Elder Place** – Providence Elder Place is a capitated Medicare/Medicaid Program of All-Inclusive Care for the Elderly (PACE), which provides an integrated program for medical and long-term services. The 700 people age 55 and older served in this program generally attend adult day services and live in a variety of settings. The Elder Place program is responsible for providing and coordinating their clients’ full health and long-term service needs in all of these settings.

## **Nursing facilities**

Institutional services for seniors and people with physical disabilities is provided in nursing facilities licensed and regulated by DHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living. After years of steady decreases, occupancy has stabilized at approximately 66 percent.



## Money Follows the Person grant

“On the Move” (OTM) is Oregon’s Money Follows the Person demonstration project enabled by Section 6071 of the Deficit Reduction Act of 2005. Money Follows the Person projects allow states to put together packages of services and supports to transition long-term nursing facility residents back to their homes and communities. In addition to allowing for enhanced federal match for Medicaid services for a time-limited period, states are also allowed to claim federal dollars for services not traditionally allowed by Medicaid – like housing and assistive technology.

SPD has looked at multiple data sources to understand the relatively unchanging number of people in nursing facilities. This analysis strongly suggests that many adults with physical disabilities and adults with developmental disabilities currently residing in Oregon nursing facilities live there not because of a need for the round-the-clock supports and nursing care, but due to a lack of appropriate community service options. SPD expects to create new models of community services and supports using resources available through the OTM project. The working plan for project implementation, approved by the Centers for Medicare and Medicaid Services (CMS), expects that almost 1,000 residents will move out of nursing facilities, and back into their communities, by September 2011. Project

rollout began in April 2008. As of August 2008 more than 50 people are already on track to move.

## Where service recipients are located

People receive long-term services in all 36 Oregon counties.

County	AgeGroup		Total
	Age 18 - 64	Age 65 +	
Baker	37	108	145
Benton	78	201	279
Clackamas	631	1,453	2,084
Clatsop	76	161	237
Columbia	79	177	256
Coos	404	579	983
Crook	37	117	154
Curry	63	155	218
Deschutes	212	450	662
Douglas	380	653	1,033
Gilliam	1	11	12
Grant	11	51	62
Harney	13	37	50
Hood	28	81	109
Jackson	454	921	1,375
Jefferson	47	70	117
Josephine	301	644	945
Klamath	162	294	456
Lake	14	39	53
Lane	818	1,464	2,282
Lincoln	193	375	568
Linn	293	743	1,036
Malheur	76	201	277
Marion	624	1,557	2,181
Morrow	25	31	56
Multnomah	2,176	4,189	6,365
Polk	203	401	604
Sherman	4	6	10
Tillamook	47	118	165
Umatilla	224	496	720
Union	61	191	252
Wallowa	25	55	80
Wasco	70	219	289
Washington	544	1,500	2,044
Wheeler	2	2	4
Yamhill	139	474	613
<b>Total</b>	<b>8,552</b>	<b>18,224</b>	<b>26,776</b>


## **Who receives services**

Approximately 27,000 aged and physically disabled Oregonians used Medicaid long-term services during an average month in 2007. By federal law each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as functional assessments. The federal government, through CMS, must approve any criteria established by the states.

DHS created Service Priority Levels (SPLs) to establish eligibility for Medicaid long-term services. SPLs prioritize services for seniors and people with physical disabilities whose well-being and survival would be in jeopardy without long-term services. Levels range from Level 1, which reflects the most impaired, to Level 17, which reflects the least impaired, and are based on the ability of the person to perform ADLs. ADLs are personal activities required for continued well-being. These include eating/nutrition, personal hygiene, cognition, toileting and mobility. For many individuals with disabilities, assistance from other people to perform ADLs is a daily need. SPD assists thousands of Oregonians who require ADL services in selecting competent providers and establishing effective working relationships with those service providers.

In 2003, to balance the state's budget, services for clients in SPLs 12 through 17 were eliminated. The Legislature approved restored funding for clients in levels 12 and 13 beginning in 2004. Following approval from CMS, clients in levels 12 and 13 were added back to the definition of people eligible for Medicaid long-term services effective July 1, 2004. Today SPD serves clients in levels 1 through 13. Services for clients in SPL 14 through 17 remain unfunded.

## Services to seniors and people with physical disabilities June 2008

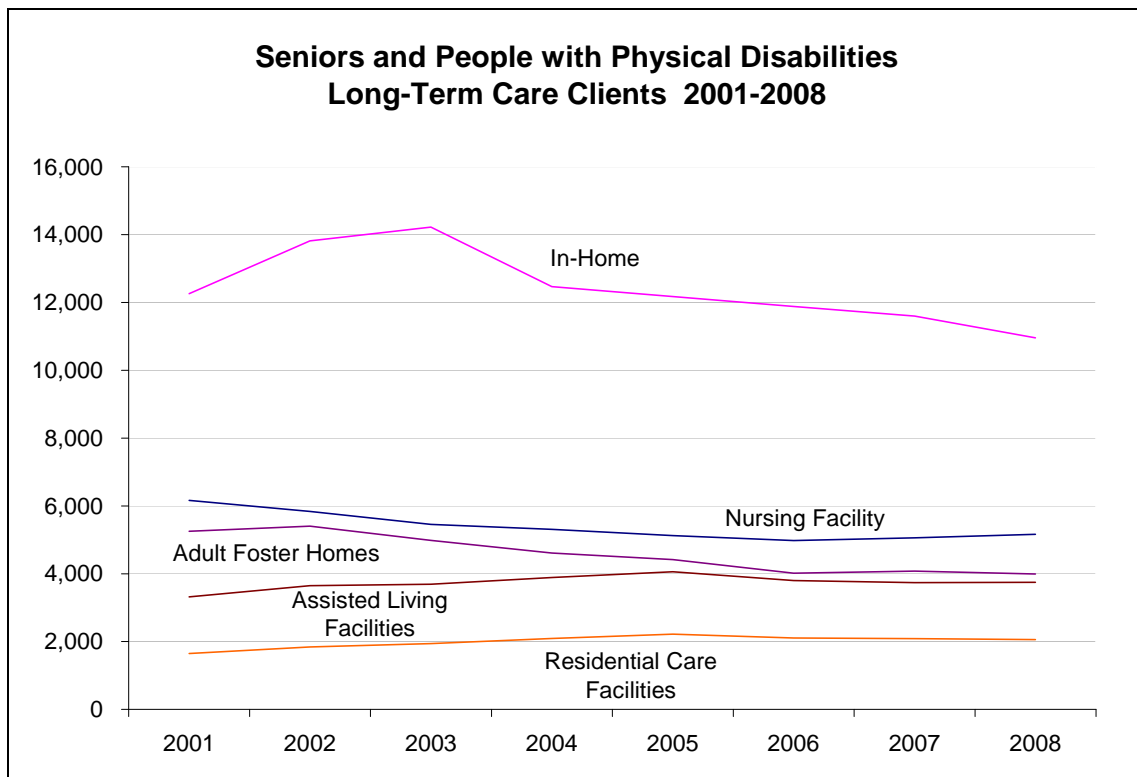
		<b>STATEWIDE</b>								
		<b>Seniors and People with Physical Disabilities</b>								
		<i>Clients in Personal Care are not included in these numbers</i>								
		June, 2008								
SPL	Non Relative Foster Home	Relative Foster Home	Assisted Living	Nursing Facility	In-Home Hourly	In-Home Live In	Residential Care	Contract Residential Care	Specialized Living	Spousal Pay
1	174	81	7	512	79	37	15	66	0	12
2	3	2	1	4	1	0	0	0	0	1
3	1,420	499	1,052	3,143	1,576	517	538	885	101	135
4	171	75	108	346	242	55	37	37	7	5
5	87	121	168	215	519	101	38	16	4	0
6	17	20	80	16	121	5	8	3	2	0
7	311	418	1,073	680	3,025	297	130	48	13	0
8	13	13	25	17	46	1	3	3	0	0
9	14	7	18	17	19	0	9	9	1	0
10	125	155	729	92	2,043	43	86	11	29	0
11	82	68	272	82	586	2	38	18	4	0
12	11	6	41	5	68	0	5	1	1	0
13	74	28	175	31	1,211	3	31	24	4	0
Total	<b>2,502</b>	<b>1,493</b>	<b>3,749</b>	<b>5,160</b>	<b>9,536</b>	<b>1,061</b>	<b>938</b>	<b>1,121</b>	<b>166</b>	<b>153</b>

### How services are delivered

Eligibility and case management services are delivered throughout the state by DHS and AAA employees. ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. A “Type B” Transfer AAA is one that chooses to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs do not provide Medicaid services, DHS has offices to serve seniors and people with physical disabilities.

## Why these services are significant to Oregonians

Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.



## **Quality and Efficiency Improvements**

### **Waiver Quality Assurance (QA) Unit**

The QA Unit is responsible for oversight of federal quality assurance requirements across a multitude of waivers. The unit has integrated SPD quality initiatives with waiver-specific activities and key performance measures. The Unit continues to work with federal partners to ensure compliance with waiver requirements through administrative oversight activities, as well as supporting SPD quality initiatives. During the last biennium, a Consumer Satisfaction Survey was conducted for aged, disabled and developmentally disabled individuals living in their own or family homes.

Program efficiency was accomplished for the Employed Persons with Disabilities program through the establishment of a sliding fee scale for “buying into Medicaid.” The fee is based on three ranges of total income, eliminating the need for eligibility workers to calculate individual contributions. The definition of “work” was revised to be more consistent with federal buy in criteria. This change allowed eligibility workers to more quickly determine who could benefit from this program.

### **Nursing facility provider taxes**

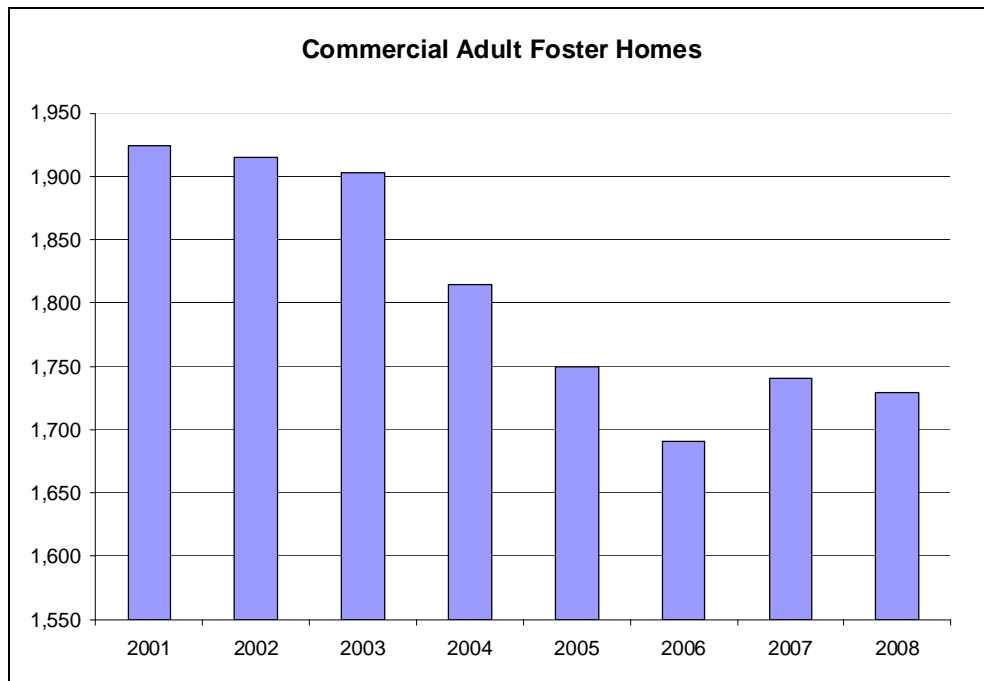
The 2003 Oregon Legislature imposed a long-term care facility assessment on Oregon nursing facilities that is used to provide enhanced Medicaid reimbursement to nursing facilities that serve Medicaid clients. Assessment revenues currently fund 25 to 30 percent of Medicaid nursing facility reimbursement. The nursing facility assessment is set to sunset in 2013. The federal government just decreased the maximum assessment a state can impose from 6 percent to 5.5 percent. Facilities cannot afford to lose the revenue stream; neither can the state afford the additional General Fund expenditures that would result from a cost shift.

### **Community-based care capacity and quality**

Medicaid access to community-based services in the state is dwindling. The community-based facility Medicaid rate system was last restructured in 2002 and is increasingly falling behind private rates. Adult foster homes, residential care and assisted living facilities all provide services for residents with similar needs.

However, the primary driver of payment rate determination is the place in which the Medicaid client resides, rather than the extent of his or her needs. Small businesses, especially adult foster homes, are unable to maintain a sound financial footing with Medicaid payment rates and are declining to participate in the Medicaid program, decreasing access to appropriate services. Clients also have started to lose access to Alzheimer’s services in the community. The growth of the age 85+ cohort points to increased demand for Alzheimer’s services in both the public and private sectors. Increased demand, coupled with static payment rates, will further reduce Medicaid client access to community care.

Community-based facilities are important and cost-effective alternatives to nursing facilities. Continued loss of access to this part of the service continuum will increase Medicaid costs and decrease client choice.



In 2008 the Legislature funded and SPD implemented a short-term fix in the form of a Medicaid payment rate adjustment in order to stabilize community-based care and as a first step toward an in-depth examination of rates.

In the 2007 and 2008 legislative sessions, SPD was given direction to explore an acuity-based rate methodology that better equates client needs to Medicaid

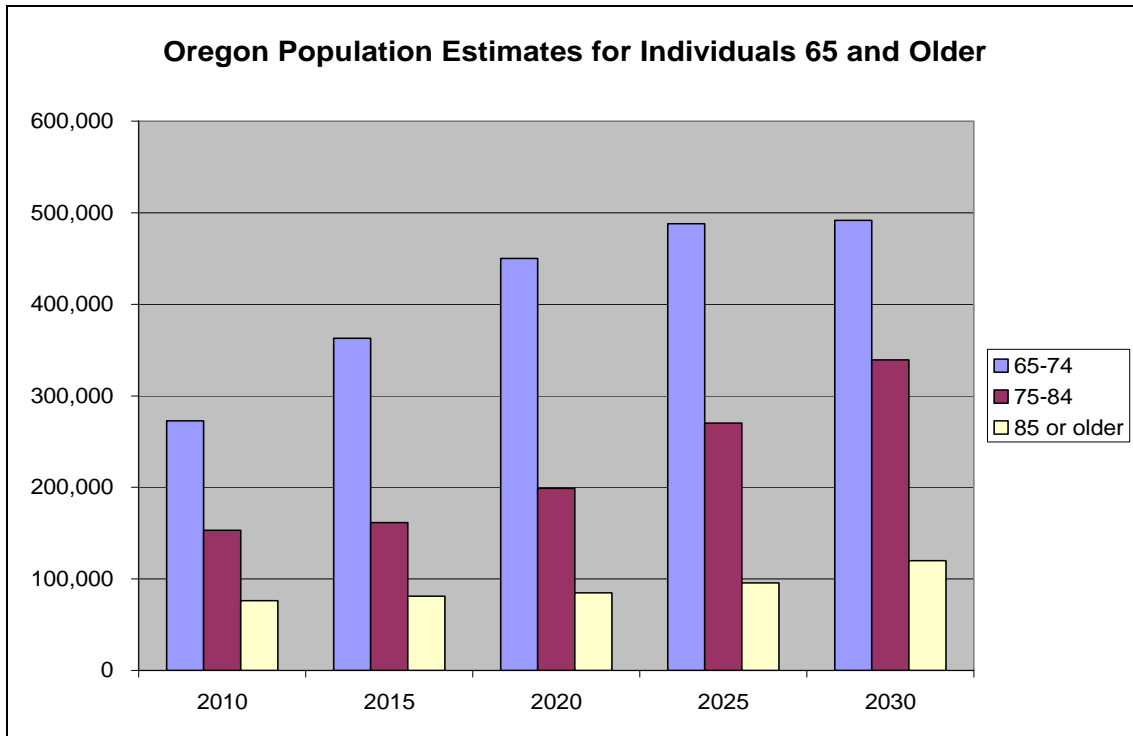
payments. SPD is working with stakeholders to develop a recommendation regarding rate re-structure.

In order to ensure quality of life and quality of care for all SPD consumers, SPD licenses and regulates all long-term care facilities. With an increasing need for services, SPD must increase its capacity for regulatory oversight of providers and strengthen consequences for non-compliant providers. Licensing fees for both nursing facilities and community-based care providers in Oregon are lower than in other states and have not been increased since 1979. Fines for community-based care providers who are found to be out of compliance with regulatory standards also are lower than in other states. The current level of fines does not provide a monetary disincentive to poor performers. SPD will work with providers and other interested parties to create uniform standards for both licensing fees and for penalties, and to increase the number of staff dedicated to, and the frequency of, facility inspection and survey.

### **Long Range Plan for Seniors and People with Physical Disabilities**

The number of people in the United States over age 65 is projected to nearly double from 40.2 million in 2010 to more than 71.4 million people by 2030. Oregon will closely follow this national pattern. In 2010 approximately 13 percent of Oregon's population will be 65 years or older. By 2030 the percentage is expected to increase to nearly 20 percent.

In Oregon people 85 years or older make up a small but rapidly growing group within the total older population. In 2010 approximately 76,000 Oregonians will have reached age 85. By 2030 the number is expected to reach nearly 120,000, an increase of almost 57 percent. The table below illustrates the population estimates for seniors through 2030.

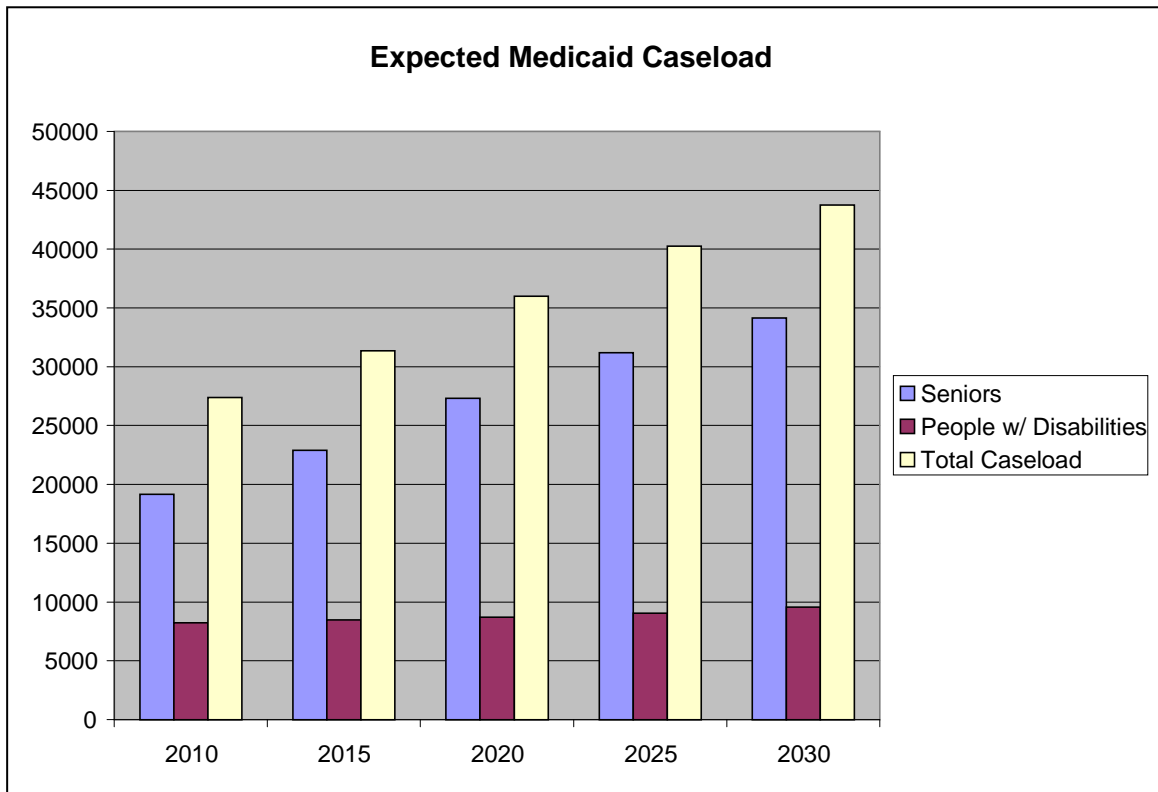


Most seniors can live independently with little or no assistance. However, about 25 percent need help with activities of daily living, either from family members or paid caregivers. Among seniors this 25 percent breaks down to 20 percent needing help with one to three activities of daily living and 5 percent needing help with four or more.

The need for long-term services and supports can impose significant financial hardship on seniors and people with disabilities and even lead to financial ruin. In 2006 the average daily private rate charged for nursing facility services in Oregon was \$213 a day – almost \$6,400 per month or \$78,000 a year. Community-based services, although not as high as nursing facility services, are costly as well. In 2006 the average monthly private cost for community-based services was \$2,400 and \$2,700 for the Portland and Eugene markets respectively.

Most seniors and people with physical disabilities lack the financial resources to afford long-term services for a significant period of time. When they “spend down” their assets, they often have to count on Medicaid to cover their long-term services and supports.

Approximately 3.9 percent of Oregonians aged 65 and older are accessing long-term services under Medicaid today. Without intervention, Seniors and People with Disabilities (SPD) can expect seniors with Medicaid-funded long-term services to increase from 18,000 individuals currently to 34,000 by 2030. Adding people with disabilities, approximately 27,000 seniors and people with physical disabilities access long-term services under Medicaid today. Without intervention, SPD expects that 44,000 seniors and people with disabilities will have Medicaid-funded long-term services and supports by 2030, as illustrated on the following graph:



These population changes will have a profound impact on the social and economic fabric of communities across Oregon. And for Oregon’s health care and long-term service systems, the huge influx of new clients will severely challenge Oregon’s capacity to ensure access to quality care, both for individuals with Medicaid and for individuals who are not Medicaid-eligible. This includes the capacity to license, regulate and pay for these needed services, as well as the ability to recruit and train the necessary workforce.

In May 2006 the Department of Human Services (DHS) in conjunction with a large stakeholder group and eight issue-specific subgroups issued a preliminary report

entitled “Recommendations on the Future of Long-Term Care in Oregon.” In partnership with the Governor’s Commission on Senior Services, DHS and the commission hosted public forums in 17 areas of the state to gather input on these recommendations. In November 2006 the commission issued a follow-up report summarizing the results of the public forums and proposed additional recommendations.

DHS, the commission and other stakeholders also discussed the details of these reports with several substantive committees of the 2007 Oregon Legislature, as well as the Joint Ways and Means Committee. The Joint Ways and Means Committee gave a policy directive to DHS to report to the Emergency Board by June 30, 2008, and to the 2009 Oregon Legislature on its comprehensive and ongoing planning efforts for the long term services system.

After the 2007 Session DHS appeared multiple times before the Senate Interim Committee on Seniors and People with Disabilities and a House Subcommittee focusing on the same issues. In addition, the two committee chairs, Senator Bill Morrisette and Representative Jean Cowan, met several times with representatives of key senior and disability stakeholder groups to prioritize critical issues for potential inclusion in the long range plan.

These efforts culminated in the passage of Senate Bill 1061 by the February 2008 Supplemental Session. The bill codifies planning directives to DHS, incorporating much of the budget note, plus adding other critical issues identified by the Interim Committees along with stakeholder input.

In June 2008 DHS presented its draft Long Range Plan to the Interim Committees after meetings with stakeholders. It is a multiyear, comprehensive plan that encompasses long-term services, social and community resources, provider and workforce infrastructure development, and a commitment to help seniors and people with disabilities remain independent, safe, and healthy in their homes and communities. The plan strengthens existing publicly-supported services, such as Medicaid-funded long-term services, but also partners with local and national organizations to build a service delivery system for people who are not Medicaid-eligible.

The final plan will probably include recommendations in the following areas:

- **Community Demographic Readiness:** Developing strategies that will keep seniors and people with disabilities independent, healthy and safe in their own homes and home communities. This section contains recommendations on resources to be in place in every Oregon community that assist seniors and people with disabilities to stay independent, to ensure access to quality long-term services and supports, to avoid or delay the need for public assistance for long-term services, or if and when that need arises, to minimize the scope and cost of such services.
- **Realignment of Medicaid:** Stabilizing Oregon’s publicly financed long-term service system and preparing for the increase in new clients. This section contains recommendations to shore up Oregon’s Medicaid-reimbursed services and prepare for future expansion through waivers, state plan options and other new Medicaid initiatives.
- **Community-Based Rates and Capacity:** This section recommends ways to develop new, acuity-based rate methodologies, flexible contracts and new specialized community-based providers, and it discusses the end of licensing moratoria on certain community providers.
- **Protection of Vulnerable Adults:** Initiatives include recommendations to improve licensing and regulation of long-term service facilities, adult protective services, and new initiatives to offer technical assistance and prevention for nursing and community-based facilities.
- **In-Home Services:** Concepts include development of the State Plan Option J, alternative approaches to client payment for services above the Supplemental Security Income (SSI) level, and rate design.
- **Workforce Development:** Concepts include development of recruitment, training, and/or certification of nurses, certified nursing assistants, case managers, gerontologists and home care workers in the face of workforce shortages. The department plans to work closely with the Department of Education and the Employment Department in this initiative.

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## **Services to People with Developmental Disabilities**

### **Key programs**

SPD provides supports to almost 17,000 qualified adults and children with developmental disabilities through a combination of case management and services. Developmental disabilities include mental retardation, cerebral palsy, Down's syndrome, autism and other impairments of the brain that occur during childhood. Some people with developmental disabilities also have significant medical or mental health needs. Adults with developmental disabilities may be eligible for services ranging from supports to help individuals live in their own homes to 24-hour comprehensive services. Twenty-four-hour services are provided in a variety of settings including group homes and foster homes. Children with developmental disabilities may be eligible for services ranging from family support to out-of-home placements. Placements can be to proctor care, foster homes or residential settings.

### **Services provided**

#### **Developmental disability community-based care**

People with developmental disabilities may have mental or physical impairments that prevent them from meeting critical daily needs such as bathing, dressing and eating, but it also may mean they have limitations in self-direction, self-sufficiency and learning. Community options help meet the specific needs of each individual and at the same time save limited state resources. There has been a dramatic decline in the number of people with developmental disabilities in institutions in Oregon and a corresponding increase in community services and settings.

### **Service settings**

#### **Comprehensive services**

Comprehensive Services for People with Developmental Disabilities provide services for adults and children who are either living at home but receiving 24-hour supports, or who are in an out-of-home setting, such as a community group home or foster home.

The following service types are included as part of the Comprehensive Services Waiver:

- **Adult residential programs** – These programs provide 24-hour group home services for individuals ages 18 and older. In most cases people live in homes designed for five or fewer people, with staff who come into the home and work on a shift schedule. Each person living in the home has an individualized plan that details training and habilitation goals that promote independence, productivity and integration into the community.
- **Children’s residential care** – SPD provides residential services for children with developmental disabilities through foster care, proctor care and community residential group homes. Proctor care is a comprehensive residential service for children provided in SPD-certified foster homes that are highly trained, supported and contracted by SPD-certified proctor agencies. All children in residential services must have a developmental disability and need out-of-home placement due to a crisis that puts the child or others in imminent risk. The child may be committed to the state for care and custody through the child welfare program, or the family may request voluntary placement. SPD also serves youth who are in the jurisdiction of the Juvenile Psychiatric Security Review Board.
- **Children’s intensive in-home services** – This program provides the supports necessary to keep children who require 24-hour care safe and residing in their family home, as an alternative to hospitals and other institutions. The program issues three Medicaid model waivers, allowing federal funds to be used regardless of family income. Model waivers must cap enrollment at a maximum of 200 children. The Medically Fragile Children’s Unit provides mainly nursing services to children who require daily medical technology, such as ventilators. The Medically Involved Children’s Program primarily provides assistance with daily physical care, medical equipment and supplies for children who might otherwise be served in a nursing home. Children in the Intensive Behavior Program have autism and other disabilities that may cause them to be a danger to themselves and others.
- **Comprehensive In-Home Support Services for Adults** -- This is a comprehensive level service providing adults the opportunity to design and manage the supports they need to live in their family home. Adults and their family members receive assistance to identify needs, design formal and informal support strategies, gain access to a variety of resources, direct the staff and monitor the quality of supports delivered. This is a self-directed support model where the individual (or his or her representative) manages and authorizes services within a specified budget amount. The individual (or

representative) also assumes the role as the employer of record if the person chooses to hire employees for service provision.

- **Supported living services** – These services are individualized supports that promote an individual’s ability to live in his or her own home and be a part of, and participate in, the community in which he or she lives.
- **Vocational services** – These services provide out-of-home training, support and employment for adults working in activity centers, sheltered services and local businesses. Services range from job development to long-term support.
- **Non-relative developmental disability foster care** – Developmental disability foster homes provide residential care and services to individuals with developmental disabilities. Services include 24-hour supervision, room and board, assistance with the activities of everyday living, and access to services that help individuals develop appropriate skills to increase or maintain their level of functioning.
- **State-operated community programs** – These programs provide 24-hour community residential care for 144 people who have a developmental disability and intensive support needs due either to a medical or behavioral condition. There are 31 homes, serving five or fewer people, located in eight counties. All employees of this program are staff of SPD. These programs also provide short-term (up to 90 days) crisis and diagnosis services for up to five people at any given time.

In addition to services described above, clients receiving comprehensive services may receive the following types of services:

- **Diversion/crisis services** – These short-term services (which could include additional in-home support, respite or out-of-home placements) are provided to individuals with developmental disabilities who are at imminent risk of being committed to the state for their care and custody due to potential harm to themselves or others.
- **Transportation** – Transportation providers help individuals with developmental disabilities when public transportation is not available or not feasible to help individuals participate in employment or other services.

### **Adult support services**

SPD serves adults with developmental disabilities who are living at home. Services are provided by individuals or community-based organizations hired by the client,

with the assistance of a personal agent. Personal agents, who are employed by local support service brokerages, help individuals with developmental disabilities develop care plans and service budgets, identify service providers, monitor the services for quality and desired outcomes, and make changes in plans and services as needed. Individual plans cannot exceed \$21,562 per year. The program resulted from a lawsuit initiated by various developmental disability stakeholder groups, out of which came a September 2000 settlement agreement requiring:

- Program infrastructure changes implementing new approaches to service delivery;
- Elimination of the existing wait list for adults by the creation and expansion of in-home support services;
- Development of a targeted number of comprehensive (24-hour) services for people not in crisis; and
- Compliance with specific expectations in terms of numbers of people served, timelines for program implementation, and data/information reporting requirements.

SPD began implementing this agreement in November 2001. As of June 2008 a total of 4,818 individuals 18 years of age and older with developmental disabilities were receiving services through support service brokerages.

### **Family support for children**

Family support is a flexible program that provides support to families of children ages 17 and younger with developmental disabilities so that the children can remain in the family home. For many families, family support is the only assistance for which they are eligible as they strive to keep their children at home. It is family-centered, flexible and cost-effective. Family support funds can be used to purchase goods or services necessary to prevent out-of-home placement of a child with a developmental disability. Common expenditures include respite care, delegated nursing, adaptive equipment (e.g., augmentative communication devices, adaptive strollers and standers), home modifications, family training and behavioral support.

## Where service recipients are located

People receive developmental disability services in all 36 Oregon counties.

Number of People with Developmental Disability Adults and Children (April 2008)	
County	Service Clients
BAKER	106
BENTON	413
CLACKAMAS	1313
CLATSOP	179
COLUMBIA	238
COOS	278
CROOK	67
CURRY	116
DESCHUTES	443
DOUGLAS	452
GRANT	21
HARNEY	23
HOOD RIVER	235
JACKSON	764
JEFFERSON	125
JOSEPHINE	392
KLAMATH	395
LAKE	25
LANE	1600
LINCOLN	251
LINN	592
MALHEUR	140
MARION	1692
MORROW	20
MULTNOMAH	3633
POLK	410
TILLAMOOK	158
UMATILLA	302
UNION	170
WASHINGTON	1564
WHEELER	3
YAMHILL	539
<b>Total</b>	<b>16,659</b>

## Who receives services

Nearly 17,000 Oregonians with developmental disabilities accessed services during an average month in 2007. Individuals eligible for services must have a developmental disability that impedes their ability to function independently. Most individuals meet Medicaid financial eligibility requirements (household income levels up to 300 percent of the SSI grant). Most of the services are administered under several Medicaid waivers. Developmental disabilities include mental retardation, cerebral palsy, Down's syndrome, autism and other impairments of the brain that occur during childhood. Some people with developmental disabilities also have significant medical or mental health needs.



## How services are delivered

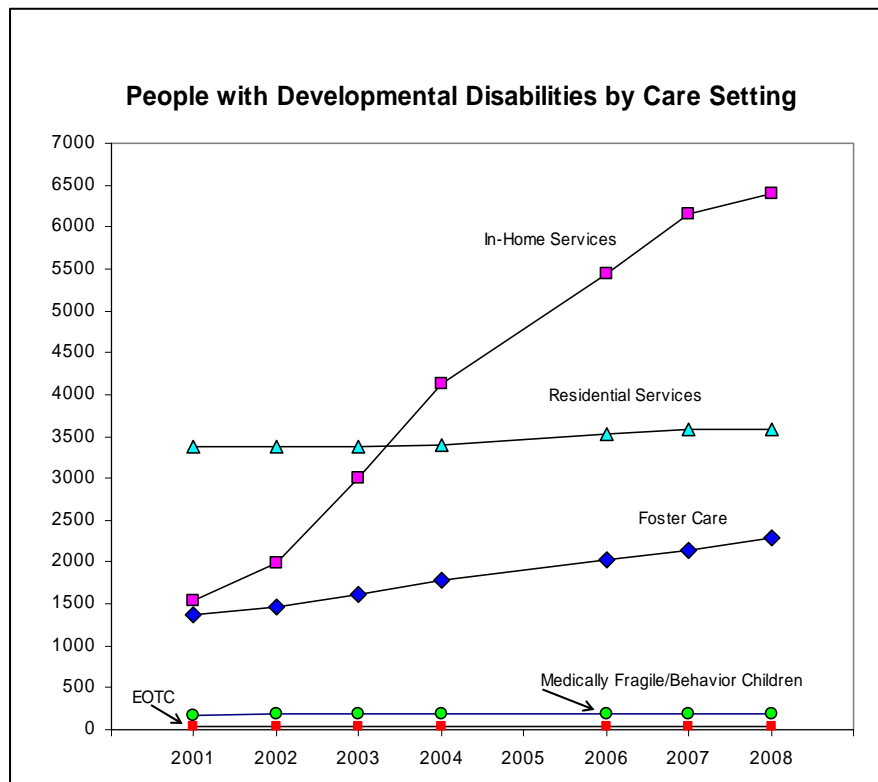
### Local authority

SPD delegates responsibility for developmental disability programs to counties that serve clients with developmental disabilities. Local oversight responsibilities include planning and resource development, negotiation and monitoring of contracts and subcontracts, and documentation of service delivery to comply with state and federal requirements. Counties also are responsible for case management

services, evaluation and coordination of services, and quality assurance services. Quality assurance activities are aimed at improving the quality of services and ensuring that services comply with state and federal statutes.

### Why these services are significant to Oregonians

Oregon has led the nation since 1981 in the development of lower-cost alternatives to institutional care. Home and community-based alternatives emphasize independence, dignity and choice, and offer needed care and supports at lower cost than medical models. Recent court rulings across the nation have confirmed that Medicaid is an entitlement and that people must be served in the least restrictive environment possible. In Oregon the *Staley v. Kitzhaber* lawsuit settlement phases in universal access to developmental disability services for adults.



### Caseload and demographics

Nationally and in Oregon, the number of people with developmental disability-related needs such as autism and alcohol and drug-related causes is growing. There also is an increase in people needing services who have a co-occurring mental health and/or corrections needs. Over the past two years there has been a 6 percent

increase in the number of children and adults with developmental disabilities requesting new services. The number of children and adults requiring new or increased funding to meet a crisis need doubled during the 2005-2007 biennium. The overall balance of who is being supported by the 24-hour service system is changing. While caseloads are increasing, access to existing resources based on client turnover is declining due to longer life spans. New services being developed are primarily for people in crisis, whose needs are high, usually due to supports around significant medical needs or behavior and mental health supports.

### **Supporting children and families**

Oregon is now in a position where the number of children and families waiting for a small amount of in-home support services is triple the number receiving that service. The department is continuing its focus on supports to children and families through a re-evaluation and re-design of the general fund family support grant program. The goal is to maximize the general fund resource and to reach more children in every Oregon county. Respite is the primary service requested and provided through family support. It is also the most essential service to keep families together and prevent more costly crisis and out of home services. Information, networking and outreach are essential to reach families and provide the basic tools needed to support their children with disabilities. The department is considering caps on individual plans so more families can access respite. The department is also implementing family information and learning centers, specific pools of funds for specialized services and increased consistency statewide in order to reach more families. These efforts will make a positive impact on the numbers served. However, the department will continue to have children and families waiting for support services, and crisis situations will remain the primary door to access support.

### **County/provider stability**

The lack of any cost of living adjustments or other wage increases for the past five years has drastically reduced providers' ability to pay their employees a fair wage and cover routine increases in business costs such as insurances, utilities and gas. Below market wages have led to increasing turnover. Inadequate staffing and the growth of operating costs have hindered providers' ability to develop new services for the increasing number of people in crisis.

County governments provide access to the service system for people with developmental disabilities. Counties determine eligibility, assess needs, determine

service rates, contract with providers, provide agency and individual reviews, respond to protective services and create capacity. The reimbursement model used for these services pays less than the amount most counties need to pay for case management, leading to higher than optimal case management ratios.

### **Rate setting and assessments**

While Oregon has been a leader in moving to community-based services, historical phases of deinstitutionalization and differences in slot-based funding strategies have left a legacy of inconsistent service rates, inequities and barriers to meeting individual needs. Oregon now requires a new mechanism to ensure that the amount of funding allotted for individuals truly matches their needs, and provides for a more consistent cost-based methodology to establish provider service rates in the system. During the next year SPD will begin to implement a standardized assessment tool that will better identify the support needs of individuals and initiate a process to determine individual service rates, based on a model derived from a cost study of selected services, to establish consistent, equitable, allowable costs for rate setting. The system will be monitored closely in order to validate that the new tool and rate setting process are providing appropriate outcomes and are sustainable over time.

### **Final implementation of the Staley settlement agreement**

To meet the requirements of the Staley settlement agreement, all adults on the wait list need to be enrolled into support services by June 2009. SPD must continue to develop new service capacity to serve the remaining wait-listed clients. As of July 1, 2009, access to support services becomes an entitlement for adults with developmental disabilities. SPD must develop methods to accurately forecast the potential demand for services.

## **Quality and Efficiency Improvements**

- **Restructuring, Assessments, and Rates project (ReBAR)** – Using a \$2.44 million, five-year Federal System Transformation Grant, SPD has initiated a project to develop and test a new system for funding of some 24-hour comprehensive services to individuals with developmental disabilities. The project's goal is to replace the current 25-year-old "slot-based" system with a new system that will establish individual budgets for some 3,500 consumers, standardize rates for services delivered and support a statewide network of community providers.

- **The Staley Settlement** – The Staley settlement agreement offers a financially capped benefit to all adults with developmental disabilities, minimizing the need for more costly 24-hour services. More than 4,800 adults with developmental disabilities now receive support services that include in-home supports, respite care, job supports, community involvement and specialized equipment. People receiving services through the support service brokerages have demonstrated a high level of satisfaction with the program.
- **Model Waivers for children** – SPD has three unique model waivers to support children in their family homes rather than in more costly 24-hour facilities. Children are eligible for the waivers due to one of the following: (1) medically fragile conditions requiring nursing and ventilator care; (2) significant physical disabilities with co-occurring medical conditions; or (3) behaviors dangerous to self and others often combined with autism. All eligible children receive Medicaid regardless of the family income. The state staff assigned to these waivers are multi-disciplinary specialists and provide overarching coordination for a complex array of services. They can authorize Medicaid services and must work with the family’s private insurance carriers to coordinate and maximize private, local, state and federal resources. The model waivers provide in-home staffing with nurses and personal assistants, equipment, supplies, behavior and other specialized consultation, family training, respite and assistance with housing modification to meet the child’s specific medical and disability needs.

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## **Program Support**

Program Support provides the infrastructure to allow SPD to effectively serve Oregon's seniors and people with physical and developmental disabilities.

### **Direct service staff**

The Disability Determination Services (DDS) program is a 100 percent federally funded program. The Social Security Administration contracts with SPD to make eligibility determinations under Title II and Title XVI of the Social Security Act for individuals who claim they are unable to work due to a disability.

The Children's Intensive In-Home Services program staff work directly with children and families to direct the service development for children with disabilities and manage the model waivers for medically fragile and behaviorally disturbed children.

ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. AAAs are designated by Type A (those which provide Older Americans Act and Oregon Project Independence services only) and Type B (those which also provide Medicaid services). In areas where the AAAs choose not to provide Medicaid services, DHS has offices to serve seniors and people with disabilities.

### **Office of Developmental Disability Services**

This program support area contains the majority of programs that serve children and adults with developmental disabilities. It directly runs state-operated community and institutional programs for hard-to-serve people with disabilities. Staff administer contracts with local governments and direct service providers. The program is responsible for implementing the Staley settlement agreement entitling services to all adults with developmental disabilities. The program also coordinates financing, development and maintenance of community housing for people with disabilities.

### **Office of Senior and Disability Services**

This office provides direction and oversight to the programs funded by the Older Americans Act and delivered by Area Agencies on Aging statewide. This office develops policy and monitors implementation of the Oregon Project Independence program; manages statewide in-home services including the Home Care Worker

(HCW) program, Spousal Pay, State Plan Personal Care services, Independent Choices State Plan Option, Adult Day Services, long-term services eligibility and case management services; provides support and liaison to the Home Care Commission; provides direction and oversight to all local field offices where services are provided by state employees; and provides liaison support to offices and staff in areas operated by Area Agencies on Aging.

### **Office of Federal Resource and Financial Eligibility**

Among the various duties assigned to this section, the program administers Medicaid eligibility for the target populations, serves as liaison with the federal government on Social Security regulations and Medicaid programs, and conducts disability reviews to determine if individuals who apply for Medicaid health benefits are eligible for enhanced benefits. The program also provides guidance and training on Medicaid eligibility to field staff working with seniors and people with disabilities; writes, amends and administers six separate Medicaid waiver programs; and collects, analyzes and publishes data on programs, clients and operations, supports short- and long-term planning processes, and leads the Medicaid rate setting processes for long-term service providers.

### **Office of Licensing and Quality of Care**

The Office of Licensing and Quality of Care (OLQC) contains the SPD licensing, regulatory and quality improvement functions that help insure quality services to clients and help protect the health and safety of seniors, people with disabilities and people with developmental disabilities.

### **Facility Licensing**

This office coordinates licensing and regulation of all long-term care facilities that serve seniors, people with disabilities and people with developmental disabilities. Facility licensing establishes service standards and sanctions through the development of rule and policy. Standards are monitored and corrective action taken when standards are not met. There are more than 5,000 licensed facilities including adult foster homes, assisted living facilities, residential care facilities, nursing facilities, and 24-hour residential homes serving people with developmental disabilities. In addition, OLQC staff certify and monitor other programs that serve people with developmental disabilities, such as proctor care models and brokerage programs. OLQC staff also provide technical assistance and training to facility service providers.

### **Client Care Monitoring**

Three Client Care Monitoring Units (CCMU) around the state conduct licensure inspections, certification surveys, and complaint investigations in nursing homes, assisted living facilities and residential care facilities. These units, in Medford, Salem and Tualatin, help insure quality services by monitoring facilities for compliance with state and federal standards, rules and regulations.

Client Care Surveyors who license and inspect DD facilities and providers help insure high quality services for people with developmental disabilities.

### **Adult Protective Services**

Adult Protective Services develop standards and policy for the prevention and investigation of abuse of vulnerable seniors and people with disabilities in community settings. Abuse prevention and early detection is promoted through special projects and training, community education activities, and partnerships with law enforcement, the health care community and other organizations. OLQC staff provide training and consultation for local office staff who conduct APS investigations, as well as arrange for attorneys to secure guardians and conservators for seniors and people with disabilities who need such services. More than 20,000 Oregonians benefitted from protective service in 2007.

### **Corrective Action**

When licensed facilities are out of compliance with state and/or federal regulations, corrective action is used to encourage facilities to correct the identified problems. For example, sanctions include civil penalties, conditions on a license, license denials, license revocations and trusteeships.

### **Community-based care nursing**

The Community Health Support Unit supports ongoing efforts to ensure the health and safety of seniors and individuals with disabilities and developmental disabilities living in the community. The CHSU includes RN Consultants who provide training and consultation for local office staff, agencies, families, direct care staff and health professionals that provide supports and health care for clients and transition planning for clients moving from a nursing facility to the community; Community Education Development and Training such as self-studies, training and other activities for foster homes and health care practitioners; and policy development for SPD with the Oregon State Board of Nursing and schools of nursing.

## **Health facility policy and program**

Licensing and Quality has responsibility for the policy and program development of nursing facility, community-based care and specialized providers for services to seniors and individuals with physical disabilities. In addition, the office is responsible for monitoring access and capacity and developing new providers where needed.

## **Pre-admission screening**

Provides policy for all nursing facility screening, admission and eligibility processes as required by state and federal law. Activities include provision of technical assistance to local offices, nursing facilities and referral sources, such as hospitals, and monitoring of transition programs for persons moving from nursing facilities to community settings statewide.

## **Quality and Efficiency Improvements**

### **Staffing study**

As a result of a budget note by the 2003 Oregon Legislature, DHS contracted with Public Knowledge, a nationally known, independent consulting firm, to assess the staffing standards needed to support the administration of several department programs. Phase 1 of the study focused on financial eligibility- driven assistance programs such as Food Stamps and Medicaid health benefits. Phase 2, conducted during the 2005-2007 biennium, focused on case management, the workload associated with the Medicare Modernization Act, and the Presumptive Medical Disability Determination program. Also during 2007, using Public Knowledge workload measurement methodology, SPD measured the workload associated with the provision of Adult Protective Services, and those results were validated by Public Knowledge. Subsequent independent consultants to DHS, most recently McKinsey & Company, have validated the workload measurements, all of which indicate the need for increased staffing to adequately support program expectations around quality of long-term service provision, safety of vulnerable adult Oregonians, and accuracy in the determination of eligibility and benefit levels.

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## **Central Administration**

SPD Central Administration provides overall policy direction to programs serving seniors and people with disabilities in both community and institutional settings.

### **Program policy and administration**

Central Administration, under the direction of the DHS Assistant Director for Seniors and People with Disabilities, is responsible for program planning, resource development, standards setting, consultation, technical assistance, monitoring and evaluation of programs serving seniors and people with disabilities. The SPD Central Administration also works directly with federal agencies that set policy and fund Oregon's programs including the Centers for Medicaid and Medicare Services, the Administration on Aging, and the Social Security Administration.

### **Councils, boards and commissions**

Central Administration also is responsible for supporting a variety of councils, boards and commissions including the Governor's Commission on Senior Services, Oregon Disabilities Commission, Oregon Developmental Disabilities Council and the Home Care Commission.