

Department of Human Services 2009-11 Policy Option Package

Initiative #3: Seniors and people with disabilities live safely and independently in their communities

This initiative helps strengthen the infrastructure needed to support the services provided by senior and disability community partners and providers, and to strengthen the systems that protect seniors and people with physical and developmental disabilities.

This initiative includes:

◆ Element 3 – 1 (103):

This POP creates a new rate methodology for community based care facilities for seniors and people with physical disabilities. It establishes a market related base-rate and an acuity add-on system for seniors and people with physical disabilities with higher needs. It implements a comprehensive, standardized assessment and rate tool for people with developmental disabilities eligible for 24-hour Medicaid home and community based services, including a provider rate adjustment as necessary to meet the support needs of individuals determined by the assessment process. This POP requires 5 permanent and 13 limited duration positions.

◆ Element 3 – 2 (POP 113):

The Office of Vocational Rehabilitation Services (OVRs) is requesting funding to cover an expected shortfall in case service funds. This package will allow OVRs to continue serving all who are eligible rather than limiting its services based upon level of disability severity. OVRs has seen a continued increase in caseload, which is expected to continue to grow at 5 percent, and an increase in the cost per case, which is expected to grow at 8 percent. This would result in the need for \$51,531,000 case service

dollars. Also, if OVRS is forced to limit its services (a process known as an “order of selection”), it would jeopardize third party agreements which provide \$2.4 million in matching funds.

◆ Element 3 – 3 (POP 123):

This POP improves quality in the long term care system using existing funds, sets state civil penalty fines at reasonable amounts, improves quality in the LTC system by supporting sufficient regulatory staff, and sets licensing fees at reasonable amounts and uses them to support program activities.

The POP has two major areas:

It creates a Long Term Care Quality Fund from state civil penalties collected from long term care facilities, removes restrictions on state civil penalty amounts, and removes reversion of state civil penalties to the General Fund, and uses those funds to support provider training and technical assistance.

It raises the licensing fees collected from long term care facilities and allocates those resources to enhancement and maintenance of the long term care facility licensing and regulatory activities. This POP requires 18 positions.

◆ Element 3 – 4 (POP 133):

As directed by the 2007 Budget Note and SB 1061, this POP is the first phase of a long-range plan to develop a network of information and referral, assistance services and supports for seniors and people with disabilities to delay or prevent entry into costly Medicaid services. ADRC services will include a telephone-based Central (statewide) Information Center, a network of 17 local Assistance Centers operated by the AAAs to provide in-depth services, and an expanded set of direct services and resources, such as caregiver supports, financial planning, and in-home services. This POP requires 2 positions.

- ◆ Element 3 – 5 (POP 143):

This POP enhances the tool used to protect residents in health care facilities by imposing a trustee or temporary manager of a facility when residents are at risk and in order to prevent immediate evacuation of residents. The POP increases the amount available for payment of trustees and the method of collecting fees from facilities, which will increase revenue into the trustee account. Statute allows for a trustee to be requested and appointed when the health and welfare of residents in a health care facility are in jeopardy, but court appointment of a trustee can take several days to weeks, during which time residents may be in danger. This POP requires no new FTE.
- ◆ Element 3 – 6 (POP 153, 269):

This POP funds development, implementation and maintenance of a comprehensive, state-wide Adult Protective Services (APS) Tracking System. Currently there is no comprehensive system used by local SPD or AAA offices to collect information about APS situations, client demographics, outcomes, and other data useful for local or central office staff. This system is needed for a number of reasons, including an increasing number of reports of abuse and neglect to the elderly and people with disabilities, as well as the negative impact on productivity of workers in the field. This POP requires 4 permanent positions and 11 limited duration positions.
- ◆ Element 3 – 7 (POP 173):

This package provides the specialized mental health needs of older Americans, a traditionally underserved class in Oregon, and will help reduce their suicide rate, which is the fourth highest in the U.S. The package, titled the Older Adult Mental Health Integration Initiative, funds 20-25 new gerospecialists to coordinate mental health care in counties for Oregonians 65 and older. Six of Oregon's 36 counties have gerospecialists. New staff members will maintain a client caseload, provide case coordination with agencies and providers, and develop projects to improve the older adult mental health system.

◆ Element 3 – 8 (183):

This POP addresses improving the quality of care in adult foster homes (AFH) by developing and providing an array of training opportunities to AFH providers, resident managers, and substitute caregivers. This could be additional curriculum for ongoing training of AFH providers and caregivers and licensers of local AFH programs to improve the quality of care in adult foster homes.

This POP also provides educational resources about the APD/DD/AMH AFH programs to the public, including potential consumers of adult foster home services and to the APD/DD/AMH AFH Teams. This POP requires 3 positions.

◆ Element 3 – 9 (POP 193):

OVRs seeks to expand a limited pilot program that successfully improved client employment outcomes. OVRs developed, pilot-tested and evaluated new approaches to training vocational rehabilitation counselors in 2006-2007. Participating OVRs staff acquired skills to better address the motivational issues of clients, and to better engage employers, with the result of increasing successful employment outcomes for clients. Through this limited pilot, OVRs produced an additional 113 job placements, reducing the number of “unsuccessful” case closings by 60 in one year. Associated case service dollar cost savings were more than \$184,500.

◆ Element 3 – 10 (POP 203):

This POP provides coordinators and staff to provide benefits counseling to people with disabilities, addressing the lack of knowledge and misunderstandings about available work incentives, and the fear of losing healthcare coverage, which prevent many people with disabilities from even seeking employment services. Fear of loss of public benefits is a major barrier to employment for Oregonians with disabilities, many of whom rely solely on federal Supplemental Security Income (SSI), Social

Security Disability Income (SSDI), and Medicare and Medicaid health services.¹ Pilot programs show benefits planning overcomes this misunderstanding and results in significant increases in employment and income within this population, thus reducing their dependence on public benefits and health-related costs. Currently Oregon has limited benefits and work incentives planning supports and services program.

◆ Element 3 – 11 (POP 213):

This POP provides a new home and community-based services (HCB) service under the Medicaid state plan, which will allow DHS clients with significant physical, behavioral or mental health needs to access support services in the community (in-home or residential care, respite and adult day services) and thereby prevent, or forestall, the need for more costly institutional care. The HCB is necessary to help a) realign the existing Medicaid long term care system to absorb an anticipated increase in clients due to demographic shifts; b) support efforts to move individuals with mental health needs from costly nursing facilities; and c) serve Aged, Blind or Disabled DHS clients currently ineligible but in need of cost efficient and timely access to home and community services. This POP requires 32 positions.

◆ Element 3 – 12 (POP 223):

This POP increases the capacity to provide programs at the local level, and to meet state and federal requirements and regulations, through DHS contracted Transfer AAAs. Transfer AAAs represent 60 percent of the Seniors and People with Disabilities field structure. The POP increases the Transfer AAA reimbursement rate from 90% to 95% of the cost to run a similarly staffed state office, as required by OAR 411-002-0175. The gap in the reimbursement formula has resulted in an inequitable workload for the Transfer AAAs and diminished their capacity to meet performance measures and program goals. This POP requires no new FTE.

¹ US General Accounting Office 1996; Johnson-LaMarche and Baird, 1997

- ◆ Element 3 -13 (POP 233):

This POP provides the financial support to the requirement that Nursing Facilities increase the minimum hours per resident day (HPRD), in which direct care and services are delivered to residents by Nursing Assistants for the purpose of maximizing quality outcomes for Nursing Facility residents. This POP requires no FTE.
- ◆ Element 3 – 14 (POP 243):

This POP will increase the number of people who remain in community living options rather than being placed in institutions. It returns funding for Centers for Independent Living to the \$1.3M level allocated by the 2003 Legislature. This would prevent likely closure of three of eight Centers for Independent Living, which provide services to thirteen Oregon counties. These Centers provide crucial services to clients to develop independent living skills, allowing more Oregonians to be employed and living in their own homes caring for themselves, rather than in a costly nursing facility or other institution. .The result is great cost savings to Medicaid, Medicare and states, while enabling people with disabilities to become more independent, financially self-sufficient, and less reliant on long term government supports. Independent Living is helping people help themselves.
- ◆ Element 3 – 15 (POP 253):

This POP creates a unit for policy development, training and collaboration with partners for people with autism, a condition that affects one in 100 children according to the Centers for Disease Control. The unit would take the lead on developing training strategies, collaborating with Oregon Dept of Education on early intervention and education strategies, working with the medical research community on evidence based treatments and practices, and providing family support. The POP requires 3 positions.

◆ Element 3 – 16 (POP 263):

This POP improves coordination of services to people with traumatic brain injury (TBI) and acquired brain injury, a group whose numbers are increasing and whose needs are increasing in severity. Serving these clients requires coordination across many parts of DHS and state government in order to meet all of the person's unique needs. The POP requests a position dedicated to participating in state efforts to address these unique needs, and assessing and improving SPD's service delivery to this population, including recruitment and retention of specialized community based providers. The POP requires 1 position.

◆ Element 3 – 17 (POP 273):

This POP supports the Governor's early childhood agenda by providing information and direct networking support to virtually all children who have been determined eligible for developmental disabilities services. The POP implements a state-wide contract to provide information, referral, networking, training and mentoring opportunities to families of children who have been determined eligible for developmental disabilities services and who live in their family home. Services will be directed primarily to families enrolled in Family Support services who may be waiting for services and who typically have been underserved. The POP requires no new FTE.

◆ Element 3 – 18 (POP 283):

This POP improves the quality of service to people with developmental disabilities who reside in DD Adult Foster Homes (AFH) by locating the responsibility for licensing those homes with DHS, rather than with the counties to streamline the process and gain consistencies statewide. The POP regionalizes DD Adult Foster Home licensing with supervisory responsibility in the Office of Licensing and Quality of Care and creates AFH licensing positions for Adult Foster Homes for DD. Staff will be stationed regionally but report to the central office for supervision and training This POP requires 12 positions.

◆ Element 3 – 19 (POP 293):

This POP reinstates and restructures the General Assistance (GA) program to serve individuals with severe physical or mental disabilities who are determined by DHS to meet Social Security’s disability criteria and who are likely to be eligible for Supplemental Security Income (SSI), but who are not yet receiving Social Security disability checks. The GA program would provide clients with a monthly cash grant and medical benefits through the Oregon Health Plan Plus program. DHS would recover GA cash expenditures through clients’ SSI lump sum payments. The GA program would also provide case management services to assist clients through the SSA application and appeals process. This POP requires 28 positions.

◆ Element 3 – 20 (POP 303):

This POP provides essential tools and training for field staff in order to provide better outcomes for DHS’s clients and Oregon’s communities. This POP also provides a comprehensive, integrated approach to service excellence by strengthening the effectiveness of assessment and services planning; preventing errors in programs, quality, cultural appropriateness, and accountability; and increasing public confidence in the delivery of services. Recruitment and retention of a qualified workforce is a major contributor to positive outcomes for seniors and people with disabilities, and staff with relevant education, experience and training are more likely to stay in human service agencies. This POP requires 8 positions.

◆ Element 3 – 21 (POP 313):

This POP addresses the need for an adequate, trained and skilled workforce to fill the growing demand for health professionals and caregivers in the long term care system. Meeting this demand will require a planned and organized strategy developed by the public and private sectors. This initiative funds positions focused on this workforce development and developing this plan to assess what the need will be, what efforts are currently in place to develop a long term care workforce, and what additional efforts are needed. This POP requires 2 positions.

◆ Element 3 – 22 (POP 323):

This POP retains funding for long-term, in-home services to 3,400 people age 60 and older through Oregon Project Independence (OPI), and it extends OPI eligibility to 900 people age 19 and older with physical disabilities. OPI is currently funded entirely through the Department of Revenue Senior Property Tax deferral account. This fund will not be adequate to sustain OPI at the 2007-09 level approved by the 2007 Legislature nor to increase OPI to the level in the 2007 Governor's Recommended Budget that was intended to expand OPI eligibility. This POP requires no new FTE.

◆ Element 3 – 23 (POP 333):

This POP provides funds to the Amyotrophic Lateral Sclerosis (ALS) Association of Oregon to better provide supports for individuals diagnosed with ALS and their families. ALS is a devastating disease that causes neurological deterioration resulting in death. It is characterized by progressive muscular paralysis of voluntary muscles, leaving the person with no ability to care for themselves and totally dependent upon others. Supports could include repairing, loaning and replacing medical equipment; expanding care coordination services into rural and underserved areas of the state; and offering respite to up to 150 families and unpaid caregivers caring for individuals with ALS. This POP requires no new FTE.