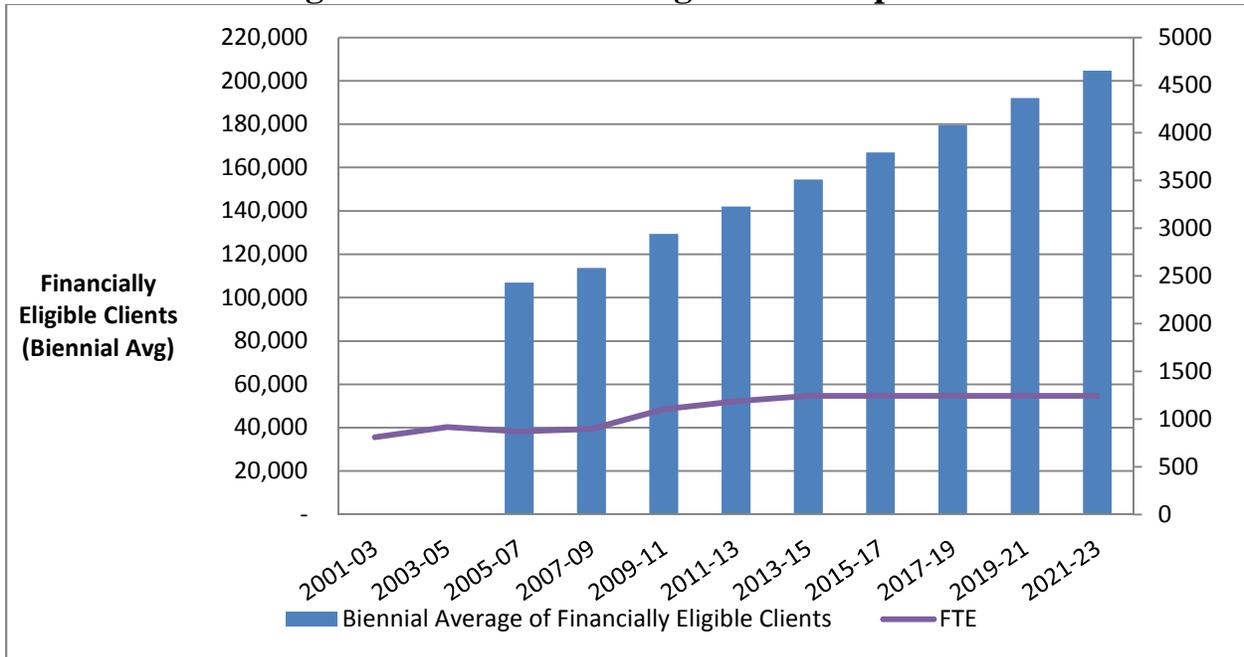


# Department of Human Services: Program Delivery and Design

## Aging and People with Disabilities

Primary Outcome Area: Healthy People  
 Program Contact: Mike McCormick, 503-945-6229

**Eligible Client and Staffing Level Comparison**



*Note: Aging and People with Disabilities (APD) is seeing consistent and significant growth in the number of people served at the same time staffing levels have been relatively flat. APD currently serves 145,000 Oregonians.*

### **Executive Summary**

The Aging and People with Disabilities Program delivery system provides services and supports to Oregonians over the age of 65 and to adults people with disabilities. This population is a diverse cross-section of Oregonians that goes beyond just race and ethnicity. Increasingly, it includes lesbian, gay, bisexual, and transgender (LGBT) older adults; homeless seniors; older adult immigrants, and many other populations that qualify for services. The APD program design and delivery system includes staff who design and provide technical assistance for Oregon’s long-term care system as well as the staff and partners who directly provide services in nearly 50 offices located throughout the state.

**Program Funding Request**

	APD Design and Delivery					
	GF	OF	FF	TF	Positions	FTE
LAB	125,605,358	9,270,461	188,931,376	323,807,195	1,262	1,251.37
ARB pre Medicare a/b move	166,554,619	9,543,639	234,944,183	411,042,441	1,330	1,312.47
ARB after Medicare move	166,554,619	9,543,639	234,944,183	411,042,441	1,330	1,312.47
Difference without move	40,949,261	273,178	46,012,807	87,235,246	68	61.10
Percent Change from LAB	32.6%	2.9%	24.4%	26.9%	5.4%	4.9%

**Significant Proposed Program Changes from 2011-13**

Aging and Physically Disabled Investments/Reductions	APD Design and Delivery					
	GF	OF	FF	TF	Positions	FTE
Staff eligibility workers at 85% and APS at 95% of workload model	2.52	0.00	2.50	5.02	32	32.00
Add capacity to meet mental health needs and reduce # served at OSH	1.16	0.00	1.15	2.30	8	6.72
Increased capacity for Care Coordination and Statewide ADRC Development	3.03	0.00	7.88	10.91	9	7.92
Streamline processes with an online electronic data mgt system for HCW	0.09	0.00	0.08	0.17	1	0.88
Add Case Management/OPI services for individuals not Medicaid eligible	0.64	0.00	1.24	1.88	7	5.02
LTC 3.0 infrastructure funds to move to a modern case management system	10.00	0.00	10.00	20.00	9	7.92

(\$, millions)

This budget requests additional staffing to increase adult protective services and eligibility determination capacity to keep up with increasing needs for the safety and protection of those we serve. This adds additional capacity to manage APD client mental health needs reducing the number of clients needing expensive institutional services in the Oregon State Hospital. This includes proposals to modernize current data management and case management systems.

APD would like to pilot a risk intervention strategy for non-Medicaid eligible individuals, in consultation and coordination with the CCOs, to determine whether it can further the triple aim objective for the non-service population. This adds case management and Oregon Project Independent services (included in OPI Bid Form) helping delay entry into the Long Term Care system.

**Program Description**

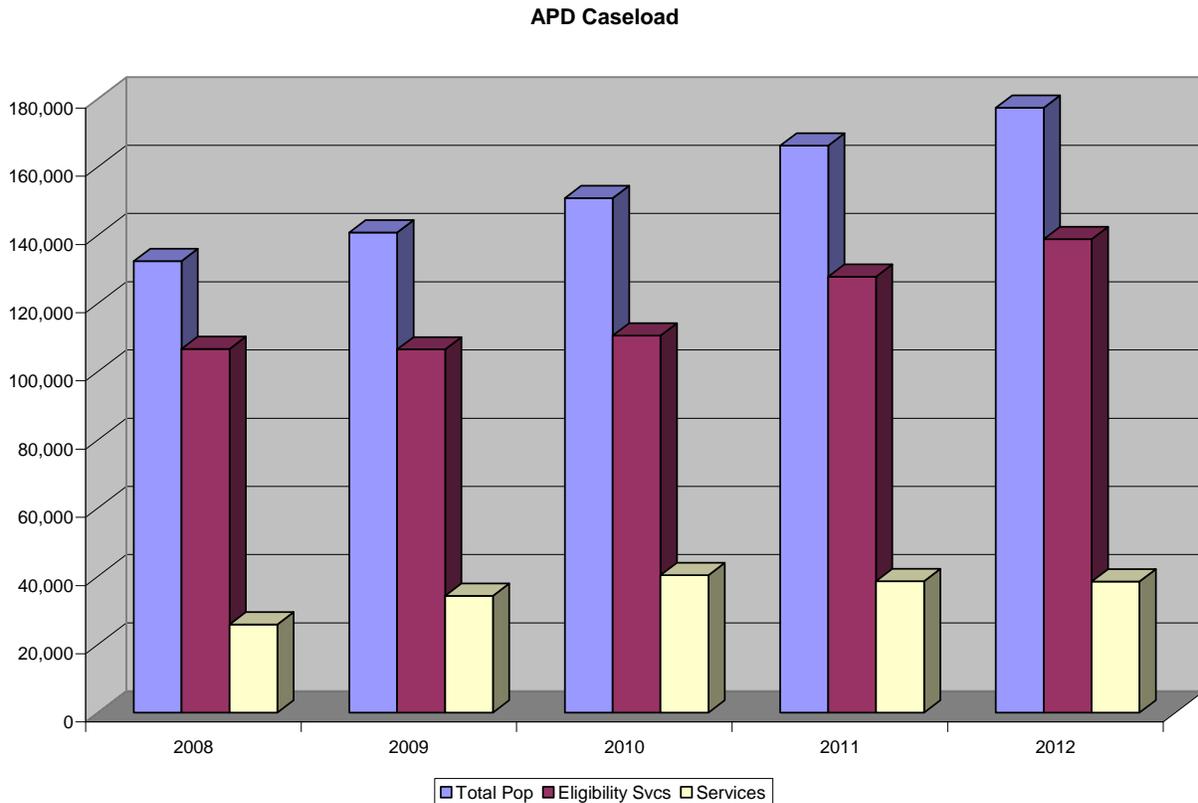
The APD program design and delivery system provides eligibility determinations and respectful and inclusive services to over 145,000 Oregonians. Some of the services accessed by individuals include:

- Medical assistance (Oregon Health Plan and Medicare premium assistance);
- Disability determinations; and,
- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps

This caseload is growing rapidly and is served by eligibility staff only; case management services are not provided to individuals accessing the services listed above.

Approximately 28,000 of the 145,000 individuals APD serves access long-term care services. For these individuals, case management services are provided consisting of assessment, counseling, and service plan development and monitoring. Additionally, local offices are currently executing Memorandums of Understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agencies on Aging (AAA) case managers will

be the front line in ensuring effective care coordination occurs for individuals served by APD's long-term care system.



Local staff also license adult foster homes, including those that do not participate in Medicaid. Finally, local staff provide adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). The Department undertook a large project this biennium to develop a “workload model” for all of the services APD provides. This model differs from the caseload ratio model in that it accurately measures time required to perform tasks and captures work performed for individuals who are never found eligible. APD would like to transition its formula for earning local staff to the workload model in the 2013-2015 biennium.

The delivery system is comprised of both State staff and AAA staff located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government, and Lane Council of Government) serve the most populous areas of Oregon. With the exception of Washington and Clackamas counties, State staff serve areas with lower population densities.

The Oregon Home Care Commission (HCC) is also included in the Design and Delivery Program Area. Under Oregon’s constitution, the HCC is responsible for ensuring the quality of

home care services for seniors and people with disabilities. The Commission maintains a website of home care workers that can be accessed by all Oregonians, including those not served by Medicaid. Training is provided to both consumers and home care workers in a variety of areas addressing safety and quality. The efforts of the HCC are critical to the successful delivery of long term care services to Oregonians.

APD's Design and Delivery area also includes the staff who design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners;
- Developing program policy and maintaining administrative rules;
- Paying providers;
- Executing contracts;
- Negotiating and implementing collective bargaining agreements; and,
- Maintaining provider rates.

As Oregon's aging and disability population grows, the expectations of state government service delivery methods are changing. Efforts are currently underway to explore how technology can assist in the provision of services and determination of eligibility. In addition, work processes are continually examined for opportunities to streamline and improve. This initiative is known as the Lean Daily Management System (LDMS) and is being rolled out to the entire state this biennium. Staff are engaged and excited about this process, as evidenced by nearly 22 pages of improvement opportunities for management to consider.

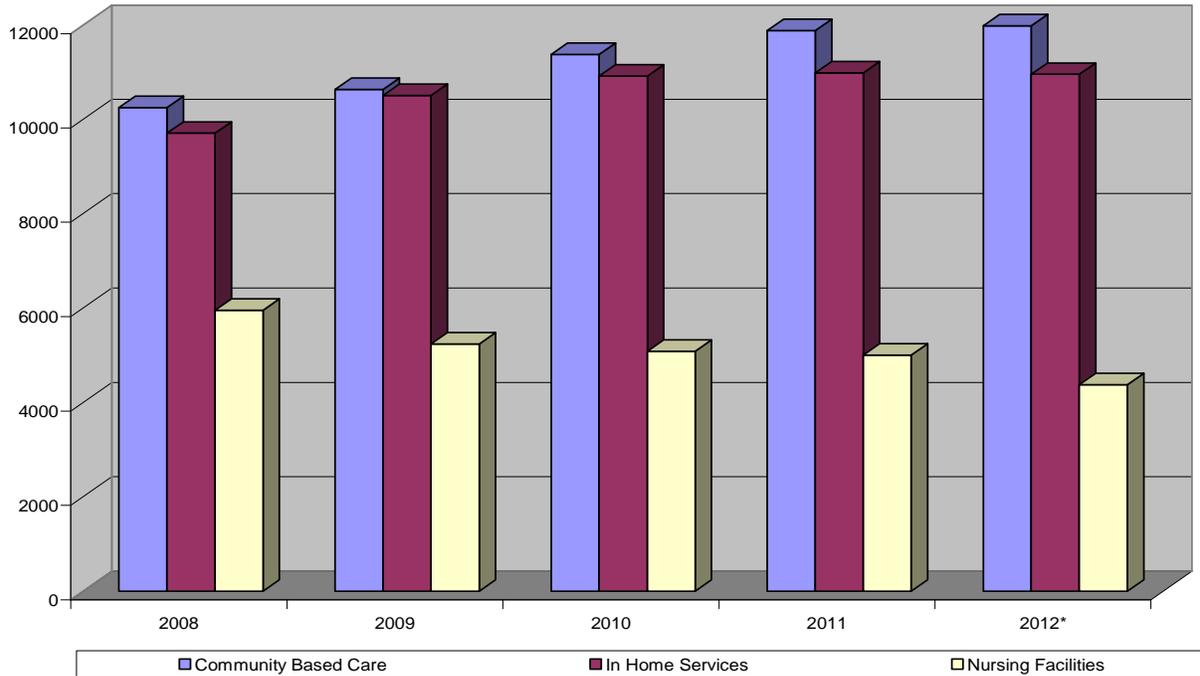
#### **Program Justification and Link to 10-Year Outcome**

There is a direct link between this program and the Healthy People outcome of "Oregonians are healthy and have the best possible quality of life at all ages." The APD program design and delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility. Partnerships between local law enforcement, local court systems and local advocates are critical to ensuring the senior and disability populations are protected from neglect and abuse.

#### **Program Performance**

A primary goal of the APD program is to ensure that aging and people with disabilities are receiving appropriate services at a level that allows them to live independently and safely within their home community. Local case managers work with individuals and community partners to ensure appropriate supports are in place. The following chart reflects the work of our nursing facility diversion and transition effort over the past five years. Not only are nursing facility placements the most expensive setting, they are generally viewed as the least desirable by consumers. Local staff are a critical factor in accomplishing this win-win outcome.

### APD Services



### **Enabling Legislation/Program Authorization**

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development and evaluation of policy, programs and services for elderly persons and persons with disabilities in Oregon. AAAs have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes AAAs, who so elect, to perform services locally that would otherwise be administered by State staff.

### **Funding Streams**

A mix of State General and Federal dollars fund the majority of the services provided in APD program design and delivery. Local partners also provide local matching funds to the Department, which the Department uses to leverage Federal Medicaid dollars. This allows local entities to enhance services such as additional staffing and transportation.