

CMS/LTC Study Group

Resource Book

APD Medicaid Long Term Care Programs and Operations

MISSION

The Department of Human Services Aging and People with Disabilities (APD) program assists 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.

GOALS

We help aging and people with disabilities:

- remain as independent as possible;
- sustain the supports needed to maintain quality lives in their home communities;
- honor choices made by them about their own lives;
- by promoting value-driven commitments in statute and policy; and
- by partnering with advocacy groups, commissions and councils, local government partners, and community organizations.

Program Information

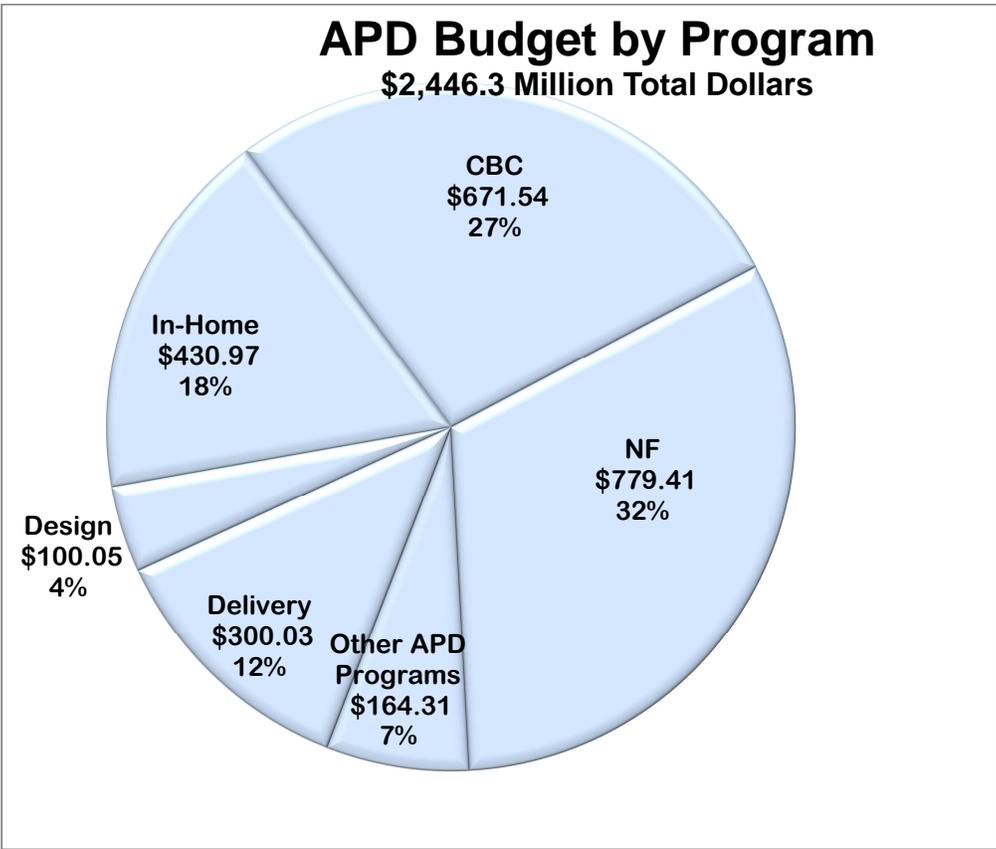
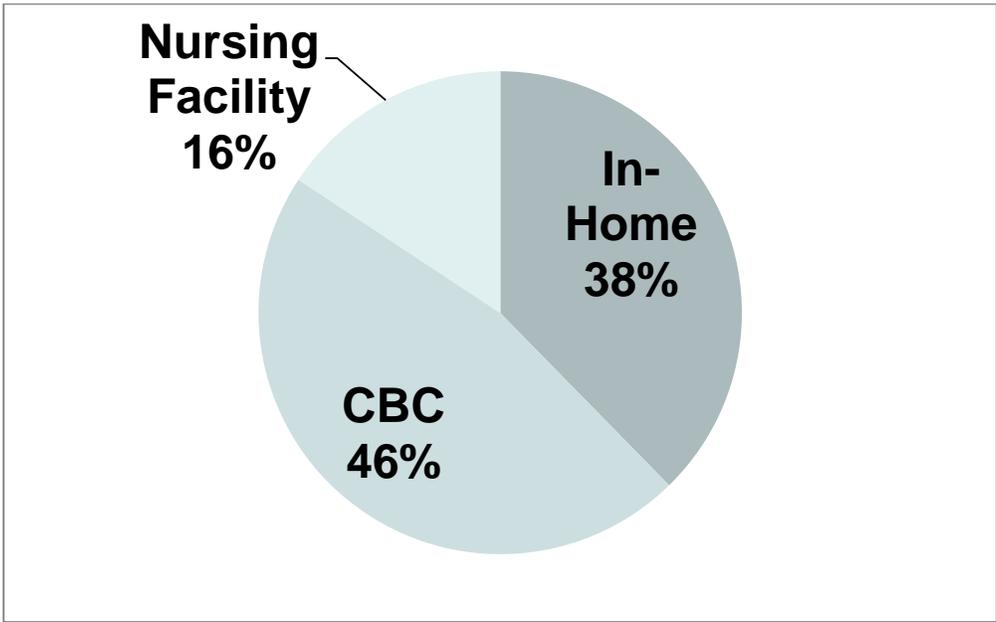
The state of Oregon is a leader in long term care systems. We are ranked number three nationally by AARP. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional facility such as a nursing home. This waiver provides significant benefits to the

State in cost savings and allows Oregonians individual choices to best serve their needs. In Home services average approximately 22 percent of the cost of nursing facility services and community based services average approximately percent. Oregonians value receiving long term care services in a non-institutional setting with over 84 percent choosing alternatives that allow them to remain independent and safe.

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 service eligibility criteria. The federal government, through the Centers for Medicare and Medicaid Services (CMS), must approve any criteria established by the states.

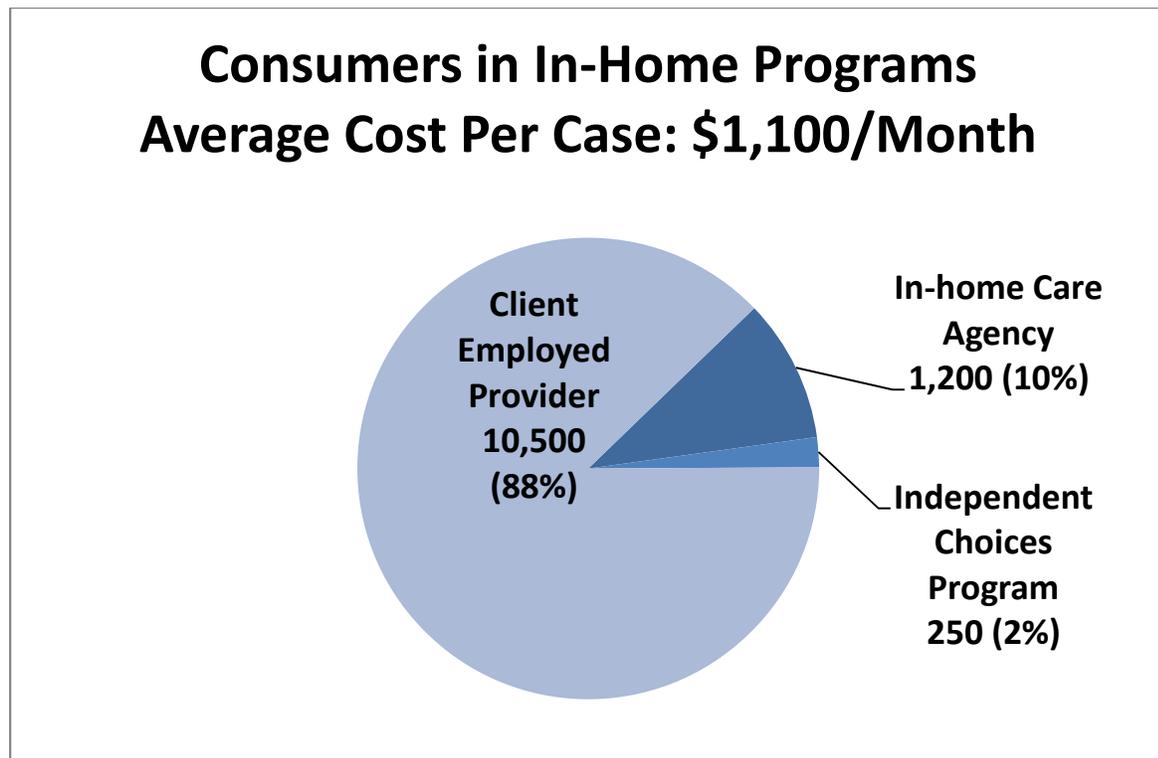
DHS created service priority levels (SPLs) to establish eligibility for Medicaid long-term services. SPLs prioritize services for aging and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the most impaired while Level 17 reflects the least impaired; levels are based on the ability of the person to perform activities of daily living (ADLs). Because of budget constraints, only level 1-13 are funded. ADLs are personal activities required for continued well-being. These include eating, personal hygiene, cognition, toileting and mobility. For many individuals with disabilities, they need assistance from other people to perform daily activities, APD assists thousands of Oregonians who require ADL services in selecting competent providers and establishing effective working relationships with those service providers.

Long Term Care Setting	# of Consumers	% of LTC Caseload
Nursing Facility	4,500	16%
In Home	11,000	38%
Community Based Setting	13,000	46%
Total	28,500	100%



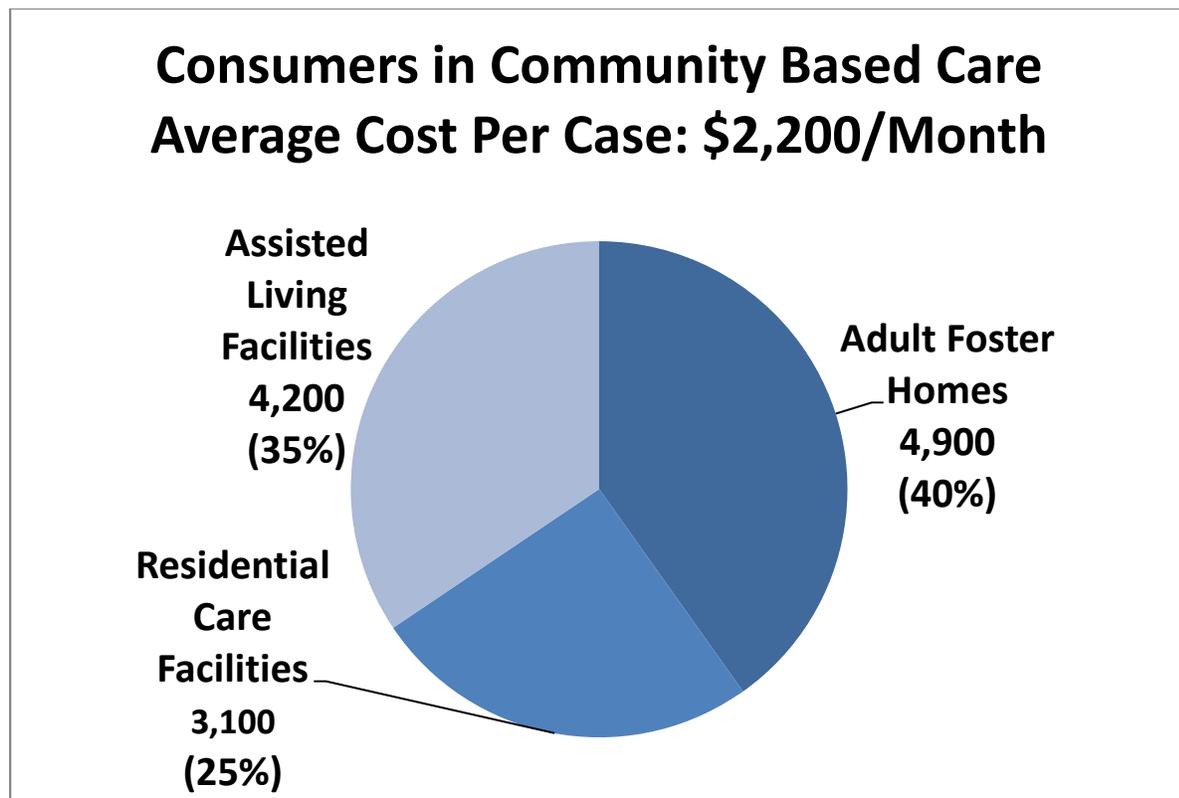
In-home services

In-home services are the cornerstone of Oregon's community-based care system. For aging or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular daily living activities. 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 and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities. Individuals get their in-home services through the Client-Employed Provider Program, an In-Home Care Agency, or the Independent Choices Program. There are over 10,000 Home Care Workers on the Oregon Home Care Commission's Registry and 40 In-Home Agencies in Oregon who serve the Medicaid In-Home population.



Community-Based Services

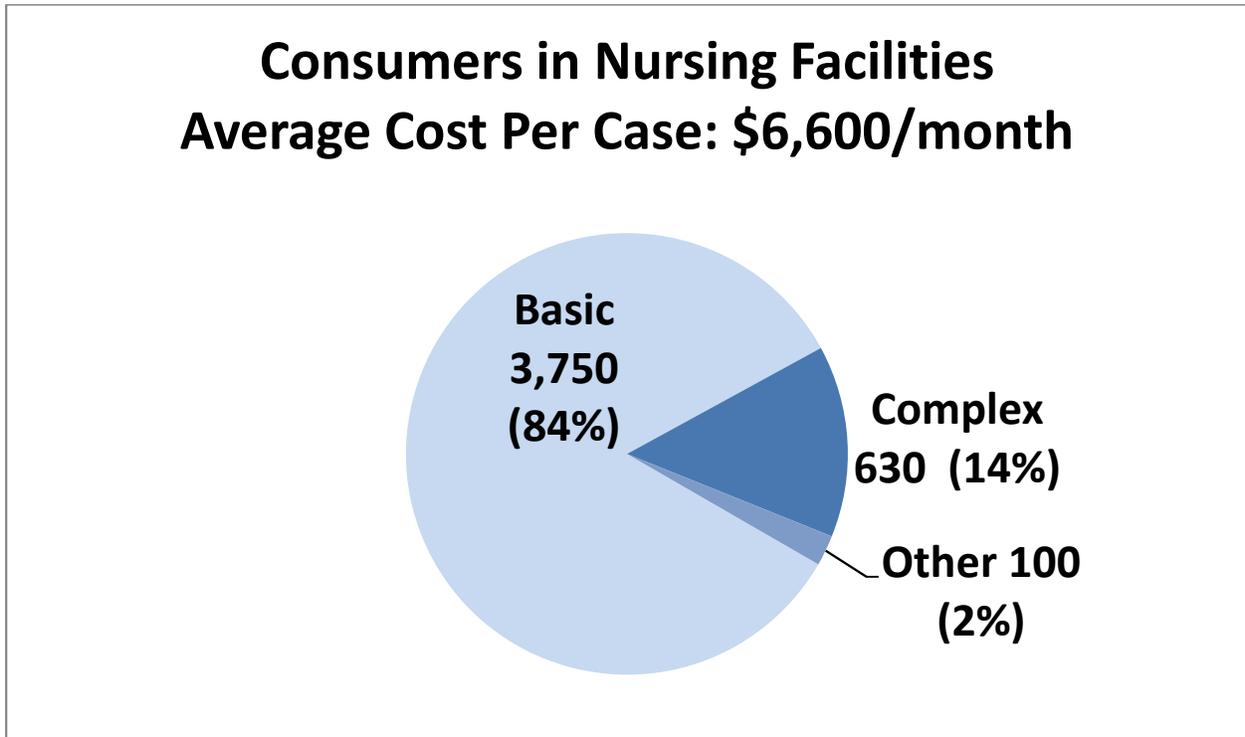
These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met. Individuals can get their services in assisted living facilities, residential care facilities, or adult foster homes. In Oregon, there are 467 assisted living and residential care facilities, and nearly 3,500 adult foster homes.



Nursing Facilities Services

Institutional services for aging and people with physical disabilities are 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. There are 139 nursing facilities in Oregon.



Program for All-Inclusive Care for the Elderly (PACE)

Providence Elder Place is a capped Medicare/Medicaid Program of All-inclusive Care for the Elderly (PACE) providing an integrated program for medical and long-term services. Approximately 950 Oregonians age 55 and older are served in this program generally allowing them to 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.

Contract Nurses

The Long Term Care (LTC) Community Nursing Services program is available to a range of client populations who are served by the APD. The program consists of self-employed registered nurses, who hold a personal/professional services

contract with APD. The self-employed, contracted RN, is enrolled as a Medicaid provider, and must comply with LTC Community Nursing Services program rules, and the Medicaid provider rules, in addition to the Oregon State Board of Nursing (OSBN) licensing rules. This program provides services which focus on a client's ongoing/chronic health need. These nurses do not duplicate or replace the nursing services provided through home health, hospice, hospital or other clinical settings.

In order to ensure consistent care for clients with ongoing medical conditions, in the least restrictive setting possible, the LTC Community RN may choose to delegate or teach non-licensed caregivers to provide direct hands on nursing tasks. Oregon is unique in that the state's regulatory agency for licensing nurses OSBN allows Registered Nurses to delegate nursing tasks, otherwise performed by licensed nurses, to non-licensed caregivers, in certain care settings. Such tasks may include subcutaneous insulin injection, tracheotomy care and suctioning, and the administration of nutritional supplements, medications and hydration through a gastrostomy tube. The Registered Nurse has sole authority whether to perform delegation and must adhere to all of the elements within OSBN licensing rules for nursing delegation and teaching.

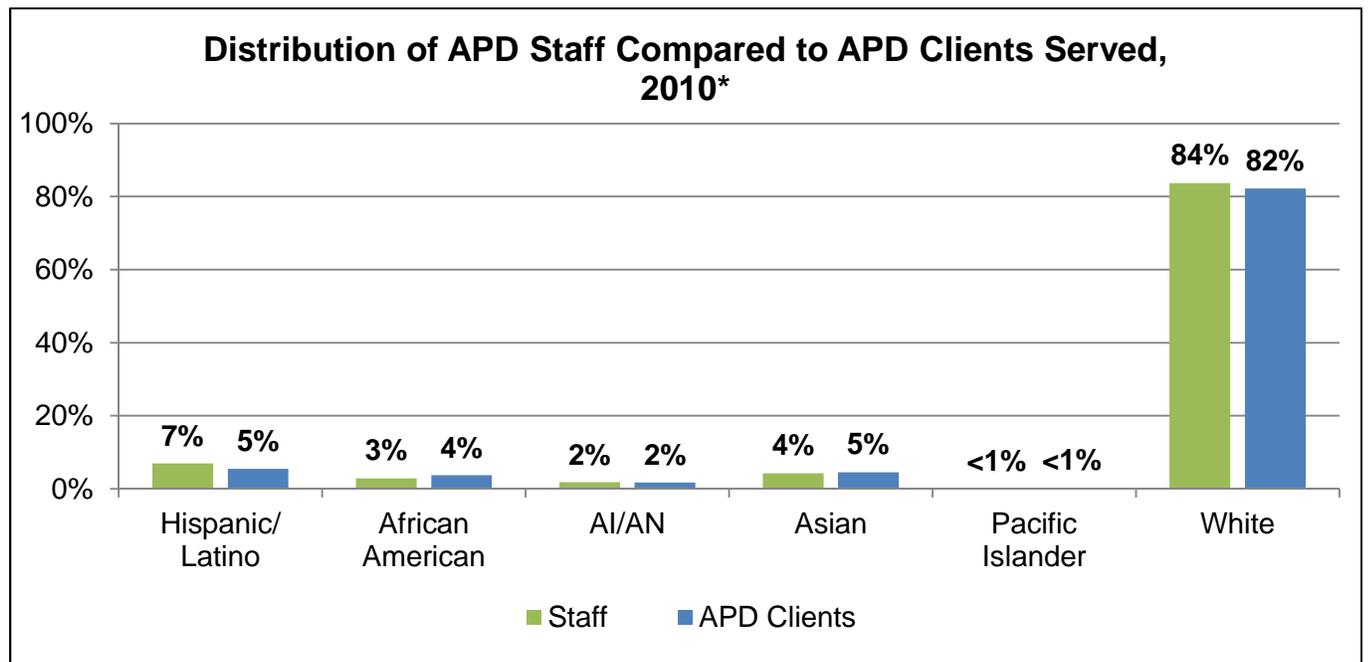
Personal Care

Services are limited to no more than 20 hours a month. Personal care can be used only for tasks related to the performance of activities of daily living, such as mobility, bathing, grooming, eating and personal health assistance.

Service Equity

In preliminary findings for the next State of Equity Report, the department examined the diversity of APD staff compared to individuals served, and the utilization of LTSS services by race and ethnicity data.

- 1) APD Staffing Levels Compared to Consumers Served***: Little or no difference between the racial and ethnic distribution of APD staff compared to APD and DD consumers served.



Why This Indicator is Important

This indicator attempts to illuminate how access to APD and DD services is experienced by communities of color across the state and to pinpoint potential areas for improvement.

What These Findings Mean

* Hispanic/Latinos included in all race categories for this indicator.

The racial and ethnic composition of individuals accessing APD and DD services was compared to the racial and ethnic composition of APD employees. To do this, the population of individuals accessing services was compared to APD staffing data provided by the Department of Human Services, Human Resources Department. These findings suggest the racial and ethnic distribution of APD staff is representative of the clients served. Important to note is that staffing data do not include individuals employed in local DD entities – Community Developmental Disabilities Programs (CDDPs) and DD Brokerages -- but APD offices determine eligibility for medical and other programs for individuals served by local DD entities.

Next Steps

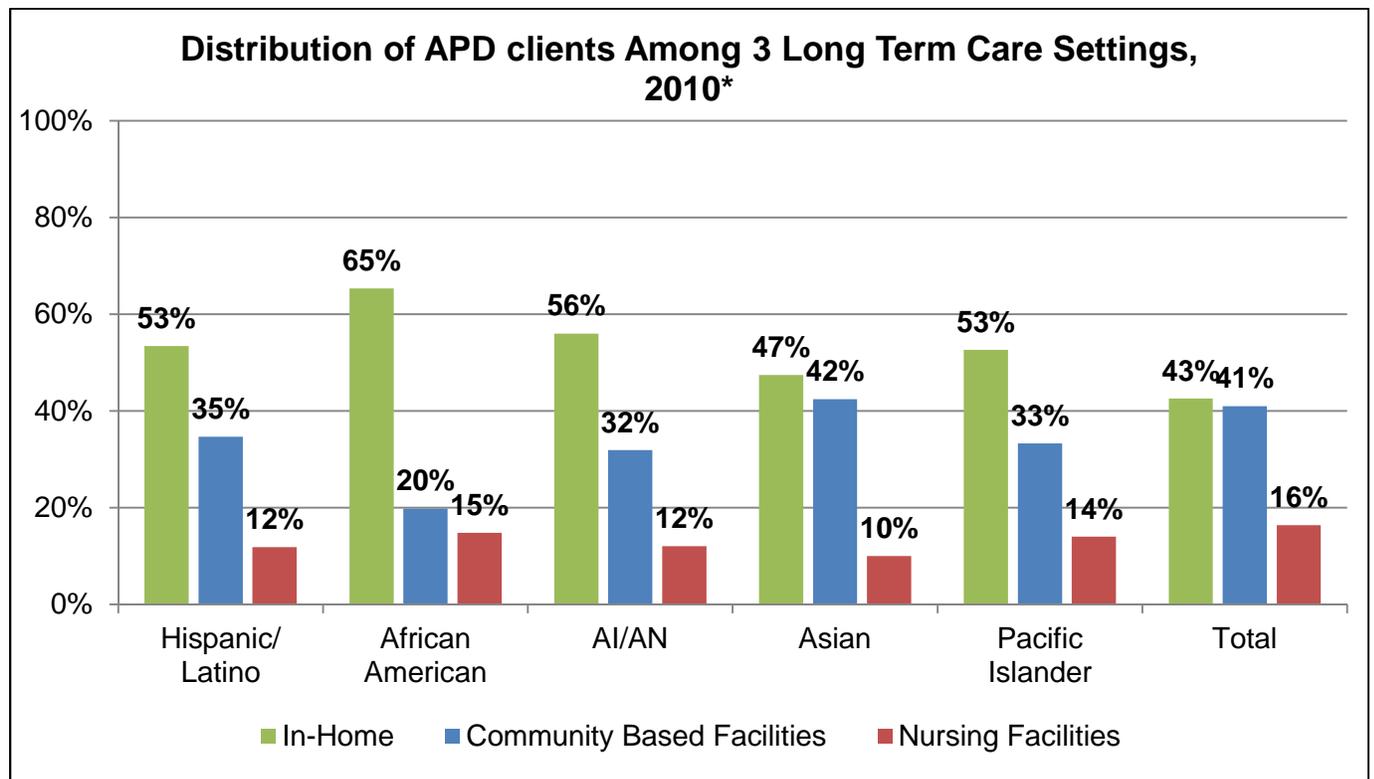
The cause for the identified difference in how Latinos are accessing services is not fully understood, however, answers to questions such as the following may shed light on potential contributors:

- Is there a shortage of culturally and linguistically competent services and outreach to Latino communities?
- How large of a role does the younger age distribution of the Latino community play in the identified disparities? Age is an important component of eligibility for APD services, but a closer examination of individuals with physical disabilities and developmental disabilities under the age of 65 would show if this disparity persists.
- What percentage of Latino individuals do not have documentation for citizenship or legal residency, yet are still counted in census figures? Lack of legal documentation would prevent someone from being able to access public services.
- Are there cultural considerations that reduce the need for public services, such as the prevalence of strong family, community and intergenerational supports in Latino communities?

- Do social determinants of health create lower quality of life expectations for someone of Latino origin?

A key piece of data that will also be useful in future research is to introduce greater data granularity so that experiences can be described at the county level as well as the state level.

2) Distribution of APD Clients in Specific Long-Term Care Settings*: Compared to long-term care service population as a whole, there are differences in where African Americans, American Indians/Alaska Natives, Asian Americans, and Pacific Islanders are choosing to receive care.



Why This Indicator is Important

* Hispanic/Latinos included in all race categories for this indicator.

This is a significant indicator for service equity because APD policy is to provide seniors and individuals with physical disabilities a choice of setting when accessing long-term services and supports. Service setting choice is a basic right of individuals eligible for Medicaid funded long-term care. With some exceptions, an equivalent level of service can be provided in nursing facility, community based facility¹ or in-home service settings.

What These Findings Mean

The above graph shows that 43 percent of the total long-term care service population receives care in an in-home service setting, 41 percent of the total population resides in a community based facility, and 16 percent reside in a nursing facility. When comparing service setting preferences of the total service population to specific communities of color, some striking differences are revealed:

- In-home services - high utilization: Compared to the total service population, Latinos are nearly 11 percentage points more likely to receive services in-home, African Americans 22 percentage points more likely, American Indians/Alaska Natives 13 percentage points more likely, and Pacific Islanders 10 percentage points more likely.
- Community based facilities - low utilization: Compared to the total service population, Latinos are 6 percentage points less likely to receive services in community based facilities, African Americans 21 percentage points less likely, American Indians/Alaska Natives 9 percentage points less likely, and Pacific Islanders 8 percentage points less likely.
- Nursing facilities - low utilization: Compared to the total service population, Asian Americans are 6 percentage points less likely to reside in nursing facilities.

¹ Community-based facilities include adult foster homes, assisted living facilities, residential care facilities and specialized living facilities.

The findings support that overall, the long-term care service population prefers to receive care in less restrictive settings; however there is a striking difference in the high utilization of in-home services in communities of color versus a trend of under-utilization of community based facilities.

Next Steps

As APD policy is to provide seniors and individuals with physical disabilities a choice of setting when accessing long term services and supports, and a higher utilization of in-home services is not necessarily a disparity, several of the following questions may need exploration:

- What role does cultural isolation play in determining client choice of service setting?
- Are there cultural considerations that reduce the desire to reside within a community based care facility?
- Are there family, community or intergenerational supports that may make access to in-home services more prevalent than community-based services?
- What percentage of Medicaid-eligible individuals in community-based facilities start out as private pay? This is an important economic consideration as someone who does not have sufficient funds to start as a private pay resident in a community-based setting may not have an opportunity to move into a community-based facility as a current Medicaid client.

Operations Information:

Program Design:

Program Design Staff and services support the administration of APD Medicaid LTSS programs, including:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of administrative rules
- Provider payments and relations
- Support and leadership for various advisory councils.
- Home Care Commission

Program Delivery:

Over 28,000 seniors and people with disabilities in Medicaid LTSS are served across the state by employees of Aging and People with Disabilities (APD) or Area Agencies on Aging (AAAs). ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose 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.