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# A quick introduction to Oregon's Unique Long-Term-Care System

Excerpted from Oregon Senior Forums'  
*"A History of Oregon's Unique Long-Term-Care System"*

*Oregon has long been heralded as the national model* for providing long-term-care services to low-income seniors. The primary characteristic that defines the Oregon system is its focus on *alternatives to nursing-home care*. It offers seniors on Medicaid a variety of living options and support-services to address each person's situation, rather than requiring that they enter a nursing home regardless of the extent of their needs.

Through its innovative system of serving low-income seniors, Oregon has been able to reduce its nursing-home population, lower the cost of services for seniors, expand the number of people who can receive state assistance, and perhaps most importantly, greatly improve the quality of life for its elderly citizens.

## **What is "long-term-care?"**

Long-term-care refers to the support services that enable the elderly to perform necessary activities of daily living. Types of long-term care range from services provided in the home (such as housekeeping, medication management or bathing assistance), to live-in facilities (such as assisted living or adult foster care) to institutional care in traditional nursing homes.

## **Creation of the Oregon system**

In the mid-1970s many of the state's seniors, alarmed at the prospects that awaited them, became activists who drew attention to deficiencies in how the state served its low-income elderly population. At that time, the vast majority of seniors applying for Medicaid were required to enter a nursing home in order to get financial help, regardless of how much assistance in daily living they actually required.

Also at that time, instances of poor quality of care in some of the state's nursing homes gained the public's attention, with help from senior advocates. Another equally pressing problem with the existing system was the cost to the state: as the number of seniors on

Medicaid and the cost of their nursing-home care exploded, it threatened the state's ability to fund the program.

Recognizing the need for far-reaching changes, Oregon's senior advocates, state agencies, lawmakers and industry representatives worked together between 1975 and 1987 to accomplish many significant changes, including the following milestones:

- ◆ The state codified in statute a policy on aging that stresses independence, dignity and choice for seniors and requires that services be provided in the least-restrictive setting possible. Nursing homes are therefore to be used only if home- or community-based options cannot meet the person's needs.
- ◆ Oregon created a single state agency within the Department of Human Services (DHS) to handle all facets of setting policy and providing services to seniors (today it is known as the Aging and People with Disabilities Division).
- ◆ Oregon obtained, in 1981, an innovative waiver from the federal government that allows use of Medicaid money (that previously could be used only for nursing-home care) to cover alternative living situations (such as adult foster care or assisted living) and support services (such as home health care), as well as case management for seniors on Medicaid. This waiver was crucial to Oregon's success and remains a model for the rest of the nation.
- ◆ DHS supported the creation of home- and community-based resources and facilities to meet the demand created by the new system.
- ◆ Lawmakers created Oregon Project Independence, a state-funded program for seniors who are not on Medicaid. Services provided under this program help seniors stay in their homes rather than having to enter a nursing facility.
- ◆ DHS drew up a standardized assessment tool for use with all seniors who request services. This tool allows the collection of meaningful data about who is being served and their degree of need, which is crucial for the department's budgeting and legislative processes.
- ◆ Oregon implemented what is known as "nurse delegation" that allows people who are not registered nurses to provide certain kinds of medical services if they receive

training and are under the supervision of an RN. This enables more seniors who require medical services to live at home or in alternative-care settings.

These achievements allowed Oregon to shift the vast majority of senior citizens on Medicaid into the home- and community-based care options that they prefer. In 2012, only 16 percent of the state's Medicaid seniors were in nursing homes, one of the lowest rates in the nation.

## **How the Oregon system works**

Low-income seniors can, in most parts of the state, visit a single location (either an Area Agency on Aging office or a state-operated senior-service office) to have their social, medical and financial needs evaluated.

Seniors who qualify for Medicaid can choose from an array of services and residential settings, rather than being required to enter a nursing home (as happens in many other states). And while they are on the Medicaid program, they receive case-management services to ensure their living and support-service choices continue to be optimal.

***Options in living situations for seniors include:*** 1: remaining in their homes with assistance from in-home service providers; 2: living in community-based options (assisted living, adult foster care or residential care facilities), or 3: entering a traditional nursing home.

*Assisted-Living Facilities:* The concept of assisted living was “invented” in Oregon, through a partnership between the state Department of Human Services and Keren Brown Wilson, a Portland State University professor and community-care provider who wanted to develop a new model for senior-citizen residences. Assisted-living facilities in Oregon must offer apartments with full bathrooms, a way to refrigerate and heat food and a locking apartment door. Residents receive only the supportive services they cannot provide for themselves.

*Adult Foster Care:* Oregon's adult-foster-care providers serve people with a higher level of need than those in assisted living. Foster care can be provided by a relative (other than a spouse), through what is known as Relative Foster Care. Only one person can be cared for in this setting. Non-relative adult foster care facilities can provide personal care, medication supervision and limited nursing services to a maximum of five residents.

*Residential Care Facilities:* Seniors who need moderate assistance with their physical care and medication monitoring can opt for a residential care facility. These homes are licensed to serve six or more residents. They may offer private rooms and, in specialized cases, limited on-site nursing services.

*Nursing Homes:* These traditional long-term-care facilities now serve only seniors with the highest level of need. Such facilities provide 24-hour nursing care or medical oversight, and may offer on-site physical rehabilitation and end-of-life care.

***Services to support seniors living at home or in community-based settings include:***

*In-Home Services:* Seniors can obtain help with tasks of daily living in their homes (such as housekeeping, bathing or meal preparation) under the Independent Choices Program, Client-Employed Provider Program, In-Home Agencies Program or Oregon Project Independence.

*Adult Day Services:* The Adult Day Services Program offers a variety of health, social and other types of services, and activities such as music therapy, exercise, arts and crafts, games, outings and special events, in a location away from the senior's home.

*PACE (Program of All-Inclusive Care for the Elderly):* This program, available in only two counties as of 2013, assigns an interdisciplinary team to each participant. The team coordinates and regularly evaluates the person's medical care, living situation, service needs and activities. It serves people living in their homes and in community-based care who ask to enter the program.

***To find out more about the options*** available to all Oregon seniors, consult the state Department of Human Services online information system known as the Aging and Disability Resource Connection (ARDC), at <https://ARDCofOregon.org>

Electronic copies of the complete document "A History of Oregon's Unique Long-Term-Care System" are available at no cost by contacting:

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Oregon Senior Forums is a non-profit group formed in 1989 with the goal of promoting educational opportunities, conferences and forums for the sharing of information, ideas and concerns affecting seniors and people with disabilities.