

## Department of Human Services 2009-11 Policy Option Package

**Division Name:** Seniors and People with Disabilities

**Policy Option Package Initiative:** Seniors and people with disabilities live safely and independently in their communities.

**Policy Option Package Title:** Aging and Disabilities Resource Connections (ADRC)

**Policy Option Package Number:** 133

**Summary Statement:**

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.

**1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WILL IT BE IMPLEMENTED?**

As part of SPD's long-range planning process as directed by the 2007 Budget Note and SB 1061 (passed in the 2008 Special Session of the legislature), SPD and the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) joined forces to develop strategies to have the necessary resources in place in every Oregon community to avoid the need for paid public assistance in long-term care; or if need arises, to minimize the scope and cost of such care.

SPD and O4AD have developed a plan based on the national model of Aging and Disabilities Resource Connections. There are three major components to the Oregon plan:

- 1) A Central (statewide) Information Center accessible by a well publicized toll-free telephone number and supported by a robust on-line resource database;
- 2) A network of 17 local Assistance Centers operated by the AAAs to provide in-depth services, such as face-to-face assessments;
- 3) An expanded set of direct services and resources, such as caregiver supports, financial planning, and in-home services. SPD and O4AD realize that the plan will need to be phased in over a number of biennia.

The first phase of the plan includes the start-up of a Central Information Center and associated staffing at the local Assistance Centers to handle the increased volume of referrals from the Central Information Center. A system that provides easy access to information for consumers to make informed decisions related to long-term care services is essential. The lack of a Central Information Center makes it difficult for a consumer unfamiliar with the long-term care system or family members living outside of Oregon to access needed information.

Phase one of the plan also includes expanded direct services such as caregiver supports and financial planning. In-home services provided through the Oregon Project Independence (OPI) program are included

in the OPI Modernization Initiative policy option package, SPD-17. The OPI program provides in-home supports to individuals who do not qualify for Medicaid funded services and often delay or prevent the need for higher-cost long-term services.

The first phase of the plan also includes funding for an actuarial study specific to Oregon that will evidence the savings that will be realized by investing in resources designed to avoid the need for paid public assistance in long-term care.

## **2. WHY DOES DHS PROPOSE THIS POP?**

Today, approximately 27,000 seniors and people with disabilities access long-term care services under Medicaid. Without intervention, SPD can expect its long-term care Medicaid caseload to increase to 44,000 by 2030. The huge influx of new clients will severely challenge Oregon's capacity to assure access to quality of care and quality of life.

The triggering event for long-term care can be gradual, but more often is sudden due to an acute health crisis. Families often face a bewildering set of choices when a family member suddenly becomes dependent. Poorly informed choices can lead to premature institutionalization or choices of care options that are overly expensive and overly intrusive.

Through the use of a single entry point system, such as the Aging and Disability Resource Connections, individuals and their families are provided with streamlined, comprehensive and reliable information that will help consumers make informed decisions about their long-term care.

**3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?**

*Our mission: Assisting seniors and people with disabilities of all ages to achieve well being through opportunities for community living, employment, family support and services that promote choice, independence and dignity.*

Oregon has been a national leader in the development of community-based alternatives to institutional care. However, we have not developed an easily accessible system for information about these options. The lack of access to quality information on community-based long-term care services is a significant factor in the over-utilization of institutional care. National studies tell us that 80 percent of caregiving is provided (and paid for) by individuals, family members and friends. Upwards of 30 percent of all households are involved in some kind of caregiving for adults with disabilities and older persons. When people begin to look for help for themselves, their spouses, an aging parent or for a person with disabilities, they do not have information, skills or supports to make informed decisions. As a result, they often end up using more intense and expensive levels of care than are necessary.

**4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**

KPM #2 – The percentage of Oregon’s seniors who are living outside of institutions.

We are also proposing the following new key performance measure: KPM #37 - Increased access to accurate and consistent Information and Referral/Assistance for Oregonians.

Internal measure: Percentage of new Medicaid long-term care clients who are diverted from nursing facility care.

**5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**

No, but this POP does further the intent of ORS 410.010 which states: **State policy for seniors and people with disabilities.** (1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

Also, SPD has been directed by the 2007 budget note and SB 1061 to develop a long-range plan. SB 1061 specifically directs the Department to develop a model for a long term care system that is not funded by Medicaid, is based on early intervention and prevention services and provides a single point of entry to the entire aging and disabilities services network.

**6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

By mutual agreement, SPD and O4AD joined forces to develop the strategies to enhance the non-Medicaid services system for seniors and people with disabilities. Planning for Oregon's non-Medicaid services system for seniors and younger people with physical disabilities commenced at a two-day meeting in mid-November 2007 attended by representatives from SPD and O4AD. Products of that meeting included: vision and mission statements, sets of values and guiding principles, a list of questions to research, and the appointment of a Steering Committee. The charge to this Steering Committee is to formulate a draft plan for a non-Medicaid services system, secure stakeholder review and comment and, following consideration of stakeholders' comments, finalize it in preparation for presentation to the Oregon Legislature for consideration during its 2009 session.

The Steering Committee was formed in mid-November 2007 and continues to meet regularly to plan and refine developments of the ADRC. The Steering Committee, and its smaller adhoc work groups, drew heavily from documents and research on Aging and Disability Resource Centers (ADRCs) in other states. Most helpful were documents created by the State of Wisconsin. (Note: The U.S. Administration on Aging [AoA] and the Centers for Medicare and Medicaid Services jointly launched an ADRC initiative in 2003. Wisconsin's ADRC system, created in the mid-1990s, served as a model for this initiative.)

**7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

The effect would be a continuation of a reactive versus proactive approach to contain the costs of long-term care as we face a huge influx of new clients over the next 20 years. The healthcare system has well-evidenced the positive effect of prevention and early intervention services related to healthcare cost containment and most importantly toward improved quality of life for people.

**8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**

The seventeen local governmental entities and non-for profit organizations designated as Area Agencies on Aging (AAA) in Oregon. The AAAs will receive increased staff to serve individuals referred by the central information center.

**9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

**Implementation Date:** 07/01/09

**End Date (if applicable):** \_\_\_\_\_

**a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.**

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Services                 | <input type="checkbox"/> Addictions and Mental Health                    |
| <input type="checkbox"/> Children, Adults and Families           | <input type="checkbox"/> Public Health                                   |
| <input type="checkbox"/> Division of Medical Assistance Programs | <input checked="" type="checkbox"/> Seniors and People with Disabilities |

SPD will be responsible for the ADRC design and implementation, contract monitoring and administration.

**b. Will there be new administrative impacts? Specify which office(s) and describe how it will be affected.**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Human Resources                 | <input type="checkbox"/> Payment Accuracy and Recovery            |
| <input type="checkbox"/> Information Security/Privacy               | <input type="checkbox"/> Investigations and Training              |
| <input type="checkbox"/> Document Management                        | <input checked="" type="checkbox"/> Facilities                    |
| <input type="checkbox"/> Audit and Consulting                       | <input checked="" type="checkbox"/> Contracts and Procurement     |
| <input type="checkbox"/> Information Services (computers)           | <input checked="" type="checkbox"/> Budget, Planning and Analysis |
| <input checked="" type="checkbox"/> Financial Services (accounting) | <input type="checkbox"/> DHS Office of Communications             |

Adding staff to SPD will require additional HR recruitment efforts. Additional space may be required in some offices, resulting in Facilities expenses. Contracts will assist in the development and monitoring of a contract for the Central Call Center development and on-going operation. Budget and Financial Services will disburse funding and monitor the reporting of expenditures.

- c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

There may be an increase of Older American Act, OPI and/or Medicaid services cases.

- d. Will it take new staff to implement and maintain? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary. Attach position descriptions.**

1 Program Analyst 3 C0826 / 21 Months / Permanent

1 Training and Development Specialist 1 C1338 / 21 Months / Permanent

- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

There are no significant start-up costs. All costs are on-going.

- f. What are the ongoing costs?**

All costs are ongoing.

**g. What are the potential savings?**

SPD does not expect any immediate savings. However, the assistance provided by the ADRCs and the expansion of OPI may significantly delay or eliminate the amount of time seniors and people with disabilities would spend in more costly out-of-home placement. This in turn would reduce future costs to SPD's Medicaid-funded long-term services that are currently expected to increase due to the aging of Oregonians.

**h. Based on these answers, is there a fiscal impact?**

Yes.

**i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as "Medicaid, General and Federal Funds."**

Pre-Medicaid programs are not eligible for federal Medicaid funding, therefore this policy option package is General Funds.

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