

Aging and People with Disabilities Consumer Support Plan for ADL Changes

Overview

The Department of Human Services, Aging and People with Disabilities (APD) is amending Oregon Administrative Rules (OAR 411-015-0005 and 411-015-0006) to more clearly define the activities of daily living (ADL) that comprise nursing facility level of care (NF LOC). In part, this effort is intended to improve assessments, address concerns raised in the administrative hearing process and improve the state's Quality Assurance reviews.

These rules do not change the state's service priority levels as defined in the 1915(k) State Plan Amendment and APD's 1915(c) Waiver. These rules define how the state assesses individuals' needs in three of the four ADLs that are used to determine if someone meets NF LOC criteria. These changes are common sense changes that improve our ability to assess individuals and more clearly define eligibility.

Impact

APD estimates that these changes will result in approximately four percent change in caseload. The impact will be both a reduction of new individuals entering the Medicaid-funded long term services system and for those individuals currently receiving services losing eligibility for Medicaid-funded Long-Term Services and Supports over the first year of implementation. For current caseload, this equates to approximately 1,200 individuals. Some of these individuals are currently living in Adult Foster Homes, Assisted Living Facilities, Residential Care Facilities or Nursing Facilities. The majority live in their own home.

Mitigation Strategies

In order to mitigate the potential risk to the individuals losing eligibility, APD is proposing strategies to ensure that individuals have the supports they need to safely transition off of Medicaid-services and supports and, for those individuals receiving services in licensed care setting, do not end up without housing.

<u>Strategy One</u>: APD is submitting a waiver to the Centers for Medicare and Medicaid Services (CMS) to fund Transition Services. These services will include the costs associated with assisting individuals in setting up their own home (e.g., deposits, furniture etc.) or moving in with family (e.g., making a bathroom accessible or building a ramp). Local case managers will partner with local community organizations to meet the needs of consumers and authorize services that the community cannot support. Case managers will have robust discussions with the consumer, and their family when appropriate. APD is confident that CMS will approve the waiver request since it is a standard waivered service in many states.

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Strategy Two: APD is submitting a waiver to CMS to fund ongoing services for individuals who lose eligibility due to these policy changes. This NF LOC Exception plan would fund long term services and support payments for individuals living in licensed care settings who would become homeless without the licensed care setting. CMs would assess individuals, determine that a negative impact would likely occur and submit a request for funding to Central Office for approval. Individuals, their families and case managers would be expected to continue to be actively working towards a safe place for the individual to move. This strategy is modeled on another state's waiver. If CMS approves this waiver, these services would be funded by Medicaid, maximizing state savings.

<u>Strategy Three</u>: APD is proposing that we provide limited "Safety and Supports In-Home" services to in-home consumers modeled on the Oregon Project Independence program. These transitional services would fund limited in-home service hours, home delivered meals and case management services. This program would provide dedicated funding for individuals who lose eligibility due to the ADL changes while mitigating the risk of the individual returning to Medicaid funded services at a higher level of need. We are in discussions with the AAAs to determine if it makes sense to have them administer this program.

<u>Strategy Four:</u> We are partnering with Oregon Housing and Community Services and community programs to provide resource lists to case managers assisting individuals in transitioning out of Medicaid-funded Long Term Services and Supports. Fact sheets and resources will be made available to individuals and their families.

Cost Estimates

Strategy	Year 1 TF	Year 1 GF	Year 2 TF	Year 2 GF
Strategy 1: Transition Services	1,523,965	472,429	670,132	207,741
Strategy 2: NF LOC Exceptions Plan	10,907,780	3,381,412	8,576,665	2,658,766
Strategy 3: Safety and Supports In-Home services	1,886,109	1,886,109	1,493,554	1,493,554
Totals	14,317,854	5,739,950	10,740,351	4,360,061

Total Biennial Costs				
Total Funds	General Funds			
\$25,058,205	\$10,082,217			