



Oregon: A Leader in Long-Term Care Reform

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Oregon Long-term Care Reform

- ➔ Historical leadership and vision for providing community-based services
- ➔ Demographics and financial statistics
- ➔ Key elements of long-term care reform
- ➔ Lessons for other states
- ➔ Oregon's future outlook



Why Is This Important?

- ➔ Most states provide primarily institutional care and seek a better balance with home and community-based services (HCSB)
- ➔ Change is driven by:
 - Demographics and high cost of long-term care
 - Consumer demand for choice
 - Challenging state budgets
 - Supreme court Olmstead decision



Demographics: US Population

US	2000	2030	% growth
Total	281,421,906	363,584,435	22.6%
65+	34,991,753	71,453,471	51.0%
85+	4,239,587	9,603,034	55.9%

Source: <http://www.census.gov/population/projections/nation/detail/d202>

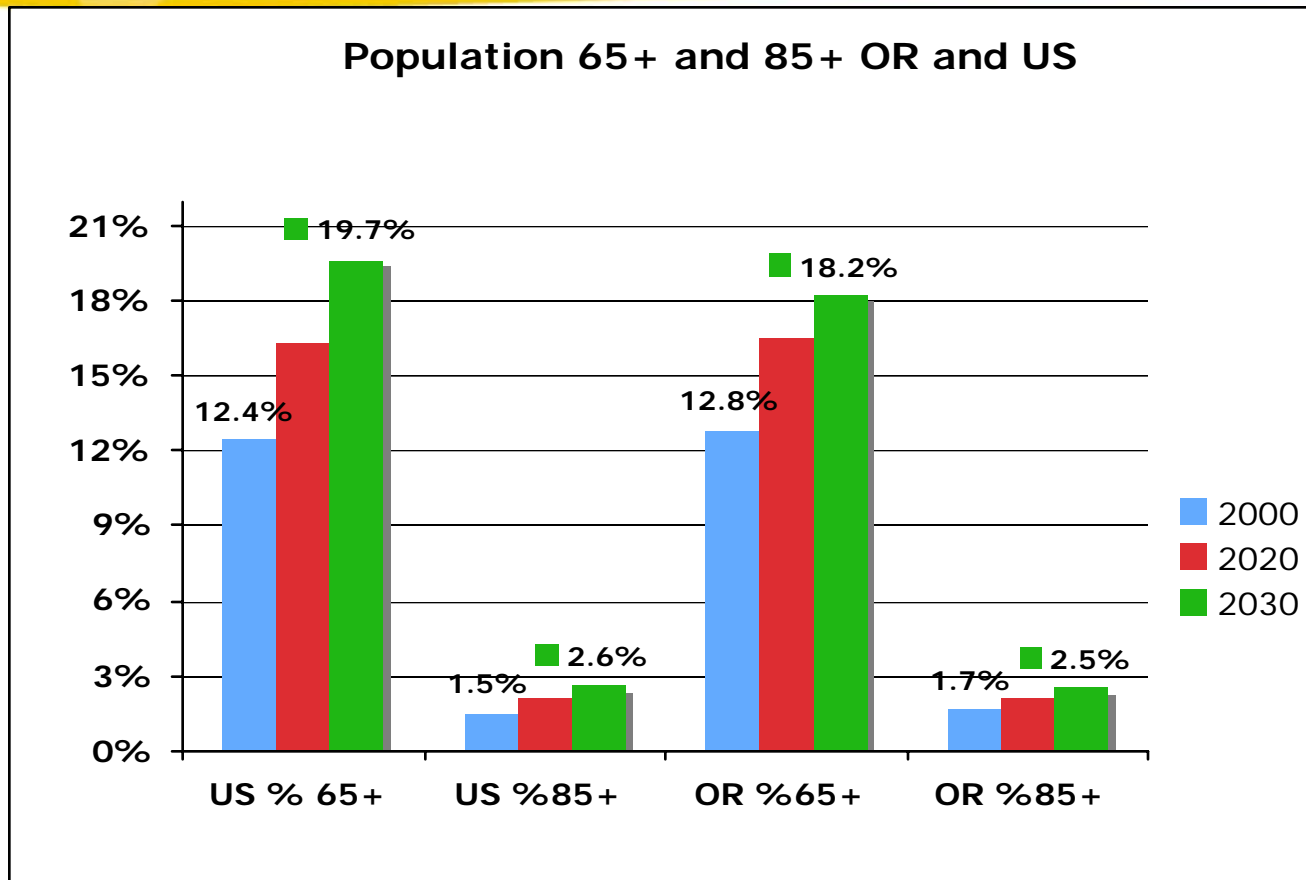


Demographics: Oregon Population

Oregon	2000	2030	% growth
Total	3,421,399	4,833,918	29.2%
65+	438,177	881,957	50.3%
85+	57,431	121,741	52.8%

Source: <http://www.census.gov/population/projections/nation/detail/d202>

65+ and 85+ as Percent of Total Population: 2000-2030





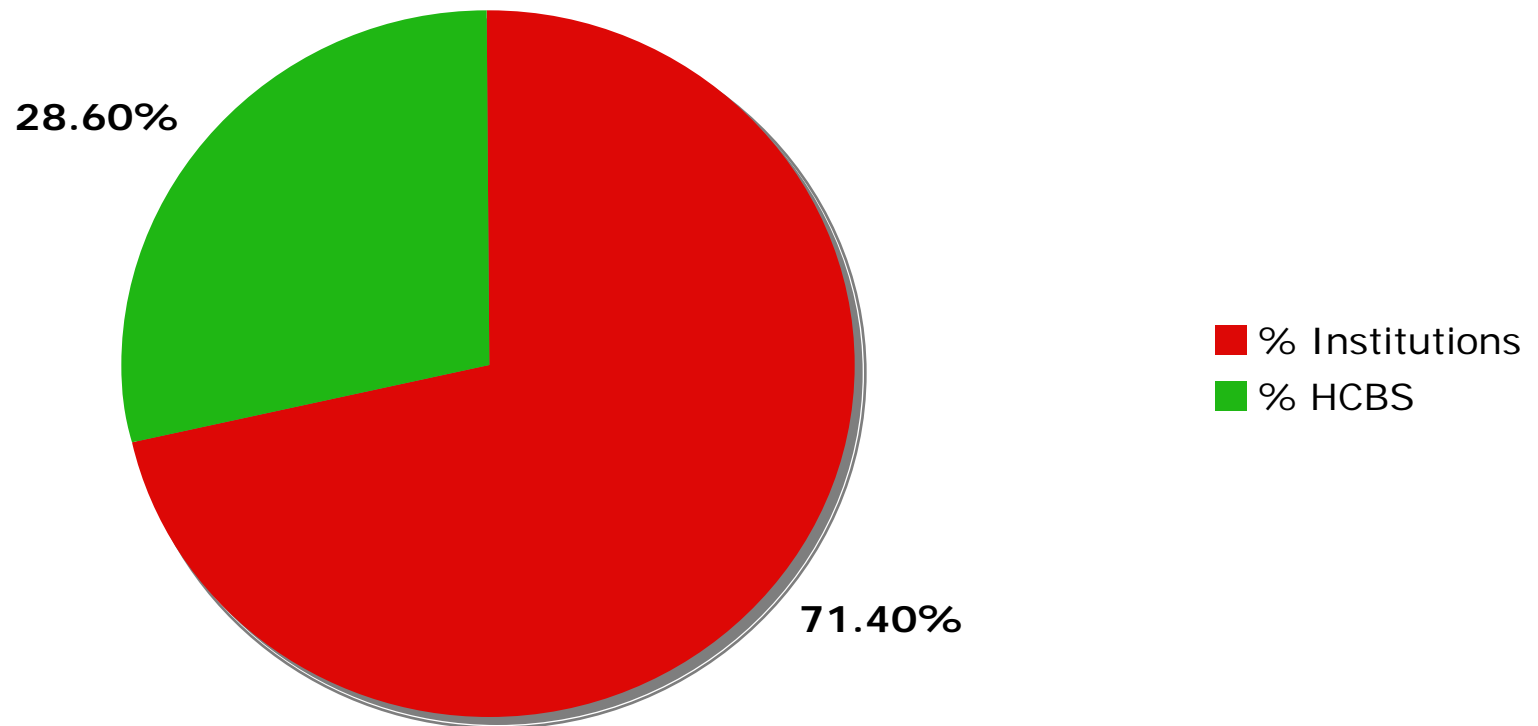
Medicaid Costs for NH and HCBS

- ➔ Medicaid funded nursing home services cost **\$18,123** per person served in Oregon (US average: \$23,882) (2003)
- ➔ Medicaid funded HCBS cost **\$11,982** per person served in Oregon (US average: \$10,531) (2002)

Source: AARP State Profiles Long-term Care, 2006

US Medicaid Spending

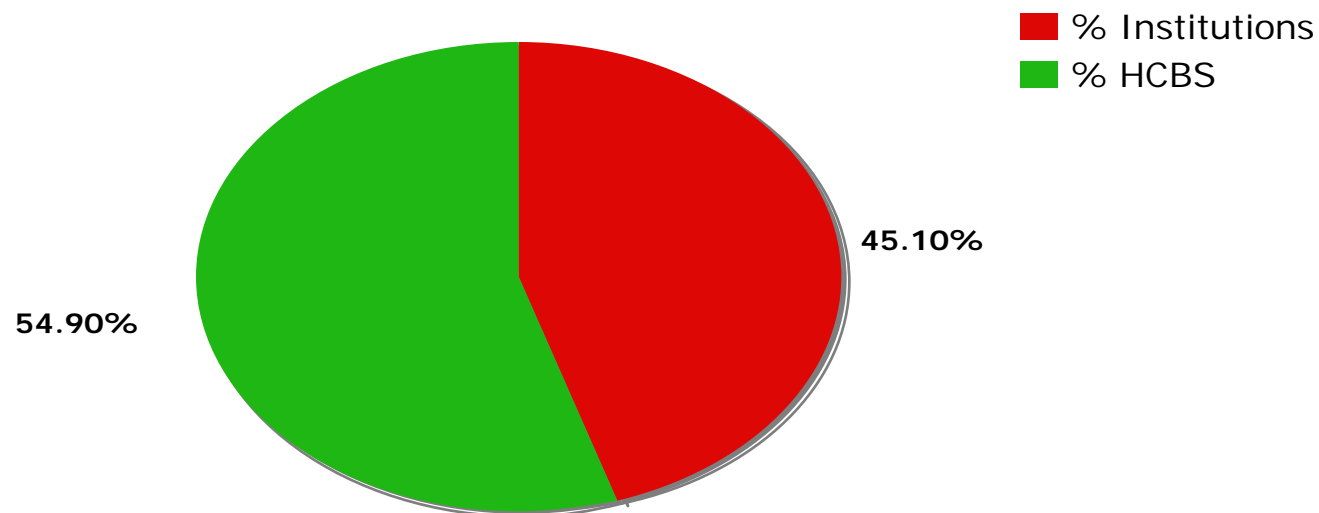
Institutions vs HCBS for Adults with Disabilities, FY 2006



Source: CMS 64 data, Center for Medicaid and State Operations, Division of Financial Operations

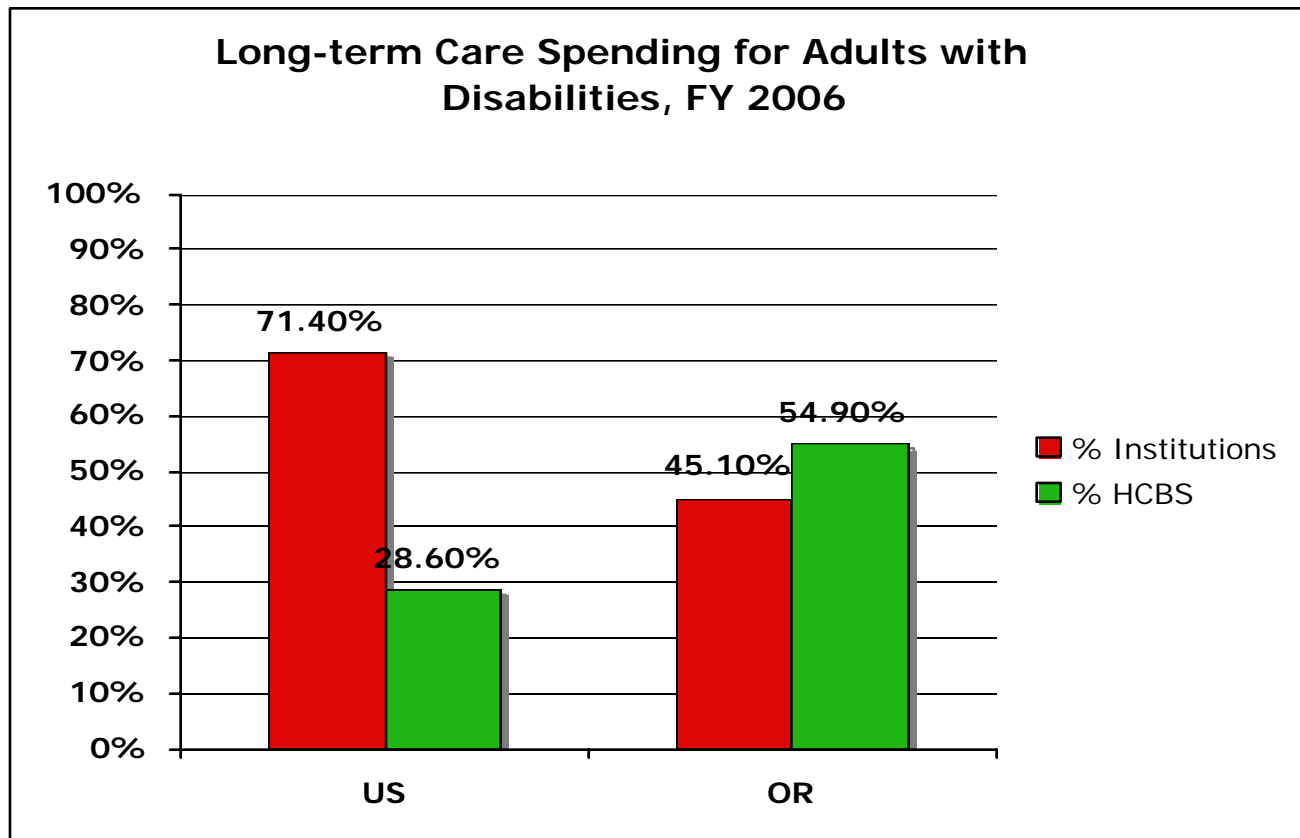
Oregon Medicaid Spending

Institutions vs HCBS for Adults
with



Source: CMS 64 data, Center for Medicaid and State Operations, Division of Financial Operations

US and Oregon Comparison





History


- ➔ Mid-1970's: Vision
 - independence, dignity, quality of life and choice
 - strong leadership provided by Richard Ladd
 - AAAs become advocates and program designers
- ➔ 1977: Oregon Project Independence (OPI)
 - community support services for those 60+ close to needing institutional support
- ➔ 1981: Senior and Disabled Services Division
 - single agency for federal and state-funded services



Key Elements Program Management


➔ Administration

- *State perspective:* program funding, implementation and regulation housed in one state agency
- *Consumer perspective:* program access and service delivery available locally through (typically) AAAs



Key Elements Access

- ⇒ **Single Entry Point (SEP):** Information, assessment and eligibility determination handled in one place based on income, functional need, and medical history
- ⇒ **Entitled** to nursing home or home and community services
- ⇒ **Consumer choice:** a variety of housing and support options available based on eligibility



Key Elements Other


- ➔ Use of Technology (CA/PS)
 - Determine service eligibility level (survival level) and help control costs

- ➔ Prevention focus (OPI)
 - Implemented Oregon Project Independence in 1975 for people almost Medicaid eligible



Key Legislative Actions

- ➔ State Organization of Services (1981)
 - Allowed money to flow where services were in demand without bureaucratic process
 - When budgets needed cutting, done by survival level rather than by program
- ➔ Nurse Delegation Act (1985)
 - Key to serving large numbers of people in the community by lay people with nurse oversight



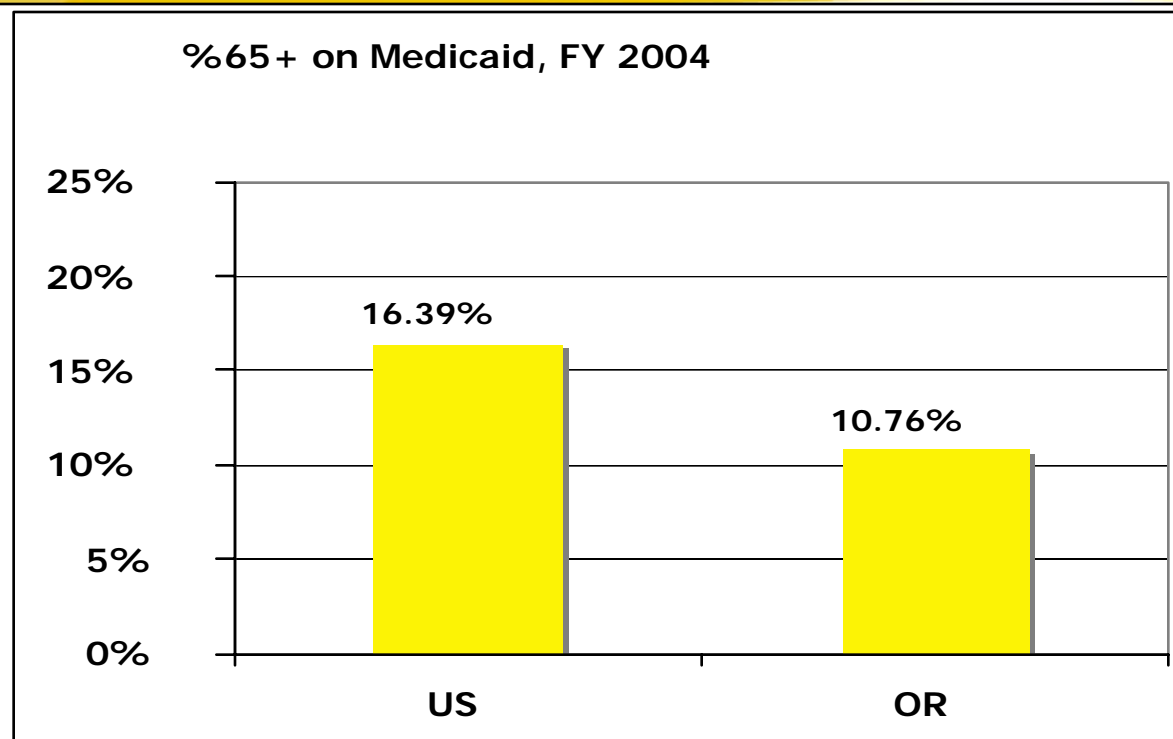
Key Elements Programs Offered

- ➔ Medicaid HCBS Waiver Program
 - Residential support
- ➔ Oregon Project Independence
 - State funded for 60+ at home to avoid institution
 - Fees charged on sliding scale
- ➔ Oregon Spousal Pay Program
 - State-funded for high need Medicaid eligible
- ➔ Independent Choices
 - Medicaid-eligible consumer-directed demonstration program
- ➔ Client-Empowered Program (CEP)
 - Medicaid funded state-wide consumer-directed



Financial Picture

Percent of Elders 65+ on Medicaid

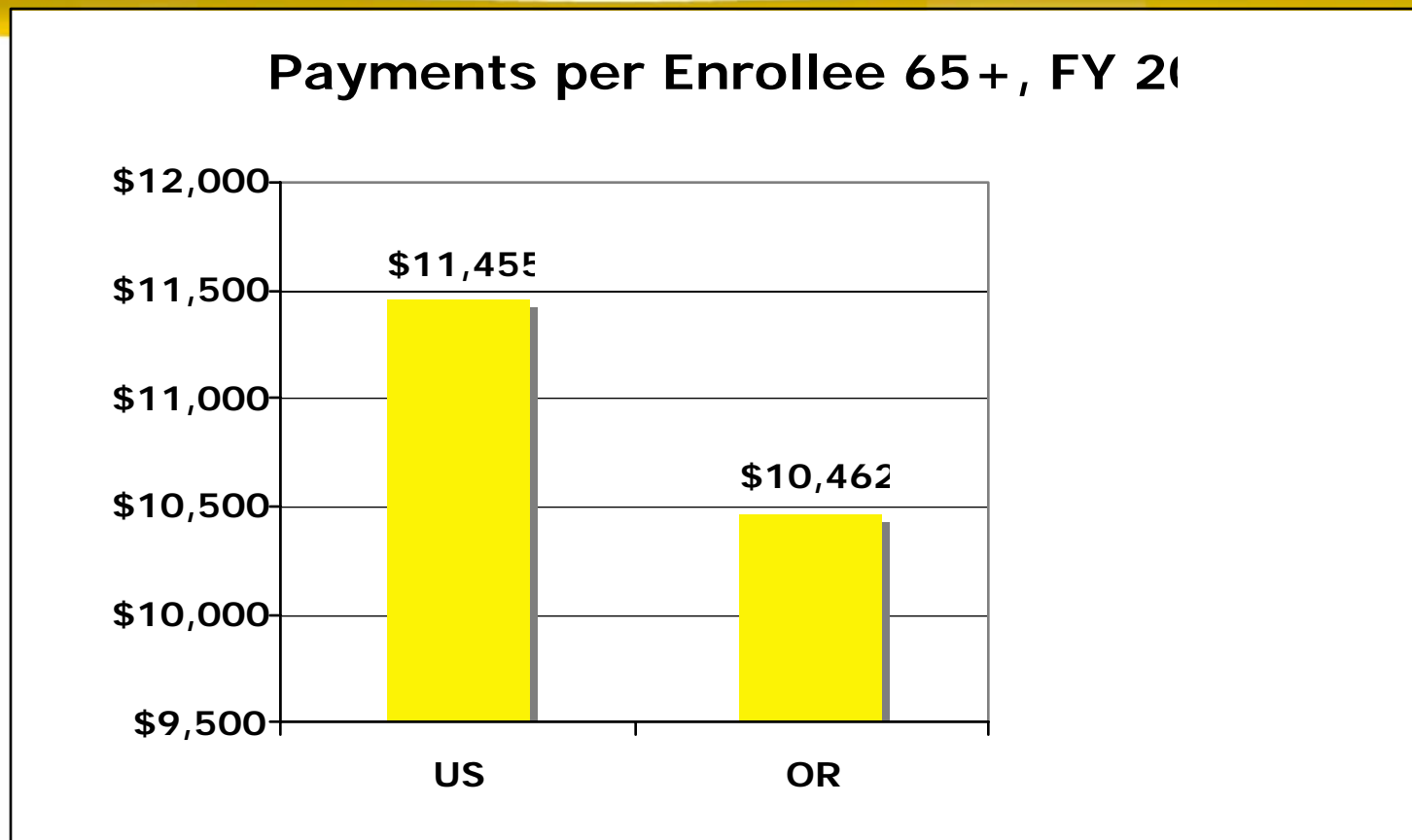


Source: Kaiser Family Foundation www.statehealthfacts.org




Financial Picture

Medicaid Payments per Elder Enrollee



Source: Kaiser Family Foundation www.statehealthfacts.org



Lessons on Long-term Care Reform for Other States

- ➔ One Primary Focus
 - increase HCBS and offer consumer choice
- ➔ One Agency
 - allows for cohesive policy decisions
- ➔ Involve stakeholders
 - Include consumers in planning
 - Create dispute resolution process
 - Involve providers in service-delivery development



Lessons for Other States (2)

- ➔ Provide outreach and education
 - For consumers
 - For doctors, hospitals, nursing home owners
- ➔ Develop continuum of care within community
 - Foster inclusion of nursing homes and community providers for individual care-planning
 - Allow money to follow the person to each setting



Challenges Faced

- ➔ Average annual spending grew 15.9% in Oregon from 1990-2001 compared with 10.9% in the US
- ➔ Budget cuts to those in lowest need categories stabilized spending but were not popular
- ➔ Some of these services have been restored and future plans are being developed
- ➔ Quality assurance in adult foster homes is lacking



Oregon's Future Outlook

- ➔ LTC workgroup convened in 2005 to address future LTC challenges
- ➔ Report in November 2006 addressed 7 questions important to Oregon residents for future LTC services



Oregon's Future Outlook (2)

Long Term Care Plan should include:

- ➔ Community-level research and data
- ➔ Focus on healthy aging and preventing chronic conditions
- ➔ Encourage individual retirement planning
- ➔ Promote and support “Livable communities”
- ➔ Promote programs that avoid more costly services (OPI)
- ➔ More discussion about “pyramid model” of services
- ➔ More discussion on integrating acute and long-term care



Oregon Long-Term Care Reform

The End

Questions??

Thank you!