ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

Cherryl L. Ramirez	Diana L. Bronson	Andrew J. Smith	Sarah Jane Owens
Executive Director	Executive Assistant	Legislative Liaison	Developmental Disabilities Spec.
cramirez@aocweb.org	dbronson@aocweb.org	asmith@aocweb.org	sjowens@aocweb.org

March 14, 2013

Dear Chair Monnes -Anderson, Vice-Chair Kruse and members of the Health Care and Human Service Committee,

As the Developmental Disabilities Specialist for the Association of Oregon Community Mental Health Programs (AOCMHP), I would like to express concerns on four bills relating to the DD system of care -- SB 559, 564, 640 and 641. Although AOCMHP supports the principles of the bills, there are some problematic concepts in the bills that I have outlined below:

SB 559 –

Section 1 - "at least 3 options for residential care including two different settings": Having to provide three options could impede getting an individual quickly into needed services. Individuals are offered choices when they exist. Decisions are based on the individual support needs, the Individual Service Plan (ISP), and the choice of the individual and/or family. An individual's supports are assessed and potential providers identified who have the necessary skills. For example, an individual who has high medical needs or requires close behavior supports for social sexual issues would need a provider who has the ability and skills to keep the individual safe and provide the supports they need. There are times when immediate placement is needed due to a death in the family, Protective Services, or other crisis.

Additionally, we are concerned about the impact this bill would have on individuals and their families living in rural areas of the state, where there may not be three options. Community Developmental Disability Programs (CDDPs) want to keep individuals in their local communities and offer more than one choice. However, some openings are inappropriate or unavailable, don't have local transportation or are too far away from activities and friends. In the worst case, an individual could end up with a provider who could not meet his/her needs and would have to move again; or may require individuals to leave their home communities, natural supports, jobs and friends. Providers also turn down referrals. DHS-DD Forecasting estimates that 82% of Adult Foster Care beds are filled - good providers tend to stay full and are not accepting referrals.

1201 Court St. NE, Suite 302, Salem, Oregon 97301 • Phone: (503) 399-7201 • Fax: (503) 589-3101
website: www.aocmhp.org

Section 3 (7) - "shall ensure equal access to job placements for adults" prohibits individual choice and limits options. Residential providers do not 'place people in employment". An individualized approach of creating opportunities for employers to hire the person who is the best fit for the job is the vocational provider's role. Job placement is not on a first come, first served basis. The first opening may not be the best fit for the individual. Some providers are at capacity. What this bill will do is create a wait list, which will not serve the interest of individuals. The DD system is working on an Employment First policy, with the aim of providing more work opportunities for individuals. Of course, to increase job placements, more funds will be needed.

SB 564 –We support individuals remaining in their homes or living on their own. ODDS, along with many stakeholders including counties, have been working on a sustainability plan for services. This is not an easy task, as the plan to will have to meet with CMS approval and the funding will need to be available to increase the "caps" in the waivered service. In the current DD system, if an individual goes into crisis, and wants to stay in his/her home, in-home supports can be accessed through the comprehensive system. In this bill, this option is not included in the language. In situations, when individuals leave Support Services, it is because the families can no longer support them. In this case, individuals will move into an Adult Foster Care Home or 24 hour residential care, depending on their choice. The cost of 24-hour care varies greatly, as it is based on the support needs of the individual. It can range from the minimum foster care rate of $799 dollars, to a more comprehensive rate of $5000 for a person with many complex needs.

Section 2 – (2)(a) - Oregon uses a person-centered process and all individuals have an annual ISP. The meaning of "reassess annually" is unclear. The majority of individuals in our system are stable and their needs do not often change unless there are medical issues, trauma, aging issues or the onset of a critical condition. When something changes significantly, a re-evaluation can be requested. Evaluations can take up to four hours, with providers, staff, service coordinators and families participating. If there are no changes in a person's support needs, it is questionable that this is the best use of limited time and funding when many of these questions should be addressed at the annual ISP.

(2)(b3) indicates that each person would have a "long term care" plan. The DD System does not create long term care plans in the same way as long term care for aging. We provide care from birth to death, along the way assessing the needs of children and adults and developing services based on their needs and within the funding available. When those needs change, an assessment is conducted and a new plan is created.
Section (7) - ODDS and many stakeholders have been working on creating and expanding the system of supports. We support this concept, and believe it should be an option for both Support Services and Comprehensive services. If an individual wants to stay in Comprehensive Services, living in the family home, this should also be a "choice of services".

To increase the "caps" and "annual re-assessments" will require new funding, waiver changes and approvals. Our system is committed to looking for alternatives to best meet the needs of individuals and their families.

SB 640- The DD system has two uniform tools, one for adult foster care (SNAP) and one for 24 hour residential (SIS-REBAR). These tools have been developed with advisory groups and tested to assess reliability before being implemented. They have been used in Oregon for about 10 years and are designed to determine the overall support needs of individuals, including medical, behavior, ADLs, etc. The Service Coordinator will take this information and, with the provider, design an ISP that supports the individuals. Providers deliver the services as described in the ISP. If the provider is unable to provide the supports, that should be discussed at the ISP. Right now individuals are re-evaluated every five years unless the individual needs change significantly. The ISP is re-evaluated annually and not every three years as indicated in Section 3. The intent is to assess the individual's needs within 30 days when the needs have changed; however, this is one of the areas that have been impacted by the 10% funding cuts to programs and state staffing in the last two biennia. Providers have recently experienced cuts in payments, which is not a uniform rate tool issue, but in response to the legislative budget cuts.

This is a huge workload issue for counties, providers and the State. Staffing would have to be in place to support increased re-assessments every 3 years. It also impacts individuals, providers, families and guardians as they have to be present for the reassessments. This could best be handled by creating consistent expectations and services throughout the state.

SB 641 - Adding health care providers, especially as we transition to CCOs, is cumbersome. This should be deleted.

Providers should be receiving a copy of the SNAP and SIS from every Service Coordinator once completed. To make this a consistent practice requires a Policy Transmittal from ODDS, not legislation. Adult Foster Care providers and 24-hour residential homes agree to the rate before providing the services. Providers can always decline if they feel the rate is not adequate to meet the needs of the individual. This is another workload issue for counties, providers, and the State.

In closing, we believe there are some good ideas in these bills and there are areas where working together can create better, more streamlined systems, but we do not believe solutions need to be legislated. We have concerns about other language in these four bills, which we do not believe are in the best interest of individuals with ID/DD. We are practically concerned about the fiscal and workload impact on all of these bills, especially when our DD programs, providers, and brokerages have been faced with up to 10% cuts from the last two biennia. There has to be a very careful analysis about what can be changed through policy, what if any changes are needed legislatively, and the impact passing any of these bills would have on the grater sustainability of the DD system.

Please let me know if you have any questions or would like further clarification.

Sincerely,

Sarah Jane Owens

Sarah Jane Owens
DD Specialist, AOCMHP