

## NorthWest Senior & Disability Services

April 24, 2015

To: Interested Parties

From: Rodney Schroeder, Executive Director

**Subject: 2014-2015 Expansion of Oregon Project Independence Report, Preliminary Findings and Recommendations as of March 2015**

Effective July 1, 2014, HB 5201 authorized funding and directed the Department of Human Services (DHS) to develop a pilot project to expand OPI service to people with disabilities younger than 60 years of age, through June 30, 2015.

DHS selected seven Area Agencies on Aging (AAA) to participate in the OPI Expansion project and contracted with our agency, NorthWest Senior and Disability Services (NWSDS), as the lead entity to manage the project.

Attached is a report, compiled and written by NorthWest Senior and Disability Services. The report describes the preliminary findings from the pilot.

This report was submitted to the Department of Human Services (DHS), Aging and People with Disabilities on April 8, 2015 as requested. On April 23, 2015 the DHS released the report as a public document.

# 2014-2015 Expansion of Oregon Project Independence Report

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Preliminary Findings and Recommendations as of **March 2015**

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## **About the Expansion of Oregon Project Independence**

In 2005 the Oregon Legislature amended the Oregon Revised Statutes (ORS) for Oregon Project Independence (OPI) to expand eligibility requirements for OPI to cover persons 19 years of age or older with physical disabilities (ORS 410.435). However, the statute prohibited the adoption of rules and therefore the implementation of the expansion until the amount of moneys for OPI was “sufficient”.

Effective July 1, 2014, HB 5201 authorized funding and directed the Department of Human Services (DHS) to develop a pilot project to expand OPI service to people with disabilities younger than 60 years of age, through June 30, 2015.

DHS selected seven Area Agencies on Aging (AAA) to participate in the OPI Expansion project and contracted with one of the seven, NorthWest Senior and Disability Services (NWSDS), as the lead entity to manage the project. The seven AAAs serve a diverse geographic area of urban, rural and frontier counties: Benton, Clatsop, Jackson, Josephine, Lane, Linn, Lincoln, Marion, Morrow, Multnomah, Polk, Umatilla, Washington, and Yamhill.

DHS established an advisory council to guide the pilot consisting of representatives from:

- Oregon Law Center
- Association of Oregon Centers for Independent Living
- Oregon Disabilities Commission
- A local Disability Services Advisory Council
- Oregon Association of Area Agencies on Aging and Disabilities
- State Unit on Aging
- Home Care Commission
- Governor’s Commission for Senior Services

DHS promulgated Oregon Administrative Rules at OAR 411-032-0050 to authorize the pilot, effective July 1, 2014 through June 30, 2015.

## **Recommended Legislative Budget Note Response**

A budget note was attached to HB 5201 which directed the Department of Human Services (DHS) to study and report back to the appropriate 2015 legislative committee on the potential to transition Oregon Project Independence to a statewide, age neutral program and include cost projections, projected caseloads and demographic distribution.

Cost Projection: The monthly costs for OPI Pilot consumers look similar to that of the older adults served by the traditional OPI program; monthly service costs of about \$350 and under \$500 per month when service coordination and administrative costs are included.

Caseload Projection: In FY 2014, 9,652 individuals over the age of 60 received in-home services through Medicaid as compared to 5,495 adults under the age of 60, or half the number as the older population. If this ratio held true for the OPI program, an age-neutral program could eventually serve about 1,500 individuals based on current funding levels. However, with the expansion of Medicaid through the Affordable Care Act, a cohort of individuals that would have sought services from an age-neutral OPI program, now have service options through Medicaid and are not eligible for OPI. One possibility is that the caseload for younger individuals would grow slowly over time in an age-neutral program. *See Appendix C for a description of individuals between the ages of 18-59 receiving Medicaid in-home services in FY 2014.*

Demographic Distribution: Of the consumers served through the OPI pilot, we find that:

- 73% are between the ages of 50 and 59;
- 70% live in cities designated as urban (population 50,000+)
- 80% have income from Social Security Disability;
- 77% live on a monthly income of less than \$1,500;
- 78% report having liquid assets of less than \$10,000 (\$15,000 for a couple)
- 80% have their health insurance through Medicare;
- 75% live alone;
- 73% score moderate to high risk for an out of home placement;

- 50% are assessed at a Service Priority Level of 13 or less (score for level of dependency in activities of daily living), the same functional eligibility criteria for Medicaid in-home services;
- 30% report having a fall with injury in the past 6 months and report that their family and friends who provide them support are overwhelmed or stressed.

*Recommendation:* The pilot is projected to serve 464 individuals by June 30, 2015. It is critical to continue this project through the 2015-17 biennium. Continuing this project will prevent the discontinuation of supports to the current consumers being served. The continuation will also allow further gathering of outcome data that will inform the development of a sustainable plan for Oregon Project Independence to move to an age-neutral program.

It is expected that there will be unspent funds from the allocation of \$3,000,000 in the range of 1 to 1.2 M for the 2014-2015 Expansion of OPI pilot. ORS 410.422 established the Oregon Project Independence Fund. It is recommended that the legislature appropriate all or part of the unspent funds from the 2014-2015 Expansion of OPI pilot to the Oregon Project Independence Fund per ORS 410.422 (2).

## **Consumer Data Summary**

Consumer data for this project was collected in the Aging and Disability Resource Connection (ADRC) database maintained by DHS and accessible to all Area Agencies on Aging (AAA). A minimum dataset was established and monthly management reports were reviewed.

The pilot officially started on July 1, 2014 with start-up activities including contract execution, outreach planning and training occurring during the first two months. Enrollment of consumers in the program started in September 2014; the following chart shows the growth in number of consumers over time:

Date	# of consumers enrolled
09/25/2014	52
10/29/2014	89
11/25/2014	166
12/23/2014	182
01/14/2015	205
02/02/2015	229
03/16/2015	287

***From 9/1/2014 through 3/16/2015, there were 287 unduplicated consumers.*** Of the 287, 124 (43%) are residents of Multnomah County. The following chart shows the number of consumers by AAA:

AAA (counties served)	# of consumers enrolled as of 03/16/2015	Projected # consumers by 06/30/2015
CAPECO (Morrow, Umatilla)	13	20
LCOG (Lane)	31	48
MCADVS (Multnomah)	124	186
NWSDS (Marion, Polk, Yamhill, Clatsop)	17	35
OCWCOG (Linn, Benton, Lincoln)	47	70
RVCOG (Jackson, Josephine)	37	65
WCDAYS (Washington)	18	40
TOTAL	287	464

70% of the consumers live in cities with a population that is greater than 50,000 and therefore considered urban. 12% live in cities with a population between 10,000 and 50,000 and 19% live in a city with a population of less than 10,000.

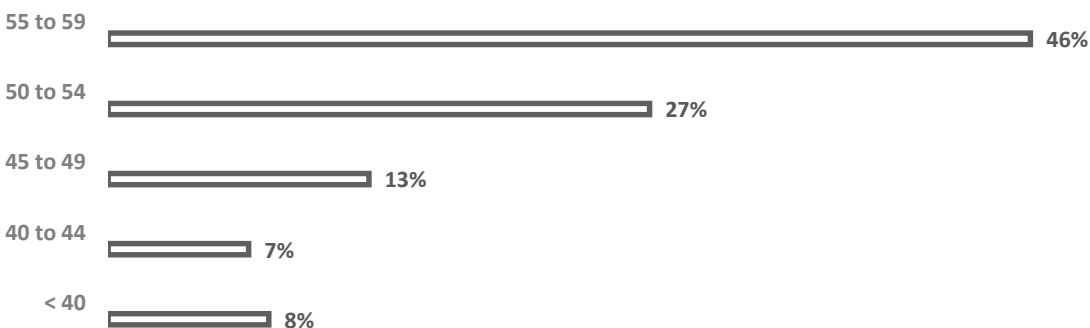
### **Consumer Demographics**

77% of the consumers have a gross monthly income of less than \$1,500 with 80% having Social Security Disability as the income source; 80% have Medicare for health insurance; 78% indicate “liquid” resources of less than \$10,000 (\$15,000 for a couple). 73% are between the age of 50 and 59, 74% live alone, 60% are female and 40% are male, and 83% are white or Caucasian.

**Chart 1: Consumers by Gender**



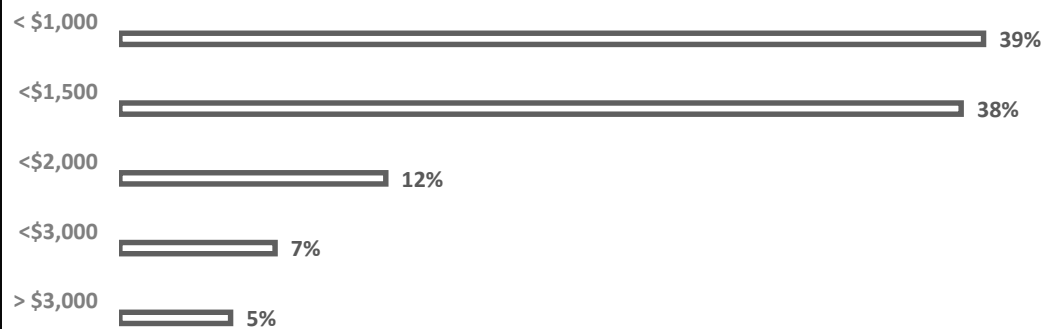
**Chart 2: Consumers by Age**



### Chart 3: Consumers by Household Size



### Chart 4: Consumers by Income



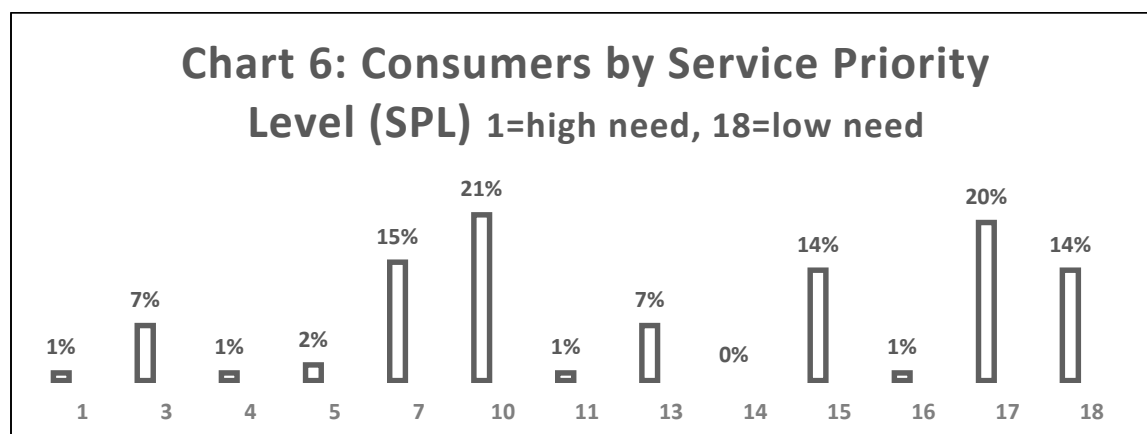
### Chart 5: Consumers by Race/Ethnicity



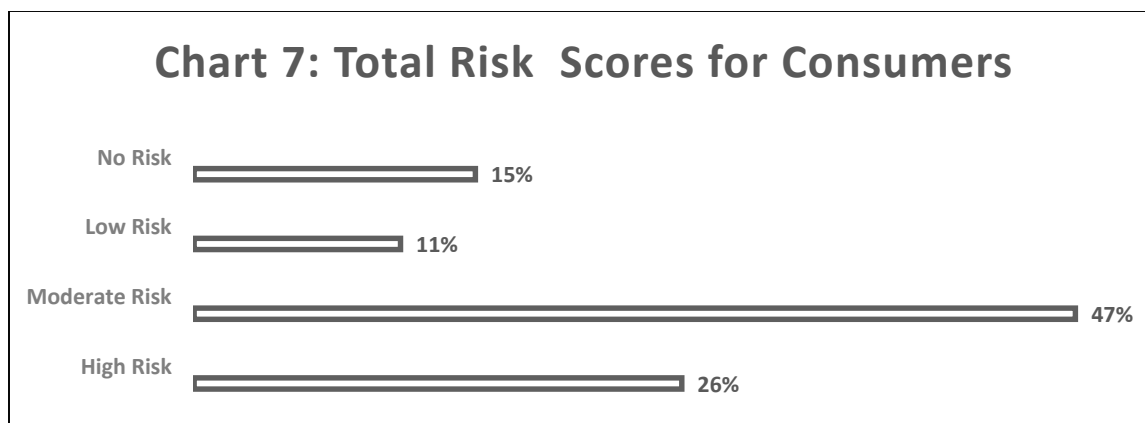


## **Consumer Characteristics**

Service Priority Levels (SPL) are a score resulting from of an assessment of the consumer's level of dependency in Activities of Daily Living (needing assistance or full assistance with mobility, eating, elimination, bathing, dressing, cognition). The higher the score, the higher the consumer's independent level of functioning. DHS requires the use of a standard assessment tool to determine eligibility for OPI as well as Medicaid. 50% of the consumers have a SPL at 13 or below which means they meet the same functional eligibility criteria as an individual who qualifies for Medicaid funded in-home services.



Consumers were also assessed about their level of risk for an out-of-home placement. The risk assessment tool was used with permission from the State of Minnesota Board of Aging who developed and validated it in 2007. 73% of the consumers had an overall risk score of moderate to high. Consumer's total risk score is a compilation of the answers to nine questions. The average total score is 7.75, translating as moderate risk for all consumers; 30% report having a fall with injury in the past 6 months and report that their family and friends who provide them support are overwhelmed or stressed.



Note: Risk categories are based on a consumer's total risk score where 0 = no risk; 1-5 = low risk; 6-10 = moderate risk; 11 and up = high risk.

### **Service and Cost Utilization**

A review of a representative sample of individual plans for authorized services revealed that the cost of personal and home care services for pilot consumers averaged \$335 per month. The service plans for individuals assessed at priority level 3 (high need) was \$422 per month to provide an average of 15 hours of personal care and 11 hours of home care; the service plans for individuals assessed at priority level 18 (low need) averaged \$276 per month to provide 2 hours of personal care and 16 hours of home care.

<b>Service</b> <i>09/01/2014 thru 02/28/2015</i>	<b>Persons Served</b>	<b>Units of Service</b>	<b>Cost</b>
Home & Personal Care	174	9,150 hours	\$156,988.00
Chore	5	75 hours	\$ 5,183.00
Home-delivered Meals	127	5,338 meals	\$ 42,426.00
Assistive Technology	35	49 payments	\$ 15,203.00
Assisted Transport.	84	220 one way	\$ 7,630.00
Adult Day Service	1	45 hours	\$ 675.00
Registered Nurse	7	122 hours	\$ 3,169.00

It is estimated that the 2014-2015 Expansion of OPI pilot will utilize about \$1,800,000 of the \$3,000,000 allocated and serve about 464 unduplicated people by June 30, 2015. It is important to note that the majority of the

individuals served by the pilot will have received services for less than six months.

### **Lessons Learned (to date)**

Monthly conference calls were held, in a learning circle format, with all the AAA staff working with consumers on the pilot. The purpose of the calls was to facilitate learning amongst staff and capture lessons learned over time.

*Outreach to Referral Network:* Initial and ongoing outreach to internal and community referral sources is critical. Since OPI has a long history of serving only older adults, referral sources needed to be periodically reminded that the program could serve younger people with disabilities. Dedicated staff time to deliver in-person outreach was found to be much more effective in building referral relationships than phone calls and printed materials. Pilot sites experienced very positive responses from community referrals sources about the expansion of OPI to younger adults.

*Service Provider Capacity:* Several Area Agencies on Aging were hindered by a lack of capacity within their local service provider contracts to serve the pilot consumers. Contractors needed to be solicited to provide one-time services such as heavy housekeeping, assisted transportation and assistive devices such as ramps. The lack of capacity with in-home care agencies and homecare workers to support personal and home care needs was particularly evident in Washington County.

*Unique Characteristics of Younger Individuals:* Different life priorities for younger individuals; some still work part-time, strong desire to live independently, some not wanting to “give in” and accept help. This cohort tends to have more natural supports and a broader community around them than older people. The pilot is providing services to people who otherwise would “fall through the cracks”; for some it is providing “stop gap” services until the consumer is found eligible for more comprehensive services through Medicaid or Veterans Administration and for others the modest amount of support from OPI is preventing the utilization of more costly services. More so than with older individuals, staff need to be prepared to work with complex issues such as a physical disability with co-

occurring mental health disorders, intellectual and developmental disabilities and behaviors such as extreme hoarding.

*Expansion of Medicaid to MAGI (modified adjusted gross income)*

population: Difficulty accessing and communicating with state data systems about an individual's status with Medicaid caused frustration for both AAA staff and the consumers who were ultimately determined to be on Medicaid and therefore not eligible for OPI.

## **Appendix A – Details of Pilot Implementation**

### **Project Administration**

- 1) Temporary Rules for the pilot were filed and were effective as of 07/01/2014 to 12/28/2014; followed by permanent rules that apply until 06/30/2015
- 2) The contract between DHS and NWSDS (pilot lead) was fully executed on July 1, 2014.
- 3) The contracts between NWSDS and the AAA pilot sites were fully executed and each site has submitted a budget.
- 4) Fiscal procedures were put into place to reimburse expenses related to the pilot.
- 5) Coding in the DHS payment system was put into place to identify Homecare Worker expenses for consumers served by the pilot.
- 6) Data tracking processes were put into place using the ADRC data base.
- 7) In-person meetings were held with pilot site staff on July 29<sup>th</sup>-30<sup>th</sup> with a follow-up on October 29<sup>th</sup>.
- 8) Monthly conference calls are held on the 3<sup>rd</sup> Thursday of the month with pilot site staff. The calls are conducted as Learning Circles. A Learning Circle is a peer-directed learning experience built upon the idea that every member has something to contribute and that every member has something to learn.

### **Outreach**

- 1) Each pilot AAA submitted to NWSDS an Outreach Plan with measurable objectives by August 15, 2014. Progress toward meeting those objectives were monitored.
- 2) A brief “fact sheet” about the pilot was drafted. This document was used by the pilot sites with local community partners. NWSDS sent out information to over 20 statewide organizations including organizations supporting people with chronic conditions such as the Multiple Sclerosis, advocates, legal services network, state agencies, 211.

## Appendix A – Pilot Implementation

### Quality Assurance and Technical Assistance

- 1) The Quality Assurance process was established by NWSDS. Each site had cases randomly selected for review each month, these reviews were completed electronically. Additionally, the reviewers were onsite during the pilot year to meet with staff and conduct face to face reviews with a sample of OPI Pilot recipients.
- 2) Each pilot site was assigned a NWSDS Quality Assurance staff person who was available to them for technical assistance and training.
- 3) Each pilot site agreed to check-in with individuals receiving services on a regular basis to problem solve and hear if the individuals were satisfied with the services.
- 4) Each pilot site established an initial # of consumers they intended to reach and serve through the pilot:

AAA	Projected # of Clients
NWSDS - Clatsop & Polk	38
RVCOG – Jackson & Josephine	75
LCOG - Lane	52
OCWCOG – Linn, Benton, Lincoln	75
WCDAVS - Washington	67
MCADS - Multnomah	200
CAPECO – Morrow & Umatilla	17
Total	524

## **Appendix B – OPI Pilot Consumer Profiles**

***Consumer is a 41 year old male who has a Traumatic Brain Injury and recently had a stroke. He ambulates by using a wheelchair. He is assessed at a Service Priority Level 10 and authorized to receive 20 hours of home and personal care per month. He would like to remain as self-sufficient as possible. He lives in an apartment by himself on an income of \$796 per month. He has natural supports with neighbors and friends. He needs assistance in mobility, house cleaning and laundry, meal preparation, and shopping. He really appreciates the OPI Pilot program because he feels it allows him to continue living in his apartment and no longer has to ask favors of his friends. Consumer was a mason. A job he is very proud of is he built a pump house and fence for a professional athlete in Reno, NV. He shared pictures of his beautiful work and told of other jobs he has done. He volunteers at the local hospital, collects knives and swords, and spends time hanging out watching movies. The OPI Pilot program is meeting a need for a young man who wants to live life on his terms and continue to live as independent as possible.***

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***Consumer is a 58 years old woman who lives alone on an income of \$868 per month. She was a professional dancer who now lives with spinal stenosis and chronic pain affecting her neck and shoulders. She is unable to hold her head up straight and cannot raise her arms above her head. She was assessed at a Service Priority Level 17 which means she requires assistance in bathing and dressing. She was hoping someone could assist her in and out of the shower, wash her back as well as shampoo her hair. She has very long hair which she generally likes to keep pulled back, but was unable to accomplish this due to her lack of neck/shoulder mobility as well as getting her arms up high enough to grab onto her hair at the base of her neck. She is authorized to receive 20 hours per month of personal care. After 45 days on OPI, consumer shared she is pleased with her Homecare Worker, and her hair is now clean and manageable. She stated “She is fantastic and I look forward to my shampoos twice a week”.***

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## **Appendix B – OPI Pilot Consumer Profiles**

*Consumer is a 57 year old female with Multiple Sclerosis living alone on an income of \$2,004 per month. She lives in a cottage behind her brother and sister-in-law's home. Her health condition has recently set her back and she now requires assistance twice a day to get up from bed in the morning and back into bed at night. She is not able to afford this level of care for the long term and called into the Aging and Disability Resource Connection (ADRC) looking for resources.*

*She was assessed for the OPI pilot and found to be at a Service Priority Level 3 which means she needs full assistance with mobility. She is receiving a total of 20 hours/month of assistance (10 hours/month of personal care and 10 hours/month of home care.) She was able to utilize the registry and referral system to narrow down a list of HCW's and selected one to provide her OPI services.*

*She expressed how grateful she was for OPI because she is able to keep her brother and sister-in-law as family members and not caregivers. She has also been able to resume her volunteering at a local school as a result of this consistent care.*

*In her words, "My caregiver is really nice and she has been very responsive. It is working out great and it has saved me some money and allowed me to hire additional caregivers."*

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*Consumer is in his mid-50s and was diagnosed with Complex Regional Pain Syndrome several years ago, significantly impacting his mobility. He lives alone on an income of \$922 per month. This condition makes it difficult for him to maintain his home or enjoy social activities with friends. He was assessed at a Service Priority Level of 17. With the OPI Pilot we have been able to get him a motorized scooter and in-home care of 25 hours per month. Consumer plans to return to volunteering with a local charity and is excited to spend more time in the community helping others in need.*

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## **Appendix B – OPI Pilot Consumer Profiles**

*Consumer is a 51 year old woman who lives alone in subsidized apartments on an income of \$771/month. She is homebound and only leaves her home for shopping and errands about once a month due to extreme anxiety, PTSD and painful mobility. In addition to those issues she suffers from obesity, malnutrition, knee injuries, joint pain and low mobility. She gets extremely fatigued and dizzy and is easily over-whelmed by her daily tasks of care. She has a recent history of falling in the shower and was bathing just once a week out of fear of falling. She was assessed at a Service Priority Level 13. She has no family in the area. She was referred by a concerned neighbor who knew she was falling frequently and noticed she was never leaving the house. Consumer was hesitant to accept services because she was concerned about dealing with strangers. We started slowly and she agreed to try home-delivered meals. She agreed to accept 26 hours of housekeeping and personal care assistance per month. Her home is now clean, and she is able to safely shop for groceries and pick up her medications. Having a homecare worker she likes has provided her with some positive social interaction. She reports being grateful for services and is so happy to be receiving the help she desperately needed. Consumer stated that before OPI pilot services she was feeling hopeless and alone, now she feels cared for and hopeful. She said that having a homecare worker has given her some positive social interaction and she is feeling healthy and clean now that someone assists her.*

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*Consumer is a 45 year old man who had been residing in California for many years. He is blind and had been receiving supportive services at home when living in CA. Once settled in Oregon he began looking for services to assist with things such as nail care, shaving, shopping, main meal prep and housekeeping. He was assessed for Medicaid but did not qualify, his SPL was 18. He was referred to the OPI Pilot. He was very grateful that he was no longer hitting dead ends. He has been enrolled in the Pilot and hired a homecare worker for 25 hours per month. He has been set up with transportation as well. He feels very grateful to have these services and would not have been able to pay for them out of pocket as his income is only \$1058 per month.*

## **Appendix B – OPI Pilot Consumer Profiles**

*Consumer is a 51 year old woman who lives alone on \$780 per month. She has diabetes, and chronic leg and back pain. She lives on the second floor of her building and says that she is having a really hard time with the stairs now, she has two toes amputated from one foot and has neuropathy in her hands and feet. At this time she says that she has difficulty doing laundry, shopping, and performing fine motor skill tasks such as clipping her nails and opening cans. She was assessed at a Service Priority Level of 18 and has been authorized for 20 hours of in-home care per month. She will also receive meals on wheels and some bus tickets. She likes to do as much for herself as possible but states that she has days when pain restricts her activity. She expressed gratitude for this assistance.*

## Appendix C – Characteristics of Consumers Receiving In-Home Services through Medicaid for FY 2014, age 18-59

DHS analyst pulled de-identified data from MMIS for Medicaid consumers receiving in-home services for the period of July 1, 2013 through June 30, 2014, for individuals age 18-59. Data for 5,495 consumers was identified. The data was sorted by county and Service Priority Level (SPL). Costs for the following services were included: Personal Care (ADL), Home Care (IADL), Adult Day Care, Contract RN, Home-Delivered Meals, and Home Repair/Modification. Costs for both in-home care agencies and home care workers were included. Unduplicated consumer counts and units of service were provided. Consumer co-pay was included.

Characteristic	Medicaid Consumer: age 18-59
Average Age	49
Median Age	52
% 50-59	58%
% female	63%
% male	37%
% Hispanic	4%
% Black or African American	7%
% Asian	1%
% Native Hawaiian or Pacific Islander	0.3%
% American Indian or Native Alaskan	2%
% White or Caucasian	84%
Other	0.13%
Unknown	1.6%

In-home service	Avg. hours per year	Avg. cost per year
Average ADL	415	\$4,156
Average IADL	303	\$3,021
Average In-home care agency (ADL & IADL)	434	\$2,113

## Appendix C – Characteristics of Consumers Receiving In-Home Services through Medicaid for FY 2014, age 18-59

