

Presentation to the House Committee on Early Childhood and Human
Services

Office of Aging and People with Disabilities Overview

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How we serve: programs and services

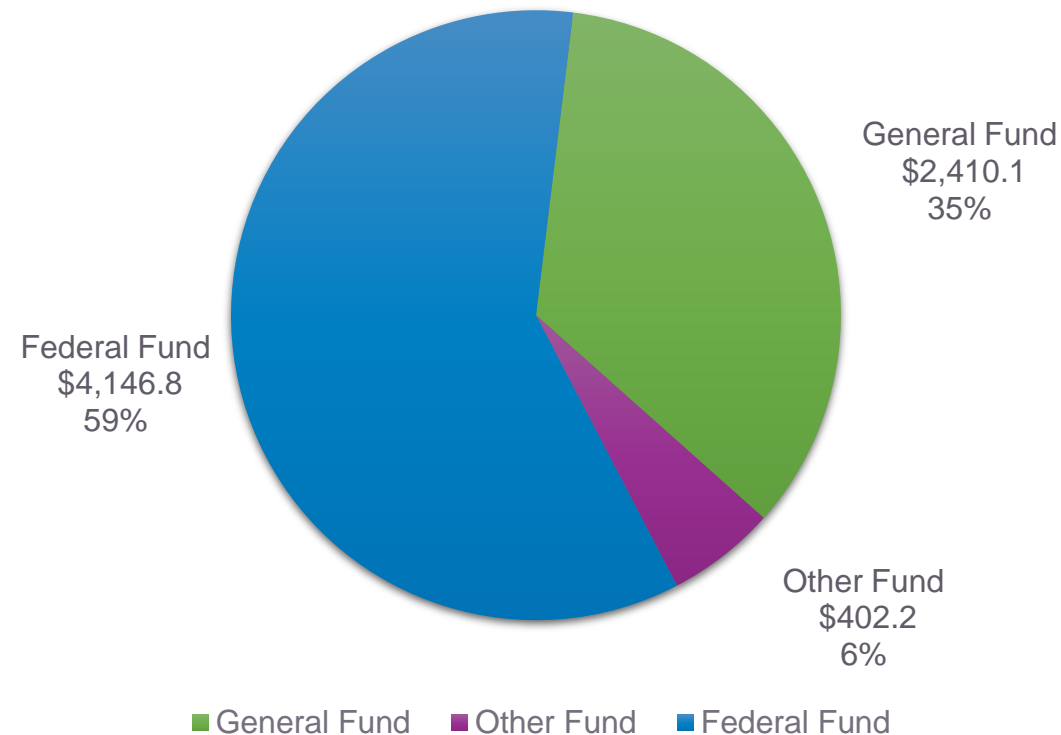
Aging & Disability Resource Connection	Information and referral services, and counseling on care options.	Older Americans Act	Offers family caregiver supports, nutrition, employment and legal services, and more.
Adult Protective Services	Prevents and investigates abuse.	Oregon Deaf and Hard of Hearing Services	Provides resource for Deaf, DeafBlind and Hard of Hearing people and their families.
Disability Determination	Determines eligibility for Social Security Disability and Supplemental Security Income.	Oregon Home Care Commission	Connects people to high-quality homecare services.
Financial Eligibility Policy	Sets Medicaid and Medicare Savings Programs eligibility policy for older adults and people with disabilities.	Oregon Project Independence (OPI) - Classic & OPI – Medicaid	Provides in-home services for people with higher incomes or assets or lower needs than traditional Medicaid
Long-term care licensing and oversight	Licenses and provides regulatory oversight of long-term care providers.	Senior Health Insurance Benefits Assistance	Free and comprehensive Medicare benefits counseling.
Medicaid Long-Term Services and Supports	Provides services that help with activities of daily living.	Brain Injury Services	Free information, referral for individuals with brain injuries

Who we serve*

<p>Across long-term services and supports programs</p>	<p>Two-thirds are age 65+ One-third are ages 18-64 with a disability</p>	<p>Medicaid Long-Term Services and Supports</p>	<p>More than 57,000 received support in the two-year period ending June 2023</p>
<p>Adult Protective Services</p>	<p>Investigated 20,003 alleged incidents of abuse</p>	<p>Older Americans Act</p>	<p>Helped 71,301 people with meals, employment and more</p>
<p>Aging and Disability Resource Connection</p>	<p>69,905 people seeking resources and referrals</p>	<p>Oregon Project Independence</p>	<p>Enabled 1,850 people to stay in their own homes</p>
<p>Financial Eligibility Determination</p>	<p>About 324,000 individuals received medical, financial, food and Medicare premium assistance through APD local offices and our AAA partners in the two-year period ending June 2023.</p>	<p>Social Security Disability Determination</p>	<p>Assisted 44,050 people in applying for benefits</p>
<p>Long-term care licensing</p>	<p>Oversight of 2,070 facilities/homes serving Oregonians</p>	<p>*data reporting cycles vary.</p>	

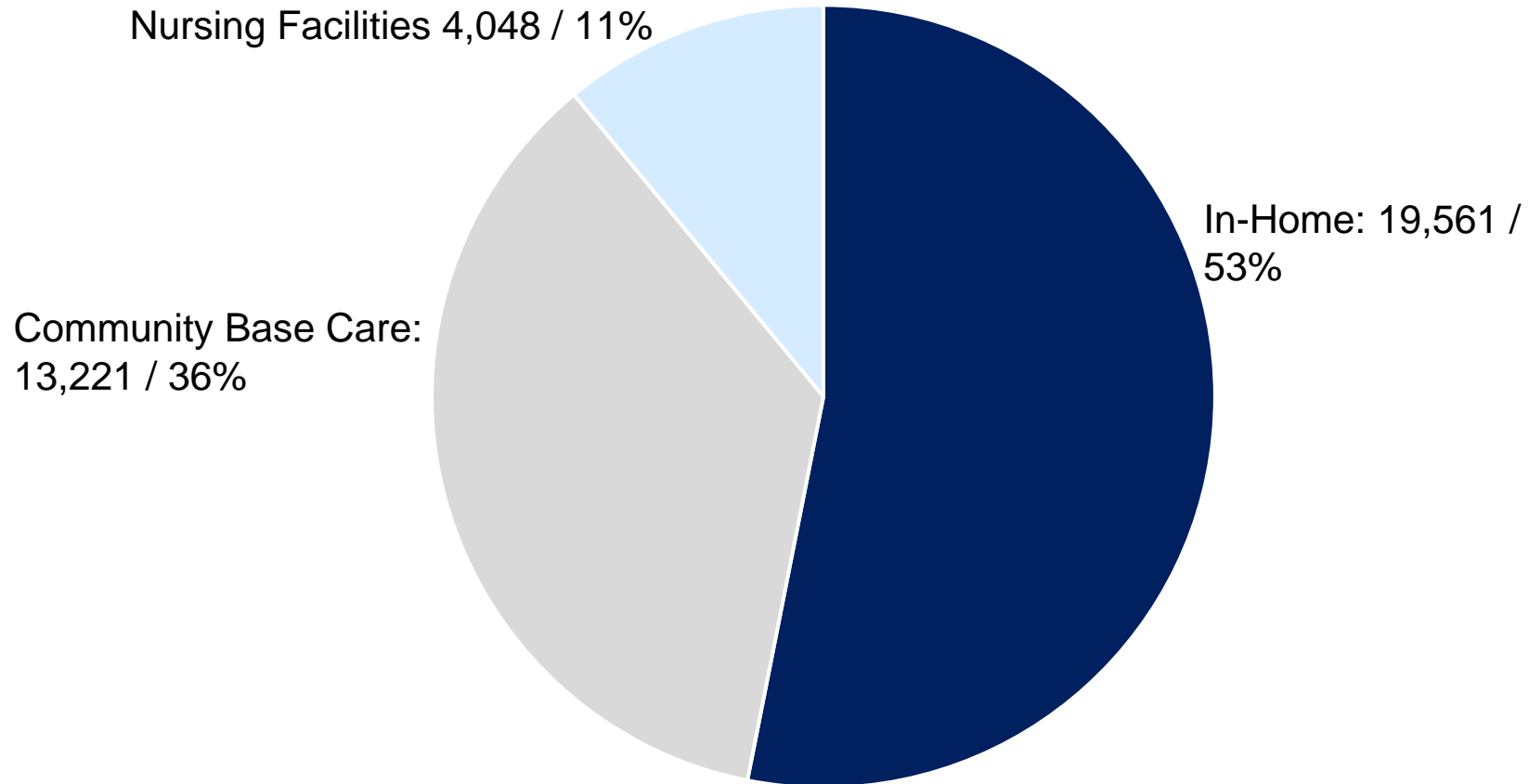
Funding streams: Governor's Recommended Budget

Aging and People with Disabilities Total by Fund Type \$ 6,959.1 million

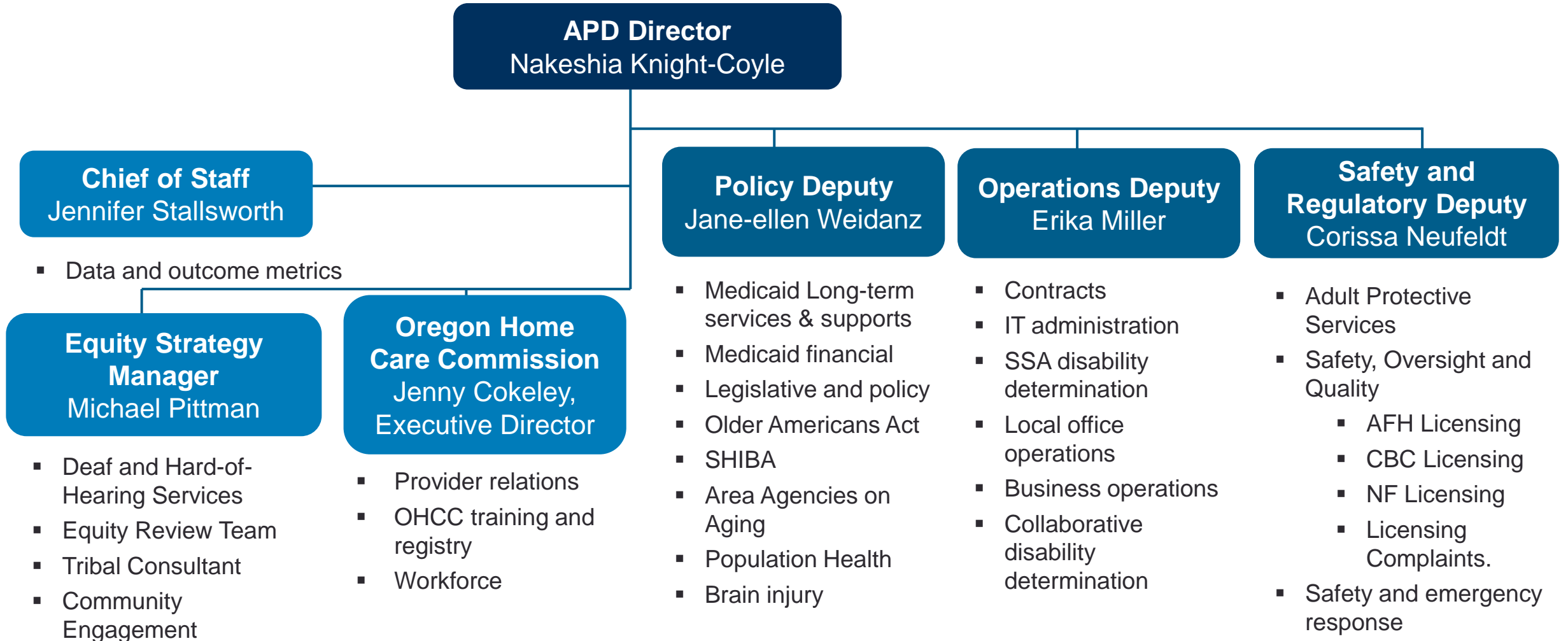


Increasingly people served in home or community-based settings

2025-2027 Forecasted Caseload



How we are organized



Programmatic aim

Achieving APD's programmatic aim requires accountability and intentional work across four key layers of our system:

APD and Area Agency on Aging staff and program operators



Long-term care providers



Long-term care provider workforce and



Oregonians accessing services and supports.

Long-term care delivery system

LTC Setting (#)	Description	Primary Payors	Average Monthly Medicaid Cost
Nursing Facilities (128)	24-hour supervised nursing care; caregivers must be certified nursing assistants (CNA)	Medicare, Medicaid & Private	\$19,529
Assisted Living (237)	Serves 6+; registered nurse not present 24/7; CNA not required	Medicaid & Private	\$3,092
Residential Care Facilities (330)	Serves 6+; registered nurse not present 24/7; staff are not certified	Medicaid & Private	\$2,023
Facilities with memory care endorsement (258)	Staff trained in dementia care specialized services in a secure setting	Medicaid & Private	\$7,551
Adult Foster Homes (1,224)	Single-family home with 1-5 residents	Medicaid & Private	\$6,152
Program for All-Inclusive Care for the Elderly (2)	Provided all LTSS and health care through a capitated model	Medicaid, Medicare & Private	\$6,299
Adult Day Services (18)	Certified – not licensed	Medicaid & Private	\$110 a day
In-home (20,383 homecare workers)	Homecare worker (training required; certification optional) home care agency	Medicaid & Private	\$3,054

Oversight of licensed long-term care settings

Adult foster homes

Licensing oversight and complaint investigation provided by staff in local APD or Area Agency on Aging (AAA) offices and a central office unit.

Adult Protective Services investigates abuse.



Assisted living/ residential care facilities

Oversight, complaint investigation and technical support provided through staff in an APD central office unit.

Adult Protective Services investigates abuse.



Nursing facilities

Oversight and complaint investigation provided by an APD central office unit and the Centers for Medicare and Medicaid Services (CMS).

APD's nursing facility unit investigates abuse.



Safety and regulatory: 2023-25 successes

- Implemented the Acuity Based Staffing Tool (ABST) including Senate Bill 714
- American Rescue Plan Act (ARPA) funding included:
 - Campaign to recruit adult foster home operators and homecare workers
 - Capital improvement projects for long term care facilities
 - Adding new services to support consumers
- Emergency Response Management system implemented
- Hired independent contractor for external assessment of long-term care licensing and regulatory oversight unit
- Established short- and long-term plans for systems improvements

Long-term care workforce challenges

- Low wages in the caring professions contribute to workforce shortages.
 - Homecare workers, providing Medicaid-funded supports in an individual's home, earn at least **\$20.00 an hour**.
 - Wages in facilities are fairly consistent across provider types but are lower than HCWs.
- Burns and Associates in the 2024 Rate and Wage Study, recommends base wages to compete with similar positions in other industries:
 - **\$23.20** for community-based care facilities/programs
 - **\$5 to \$6** more per hour for homecare workers due to different assumed benefits

Long-term care workforce challenges

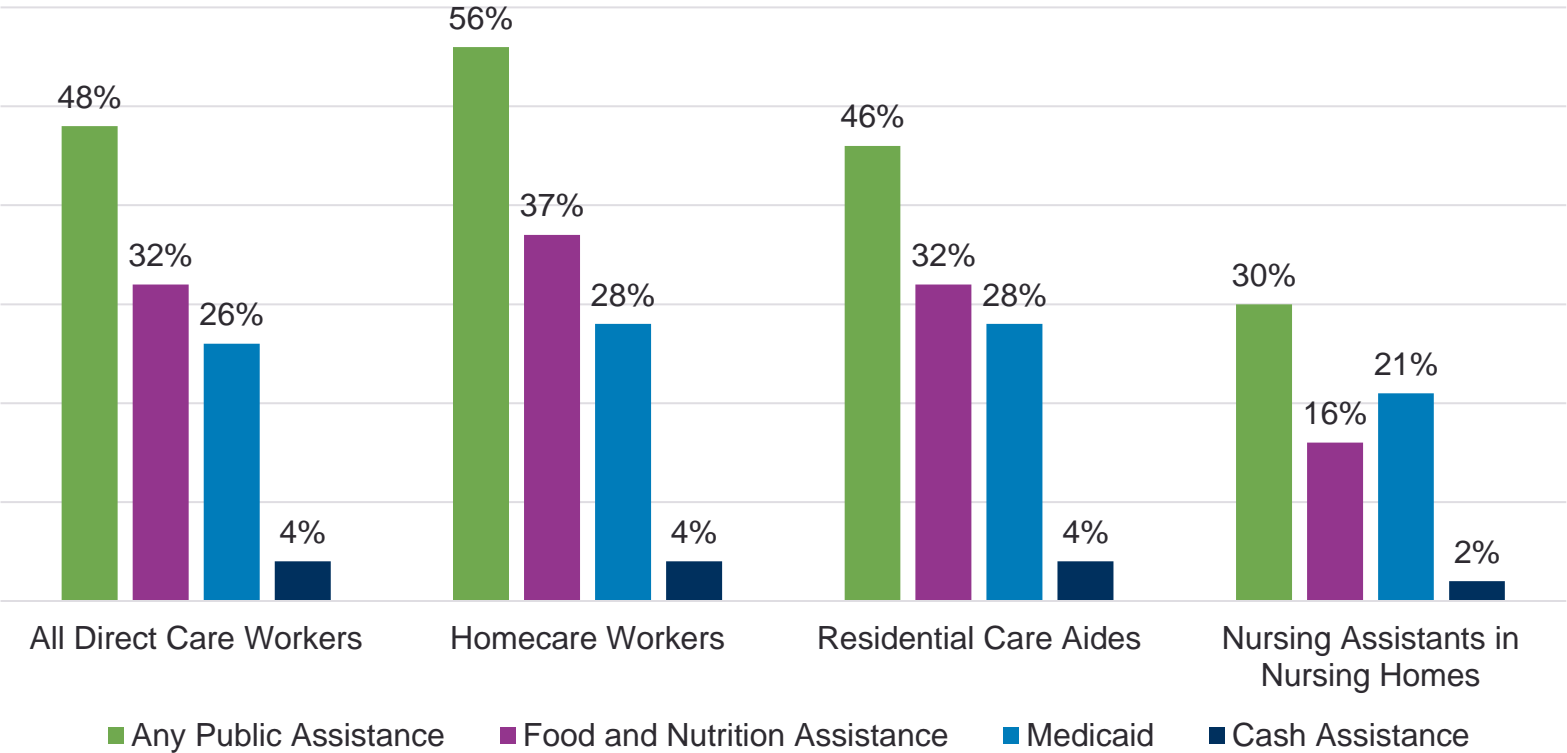
Direct care workers are often people who are members of historically socially and economically marginalized groups:

- 1 in 4 are aged 55 and older;
- 1 in 6 are immigrants;
- 1 in 3 are people of color; and
- 81 percent are women.



Direct care workers rely on public assistance

Nationally, nearly half of the direct-care workforce relies on public assistance.



Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. IPUMS USA: Version 12.0. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

Priority projects to support APD workforce

- Contracts in place to analyze APD workforce needs:
 - Case management
 - ✓ North Highland
 - ✓ HSG Advisors
- Long-term care licensing and regulatory oversight
 - Alvarez and Marsal
- Onboarding and Succession Planning

SB 811 & POP 101 : Strengthening safety and regulatory systems



Problem:

New licensed facilities and homes do not have timely oversight and support.



Solution:

Onsite visits, technical consultation and support 120 days after newly-licensed settings open.



Outcomes:

- Proactively identify compliance issues and corrective action steps early, before they present as significant compliance issues.
- Technical assistance to assist new providers to be successful.
- Ensure the health, safety, and well being of residents living in newly licensed long term care settings.

Data

In 2023, APD triaged 10,931 concerns and ODDS 673 reported by various partners and community members, a growth in part driven by rapid rate of growth and new and inexperienced providers.

Resources

GF: \$2,834,473 OF: \$0 FF: \$2,834,473

Pos.: 33 FTE: 21.27

Adult Foster Home Rates

- **HB 2560:** Developing a new AFH Rate Methodology
 - Requires APD to update its rate structure by Jan. 1, 2026
 - Report to the Legislature by February 1, 2026
 - Funding in the Governor's Budget to support higher, acuity-based rates to serve residents with complex needs while reducing exceptional rates.
- Current rate model was created in the 1980s when AFHs served less acute individuals
- APD AFH serve APD's most complex individuals
- APD is intending to base AFH rates on the acuity of the individuals served based on the current assessment.





Questions?
