



Chair Gelser Blouin, Vice-Chair Linthicum, and members of the committee,

Thank you for the opportunity to provide testimony on SB 725. My name is Dawn-Alisa Sadler and I am the I/DD System Policy Manager for the Association of Oregon Community Mental Health Programs (AOCMHP). The Community Developmental Disability Programs (CDDPs), which provide case management services to individuals who experience an Intellectual or Developmental Disability (I/DD) in all 36 counties of Oregon, are members of the Association.

Case managers who serve individuals with I/DD are a lifeline. They protect the health and safety of everyone on their caseload and ensure that those individuals receive the services they need. Whether it be finding a job, housing, or transportation, a case manager will always be there when called upon.

In the early 2010s, Oregon adopted a Medicaid state plan amendment that is commonly referred to as the “K-Plan.” This amendment allowed for Oregon to receive an enhanced federal Medicaid match for I/DD-related services, and made such assistance a federal entitlement program. Oregon’s adoption of the K-Plan was a smart decision. Many more people are now able to receive these critical services.

Adoption of the K-Plan has also led to higher caseloads for CDDPs. Some case managers around the state have caseloads of upwards of 1:70-75. Such high caseloads come at a time when the role of the case manager continues to grow in complexity. Monitoring the health and safety of an individual who experiences an I/DD is the primary responsibility of the CDDP, and it’s one that our programs do not take lightly.

Over the last several biennia, I/DD case management has received what is roughly considered 86% of “full funding.” This has unfortunately contributed to some of the rising caseloads, burnout of staff, and an inability to recruit and retain a qualified workforce. Our programs, in coordination with the Support Service Brokerages, are advancing a request this session to fully fund I/DD case management. Such an investment would help us continue to provide the best possible services to those who experience an I/DD.

SB 725 would require ODHS to establish a rule that caps caseloads at 30. We appreciate the self-advocate community that is advancing this legislation. As session goes on, we hope we can continue working together to continue providing the best possible services across the state.

Sincerely,

Dawn-Alisa Sadler  
DD Policy Manager - AOCMHP