



Older Americans Act (OAA)

What is the OAA?

Federal laws that set out a national aging network structure consisting of the U.S. Administration on Aging, State Units on Aging and Area Agencies on Aging. The OAA authorizes funding and services through the aging network to help older individuals (aged 60 or older, regardless on income) maintain health and independence in their homes and communities.

What Services Are Available Under the OAA?

- **Support Services** Assistance to maintain independence through assisted transportation, in-home care, adult day care, and information and referral services.
- **Nutrition Services** Balanced, nutritious meals at home through Meals on Wheels or in a group setting at a community center.
- **Preventive Health Services** Evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition, self-management of chronic health conditions and regular health screenings.
- **National Family Caregiver Support Program** Individual and group options counseling, training and respite care for family members and friends who are primary caregivers.
- **Elder Rights Services** Focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance and elder abuse investigations.
- **Senior Community Service Employment Program:** Serves persons with low incomes who are 55 years old or over and who have poor employment prospects. The program provides placement in a paid community service position to gain job skills, training and assistance to secure unsubsidized employment.
- **Long-Term Care Ombudsman** Advocate for residents of licensed care facilities (nursing homes, assisted living, adult foster homes) to resolve complaints and promote system changes that will improve the quality of life and care for residents.
- **Services to Native Alaskans, Native Hawaiians, and Native Americans** Outreach and support services give consideration to the unique cultural and social traditions of Native and Tribal communities. (Funds to support these services are granted directly from the federal government to Tribes, they do not pass through the State Unit on Aging)

How is OAA Funded in Oregon?

OAA funding is granted to each State Unit on Aging (DHS/APD) based on a population formula. The State Unit on Aging sub-grant the funds to Oregon's Area Agencies on Aging based on a state population formula and passes funding through to the Office of the Long-Term Care Ombudsman. **Oregon Project Independence funding** satisfies the federally required state match and maintenance of effort requirements for receipt of the OAA funding. Oregon receives approximately \$30 million each biennium in OAA funding; of this amount approximately \$550,000 is passed through to the Office of the Long-Term Care Ombudsman. **The OAA funding was never intended to fully fund service and it does not...\$1 of OAA funding is leveraged with \$2 of state & local funds, participant donations and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers and donated community space & equipment etc.**

How Do I Find OAA Services in Oregon?

Learn about the OAA services provided by your local Area Agency on Aging by visiting the Aging and Disability Resource Connection of Oregon website at:

www.ADRCofofOregon.org , 1-855-ORE-ADRC (1-855-673-2372)

OREGON DEPARTMENT OF HUMAN SERVICES: FAST FACTS

Oregon Project Independence March 2013

WHAT IS OREGON PROJECT INDEPENDENCE?

Oregon Project Independence (OPI) serves individuals who are age 60 and older or individuals regardless of age who have been diagnosed with Alzheimer's disease or a related disorder. OPI provides in-home services to older adults who have been assessed to need assistance to remain in their own home, but who do not qualify for financial assistance or Medicaid. The 17 Area Agencies on Aging throughout Oregon administer OPI and priority is given to frail and vulnerable older adults lacking sufficient access to other long-term services and supports. Program goals are to:

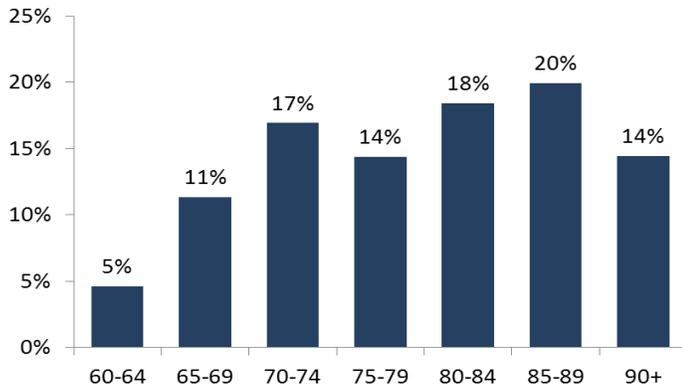
- Promote quality of life and independent living among seniors and people with physical disabilities;
- Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
- Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- Optimize eligible individuals' personal and community support resources.

WHO DOES THE OREGON PROJECT INDEPENDENCE PROGRAM SERVE?

In fiscal year 2012, Oregon Project Independence served 1,731 individuals. OPI clients who receive homecare services from individuals, representing 56% of all OPI clients, have the following demographics:

- Average age is 80 years of age.
- Most (76%) OPI clients are female and a quarter (24%) of the clients are male.
- Of those who report race and/or ethnicity, 93% have OPI clients identify as White/Caucasian, 4% identify as African American, 1% identify as Asian, and 1.7% identify as Hispanic or Latino.
- The annual median income for OPI clients is \$10,000 - \$20,000.
- Income data for Multnomah County Aging & Disability Services OPI clients, representing 40% of all OPI clients statewide, show the vast majority (96%) living at or below 175% of Federal Poverty Level and 58% fall at or below 100% of FPL.

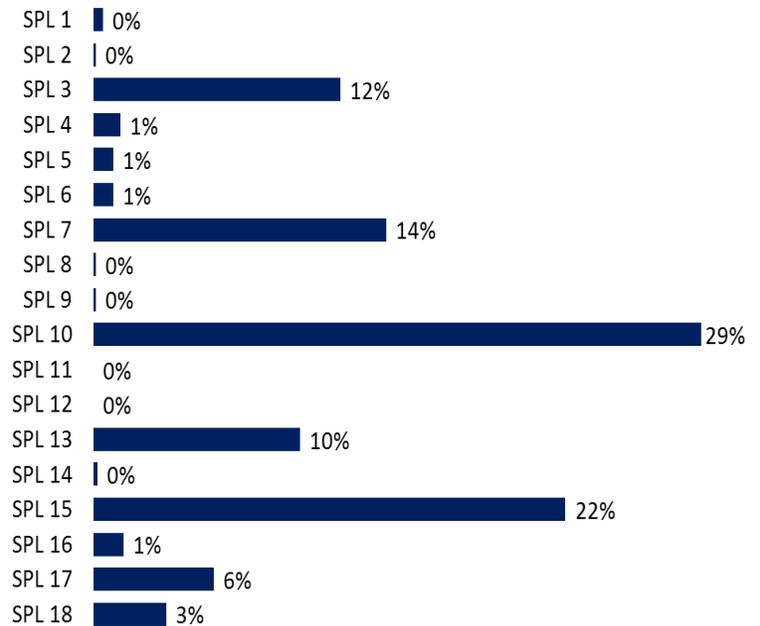
Graph 1: Age of OPI Clients



Notes:

Demographic data is for Oregon Project Independence clients in fiscal year 2012 receiving hourly homecare worker services. SPL's are indicative of a client's functional ability with the lower the score, the lower the functioning.

Graph 2: OPI Service Priority Levels (SPL)



DO OPI CLIENTS PAY FOR THEIR SERVICES?

Fees for OPI in-home services are charged based on a sliding fee schedule determined by the Area Agency on Aging. Clients with net incomes between 100 percent and 200 percent of Federal Poverty Level are expected to pay a fee toward their service. Clients with net incomes above 200 percent of FPL pay the full hourly rate of the service provides. **In fiscal year 2012, the Oregon Project Independence collected \$155,293 in program fees.**

SERVICE & COST UTILIZATION COMPARISON FOR OPI AND MEDICAID

Clients with a similar level of need who utilized homecare and personal services paid for by the Oregon Project Independence program and the Medicaid program were compared. Clients who received hourly homecare worker services in fiscal year 2012, with a Service Priority Level 10, and were 60 years of age or older were paralleled. The greatest number of clients for OPI are assessed at SPL 10 and includes factors affecting cognition providing the greatest number to compare across programs. There were 347 OPI clients and 1,289 Medicaid clients over the age of 60 with a SPL 10 in 2012 who received hourly homecare.

Personal care and homecare services are both measured in the number of hours billed to each client. The average hours and billable amounts for both programs are low because clients became eligible and enrolled in the programs throughout fiscal year 2012.

While the averages are not indicative of all OPI or Medicaid clients, the comparison of clients with similar needs in the two programs is equivalent. **Of the selected comparable clients, OPI clients on average utilized 24% of the hours that Medicaid clients used.** The stark utilization difference is because the OPI program has capped the number of hours available to each client due to budget restrictions.

In addition to personal and homecare hours, Medicaid eligibility also provides individuals with benefits for comprehensive healthcare under the Oregon Health Plan (OHP) and pays for these costs. OPI clients do not access OHP so the healthcare expenditures are \$0.

WHAT SERVICES DO OPI CLIENTS UTILIZE?

Portland State University Institute on Aging and PSU's Survey Research Laboratory conducted a survey in February 2013 of OPI clients and family members in partnership with Oregon's State Unit on Aging. A representative sample from the Area Agencies on Aging was drawn and had a 41 percent response rate of those with eligible phone numbers. A total of 405 telephone interviews, or one-third of all OPI clients, were collected from a representative sample. Nearly 75% of OPI clients received multiple services.

- **Housekeeping** was the service used most, with more than 90% of participants receiving this service. Over half received housekeeping once a week, more than 30% got this help two or more times a week. This service received the highest rating of importance.
- Forty-two percent of OPI clients had **assistance with shopping or running errands**. Nearly half (46%) received this help with this service once a week, with another 34% receiving the service less often.
- **Transportation services** were used by 33% of clients. Many (42%) received this service less than once a week, but it was rated as quite important.
- A similar proportion of participants (33%) used **meal delivery services**, with most (67%) receiving meals four or more times a week. Importance ratings again were high.
- Thirty percent received assistance with **bathing or showering**, with just over half (53%) receiving assistance two or more times a week. The average rating of importance was similar to that of housekeeping.
- The least often used service was assistance with **meal preparation** (21% of participants) with more than half of those getting assistance two or more times a week.

- Some clients (17%) indicated receiving **additional services** beyond those provided by OPI for medical or health care, financial assistance and energy assistance.

WHAT ARE THE OPI OUTCOMES?

A major goal of OPI is to keep people in their homes, preventing their entry into more expensive and higher levels care.

- **Living Preference:** Sixty-five percent of participants strongly agreed that OPI services allowed them to live in the place they most desired. Another 33% agreed with the statement.
- **Safety:** The majority of participants (61%) also strongly agreed that clients were safer because of OPI. Reasons given for feeling safer clustered in three areas: the services, being in their own home, and others available for support, included being in familiar surroundings, being close to family and friends, and having help in the home.
- **Independence:** The majority of participants strongly agreed that clients were more independent (60%) as a result of OPI.
- **Benefits to Family Members:** Of those participants who did have families, most strongly agreed with statements regarding benefits of OPI for family members. The majority of all participants strongly agreed with the statements that family members were less worried because of OPI services (60%).
- **Additional Needs Identified:** Those who indicated that they were not getting enough support were asked what it would take to support their needs and preferences. The people who responded overwhelmingly described the need for more hours of help and additional types of services, and several indicated the need for financial help.

WHERE CAN I GET MORE INFORMATION?

For more information about Oregon's State Unit on Aging or the Oregon Project Independence program, please contact Elaine Young, Manager State Unit on Aging at elaine.young@state.or.us or by telephone at 503-373-1726.

For more information about this report, please contact Elizabeth O'Neill, Research & Evaluation for the State Unit on Aging at elizabeth.a.oneill@state.or.us or by telephone at 971-302-0098.



The first contact to make for information and resources related to aging or living with a disability

What are ADRCs?

- ADRCs are highly visible, trusted entities that provide information and services to seniors, people with disabilities, their families and caregivers regardless of income. With a statewide searchable database, consumers are able to access over 6,000 resources: www.ADRCoforegon.org. There is also a statewide toll free number: 1-855-ORE-ADRC (1-855-673-2372).
- It is creating one name, one number, and one website to make it easier for Oregonians to find the information and help they need.

Why ADRC?

- It is ***not*** a new service or organization and it is not about replacing existing organizations and networks.
- It is about building a better, more coordinated network by bringing existing organizations together to coordinate supports to Oregonians. Core partners are Area Agencies on Aging, Centers for Independent Living, APD Medicaid offices and agencies serving individuals with intellectual and developmental disabilities.
- It is about focusing on finding the information and service people need.
- 97% of Oregonians will never access a public benefit, but they need a trusted source of information for long-term services and supports.

- 1 in 5 consumers who contact an APD/AAA office about Medicaid eligibility are not eligible, but would benefit from options counseling to develop a plan of action.

ADRC Core Services:

- Information, referral and awareness
- Options counseling and assistance
- Access to public and privately funded long-term care programs
- Prevention and early intervention
- Transition support

Information and Assistance:

- Certified I&R staff
- A statewide website with searchable resources:
www.ADRCoforegon.org
- New toll free statewide number:
1-855-ORE-ADRC (673-2372)
- Statewide brand and marketing

Options Counseling and Assistance:

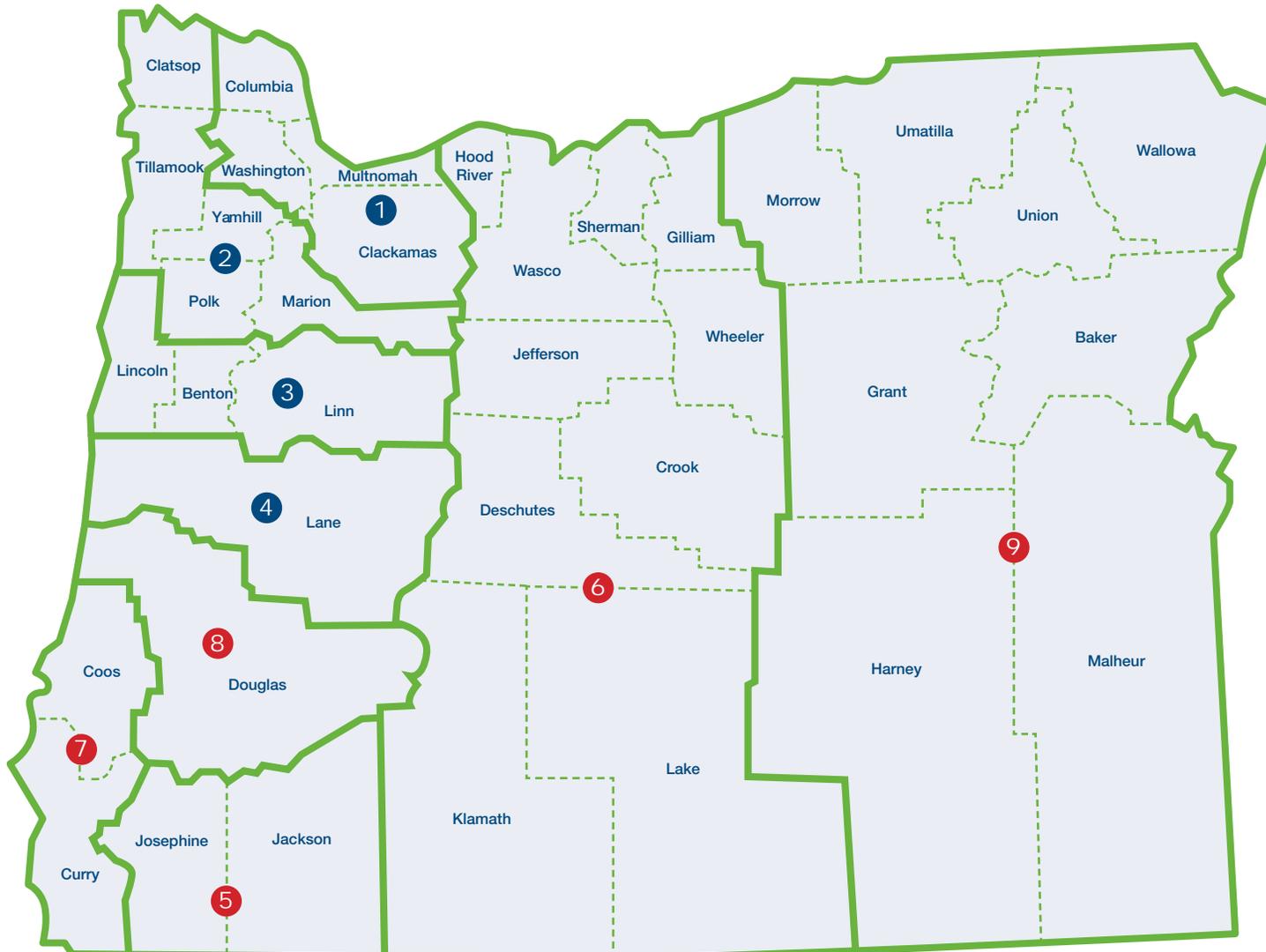
- Trained staff that provides the following:
 - Help for consumers to find the information and service they need
 - Support to make educated decisions about long-term care needs
 - Referrals to private and public services
 - Contact provided by telephone or in person, including home visits
 - Follow-up

Next Steps:

- Add 5 new ADRCs by 2014

Oregon ADRCs

Aging and Disability Resource Connection



ADRC

Aging and Disability
Resource Connection
of OREGON

www.ADRCoforegon.org

1-855-ORE-ADRC (673-2372)

Current ADRCs

- 1 Multnomah, Clackamas, Washington and Columbia
- 2 Marion, Polk, Yamhill, Clatsop and Tillamook
- 3 Linn, Benton and Lincoln
- 4 Lane

Proposed ADRCs

- 5 Josephine, Jackson (2013)
- 6 Hood River, Wasco, Sherman, Gilliam, Wheeler, Jefferson, Crook, Deschutes, Klamath and Lake (2013)
- 7 Coos, and Curry (2014)
- 8 Douglas (2014)
- 9 Morrow, Umatilla, Union, Wallowa, Baker, Grant, Harney and Malheur (2014)



Safety, health and independence for all Oregonians