2016 Joint Emergency Board on Human Services Subcommittee

Update on HB5026 (2015) and Budget Note SB 5701A (2016)

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Budget Note (excerpts):

“APD and ODDS take steps to provide policy and budget options for decision making required during the 2017 Legislative Session to ensure future sustainability of the programs.

The work requires:

• Involvement of stakeholders, legislators, and partners.
• Formal report during Legislative Days in May and December on progress.”
APD Immediate Actions

Assessment tools and program eligibility criteria

Service Priority Levels

Certain questions within the assessment tool may not meet the original spirit of the Oregon Administrative Rule.

Action Taken:
- Extensive review of OARs and comparison with the questions used within the tool.
- Recommendations from case managers who have seen impact first hand.
- Discussed necessary changes with stakeholders.

Expected Outcome:
- Could include adjustment in hours or changes in service priority levels upon reassessment.
- Updated training for case managers, technical and rule changes.

We recommend a series of common sense changes to the assessment tool and plan to start making these changes immediately.
APD Immediate Actions

Restrictions to the live-in program

Action Taken:
• Utilizing new criteria for live-in plans for new and reassessed consumers.
• Managing centrally through an exception process.
• We have explored other options for the live-in program with stakeholders.

Outcome:
• Exceeding targets for reducing the live-in program caseloads.
  – September, 2015 to March, 2016 reduced from 1,923 individual serviced to 855,
  – 55% reduction but we still have concerns about the sustainability.

New Recommendation: A wind-down of the live-in program over time. The first step is to no longer make it an option for new consumers. Instead we recommend that consumers be served in other available programs.
APD Longer Term Actions

• Exploration of other Medicaid authorities
  – APD internal brainstorming around potential 1115
  – Initial discussion with stakeholders around other authorities
  – Visioning exercise with staff and stakeholders to be used as we explore other authorities
  – Pricing to “buy out” of the K Plan and go back to the 1915(c)

• Prioritization of options that minimize impacts on consumers and providers

• Continued discussion around workforce development
ODDS Immediate Actions

Align service authorizations with utilization for In-Home services

- New service authorization levels for
  - New individuals beginning services **July 1, 2016**
  - All individuals with Individual Support Plans (ISPs) beginning **September 1, 2016** and after

- About **38%** of in home support hours allocated are not being used
  - Authorizations are higher than needed
  - For some, provider capacity may be an issue

- Individuals will be able to request exceptions and appeal processes if they need additional supports.

- This will begin to bend the cost curve.
ODDS Long Term Actions

• SB5529 (2013) directed ODDS to implement a single, uniform assessment tool. ODDS developed *Oregon Needs Assessment (ONA)*. ODDS is in process of developing and piloting the tool for validity and reliability.

• Exploration of other Medicaid authorities and other options
  – Discussion with stakeholders on other authorities including potential 1115
  – Gathering recommendations and feedback from stakeholders on short and long term options
  – Pricing to “buy out” of the K Plan and go back to the 1915(c)
  – Pricing changes to eligibility criteria

• Prioritization of options that minimize impacts on consumers and providers.
ODDS and APD Immediate Actions

Limit use of overtime in service plans

Collective bargaining
• In process with SEIU on how to implement overtime

Limiting the number of hours worked
• Personal Support Worker (PSW) now limited to 50 hours per week, per each individual (effective September 1, 2015)
• Does not limit the total number of hours a PSW can work for multiple individuals
Emphasis on Natural Supports and Community Resources

- APD and ODDS will receive Technical Assistance via the Centers for Medicare and Medicaid Services (CMS)

Scope of work:

- Explore the ability, under K-plan authority, to promote natural supports and community resources as opposed to a “paid service life”

- Explore 1915 k plans approved by CMS in other states that include options for better controlling service authorizations
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