

SB 21 – LTC 3.0 Community Tour Announcement
September 26, 2014

Email Communication from Jeannette Hulse, APD Operations & Policy Analyst

I'm inviting you to attend an upcoming community meeting in your area about the Senate Bill 21 (SB 21) planning work (which is also called Long Term Care 3.0 or LTC 3.0) for long term services for older adults and people with disabilities. The 2013 Oregon Legislature passed SB 21 which called for the Oregon Department of Human Services, Aging and People with Disabilities to engage stakeholders in planning to successfully address the needs and demands of our growing older population. A steering committee, comprised of a broad spectrum of stakeholders, was convened and they have drafted a vision for the future of services and programs for seniors and people with disabilities. This vision includes three objectives:

1. Support seniors and people with disabilities to stay in their own homes and the community.
2. Support seniors and people with disabilities to achieve and maintain their independence.
3. Serve all people and cultures equitably and in a manner they choose.

Here is a link to the Senate Bill 21 website if you would like to learn more:

<http://www.oregon.gov/DHS/spwpd/pages/ltc30.aspx>

Although SB 21 specifically addresses planning efforts for seniors and people with disabilities, these issues really impact people of all ages, especially those who may have loved ones who are older or disabled, who currently need assistance or may need assistance in the future. These issues also impact people in all cultural, diversity and economic areas, from those who may be eligible for public assistance to those able to privately pay for whatever assistance they might need.

Our plan for these community meetings is to briefly present the concepts and ideas put forth by the SB 21 Steering Committee and then spend the majority of the meeting getting feedback and input from members of the community. We would like to see you there and encourage you to share this invitation with any other individual, group or organization that you believe has a vested interest in the future of programs and services for seniors and people with disabilities in your community or outlying area.

I'm attaching the current Master Tour List that provides the details about the community meetings in your area. If you have any questions or need additional information, my contact information is below.

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Senate Bill 21 Community Tour Official Master List

- Tuesday September 30, 2014 – Ontario, Oregon
Four Rivers Cultural Center, 676 SW 5th Ave
12:00pm – 1:30 and 5:30pm-7:00pm
- Wednesday October 1, 2014 – LaGrande, Oregon
LaGrande Senior Center, 1504 Albany St
12:00pm-1:30pm and
Cook Memorial Library Community Conference Room, 2006 4th St
4:30pm-6:00pm
- Thursday October 2, 2014 – Pendleton, Oregon
Pendleton Convention Center, West Room 1, 1061 Westgate
11:30am-1:00pm
- Thursday October 2, 2014 – Hermiston, Oregon
New Hope Community Church, 1350 S Hwy 395
5:30pm-7:00pm
- Monday October 6, 2014 – The Dalles, Oregon
The Dalles Senior Center, 1112 West 9th St.
12:30pm-2:00pm
- Monday October 6, 2014 – The Dalles, Oregon
Spooky's Pizza Restaurant, 3320 West 6th St
5:30pm-7:00pm
- Tuesday October 7, 2014 – Bend, Oregon
Bend Community Center, 1036 NE 5th St
12:30pm-2:00pm (Donation lunch at 11:00am)

- Tuesday October 7, 2014 – Bend, Oregon
Downtown Bend Library, 601 NW Wall St
5:30pm-7:00pm
- Wednesday October 8, 2014 – Klamath Falls, Oregon
Klamath County Library, Downtown/Main Branch, 126 3rd St
6:00pm-7:30pm
- Thursday October 9, 2014 – Klamath Fall, Oregon
Klamath Senior Center, 2045 Arthur St
11:15am-12:45pm
- Monday October 13, 2014 – Medford, Oregon
Jackson County Library, Downtown Branch, 205 South Central Ave
2:30pm-4:00pm
- Monday October 13, 2014 – Medford, Oregon
Smullin Health and Education Center at Rogue Regional Medical Center
(Rooms 102&104)
5:30pm-7:00pm
- Tuesday October 14, 2014 – Roseburg, Oregon
Public Safety Building, 700 SE Douglas
10:00am -11:30am
- Tuesday October 14, 2014 – Roseburg, Oregon
Douglas County Museum, 123 Museum Drive
2:00pm -3:30pm
- Wednesday October 15, 2014- North Bend/Coos Bay, Oregon
North Bend Public Library, 1800 Sherman Ave
6:00pm-7:30pm

- Thursday October 16, 2014 - North Bend/Coos Bay, Oregon
North Bend Housing Authority, 1700 Monroe St
1:30pm-3:00pm
- Monday October 20, 2014 – Lebanon, Oregon
Lebanon Senior Center, 80 Tangent St
10:30am-12:00pm
- Tuesday October 21, 2014 – Newport, Oregon
Newport Senior Center, 20 SE 2nd St
11:15am-12:45pm
- Thursday October 23, 2014 – Springfield, Oregon
Springfield City Hall, Library Conference Room, 225 5th St
11:15am-12:45pm
- Monday October 27, 2014 – Astoria, Oregon
Guy Boyington, Clatsop County Clerk’s Office, 820 Exchange St
11:30am-1:00pm
- Tuesday October 28, 2014 – Hillsboro, Oregon
Hillsboro Public Services Building, Cafeteria, 155 1st St
12:30pm-2:00pm
- Tuesday October 28, 2014 – Beaverton, Oregon
Beaverton Community Center, Vose Room, 12350 SW 5th St Suite 100
5:30pm-7:00pm
- Wednesday October 29, 2014 – Molalla, Oregon
Molalla Adult Center, 315 Kennel St
10:00am-11:30am
- Wednesday October 29, 2014 – Oregon City, Oregon
Pioneer Center, 615 5th St
1:00pm-2:30pm

- Thursday October 30, 2014 – Gresham, Oregon
ADS Program Center, 600 NE 8th St
5:00pm-6:30pm
- Friday October 31, 2014 – NE Portland, Oregon
N/NE Multicultural Center, 5325 NE Martin Luther King Blvd
12:45pm-2:15pm
- Thursday November 6, 2014 – Salem, Oregon
Center 50+, 2615 Portland Rd NE
1:30pm-3:00pm

Aging and People with Disabilities

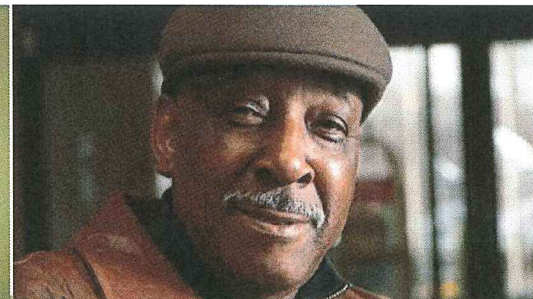
A Community Conversation: Services for Seniors and People with Disabilities in Oregon

Senate Bill 21/ LTC 3.0

Right Services, Right Time, Right Place



October 2014



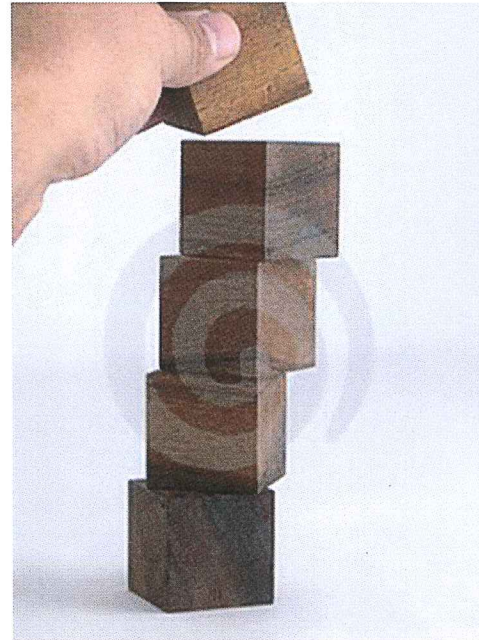
Purpose and Agenda

- What is Senate Bill 21 (SB 21)?
- Purpose: community feedback
- Short presentation
- Discussion



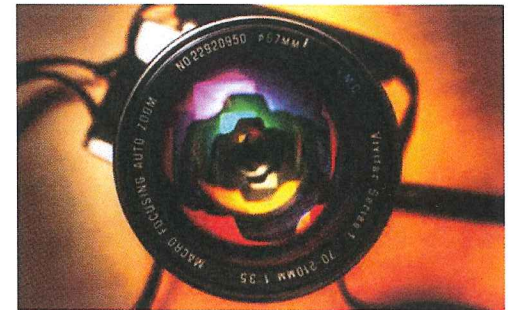
SB 21: Work to Date

- The Steering Committee
- Subcommittees
 - Assessment
 - Data & Research
 - Caregivers
 - Service Equity



SB 21: A Snapshot of Oregon

- Oregon ranked #3 in the nation for its long term services and supports
- Over 85% of individuals choose to receive their services in their own homes and community settings
- Underrepresented Communities in Oregon
- Unpaid Caregivers provided \$5.5 billion of services and supports annually

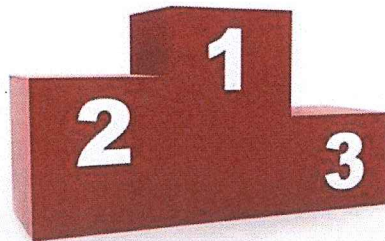


SB 21: A Snapshot of Oregon Continued

- The Data and Research Subcommittee found:
 - Growing percentage of need for those ages 50-65
 - High rates of dementia for consumers over 65
 - One-third entered after a recent hospitalization, while two thirds had a gradual loss in activities of daily living
 - A high percentage of single individuals (widowed, divorced, never married)
 - Approximately half were assessed at a high level of need

Discussion: What is most important to you?

- Small group discussions
- Task: Discuss priorities under each goal for 15 minutes
 - Are these the right priorities for each goals?
 - Which priority (or priorities) should be ranked the highest? Pick the top three in 1st 2nd 3rd order
- Regroup: Discussion of each goal, with highest priority for each



#1: Support Consumers to Stay in their own Homes and Communities

- **Overarching principle – Choice**
- Educate
- Access to quality caregivers
- Coordination of social and health systems
- Technology and adaptive aids
- Transportation
- **Develop new models to call “home”**



#2: Support Seniors and People with Disabilities to Achieve and Maintain their Independence

- Prevention, promotion, education
- Housing and social needs
- Access to help, information, and financial planning
- Accessible and aging-friendly communities
- Support for all caregivers



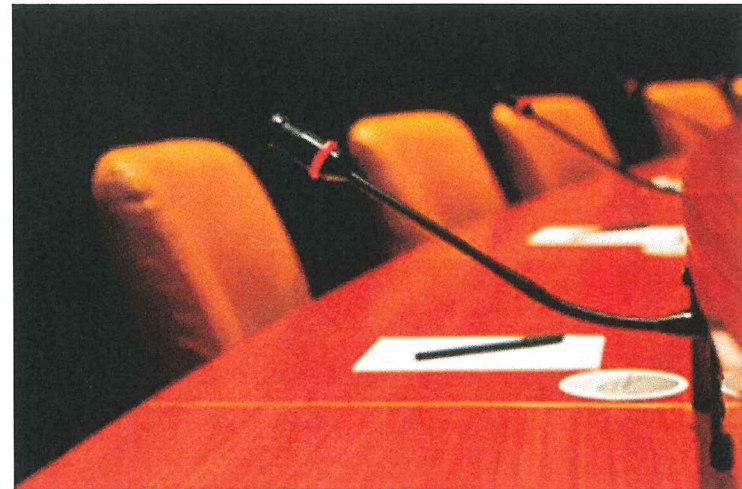
#3: Serve all People and Cultures Equitably, in a Manner They Choose

- Build relationships
- Build a culturally responsive workforce
- Support caregivers in and from diverse communities
- Gain knowledge of service needs of underrepresented communities



Full Group Discussion

- The right strategies?
- The highest priorities?
- What is missing?



Thank You!

- Thank you for sharing your thoughts today.
- Please fill out the survey before you leave.
- Want more information? Here is where to find us...

On the web:

<http://www.oregon.gov/dhs/spwpd/pages/ltc30.aspx>

On Facebook: <http://www.facebook.com/OregonLTC3.0>

- Contact your area Aging and Disability Resource Connection (ADRC): <http://www.adrcoforegon.org>

Key contacts

- Mike McCormick, Director, APD
 - Phone: 503-945-6229
 - Email: mike.r.mccormick@state.or.us
- Bob Weir, Advocacy & Development Manager
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Long Range Vision for Oregon Long Term Services and Supports: Senate Bill 21 Destination Roadmap

Objective #1 - Support seniors and people with disabilities to stay in their own homes and the community.

Strategies:

- Ensure that Oregonians have an equal right to choose whether they would like to receive long term services in their home and community or in a nursing home.
- Educate Oregonians about all options for receiving long term services and supports.
- Provide access to quality caregivers.
- Coordinate social and health systems to help consumers.
- Provide access to technology and other adaptive aids that support independence.
- Develop new models to call "home."
- Ensure full access to transportation.

Objective #2 - Support seniors and people with disabilities to achieve and maintain their independence.

Strategies:

- Conduct more health and mental health prevention, promotion, and education.
- Address housing, social isolation, and other social needs.
- Access to help and information, including resources for personal financial planning.
- Focus and support community planning for age and disability friendly communities.
- Support paid and unpaid caregivers.
- Ensure full access to transportation.

Objective #3 - Serve all people and cultures equitably and in a manner they choose.

Strategies:

- Build a culturally responsive workforce.
- Support for paid and unpaid caregivers in diverse communities.
- Earn trust by meeting with and hearing the needs of diverse communities.
- Collect data to improve service equity.

To achieve the above, the department will develop and maintain strong data and reporting systems. These systems will inform and provide insight into current and future needs and progress toward meeting objectives.

SB 21 Objectives and Strategies

- (1) To serve seniors and persons with disabilities in their own homes and community settings of their choosing;
- (2) To support independence and choice while postponing/avoiding the entry of individuals into publicly funded long term care; and
- (3) To serve individuals equitably, in a culturally and linguistically responsive manner.

Strategies recommended to address objectives of SB 21, based on data and research into the causes of entry and cost drivers of Medicaid long term services and supports:

Develop, build, support, and maintain strong research, data, and reporting systems that inform, support and provide insight into the future needs related to objectives 1-3 and strategies employed by the state and that contribute to the measuring of progress towards goals while providing predictive modeling for future needs.

- *Create centralized, statewide mechanisms to recruit and improve the quality and portability of the LTSS workforce in order to ensure an adequate supply of caregivers to meet consumer needs.*
- *Plan for and monitor "emerging models of consumer-directed and person-centered service delivery," as all consumers have a right, a choice, and an entitlement to home and community based services as well as nursing facility services.*
- *Improve Coordination of services between LTSS and health care systems and mental health and addictions services.*
- *Promotion statewide of livable, accessible and age friendly communities.*
- *Continue building, evaluating and where necessary, modifying a statewide Aging and Disability Resource Connection (ADRC) infrastructure.*
- *Enhance and Promote Innovative and Evidence-based Prevention Services Packages.*
- *Enhance and create sustainable resources for systems of support, training, respite and policy protections for paid and unpaid caregivers.*
- *Support, encourage, and apply technologies and adaptive equipment designed to improve services and outcomes at all levels.*
- *Service Equity:*
 - *Create and invest in outreach and engagement to underserved communities.*
 - *Develop a culturally and linguistically responsive workforce.*
 - *Improve data collection, analysis, and reporting on service equity.*

Aging and People with Disabilities

New Entrants to LTSS October 2012- September 2013

Senate Bill 21/ LTC 3.0

Right Services, Right Time, Right Place



March 2014



New Entrant Analysis – Research Design

- Objectives:
 - Causes of entry into Medicaid Long Term Services and Supports (LTSS)
 - Cost drivers of Medicaid LTSS
- **Today – report out on demographics and causes of entry of new consumers to Medicaid LTSS**
- Population sampled: individuals who presented and received an SPL determination between October 2012-September 2013

Research Design

- Deep dive into narratives to determine primary causes of entry into Medicaid LTSS, including whether or not the consumer was hospitalized within 60 days.
- Data sources include:
 - Screening Narrative
 - Intake Narrative
 - Case Narrative

New Entrant Analysis – Research Design

- Stratify into a sample of 513 consumers, with roughly equal distribution by these age categories:
 - 18-64 (130 consumers)
 - 65-74 (126 consumers)
 - 75-84 (128 consumers)
 - 85+ (129 consumers)
- Overall Caseload: 18-64 – 33.4%; 65-74 – 20.5%; 75-84 – 23.0% 85+ - 23.0%

Demographics: Gender

Age	Female	Male
Total	60%	40%
18-64	51%	49%
65-74	59%	41%
75-84	62%	38%
85+	70%	30%

Demographics – Race and Ethnicity

- Race and Ethnicity (Note – only 217 records w/ answers)

Race/Ethnicity	Consumers	Study Percentage	OR Percentage
White	180	82.9%	88.3% *
Hispanic/Latino	15	6.9%	12.2%
Asian American	12	5.5%	4%
African American	8	3.7%	2.0%
American Indian/Alaska Native	2	.9%	1.8%

*includes White with Hispanic/Latino

From: <http://quickfacts.census.gov/qfd/states/41000.html>

Demographics – Language

Language	Consumers	Study Percentage
English	491	95.7%
Cantonese	4	<1%
Vietnamese	4	<1%
Korean	3	<1%
Russian	3	<1%
Spanish	2	<1%
Mandarin	1	<1%
Farsi	1	<1%

Demographics – Marital Status

Marital Status	Consumers	Study Percentage
Widowed	176	34.3%
Divorced	134	26.1%
Married	108	21.1%
Never Married	75	14.6%
Separated	17	3.3%

Top Service Priority Levels

Service Priority Level	Consumers	Study Percentage
SPL 3	269	52.4%
SPL 7	90	17.6%
SPL 10	50	9.7%
SPL 1	20	3.9%
SPL 4	19	3.7%
Did Not Quality	47	9.2%

Other Demographics collected

- Were family, friends or neighbors involved? (Were family, friends or neighbors referenced in the request for assistance, for example: made contact to request help or noted as providing support?)
 - Yes – 392 (76.4%)
 - No – 40 (7.8%)
 - Unknown – 38 (7.4%)
- Did the consumer accept services?

No– 24 (4.7%)

New Entrant Analysis – Living Situation

Living Situation	Consumers	Study Percentage
In Home	226	44%
Community Based Care total:	167	33%
○ Adult Foster Home	61	12%
○ Residential Care	57	11%
○ Assisted Living	49	9%
Nursing Facility	92	18%
Other, including homeless	27	5%
Unknown	1	>1%

Causes of Entry – Results

- Data were initially sorted by whether or not an acute event (hospitalized or in emergency room within 60 days prior to request for assistance) precipitated the request for assistance.
- Data were gathered on reasons/causes for request for assistance
- A primary cause of entry was identified in 415 (81%) of all narratives
- Additional causes were also captured in the data collection

Causes of Entry – Data Collection

- Was the consumer hospitalized within 60 days of entry into Medicaid LTSS?
 - No – 292 (57%)
 - Yes – 123 (24%)
 - Unknown, not applicable - 98 (19%)

Data Collection- Definition of Acute Event

- Causes for hospitalization/ER within 60 days (acute event):
 - Fall/Fracture
 - Stroke
 - Severe Medical Event (flu, cancer, other)
 - Social (homelessness, self-neglect)
 - Accident (auto, work injury, other)
 - Dementia Event (wandering, behaviors)
 - Mental Health Event (depression, substance use, suicide attempt)
 - Other

Results – Acute Event – 123 Consumers (23.9%)

Cause	Primary	Additional
Severe Medical Event	61 (50%)	88 (72%)
Falls	27 (22%)	32 (26%)
Stroke	9 (7%)	13 (11%)
Dementia Event	7 (6%)	14 (11%)
Social	5 (4%)	8 (7%)
Accident	4 (3%)	5 (4%)
Mental Health Event	4 (3%)	9 (7%)
Other/Miscellaneous	6 (5%)	20 (16%)

Results: Acute Primary Cause, by Age, in rank order by totals

Cause (primary)	18-64	65-74	75-84	85+	Totals:
Severe Medical Event	21	23	11	6	61
Falls	3	10	8	6	27
Stroke	9	3	3	0	25
Dementia Event	0	1	5	1	7
Social	1	2	1	1	5
Accident	4	0	0	0	4
Mental Health Event	0	3	1	0	4
Other	1	0	2	3	6

Consumer Example: Acute: Medical Event

- 73 year-old female with congestive heart failure (CHF)
- Lived in her own apartment; uses oxygen
- No family involved
- Called 911 reporting shortness of breath; taken to hospital
- Assessed at SPL 10 (substantial assist with mobility inside)
- Individual moved into nursing home at recommendation of discharge planner

Consumer Example: Acute – Dementia Event

- 82 year-old male diagnosed with dementia 4 years ago
- Lived in single-family home with wife of 52 years
- Wife was primary caregiver; some support from adult children nearby
- Individual left the home at night while wife was asleep
- Found by police approximately 4 hours later and taken to hospital with urinary tract infection and frostbite
- Assessed at SPL 3 (full assist in cognition)
- Family chose to move individual into a memory care community nearby his wife's home

Data Collection-Definition of Non-Acute

Causes for consumers not hospitalized within 60 days (non-acute):

- Falls
- Illness
- Social
- Loss of Caregiver
- Dementia Event
- Move to Congregate Setting
- Spend Down
- Mental Health Event
- Decline in ADL Function
- Sudden Decline in ADL Function
- Moving into State
- Physician Involvement
- Other

Results – Non-Acute Event -292 Consumers (56.9%)

Cause	Primary	Any
Gradual ADL Loss	94 (32%)	207 (71%)
Illness	55 (19%)	116 (40%)
Dementia Behaviors	31 (11%)	72 (25%)
Spend Down	33 (11%)	52 (18%)
Falls	25 (9%)	55 (19%)
Dementia Event	9 (3%)	15 (5%)
Mental Health Event	5 (2%)	15 (5%)
Social	4 (1%)	14 (5%)
Loss of Caregiver	4 (1%)	16 (5%)
Move into State	4 (1%)	15 (5%)
Move to Congregate	2 (<1%)	14 (5%)
Sudden ADL Loss	2 (<1%)	11 (4%)
Physician	0 (0%)	0 (0%)
Other	24 (8%)	84 (29%)

Results: Non-Acute Primary Cause, by Age

Cause (primary)	18-64	65-74	75-84	85+	Totals:
Gradual ADL Loss	12	27	35	20	94
Illness	23	10	10	12	55
Spend Down	0	3	8	22	33
Dementia Behaviors	0	6	12	13	31
Falls	4	6	5	10	25
Dementia Event	2	0	4	3	9
Mental Health Event	1	0	3	1	5
Loss of Caregiver	0	2	1	1	4
Social	1	1	1	1	4
Move into State	2	0	0	2	4
Move to Congregate	1	0	0	1	2
Sudden ADL Loss	0	0	2	0	2
Physician	0	0	0	0	0
Other	4	5	1	14	

Consumer Example: Non-Acute- Decline in ADL Function

- 92 year-old woman, non-English speaker
- Lived with son, daughter-in-law, and two grandchildren
- Both son and daughter-in-law work full-time and grandchildren in school during the day
- Individual has had increasing challenges getting from room to room in the house without falling; increasing bladder incontinence and recent episodes of bowel incontinence
- Assessed at SPL 7 (substantial assist with elimination)
- Family decision to place individual in a adult foster home with caregivers who speak the individual's native language

Consumer Example: Non-Acute- Loss of Caregiver

- 36 year-old male who was hit by a truck while riding a bike 11 years ago
- Individual requires 24-hour support
- Lived with parents in family home since accident
- Parents in their 70s and feeling that they can no longer manage son's care as they age
- Assessed at SPL 7 (substantial assist with mobility, assist with eating and elimination)
- Individual chooses to move into an assisted living facility where he can have his own room and bathroom

Results: Any Acute Cause, by Age

Cause (acute any)	18-64	65-74	75-84	85+	Totals:
Severe Medical Event	38	30	13	7	88
Falls	8	10	9	5	32
Dementia Event	1	3	7	3	14
Stroke	5	4	4	0	13
Mental Health Event	4	4	1	0	9
Social	3	2	2	1	8
Accident	5	0	0	0	5
Other	7	4	6	3	

Results: Any Non-Acute Cause, by Age

Cause (non-acute any)	18-64	65-74	75-84	85+	Totals:
Gradual ADL Loss	43	41	61	62	207
Illness	46	14	27	29	116
Dementia Behaviors	5	7	23	37	72
Falls	10	9	13	23	55
Spend Down	3	4	11	34	52
Loss of Caregiver	2	2	6	5	15
Dementia Event	2	2	6	5	15
Mental Health Event	5	3	5	2	15
Move into State	10	0	2	3	15
Social	3	5	3	3	14
Move to Congregate	2	6	2	4	14
Sudden ADL Loss	2	5	4	0	11
Physician	0	0	0	0	
Other	26	19	20	19	

Results: Living Situation, Acute vs. Non-Acute

- Acute cause, Primary:
 - In-Home: 55 (44.7%)
 - Community Based Care: 35 (28.5%)
 - Nursing Facility: 31 (25.2%)
- Non-Acute cause, Primary:
 - In-Home: 123 (42.1%)
 - Community Based Care: 106 (36.3%)
 - Nursing Facility: 47 (16.1%)

Results: Any Acute Cause, by Living Situation

Cause (acute any)	In Home	CBC	NF	Totals:
Severe Medical Event	35	19	28	82
Falls	14	9	8	31
Dementia Event	3	7	4	14
Stroke	5	6	2	13
Mental Health Event	2	3	4	9
Social	4	3	1	8
Accident	4	1	0	5
Other	10	4	5	

Results: Any Non-Acute Cause, by Living Situation

Cause (non-acute any)	In Home	CBC	NF	Totals:
Gradual ADL Loss	43	41	61	145
Illness	46	14	27	87
Dementia Behaviors	5	7	23	35
Falls	10	9	13	32
Spend Down	3	4	11	18
Mental Health Event	5	3	5	13
Move into State	10	0	2	12
Sudden ADL Loss	2	5	4	11
Social	3	5	3	11
Dementia Event	2	2	6	10
Move to Congregate	2	6	2	10
Loss of Caregiver	2	2	6	10
Physician	0	0	0	
Other	26	19	20	

Discussion: Response to Data

- What stands out from this data?
- What areas should be the focus of LTC 3.0 planning?

Discussion: Potential Areas of Discussion:

- Widows- 1/3 of new entrants- do they have unique needs?
- Male/Female differences in older age- how can we better support older men?
- Dementia related events/behaviors and falls- top reasons across both acute and non-acute causes of entry. Should they be the focus of new interventions, assessment and/or planning?
- Considering the prevalence of illness, stroke and especially severe medical events as drivers into the LTSS system, what are the implications for health care transformation/coordination activities?
- Other?

Discussion: Limits of Analysis and Future Research

- Longitudinal work would help reveal if study correlations are norms
- Data limited by some variation across data entry and data collection
- Could do more sampling or deeper exploration into falls, dementia, service equity
- Other?

Key contacts

- Mike McCormick, Director, APD
 - Phone: 503-945-6229
 - Email: mike.r.mccormick@state.or.us
- Bob Weir, Advocacy & Development Manager
 - Phone: 503-947-2321
 - Email: bob.weir@state.or.us