

## **Agenda Item Number 10.A.**

### **Senior & Disabled Services Legislative Priorities for 2007**

**Presenter:** Kay Metzger

**Action Recommended:** Approve Legislative Priorities and Authorize Staff and Advisory Councils to Advocate on Behalf of Them

#### **Issue Summary:**

- One of Senior & Disabled Services (S&DS) responsibilities as the Area Agency on Aging and Disability Services for Lane County is to work as an advocate for those we serve. To this end, S&DS, with the help of the members of its Senior Services and Disability Services Advisory Councils, strives to develop and maintain positive relationships with the elected officials who represent Lane County in the State Legislature. It also endeavors to inform and educate members of the State Legislature about the needs and concerns of seniors and people with disabilities.
- To facilitate this work, every even-numbered year S&DS develops a set of priorities for the upcoming legislative session which convenes in January of the odd-numbered year. With the general election less than two months away, it is timely that the identification of the organization=s priorities for the 2007 Session of the Legislature occurs.
- The recommended priorities contained in this document are endorsed by LCOG's Senior Services and Disability Services Advisory Councils. They were favorably reviewed by both Advisory Councils at their July and August meetings.
- The recommended priorities contain few surprises. Several have been on LCOG's list of priorities during prior legislative sessions. The others are directed at enhancing the provision of services currently available to seniors and people with disabilities in Lane County. In an attempt to allow Council members to better focus, the number of priorities has been reduced to four. The proposed priorities are set forth in summary form here. A brief

explanation of each issue is attached.

- ❖ Promote actions to create a culture that supports consumer needs and input within the Department of Human Services, Office of Medical Assistance Programs (OMAP).
- ❖ Expand funding for Older Americans Act (OAA) Programs.
- ❖ Protect the core values of Oregon's model of long term care.
- ❖ Keep the promise B fund Aequity@ for Area Agencies on Aging and Disability Services.

**Recommended Action:**

That the LCOG Board of Directors approve the recommended legislative priorities for Senior & Disabled Services for 2007, and authorize staff and members of the organization's Senior Services and Disability Services Advisory Councils to advocate on their behalf with legislative candidates, legislators, and others, as appropriate.

Attachments

## Create a consumer-oriented culture within the Department of Human Services, Office of Medical Assistance Programs (OMAP)

The Office of Medical Assistance Programs administers state programs that provide medical coverage to low-income Oregonians, including the Oregon Health Plan and Medicaid. OMAP is the entity responsible for monitoring the Managed Care Organizations on contract to provide Oregon Health Plan benefits. For those clients not covered by a Managed Care Organization, OMAP operates as the “insurance carrier”. Therefore, the policies and procedures established by OMAP have a significant impact on the lives of those receiving services through publicly-funded programs. Seniors and people with disabilities are uniquely impacted, in that access to health care is critical to their independence and well-being.

At this time, OMAP’s practices do not sufficiently support active collaboration and the involvement of those who are directly impacted by policy decisions.

Opportunities for public input during policy creation are limited. Additionally, many of the OMAP policies and processes are difficult for seniors and people with disabilities to manage, and create barriers for clients to access the services, equipment or supplies for which they are eligible. For example, denial notices are unclear and confusing for clients. Clients do not understand how to proceed, and therefore go without necessary services. The established culture within OMAP is not one of openness and transparency.

Efforts need to be taken to consider the needs of seniors and people with disabilities at all levels of administration of the Office of Medical Assistance Programs. To promote this, the following actions will be pursued:

- Engaging high-level staff at the Department of Human Services in a discussion of the problem and suggesting ways to work towards a culture-shift within OMAP.
- Recommend to the Legislature that an “Ombudsman for Health Care” be created. Potentially, this focus could be added to the responsibility of the Office of the Long Term Care Ombudsman. The Long Term Care Ombudsman’s Office is an agency within the State of Oregon, separate and apart from the Department of Human Services. Using trained volunteers to accomplish the bulk of the work, it exists to protect and represent the needs of residents of licensed long-term care facilities (such as nursing homes, adult foster homes, assisted living, and residential care facilities). By expanding the focus of an established department to include advocating for health care issues, there should be little fiscal impact.

## Expand funding for Older Americans Act Programs

The Older Americans Act was originally signed into law by President Johnson in 1965. In addition to creating the Administration on Aging, it authorized grants to States for community planning and for direct services such as meals programs, in-home services for the frail and homebound, health promotion, disease prevention, advocacy and legal assistance. In the year 2000, the Family Caregiver Program was added to offer respite, information and referral, and other supplemental services to family caregivers. The driving force of the Older Americans Act Programs is to allow people stay in their home for as long as possible. This is the preferred action for the majority of people, and is most cost effective.

The Federal allocation for the Older Americans Act Programs is comparatively small, and has been static for years. However, last year the OAA Programs experienced a reduction in funding. In Lane County, Older Americans Act programs were reduced significantly in 2006-07, down \$99,633 from funding levels in 2005-06. Services including Information and Assistance, Legal Services, Money Management, Elder Help, Group Dining Sites and Meals on Wheels were affected. All of these are efficient and low cost means of helping older Lane County residents stay in their own home.

There is much discussion about the aging of the baby boomers and the impact it will have on our society, both socially and fiscally. Now more than ever, we must consider creatively using public dollars to postpone or prevent the need to access Medicaid to pay for long term care. Older Americans Act Programs have proven to be extremely effective and cost efficient, and yet Federal funding continues to be reduced. The State of Oregon has endorsed programs such as Oregon Project Independence, a program geared towards the pre-Medicaid population. However, expanded funding is needed to help seniors and people with disabilities age in place and have access to flexible, cost effective services.

## Protect the Core Values of Oregon's Model of Long Term Care

In the early 1970's, Chapter 410 of the Oregon Revised Statutes was written. The foundational principles of the Oregon Model of Long Term Care lie within ORS 410. **410.010 State policy for seniors and people with disabilities** states, "(1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and disabled citizens are entitled to live lives of maximum freedom and independence". Additionally, **ORS 410.020 (2) and (3a) Implementation of state policy** states,

"In carrying out the policies stated in ORS 410.010, the state shall: ...

(2) Assure that older citizens and disabled citizens retain the right of free choice in planning and managing their lives; by increasing the number of options in life styles available to older citizens and disabled citizens; by aiding older citizens and disabled citizens to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen and disabled citizen to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization".

Traditionally, Oregon has been a national leader in the area of long term care. Oregon's model is rooted in values that support the needs of the person to maintain independence, dignity, and choice. Respect of the person, considering and supporting them as an important member of the community has been paramount. These values should continue to drive Oregon's Long Term Care system, not the "bottom-line". The Department of Human Services, Seniors and People with Disabilities Office is in the process of evaluating the future of long-term care in Oregon. More than ever, protecting our core values should be considered a priority.

# Keep the Promise B Fund Equity for Area Agencies

## **The Problem**

In keeping with the provisions of Oregon law (ORS 410), responsibility for the delivery of long term care, medical assistance, and financial assistance services to lower income seniors and people with disabilities is divided geographically between local governments (counties and councils of governments) and the Oregon Department of Human Services (DHS). Generally, clients residing in western Oregon are served by local government-operated Area Agencies on Aging and Disabilities (AAADs); those in other parts of the state are served by DHS.

Historically, DHS has funded its own field offices more generously than it has funded the AAADs. Since personnel and operating costs are substantially the same, regardless of which government runs an office, this means that customers of AAADs (such as residents of Lane County) receive fewer services than customers of DHS-operated offices. Through the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), the AAADs have worked to correct this inequity. After 15 years of effort, the Legislature passed HB 2288 in August 2003. Subsequently, DHS worked cooperatively with the AAADs to develop the methodology called for in HB 2288, resulting in Oregon Administrative Rule 411-002-0175. However, the problem persists. AAADs received less funding than their DHS counterparts for the 2005-07 bi-ennium. Today, the disparity in funding B a.k.a., Aequity gap@ B continues at an estimated 15%.

## **The Solution**

Implement the agreed upon methodology (as called for in HB2288) that would help equalize the operations in AAAD offices with the State's offices. Help close the gap by recommending that adequate funding be included in the Governor's Recommended Budget for 2007-2009 and by working with Legislators during the 2007 session.

## **The Benefits**

- Clients will be able to live independently for a longer time
- Diversion from more expensive out-of-home care and dependence upon Medicaid
- Elimination of waiting list for eligibility information
- More humane caseloads that can help case managers develop natural support system.