

Program # 25010A - A	Version 6/13/2005 s			
Priority:	Safety Net Services	Lead Agency:	County Human	
Program Offer Type:	Existing Operating	Program Contact:	Tanya Colie Mcgee	
Related Programs:	25008A, 25009A, 25011, 25013, 25015, 25020			
Frameworks:	Poverty Framework, 10-year Plan to End Homelessness			

Executive Summary

Long Term Care serves Medicaid eligible adults needing financial assistance and help with activities of daily living. Promotes independence, dignity and choice; coordinates care in home and in residential placements; provides medical benefits, nutrition and employment assistance. The program served 32,618 people in FY04. (This offer amended by the board, see significant program changes for more information).

Program Description

Long Term Care (LTC) helps people who cannot perform basic activities, including eating, grooming, cooking, dressing and bathing, without assistance. LTC allows people to live as independently as possible, in the least restrictive and most cost-efficient manner. LTC stabilizes poverty-level seniors and people with disabilities so that they do not need institutional care. This program assists vulnerable, poverty-level seniors and people with permanently disabling physical and/or mental conditions with financial assistance, the Food Stamp Program, and medical assistance programs. LTC provides linkage to comprehensive services in the event care needs increase and preclude living independently. This offer eliminates staffing for Quality Improvement Unit and reduces intake capacity. It also eliminates staffing for General Assistance and Employment Initiative Programs which are not in the Co-chairs budget at this time (See offer 25010B for these services). Staff reductions will result in higher caseloads and increased waiting time for assistance. Longer periods for determining eligibility for medical assistance and financial programs will compromise compliance with DHS contract performance measures. Elimination of the Quality Improvement Unit will eliminate 6,000 case reviews per year. These reviews identify systems and individual performance issues and assure accuracy and compliance with all relevant County, state and federal rules and procedures. This unit helps assure the health and safety of our vulnerable client populations and is a mechanism for early identification, prevention and correction of problems. Select both offer A and B to include these services.

Program Justification

This program links directly to the Basic Needs Priority by assisting people who without this help could not meet their basic needs. Long Term Care also links to the Poverty Framework by providing access to effective systems and resources to meet basic needs. Specifically, it links to the Basic Needs Priority and the Poverty Framework by ensuring a client's ability to meet his/her basic needs by way of adequate nutrition, health care and a stable, safe living situation. According to US Census Bureau Data from Census 2000 for Multnomah County: 17.9 percent of the County's population ages 21 – 64 years has a disability; 42.1 percent of the population 65 years and older has a disability; 11.1 percent of the population is age 65 and older; and 9.8 percent of Individuals aged 65 years and older live below poverty level. The US Census predicts that the growth rate for seniors over 60 yrs in Multnomah County will increase by 38.7 percent by 2020. As the aging population grows, long-term care expense will outpace available income and resources. Now and into the future, a significant portion of the senior population will not have the funds to address care needs. Impoverished people will access state and federally funded LTC programs for assistance with meeting basic needs. Therefore community based supports are an option that maximizes spending for LTC.

Performance Measures

11,798 seniors and people with disabilities with income at or below 300 percent of Supplemental Security Income (SSI) received assistance with developing and implementing a long term care plan to assure safety and well-being in the least restrictive and most cost-efficient manner in FY04.

20,820 seniors and people with disabilities with incomes up to 185 percent of poverty level received financial, medical and food assistance in FY04.

Summary of last year's program results and this year's expected results

In FY04 screened 32,162 new individuals for services (expect to increase by 1,000 in FY06) and assessed 16,563 individuals for all services in the LTC program (expect to increase by 1,000 in FY06).

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

Contract with Department of Human Services, State of Oregon #106319-3. Oregon Administrative Rule (OAR) 461-135-0010(6) - Supplemental Security, OAR 461-135-750 and 461-135-0760 - LTC Services, OAR 461-135-1100 - OHP, OAR 461-135-0730 Qualified Medicare Beneficiary, Section 1903(a) of the Social Security Act, 42 CFR, Part 433.15 - Medicaid Administration, 42 CFR, Part 432.50 - Medicaid Staffing Regulations, OAR 411 Divison 15 - Service Priority Rule, OAR 411-030-0050(b) and (c) - Contract RN Services, OAR 411-009-0015 - Client Assessments, OAR 411-030-0070(5) - Oregon Health Plan, OAR 411, Division 27 - Exceptional Payments, OAR 411-070-0095(9)(c) - Client Personal Funds, OAR 411-070-0095(9)(a) - Client Personal Funds, OAR 411-034-0000 through 411-034-0090 and 42 CFR 440.167 - Personal Care, OAR 411-030-00050(b)(c) - Contract Nurse Referrals, OAR 411-009-0015 - Provider Qualifications, SSI/Title XVI - Benefits from SSA, OAR 461-120-0330 - General Assitance, OAR 461-125-0370 - Disability Needs Basis, 42 CFR 435.541 - Disability Determination, OAR 461-135-0380(1)&(3) -Employment Initiative, OAR 461-115-0540 - Employed Persons With Disabilities, OAR 461-115-0190 - Supplemental Income Program, OAR Chapeter 461 and 7 CFR Part 210-299 - Food Stamps, OAR 461-115-210 and 7 CFR Part 273.2(g)&(h) - Processing FS Applications, OAR 166-300-0010 through OAR 166-300-0300 - FS Records,

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2005	2005	2006	2006
Personnel	\$0	\$13,846,561	\$0	\$14,115,396
Contracts	\$0	\$80,672	\$662,413	\$325,988
Materials & Supplies	\$0	\$352,914	\$0	\$261,933
Internal Services	\$0	\$2,078,590	\$0	\$3,418,086
Subtotal: Direct Exps:	\$0	\$16,358,737	\$662,413	\$18,121,403
Administration	\$0	\$0	\$428,573	\$754,772
Program Support	\$0	\$0	\$77,974	\$644,103
Subtotal: Other Exps:	\$0	\$0	\$506,547	\$1,398,875
Total GF/non-GF:	\$0	\$16,358,737	\$1,168,960	\$19,520,278
Program Total:	\$16,358,737		\$20,689,238	
Program FTE	0.00	0.00	0.00	205.85
Program Revenues				
Indirect for dep't Admin	\$89,246	\$0	\$50,643	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$16,263,769	\$0	\$18,062,805
Other / Miscellaneous	\$0	\$94,968	\$0	\$58,598
Program Revenue for Admin	\$0	\$0	\$0	\$1,459,637
Total Revenue:	\$89,246	\$16,358,737	\$50,643	\$19,581,040

Explanation of Revenues

Medicaid Title XIX revenue, State General Funds for Food Stamps, Employment Initiative and General Assistance. ADSD generates additional federal Medicaid funds through a match expenditure of County General Funds. The match amount shows as a supplemental expenditure in this offer.

Significant Program Changes

In FY05 implemented the Medicaid Non Medical Transportation program. We expect requests for this service to increase by 50 percent in FY06.

In FY06 General Assistance and Relative Foster Care may be eliminated by the State of Oregon. Oregon Health Plan

benefits may be reduced. Community based services that help people meet their basic care needs may be held at such a low level, that seniors and people with disabilities may be forced to give up their independence in order to receive the long term supports they need.

Budget Note:

A Board amendment requested TITLEXIX savings from Administrative reductions be shifted to this offer to fund services for seniors. Net increase of \$253,500 in TITLEXIX revenue.