

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 (LTC) 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.

Program Description

This program offer provides staff for the General Assistance, Employment Initiative, Quality Improvement and Service Intake programs eliminated in #25010A. These long-term care services provide linkage to comprehensive services in the event care needs increase and preclude living independently and provide a formal mechanism for continuous process and quality improvement. This offer maintains current intake capacity and the Quality Improvement Unit. This program offer assures we meet mandated processing time frames for program eligibility determination and maintain caseloads within current standards. Funding this offer will maintain our ability to meet state mandated program eligibility processing time frames and enable us to continue targeted quality improvement activities including performance monitoring, and analyzing and improving state and County mandated performance measure outcomes.

Program Justification

This program links directly to the Basic Needs Priority by assisting people who without this help could not meet their basic needs. LTC 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. The General Assistance Program currently serves 286 clients. Clients receiving these services reportedly experience fewer episodes of homelessness. Additionally these clients, who are all severely disabled, have access to health care and more comprehensive supports as needed. This program offer keeps caseload size and eligibility processing timeframes within the state/local standards. The Employment Initiative Program serves 574 seniors and people with disabilities. These clients receive employment counseling, job leads, and assistance with adaptive equipment, transportation, tools and other job retention supports. The Quality Improvement Unit conducts 6000 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. Members of this unit provide individualized coaching, training and technical assistance to staff and process improvement recommendations to management. The work of the Quality Improvement Unit helps assure the health and safety of our vulnerable client populations and is a mechanism for early identification, prevention and correction of problems. Specialized screening and intake create efficiencies, which enable staff to focus on specialized areas of expertise. Specialization increases quality of services, promotes efficient case management processes and retention of trained staff. Specialized intake and screening reduces caseloads, waiting time for services and increases service quality.

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

216 service intakes and 6,000 case reviews completed in FY04.

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 Division 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 Assistance, 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 Chapter 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 461-115-310 and 7 CFR Part 273.2(i) - FS Eligibility, OAR 461-115-0150 and 7 CFR Part 273.2(c)(2) - FS Processing, 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
	2005	2005	2006	2006
Program Expenses				
Personnel	\$0	\$0	\$0	\$504,114
Contracts	\$0	\$0	\$277,700	\$0
Materials & Supplies	\$0	\$0	\$0	\$17,505
Internal Services	\$0	\$0	\$0	\$95,493
Subtotal: Direct Exps:	\$0	\$0	\$277,700	\$617,112
Administration	\$0	\$0	\$18,955	\$33,698
Program Support	\$0	\$0	\$3,345	\$27,064
Subtotal: Other Exps:	\$0	\$0	\$22,300	\$60,762
Total GF/non-GF:	\$0	\$0	\$300,000	\$677,874
Program Total:	\$0		\$977,874	
Program FTE	0.00	0.00	0.00	7.00
Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$617,112
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$617,112

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 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.