

Program # 25023A - ADS Long Term Care

Version 2/17/2006 s

Priority: Basic Needs Lead Agency: County Human Services

Program Offer Type: Existing Operating Program Contact: Mary Shortall

Related Programs:

Program Characteristics:

Executive Summary

The Long Term Care Program provides two levels of case management assistance to help very low income seniors and people with permanent disabilities meet basic needs: 1) All clients receive access to financial assistance, medical benefits and food stamps. 2) Clients meeting nursing home criteria because they need help with activities such as dressing, bathing and eating also receive help through case management to arrange for needed long term care services. These services promote independence and help people stay in their own home or in supported housing as long as possible. Nursing home care is provided when no other alternatives are feasible.

Program Description

This program determines eligibility and enrolls clients in Oregon Health Plan and Food Stamp nutrition and financial assistance programs. These very low income, vulnerable adults may be seniors, people with physical disability, people with mental illness or those with a developmental disability.

Higher level case management is provided for seniors and people with disabilities who meet the criteria for care provided in a nursing home based on assessed care needs. Case managers assess clients' needs, create long term care service plans, and coordinate and monitor services. Long Term Care services include personal assistance, help with housekeeping and nursing tasks. Nurses provide clinical assessment and support to caregivers for people living at home. In addition to medical, nutrition and financial assistance, clients are provided with care plan oversight, safe and supportive housing, access to behavior management program if needed and prevention services. Long Term Care services are provided in the person's home or in other supportive housing in the community whenever that is an option.

Local offices offer multi-lingual written information and use language translation as needed to ensure equal access to ADS services. An agency brochure explaining ADS services is available in 7 languages.

Program Justification

This program links to the Basic Needs Priority, Poverty Framework and the 10-year Plan to End Homelessness by serving vulnerable seniors and people with disabilities who could not meet their basic needs without this help. Case managers intervene and coordinate comprehensive services to assure access to medical and medication coverage, nutritious food through Food Stamps or home delivered meals, and financial assistance. Chronic and urgent care needs are addressed through care planning and access to effective systems of support and services, such as in home services or supportive, affordable, alternative housing. The over 85 age cohort is the fastest growing population in Multnomah County. After age 85 the risks associated with needing long term care and losing independence increases significantly.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	# of Nursing Home eligible receiving Long Term Care assistance	12,385	12,000	11,988	12,100
Outcome	% of Nursing Home eligible clients served in the community vs. Nursing Home.	80%	80%	80%	80%
Output	# receiving medical, financial and food assistance*	33,446	33,400	33,228	33,300

Performance Measure - Description

^{*}Includes poverty level seniors and people with physical, mental or developmental disabilities who need assistance meeting basic needs.

Legal/Contractual Obligation

Section 1903(a) of the Social Security Act, 42 CFR - Medicaid Administration; 7 CFR - Food Stamps; Sections 1915c and 1115 of Title XIX of the Social Security Act. All Oregon Administrative rules related to and governing programs administered by Aging and Disability Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2006	2006	2007	2007	
Personnel	\$0	\$14,115,396	\$0	\$13,538,204	
Contracts	\$0	\$325,988	\$1,570,655	\$80,623	
Materials & Supplies	\$0	\$261,933	\$0	\$265,119	
Internal Services	\$0	\$3,418,086	\$0	\$3,558,336	
Subtotal: Direct Exps:	\$0	\$18,121,403	\$1,570,655	\$17,442,282	
Administration	\$0	\$0	\$97,749	\$588,104	
Program Support	\$0	\$0	\$180,994	\$385,653	
Subtotal: Other Exps:	\$0	\$0	\$278,743	\$973,757	
Total GF/non-GF:	\$0	\$18,121,403	\$1,849,398	\$18,416,039	
Program Total:	\$18,121,403		\$20,265,437		
Program FTE	0.00	0.00	0.00	185.35	
Program Revenues					
Indirect for dep't Admin	\$50,643	\$0	\$132,088	\$0	
Intergovernmental	\$0	\$18,062,805	\$0	\$17,372,670	
Other / Miscellaneous	\$0	\$58,598	\$0	\$69,612	
Program Revenue for Admin	\$0	\$0	\$0	\$973,757	
Total Revenue:	\$50,643	\$18,121,403	\$132,088	\$18,416,039	

Explanation of Revenues

Medicaid , State general fund, County general fund used for Medicaid match. \$1,570,655 CGF match expenditure used to generate \$3,490,344 federal Medicaid funds. Match rate 45/55.

Significant Program Changes

Last year this program was: #25010, ADS Long Term Care (LTC)

General Assistance and Employment Initiative Programs ended effective 10/1/05 resulting in staff reductions. New State methods of calculating caseloads and FTE resulted in additional staff reductions. This new methodology has negatively impacted ADS and is under State review. The BCC provided partial restoration Oct 05 by funding seven positions to maintain professional nursing staff, case management capacity and lessen impact of staff reductions on clients. These positions are in LTC Scaled Offer B. The Medicare Modernization Act, implemented 10/1/05, authorizes Medicare Part D, a new Medicare Presecription Drug Program. Temporary staff was hired to assist clients with time sensitive prescription drug plan enrollment.

The elimination of a Program Manager Senior and key program support staff* in July and October 2005 has prompted a LTC management reorganization to provide improved program leadership and oversight of daily operations, staff performance, quality service and customer service. This reorganization involves reclassifying one PM 2 position to a PM 1, two Prg. Superv. positions to PM 1s, and adding one new Prg Superv. position. *Summary of Eliminations: 7/05 two REA2s (Quality Case Reviewers), 10/05 one PM Sr. (LTC Program Management Lead), 10/05 one REA2 (Policy Analyst), 10/05 one HRA 2 (Training).