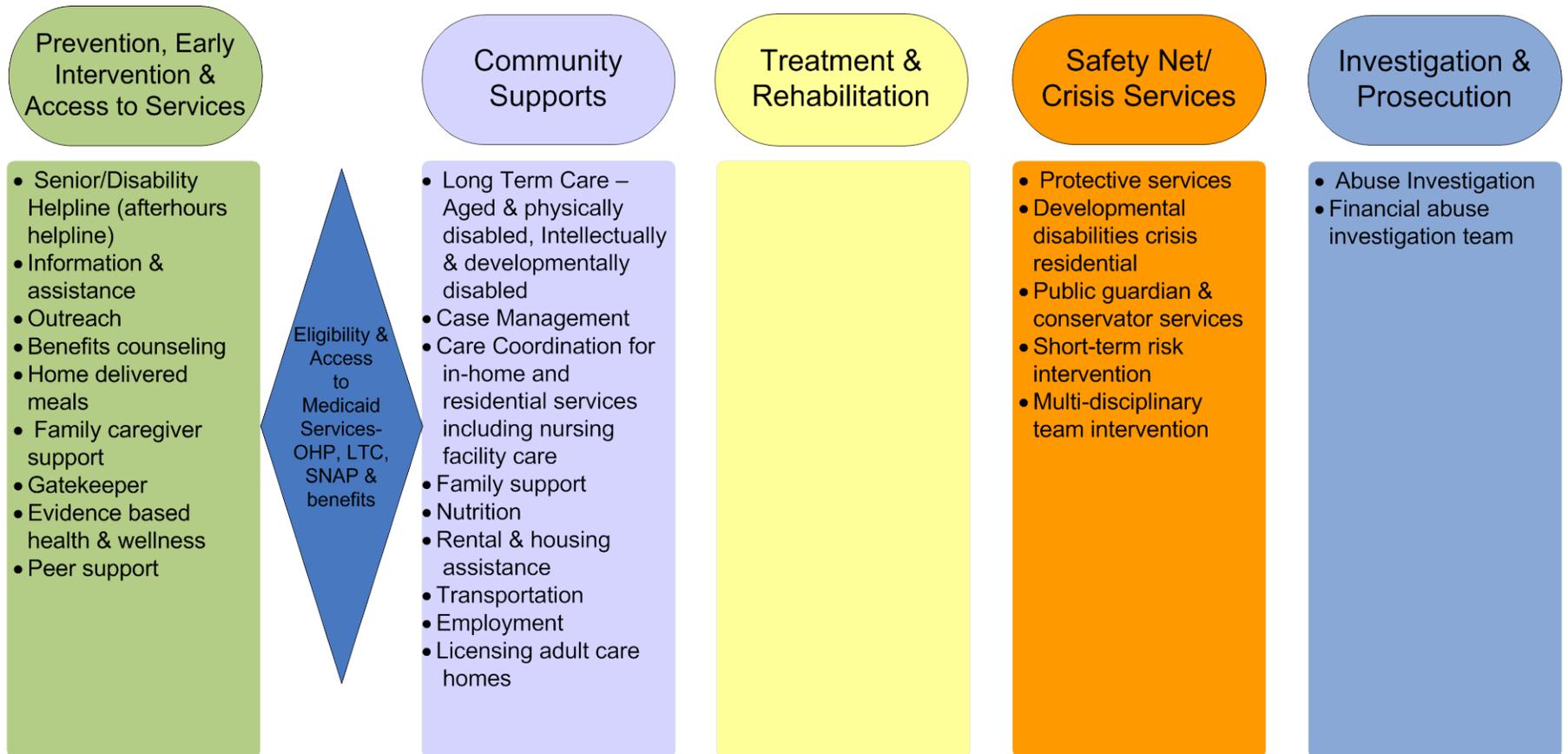


# System of Care



**Systems of Care - State Rebalance**  
**Aging and Disability Services**  
 FY 2012 Program Offers

					Program Revenue Source						State/Federal Changes			
PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	CGF	CGF Match	State & Fed	Other	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes
<b>Aging and Disability Services</b>														
25020	ADS Access & Early Intervention Services	8.37	15.48	Program is the first point of contact for the county's 200,000 elderly, people with disabilities and veterans. Annually, more than 71,292 callers receive information and assistance and more than 11,357 people receive a variety of in-home, community and emergency services that support independence and prevent institutionalization and homelessness. These services are provided through the 24/7 Helpline and nine District Senior Centers (neighborhood-based non-profit agencies).	3,023,739	39,040	5,518,727	717,697	0	9,299,203	Oregon Project Independence (OPI)	(54,040)		<ul style="list-style-type: none"> <li>•Oregon Project Independence (OPI) funding was reduced by \$54,040, impacting 276 older adults currently wait listed and an unknown number of individuals requesting services and added to the waitlist.</li> <li>•The need for OPI services exceeds the rate of attrition and available funding.</li> <li>•Overall, the number of individuals being served by this program will be reduced.</li> </ul>
25023A-C	ADS Long Term Care (LTC)-Base	0.00	218.80	LTC determines eligibility for financial, nutritional, medical and case management services for 37,000 low-income seniors and persons with disabilities. Intensive Case Management is provided to about 6,400 clients each month who meet state criteria for nursing home care due to the need for help with daily self-care tasks such as mobility, eating and toileting. Long Term Care serves about 5,200 clients in community-based settings and 1,200 clients in nursing facilities. This program offer brings more than \$30.5 million into the local economy through food stamp, medical and long-term care benefits received by ADS program clients.	0	1,747,400	22,187,606	245,939	0	24,180,945	State/Fed-Title XIX	(1,231,992)	(14.00)	<ul style="list-style-type: none"> <li>•ADS is currently operating under a 3 month contract extension, but has received a final planning allocation and anticipates the final contract by Sept 30, 2011.</li> <li>•The State is funding the County at 85% of equity through February 2012, which is the same level the State is currently funding State operated Medicaid programs for the biennium.</li> <li>•Legislators will make a decision regarding the continuation of funding for the County at 85% for the remainder of the 2011 - 2013 biennium at the February Emergency Board meeting.</li> <li>•The current allocation =s loss of 14.00 FTE.</li> <li>•This is a significant decrease in case managers and positions that support case managers, and overall service quality and workload will be impacted for the approximately 37,000 clients served through the Long Term Care program.</li> </ul>

**Systems of Care - State Rebalance  
Aging and Disability Services**

FY 2012 Program Offers

PO Number	Program Offer Name	FTE CGF	FTE Other	Program Description	Program Revenue Source						State/Federal Changes			
					CGF	CGF Match	State & Fed	Other	OHP	Total	Revenue Source	\$ Change	FTE Change	Notes
25024A & B	ADS Adult Protective Services (APS)	2.86	33.74	Responsible for protecting 200,000 seniors and people with disabilities from abuse, financial exploitation, neglect and self-neglect. Protective Services workers prevent further harm and link victims of abuse to vital health, legal and human services. This program conducts abuse investigations, provides risk management, Multi-Disciplinary Team (MDT) services, and educates the community about abuse. Eighty-nine percent of MDT participants showed improvement shortly after MDT intervention.	352,612	328,014	4,001,613	0	0	4,682,239	State/Fed-Title XIX	(290,003)	(3.00)	<ul style="list-style-type: none"> <li>•The budget reduction for Adult Protective Services will result in a loss of 3.00 FTE</li> <li>•Impacting approximately 8,000 individuals.</li> <li>•It is expected that there will be delays in responding to reports of abuse, neglect and financial exploitation.</li> <li>•The rate of successful prosecutions would likely decrease, and we anticipate there will be an increase in individuals transitioning to Medicaid due to lost assets.</li> </ul>
<b>AGING &amp; DISABILITY SERVICES TOTAL</b>											<b>(1,576,035)</b>	<b>(17.00)</b>		

# FY 2012 State Rebalance Process

## Policy Background Information

### Title XIX - Aging and Disability Services

System of Care: ADS and Developmental Disability Services  
 Worksession Date: August 23, 2011  
 Revision Number: 1

<b>Revenue Source</b>	- What revenue source is impacted?	Medicaid (State/Fed-Title XIX)-funds Medicaid, Supplemental Nutrition Assistance Program (SNAP), & State General Funded Adult Protective Services.
	- What are the restrictions on the funding?	Restricted to Medicaid-covered services, administering Supplemental Nutrition Assistance Program, and Adult Protective Services for older adults and people with disabilities; matched funds are similarly restricted.
	- Does the General Fund leverage any of this revenue source (non-match)?	Federal funds
	- Does the funding have a required General Fund match or other contribution?	Medicaid requires matching funds from the state and allows matching of local funds.
	- How much revenue is reduced in dollar terms?	\$1,521,995.00
	- What percentage of this revenue source is reduced?	6%
	- Are there offsetting revenues that will increase due to this cut?	No
	- What percentage of the department's total expenditure will be reduced by this action?	0.70%
<b>Implementation &amp; Timing</b>	- When will we know more about the specifics of the cuts?	ADS is currently operating under a 3 month contract extension, but has received a final planning allocation and anticipates the final contract by September 30, 2011. The State is funding the County at 85% of equity through February 2012, which is the same level the State is currently funding State operated Medicaid programs for the biennium. Legislators will make a decision regarding the continuation of funding for the County at 85% for the remainder of the 11-13 biennium at the February Emergency Board meeting.
	- When will the state implement the cuts?	July 1, 2012
	- How long will it take us to implement the cuts?	Will follow county schedule for state re-balance lay-offs.
	- Will the department need ramp-down funds due to the timing of the cuts? - How much is the Department requesting from the Board?	Will request \$186,666 CGF for bridge funding between July 1 - Oct 14 to generate \$373,332 of Medicaid funds.
	- What does FY 2012 look like compared to FY 2013?	\$1,521,995 in reductions for FY 2012 and \$1,807,568 in reductions for FY 2013 Although the state is allowing programs to spend more than 50% of their biennial allocation in the first year, ADS is conservatively budgeting their allocation across both years to offset a larger shortfall in the second year, budgeting 49% in FY12 and 51% in FY13.

# FY 2012 State Rebalance Process

## Policy Background Information

### Title XIX - Aging and Disability Services

System of Care: ADS and Developmental Disability Services  
 Worksession Date: August 23, 2011  
 Revision Number: 1

<b>Impacts</b>	- What Program Offers are impacted?	25023A (ADS Long Term Care), 25023B (Adopted FY11 Service Level -LTC), 25023C (Continuing Service Level for FY12 LTC), 25024A (Adult Protective Services), 25024B (Adopted FY11 Service Level - APS), 25024C (Continuing Service Level for FY12 APS).
	- How many clients are impacted?	The delay in Medicaid and SNAP clients accessing benefits, including Long Term Care services, and responding to urgent client needs will potentially impact all 37,000 clients served by ADS due to increased caseloads and diminishing support for case managers.  Approximately 500 Protective Service clients will be directly impacted through a delay or reduction in investigations, completed reports and phone consultations, and potentially 8,000 will be affected by the reduced quality and effectiveness of the work.
	- What percentage of clients served through this revenue source are impacted?	100%
	- What are the consequences for staffing and contractors?	Fewer case managers and human service investigators, diminished support for staff, will result in an increased workload for staff at a time when the client population is growing.
	- How critical is this service to the System of Care as a whole?	<ul style="list-style-type: none"> <li>•ADS provides access to services to meet basic needs for the poorest, most vulnerable, and least healthy individuals in the community. Services address nutrition, health, mental health and long term care needs.</li> <li>•The lack of these services may increase the risk to this vulnerable population, causing deterioration of clients' health and/or mental health, ultimately resulting in increased hospitalizations and placements in more expensive care.</li> <li>•Protective Services is critical for individuals whose safety and welfare is imminently at risk; delays can result in more serious and intensive interventions, and potentially fatal consequences.</li> </ul>
	- How do policy decisions here interact with other systems of care?	Without health, mental health and social benefits to address basic needs of older adults, people with physical or developmental disabilities, and those with mental illness, the need for crises-type services or interventions in any of the major systems of care is likely to increase.

# FY 2012 State Rebalance Process

## Policy Background Information

### Title XIX - Aging and Disability Services

System of Care: ADS and Developmental Disability Services  
 Worksession Date: August 23, 2011  
 Revision Number: 1

Policy Choices	- What are our options for mitigating the cuts?	<ul style="list-style-type: none"> <li>•ADS requests \$639,998 in General Fund to leverage additional \$639,998 in Federal Medicaid dollars and will combine this with identified administrative reductions of \$182,000 to mitigate staffing reductions.</li> <li>•In February the Emergency Board will consider funding the County at the 85% equity level for the remainder of the 2011 - 2013 biennium. This would add an additional \$118,058 for FY 2012 and \$354,173 for FY 2013.</li> </ul>
	- What are our options for redesigning services to minimize the impact on our clients and direct services?	Though there are ongoing efforts to streamline program operations and improve services access, there are no short-term solutions to the budget shortfall. Potential streamlining through full implementation of the new Aging and Disability Resource Connection model and automation of eligibility work in the next several years may enable current staffing to better manage growing caseloads, and/or reduce the future demand on services.
	- What are the likely consequences of these choices?	Without additional funding, 17 ADS positions will be eliminated, resulting in a significant impact on client service delivery during the 11-13 biennium, which will be exacerbated by the increased demand for services due to the continued growth of the aging population.

# FY 2012 State Rebalance Process

## Policy Background Information

### Oregon Project Independence

System of Care: ADS and Developmental Disabilities Services  
 Worksession Date: August 23, 2011  
 Revision Number: 1

<b>Revenue Source</b>	- What revenue source is impacted?	State General Funds for Oregon Project Independence (OPI)
	- What are the restrictions on the funding?	Restricted to individuals who are 60 or older or have a diagnoses of Alzheimer's disease; funds are limited to case management and in-home services.
	- Does the General Fund leverage any of this revenue source (non-match)?	No
	- Does the funding have a required General Fund match or other contribution?	Sliding scale client contributions and county general funds are used to serve additional clients.
	- How much revenue is reduced in dollar terms?	<ul style="list-style-type: none"> <li>•The reduction in the county budget is \$54,040 but the total program reduction is \$86,834.</li> <li>•The total OPI allocation is \$793,000; the state retains 41% to pay Home Care Worker salaries directly and the remaining funds are reflected in the county budget.</li> </ul>
	- What percentage of this revenue source is reduced?	10%
	- Are there offsetting revenues that will increase due to this cut?	No
	- What percentage of the department's total expenditure will be reduced by this action?	0.025%
<b>Implementation &amp; Timing</b>	- When will we know more about the specifics of the cuts?	Final planning allocation received.
	- When will the state implement the cuts?	July 1, 2011
	- How long will it take us to implement the cuts?	ADS has been ramping down spending for the past year and currently has a waitlist of 276 clients. Even with attrition it will be several more months to align spending with the allocation and to begin serving clients on the waitlist.
	- Will the department need ramp-down funds due to the timing of the cuts? How much is the Department requesting from the Board?	Any ramp down funds will allow the program to begin offering services to individuals on the waitlist sooner. Alternatively, the reduction could be managed through attrition and the continuation of a waitlist.
	- What does FY 2012 look like compared to FY 2013?	The funding will be allocated 49% to FY12 and 51% to FY13. The funding gap in FY12 is \$54,040 and \$61,041 for FY13.

# FY 2012 State Rebalance Process

## Policy Background Information

### Oregon Project Independence

System of Care: ADS and Developmental Disabilities Services  
 Worksession Date: August 23, 2011  
 Revision Number: 1

<b>Impacts</b>	- What Program Offers are impacted?	25020A (ADS Access and Early Intervention Services)
	- How many clients are impacted?	276 clients currently on waitlist and an unknown number of individuals requesting services and needed to be added to the waitlist during the time period needed to bring spending into alignment with allocation through attrition will be impacted. The demand for these services will continue to exceed the funding available, and is likely to increase due to the growth in the aging population.
	- What percentage of clients served through this revenue source are impacted?	The combination of maintaining a waitlist and reducing service hours for some current clients has impacted all 276 on the waitlist and 17% of the 564 clients currently receiving services.
	- What are the consequences for staffing and contractors?	We contract with small, nonprofit agencies to provide OPI services so even small reductions can have a significant impact on their fiscal health and ability to serve vulnerable clients. In addition, a reduction in services will result in a loss of employment for low-income caregivers serving OPI clients.
	- How critical is this service to the System of Care as a whole?	OPI is a critical component of Prevention and Early Intervention; the program helps older adults stay safe and independent in their own homes, and avoids or delays the need for higher levels of care and spend down to Medicaid.
	- How do policy decisions here interact with other systems of care?	OPI is a preventative, cost-effective program and primarily serves frail elderly living in poverty; loss of these services will increase the number of individuals requiring higher levels of intervention and more expensive care.
	<b>Policy Choices</b>	- What are our options for mitigating the cuts?
- What are our options for redesigning services to minimize the impact on our clients and direct services?		N/A
- What are the likely consequences of these choices?		Services will not be available to new clients until OPI funding is in alignment with the ADS OPI allocation; enrollment of individuals from the waitlist will require continued monitoring.