



The Quality of In-Home Care Services in Oregon's Long Term Care System

August 2001

Guiding Principle

Dedicated volunteers building on the success of the past to enhance the quality of life for Oregon's older citizens and people with disabilities

Governor's Commission on Senior Services

Study Background

This study was based on research done by the Long Term Care Quality and Effectiveness Subcommittee of the Governor's Commission on Senior Services.

The subcommittee selected the in-home care program for this review because seniors and persons with disabilities want to live in their own homes. It is their first choice when choosing a care setting. In fact, forty-seven percent (47%) of the former Senior and Disabled Services Division's clients receive services in their own home. It is also the fastest growing segment of Oregon's long term care system.

The subcommittee became better informed about in-home care issues by looking at three components:

- ◆ Educating ourselves about how the current in-home program functions,
- ◆ Reviewing materials created to help clients in their role as employers in the CEP program, and
- ◆ Reviewing results from a questionnaire sent to local Area Agencies on Aging (AAAs) and Senior and Disabled Services Division (SDSD) offices.

The survey questionnaire was sent to 57 AAA Directors and SDSD Unit Managers. We received responses from 8 areas throughout the state. While the survey response was limited, it represented a good geographic sampling from various areas of the state.

Information was received from the following areas:

- ◆ Baker, Grant, Union and Wallow Counties
- ◆ Douglas County
- ◆ Klamath and Lake Counties
- ◆ Lane County
- ◆ Marion, Polk and Yamhill Counties
- ◆ Multnomah County
- ◆ Benton, Lincoln and Linn Counties
- ◆ Harney and Malheur Counties.

The committee spent a significant amount of time reviewing how in-home services function and current standards for providers.

Summary

The Oregon model of long term care is based on the premise that people want to remain as independent as possible for as long as possible. Clients have the option of choosing what services and what setting will best meet their specific needs. The in-home care program has two major components; the Client Employed Provider Program (CEP) and services contracted through in-home agencies.

In-home clients receive all the necessary services that they need to remain in their own homes. These services include:

- ◆ Mobility
- ◆ Eating
- ◆ Toileting
- ◆ Bathing and personal hygiene
- ◆ Dressing and grooming
- ◆ Cognition or memory

Clients can either need assistance or be totally dependent in one or more of the above activities of daily living. Care plans are developed by case managers, with the assistance of the client and their families, to meet the client's specific needs.

The in-home program faces dramatically increasing growth. In the last year, caseloads have increased across the state. As an example:

In November 2000:

- ◆ 11,000 clients received in-home services.
- ◆ 1,577 clients were served by "live-in" CEPs.

In January 2001:

- ◆ 11,273 clients received in-home services, an increase of about 1%.
- ◆ 1,581 clients were served by "live-in" CEPs.

The current economic environment, tight labor market, and the very nature of the work have all played a role in the quality and effectiveness of the in-home service program. Serious problems affecting the in-home

program are the lack of qualified CEPs, inadequate training, low wages, and high turnover rates.

Additionally, in-home services have not kept pace with the growing population of frail elderly and persons with disabilities. There is a great deal of misunderstanding about the Client-Employed Provider program. Case Managers agree there is a need for concise and easily understandable handbooks for employers and employees.

The Client-Employed Provider Handbook* was designed to answer questions regarding the program for the employer and employee. As of March of 2001, Senior and Disabled Services Division had distributed more than 10,000 copies of the handbooks to the local units with requests for additional copies. This demand shows ongoing need for information and training resources for the CEP program.

Recommendations:

After our study of the in-home program, the Governor's Commission on Senior Services has ten (10) critical recommendations to improve the program. Some of these suggestions could be accomplished under current law, others will take legislative action and funding. However, we believe that now is the time to invest in this program. We need to begin now if we are going to be prepared for the wave of baby boomers needing services in the very near future.

1. Wage and Recruitment:

- SDSD should be given the funding to establish a wage and benefit package that reflects the level of work provided. The package should contain a wage scale according to experience and level of training, health benefits, workers compensation, and travel reimbursement between clients.
- SDSD should establish a recruitment program that would include a career ladder linking CEPs with higher education programs and a program to reach out to the community with information to the public through print media.

* Senior and Disabled Services Division, The Client-Employed Provider Program - The Employers Guide, pp. 1-16, The Client-Employed Provider Program - The Providers Guide, pp. 1-14, (Department of Human Services, Salem, Oregon, January 2001.)

Recommendations, continued:

- SDSD should establish support groups, peer counseling programs, and respite services for CEPs to enhance retention.
- SDSD should establish a standardized, mandatory, comprehensive education and orientation program for all CEPs and make it available throughout the entire state.

2. Staffing and Case Management:

- SDSD should work with the federal government to simplify the Medicaid eligibility process.
- The Legislature should provide enough funding so that SDSD can establish manageable caseloads in order to allow adequate oversight and monitoring of client needs.

3. Funding:

- The Legislature should establish a stable and constant funding source that meets the service needs of all clients.

4. Support:

- Encourage the Area Agency on Aging and Senior and Disabled Services Division Unit Managers to do a better job in dealing with caseload increases.
- Encourage the Area Agency on Aging and Senior and Disabled Services Division Unit Managers to continue distribution of the Guides for Employers and Providers.
- Support Senior and Disabled Services Division in ongoing monitoring of the quality of care in the in-home program.

Survey Questions

1. Briefly describe what specific activities/procedures your agency/unit is doing to facilitate access and improve quality of in-home care services.
2. What specific obstacles, if any, have you encountered in implementing these activities/procedures?
3. How do you determine if the clients' needs are being met?
4. How do you monitor the intake process?
5. Approximately how long does it take from initial inquiry to beginning delivery of in-home services?
6. Are you satisfied with the time frame? If not, do you have any ideas for expediting the process?
7. What specific obstacles, if any, have you experienced in arranging in-home care services?
8. Other concerns?
9. What specific suggestions, policies, procedures do you propose that the Governor's Commission on Senior Services should consider to support improved access to quality in-home services to clients?

Question 1: *What specific activities/procedures is your agency/unit doing to facilitate access and improve quality of in-home services?*

- 3 - Require some form of training.
- 2 - Have developed a newsletter for care givers.
- 2 - Have developed recruitment strategies.
- 1 - Have a comprehensive care giver registry, which is available to private, Oregon Project Independence, and Medicaid clients.
- 1 - Developed aggressive protocol for recruitment.
- 1 - Set minimal skills requirements.
- 1 - Created support groups and a peer counseling program.

Question 2: *What specific obstacles have you encountered?*

- 2 - Lack of a statewide standard.
- 2 - Lack of financial incentives for Client Employed Providers to take training.
- 2 - Insufficient funding to meet all the needs for Oregon Project Independence clients.

- Question 2, cont.:**
- 2 - Lack of benefits and wages for Client Employed Providers.
 - 2 - Insufficient staff causing caseloads to be too high.
 - 1 - Lack of reimbursement for travel between clients.
 - 1 - Lack of funding to provide local training.
 - 1 - Lack of funding to address emergency and chronic mental health problems.
 - 1 - Clients do not report problems with Client Employed Providers.
 - 1 - High turnover rates [in CEPs].
 - 1 - Hard to find live-in care givers.
 - 1 - Hard to find adequate supply of care givers.
 - 1 - Hard to find care givers in rural areas.
 - 1 - HMO restrictions on medical equipment.

Question 3: *How do you monitor the quality of in-home services, including the intake process?*

- 7 - Case Managers contact clients regularly.
- 2 - Client Surveys.
- 1 - Client-Employed Provider registry reviews, care giver status, and review of complaints.
- 1 - Encourage communication between client, Case Manager, and care givers.
- 1 - Additional interventions if crisis or if changes in client condition.
- 1 - Regular phone contact.
- 1 - Spot-checks by Case Manager.
- 1 - Client-Employed Provider caseworker can be called in to resolve large problems.

Question 4: *What criteria do you use in monitoring quality of in-home care services?*

- 2 - Data collection.
- 1 - General supervision.
- 1 - Supervisor's check to make sure things are being done correctly and on time.
- 1 - Set schedule for review.
- 1 - One person does all the intakes.
- 1 - Follow state guidelines, and 360 assessment, etc.
- 1 - Interact with the community.

Question 5: *Approximately how long does it take from initial inquiry to beginning delivery of in-home services?*

For Oregon Project Independence Clients:

- 5 - within 1 week
- 0 - more than 1 week

For Medicaid Clients

- 0 - within 1 week
- 2 - 2 to 3 weeks
- 1 - more than 3 weeks
- 2 - not answered

Question 6: *Are you satisfied with this time frame? If not, do you have any ideas for expediting the process?*

For Oregon Project Independence Clients

- 5 - Yes
- 0 - No

For Medicaid Clients

- 1 - Yes
- 3 - No

Question 7: *What specific concerns, if any do you have about access to and quality of in-home services in your area?*

All-Overall lack of care givers

- 6 - High turnover rate of care givers.
- 6 - Inadequate compensation and benefits.
- 5 - Inability of client to select qualified care givers.
- 4 - Public lack of knowledge about in-home services.
- 4 - Inadequate staff to monitor, reassess client needs on timely basis, and update care plans.
- 3 - Inability of clients to direct care givers in providing needed services.
- 2 - Inadequate training for Case Managers, specifically local training.

Question 8: *Other concerns:*

- Not enough live-in care givers.
- Lack of all care givers.

- Question 8:**
- Need funds to be able to reimburse CEPs for their mileage between clients.
 - Need funds to pay for care giver training.
 - Limited funds for training and recruitment.
 - Need standardized training for Client-Employed Providers.
 - Need additional funding for Oregon Project Independence.
 - Need mandatory training.
 - Centralized resource center.
 - Need to develop some type of compromise between what the client wants and what is in their best interest.

Question 9: *What specific suggestions do you propose that the Governor's Commission on Senior Services should consider to support improved access to and quality of in-home care services?*

- 7 - Increase funding for care givers with benefits.
- 4 - Require Client-Employed Providers to attend training.
- 3 - Adopt statewide standards.
- 3 - Provide enough staff, supplies, and equipment locally.
- 2 - Increase funding for Oregon Project Independence (double).
- 1 - Increase training opportunities for staff and clients.
- 1 - Provide funding for training.
- 1 - Increase public awareness.
- 1 - Provide transportation for non-Medicaid clients.
- 1 - More services to clients.
- 1 - Scrap the in-home service ceiling rate.
- 1 - Simplify the Medicaid eligibility process.
- 1 - Create an Oregon Project Independence-like program for persons with disabilities.

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