

Oregon's MFP Project* – “On the Move in Oregon”
Executive Summary
January 29, 2008

Oregon has led the nation, since 1981, in the development of lower cost alternatives to institutional care in both nursing and intermediate facility care. Oregon ranks first of the 50 states and the District of Columbia, in the proportion of Medicaid long-term care expenditures that are made for home care, and last among the 50 states and the District of Columbia in its nursing facility occupancy rate.

Like many states, Oregon was forced to make significant reductions to its' long-term service system in response to the recession in the early years of this decade. State funded prevention and outreach services were eliminated; community-based care provider payments were frozen, and Medicaid eligibility thresholds were tightened. At the same time, enactment of a nursing facility provider tax codified a reimbursement methodology that increased the average nursing facility daily rate more than 35 percent between 2003 and 2007. During that same four-year period, Oregon's historic pattern of declining nursing facility utilization reversed itself. Medicaid nursing facility caseloads actually grew during the first five months of this state fiscal year, at a rate equivalent to a 3% annual increase.

Oregon's Money Follows the Person project – “**On the Move in Oregon**” – aims to reverse the increase in nursing facility utilization and continue the state's historic rebalancing efforts using Home and Community-Based services.

Analysis and discussions with local program managers, providers, advocates and other stakeholders helped to inform project staff about specific groups of people who might benefit from the Oregon MFP project.

Seniors – Much of Oregon's HCBS development over the past 25 years has been geared towards the needs of seniors. Economic pressures over the past five years have effectively closed community-based congregate care models to Medicaid residents, especially those with dementia and other cognitive difficulties. The problem is particularly acute in Eastern Oregon. Not only does demand outpace supply of senior care services, the flight of younger adults out of the area towards living wage jobs has led to a scarce supply of the direct care giving staff so crucial to the operation of dementia care facilities today.

Adults with physical disabilities: People ages 18 through 64 with physical disabilities make up an increasingly large percentage of the total population receiving Medicaid funded long-term care services in Oregon – 31% of the total

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population receiving services through the Home and Community-Based Services Waiver for Seniors and People with Physical Disabilities in June, 2007. 17% of Oregon's Medicaid nursing facility residents are under age 65, and three-quarters of these residents have lived in the facility 6 months or more.

Adults with developmental disabilities: Fairview Training Center closed in February 2000, as part of a long-term plan to develop community placements and expand community-based services for other people with developmental disabilities. Services for people with developmental disabilities are now delivered almost exclusively through regional and local partnerships, with the Eastern Oregon Training Center (EOTC) in Pendleton remaining as the only state institution for people with developmental disabilities. As the number of people living at the Training Center declines, the per-person cost of operating and maintaining the institution increases. More importantly, all of the residents could be equally well served in residential programs and would be better integrated into their communities.

Children: Approximately 70 Oregon children with developmental disabilities live in several pediatric nursing units in Oregon. Many of these children could be cared for in their own homes, or in their communities, with appropriate care and supports.

"On the Move in Oregon" will demonstrate that long-term institutionalized populations of people with complex medical and long-term care needs can be served in their communities with wrap-around packages of supports and services. Estimates of people to be served include:

- 40 children with developmental disabilities in pediatric nursing facilities
- 260 seniors with ADL and other needs in nursing facilities
- 500 adults with physical disabilities in nursing facilities, and
- 200 adults with developmental disabilities in nursing and intermediate care facilities.

Project Transition Coordinators, stationed in local communities, will act as agents of change for project participants to facilitate monitor the move from the institution back to the community. They will assess barriers that exist that may prevent an otherwise willing and eligible participant from successfully transitioning to the

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community and work with policy teams and resource developers to implement strategies to overcome the barriers.

In order to participate in “On the Move,” Federal law requires that the person has lived in an institution for six months prior to project enrollment. Participants must also meet Oregon's functional eligibility for Medicaid long-term care services (service priority levels 1 to 13), and must be financially eligible (300% of SSI standard) for at least one month prior to the date of transition.

Rollout of Oregon's “On the Move” project will be staged geographically, based on targeted population needs, availability of other community-based resources and local interest and support. The tentative rollout schedule for the second quarter 2008 through June 30, 2009 is displayed below.

Population	Location	Number to transition	Start date anticipated	Services after MFP year
Adults with developmental disabilities in ICF/MR	Rural – Umatilla County	17	4/1/2008	Comprehensive Services Waiver for People with Developmental Disabilities
Adults with developmental disabilities in Nursing Facilities	Urban – Multnomah and Lane counties	45	4/1/2008	Comprehensive Services Waiver for People with Developmental Disabilities
Children with Developmental Disabilities in Nursing Facilities	Urban – Multnomah, Clackamas and Washington counties	12	4/1/2008	Comprehensive Services Waiver for People with Developmental Disabilities
Seniors – dementia related needs	Frontier – Union, Baker, Wallowa, Grant, Malheur and Harney	30	4/1/2008	Home and Community-Based Services Waiver for Seniors and People with Physical

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Population	Location	Number to transition	Start date anticipated	Services after MFP year
	counties			Disabilities
Adults with physical needs – obesity related needs	Rural – Jackson, Josephine, Coos and Curry counties	20	4/1/2008	Home and Community-Based Services Waiver for Seniors and People with Physical Disabilities
Seniors and people with physical disabilities – brain injury related needs	Rural and frontier – Sherman, Wasco, Jefferson, Crook, Deschutes, Klamath and Lake counties	50	10/1/2008	Home and Community-Based Services Waiver for Seniors and People with Physical Disabilities; potential model waiver for people with TBI/ABI
Adults with physical needs – obesity related needs	Urban and rural – Marion, Polk and Yamhill counties	20	10/1/2008	Home and Community-Based Services Waiver for Seniors and People with Physical Disabilities
Seniors and people with physical disabilities – behavioral support related needs	Urban and rural – Douglas, Lane, Linn, Marion, Washington, Clackamas and Multnomah counties	60	10/1/2008	Home and Community-Based Services Waiver for Seniors and People with Physical Disabilities; potential 1915(i) State Plan option

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From July 2009 through September 2011, project rollout will continue statewide.

The "On the Move" benefit package will vary by individual need. All participants will be eligible for services contained within the package; Transition Coordinators will work with participants, support networks and providers to assess the scope, intensity and duration of the participant need. During the year that the participant is in the project, Oregon will receive an enhanced federal match rate for benefit package services.

A participant in the "On the Move in Oregon" project will move from the institution to a "qualified residence." Qualified residences may include:

- Independent housing. A house or apartment that is owned or rented by the participant, or by a family member or a friend of the participant.
- Specialized living. Independent living in a subsidized private and separate apartment with the provision of support and assistance with activities of daily living and instrumental activities of daily living.
- Adult or Child Foster Care. A foster care home provides supervision and assistance 24-hours/day to support individual health, activities of daily living and instrumental activities of daily living. In order to participate in the "On the Move" program as a qualified residence, the licensee must agree that the total number of individuals (including people who are MFP participants) living in the home and who are unrelated to the principal care provider, cannot exceed four.

"On the Move" participants will be eligible for services and benefits associated with setting up a household and using assistive technology. MFP grants allow these sorts of expenses, normally funded fully by State general fund, to be matched with Federal dollars for MFP participants.

SPD submitted the Operational Protocol to the federal Centers for Medicare and Medicaid Services January 29, 2008 and expects approval of the plan by April 1, 2008. The budget request submitted with the Protocol totals \$100.2 million through the 2011 calendar year, of which \$77.2 million is Federal Funds.