

In the Loop

Oregon HCBS rules effective January 1, 2016

Consumers may begin to see effects of new CMS Home and Community-based Services (HCBS) rules providing additional freedom and rights in settings such as adult foster homes, assisted living facilities, and residential care facilities. The Oregon rules allow for:

- Units must have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit;
- Individuals sharing units must have a choice of roommates;
- Individuals must have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement;
- Each individual may have visitors of his or her choosing at any time;
- Each individual has the freedom and

support to control his or her own schedule and activities;

- Each individual has the freedom and support to have access to food at any time.

Don't expect overnight changes. The rules provide a transition period. Even though providers must be making "measurable progress" towards meeting the rules, current providers have until September 2018, to be in full compliance. Providers will be working with licensors and surveyors to develop plans for coming into compliance throughout 2016.

The rules target July of 2016, to have systems in place to determine whether limits which are called *Individually-based limits to the rules* can be placed on individuals in the above settings. Stay-tuned for more information on this topic. The rules can be viewed [here](#).

APD Medicaid Long Term Care Unit

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Supporting APD/AAA field structure by providing efficient, timely, and accurate information through superior customer service.

The Hillsboro art project: Unveiled!

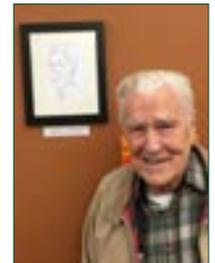
The new Hillsboro APD office was beautiful, but it was missing a personal touch. To make the office a little cozier, staff from District 16 recruited a group of talented customers. The office got submissions from multiple facilities all of which were included in a new art installation. Those who participated were invited to view their artwork on display in the Hillsboro office on November 12, and were also able to invite their family members or caregivers. Twelve paintings were hung on a wall near the eligibility, diversion, and AFH licensing teams and appear to be a huge hit with employees!



In addition to inviting our artists to view their pieces, the entire site also signed cards to give to the artists and their activity directors in appreciation for their participation in what is hoped to be an annual event! The customers and family members also seemed to enjoy the party with lots of picture taking and Facebook posts about their debut into the Washington County art scene. Here's a few photos of our happy artists enjoying their beautiful work and socializing with the APD team.

A special thanks goes out to the Hillsboro APD managers for ensuring our art was hung and organized with great care and to Aimee Krenz who pulled together the entire project and without whom none of this would have been possible!

Jessica Soltesz, District 16 Manager



EAU depends on you!

Did you know the information you provide is very important to our work in the Estate Administration Unit? Each day, our team members are reviewing Oregon ACCESS, searching for information which can assist us in the estate recovery process.

Was the recipient married or divorced? What kind of assets did they have? Did they own a home? Who can we contact on the case? Thank you for continuing to provide us with accurate and up-to-date information.

If we can be of assistance to you, please contact us by email at estate.admin@dhsosha.state.or.us, fax at 503-378-3137, or by phone at 503-378-2884.

Kathleen Rossi, Estates Administration Unit



Don't forget! You are *required* to offer all qualified service customers the option of the Independent Choices Program (ICP); *offering ICP is not optional for any office, area, or case manager!* ICP is a Medicaid program and must be offered along with the other Medicaid options for the consumer. There is no requirement for the consumers to access ICP, but the worker must not influence their decision. For help with ICP, check out the ICP [webpage!](#)

DD services, offsets (liabilities), and notices

Liabilities in the Developmental Disability (DD) services world can be confusing and difficult to navigate. A liability is the amount of money a customer receiving waived services must pay toward the cost of their care (OAR [461-160-0610](#)). In the DD services world, liabilities are known as “offsets”.

Sometimes DD customers have offsets, sometimes they do not, and sometimes APD/AAA staff are required to send notices regarding changes in offsets. This article will help you understand your responsibilities regarding DD offsets and notices.

Some DD customers do not have to pay an offset. DD customers with no offset include:

- Customers on a DDS waiver;
- Customers receiving SSI;
- Customers eligible for OSIPM under 1619(b);
- Pickle Amendment customers;
- Disabled adult child (DAC) customers;
- Customers on a DDC waiver receiving in-home services; and
- DD customers in the EPD program, as they would have a participant fee rather than an offset.



*Peanut and Pearl -
Nadja McConville,
Clackamas*

Customers on a Developmental Disability Comprehensive (DDC) waiver living in community-based care environments, meaning group care homes and adult foster care, who do not meet any of the criteria mentioned above, are subject to paying an offset for their services.

As with APD service cases, APD and AAA workers enter a customer’s financial information on Oregon ACCESS and then integrate those data to the mainframe. The mainframe then determines the customer’s offset based on their income and deductions for needs. To find out a customer’s offset amount, you can check the customer’s WCMI screen by entering the mainframe and typing WCMI, followed by the customer’s case number. You can also check in SCEH, as well as MMIS.

When a DD customer who is on OSIPM has a change of financial circumstances and has to begin paying an offset, staff need to send an [APD 541](#), *Notice of eligibility and Responsibility*, form with a completed [APD 0450](#), *Notice of Planned Action*, attached.

When a customer’s financial circumstances change and their offset increases, staff must send an [APD 540P](#), *Notice of Increase in Service Payment* form. Staff may also need to send an [APD 0540M](#), *Notice of Planned Action - Medical Costs*, if the person’s medical costs change the offset amount. Examples of notice situations can include:

- The customer moves from a DDS waiver to a DDC waiver, residing in a group care home or adult foster care. This would require the worker to send an APD 541 and an APD 0450 form.

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- The customer is in a group care home on SSI and Title II Social Security begins, closing SSI and requiring the customer to now pay an offset. This would also require a worker to send an APD 541 and an APD 0450 form;
- A customer was paying \$100 for their offset, and because of an increase in income, the customer must now pay \$120 per month. The worker would send an APD 540P form.



Bunny - Michael Palmer, EAU

If you have questions, please see [APD WG D-8](#).

Jeff Stell, Medicaid Policy Financial Eligibility and Waiver Team

CM Tools website: Emergency Response Systems

If you are looking for a complete list of Emergency Response Systems (ERS) providers available in your area, please visit the Case Management (CM) Tools [website](#) at for an updated list. The link for ERS on the CM Tools Website includes:

- OAR [461-155-0680](#) for Special Needs and OAR [411-035-0025](#) for K-State Plan;
- A list of [Emergency Response System Providers](#);
- [How to complete the DHS 3971, Oregon OHA PA Request Form](#);
- [Oregon DHS Prior Authorization Request Form \(DHS 3971\)](#);
- [Prior Authorization – Lifeline MMIS Desk Manual](#);
- As well as applicable transmittals related to Emergency Response Systems.

Please click on each link to view the material.

If you have any questions related to Emergency Response Systems you may contact Kelsey Weigel at (503) 779-6849 or KELSEY.C.WEIGEL@dhs.oha.state.or.us.



Don't forget! Employed Persons with Disabilities (EPD) participants may now pay their participant fees by credit card via the web. Information for using the website has been added to their monthly statement. Please encourage EPD participants in your office to use this option. For more information, please see [APD-IM-15-042](#).

January 2016

Celebration of life month
 Get organized month
 International quality of life month
 Poverty in America awareness month
 Jan. 1 - 7: Celebration of life week
 Jan. 8 - 14: Universal letter writing week
 Jan. 17 - 23: Hunt for happiness week
 Jan. 24 - 30: Clean out your inbox week
 Jan. 1: **New Years Day, CLOSED**
 Jan. 8: Show and tell day at work
 Jan. 11: Clean off your desk day
 Jan. 14: Dress up your pet day (*I want pics!*)
 Jan 18: **Martin Luther King Jr Day, CLOSED**
 Jan. 21: Get to know your customers day
 Jan. 24: Talk like a grizzled prospector day
 Jan. 27: Viet Nam peace day
 Jan 29: Seeing eye day

Excellent NVRA news!

According to the Secretary of State (SoS), from 2014 to 2015 DHS has increased their voter registration reporting by about **40%**! As you know, reporting the number of voter registration cards completed in your office is a required part of the National Voter Registration Act (NVRA), and one we struggle with.

We don't have the breakdown of improvement by program, but we pass or fail audits as an agency, so it's all great news.

Also in the good news category, the SoS reports we have *passed another audit review* from the group [Project Vote](#) – that makes two successful audits from this citizen's group in less than five years!

Thank you for all your continued hard work – it DOES pay off!

ACA procedures updates

The Affordable Care Act (ACA) [procedure document](#) has been updated on the APD Staff tools [website](#).

The latest updates includes:

- ONE system tasks;
- Clarification to existing APD/AAA customer requests services when customer is not service eligible;
- Cover letter for Medicare recipient;
- Cover letter for all situations;
- OHP 97 (new).

Please check [here](#) first and often for instructions on working medical cases.

Past issues for both *In the Loop* and *On Target* and indices are on the APD Field Services [webpage](#).

Check the *manual* first then email or call [Karen Kaino](#) with NVRA questions (503-569-7034).

January 2016 Community Based Care payment schedule

January provider service payments for the APD and DD 512 Programs, and the CEP Program will issue the night of Friday, January 1st, and mail to providers the next business day which is Monday, January 4th.

* Providers will need to allow time for checks to arrive in the mail after this date. **

Direct Deposit (EFT) payments will also issue per the schedule above. However, rather than being mailed, they will be sent to the Department of Treasury and out to individual banks for processing. Banks are allowed to use up to three (3) banking days to process direct deposit payments which does not include weekends or holidays! Please note DHS does not have any control of how and when individual banks process their direct deposit payments.

Per the agreement signed by the provider to begin direct deposit of their payments, the provider is required to confirm funds are available before making purchases out of their account. DHS will not reimburse providers for overdraft charges due to insufficient funds.

- EFT payments will be available on or before 11:59 pm Wednesday, January 6th

Direct Deposit information, sign-ups, changes to account information, and other questions should be directed to the E-Commerce Unit at 503-945-6872.

Kristen Hutton, SPD Provider Relations Unit



Ruger - Aaron Malvaney, Redmond

November 2015 SNAP honor roll

100% accuracy!

0111 Baker City APD	100%	1612 Madras APD	100%
0311 Oregon City APD	100%	1911 Woodburn AAA	100%
0811 Gold Beach APD	100%	2019 Cottage Grove AAA	100%
1211 John Day APD	100%	3112 Enterprise APD	100%
1611 Prineville APD	100%	3311 The Dalles APD	100%

90% or better accuracy!

1517 Medford DSO	96.15	0411 Warrenton AAA	92.86
1513 Medford SSO	96.00	0911 Bend APD	92.86
1811 Klamath Falls APD	96.00	2311 Ontario APD	92.31
2111 Toledo AAA	95.00	1717 Grants Pass SSO	92.00
2411 Salem AAA	95.00	1311 Burns APD	91.67
2818 North/North East Portland AAA	93.33	2211 Albany AAA	90.00
3415 Tigard APD	93.33		

49% of all AAA and APD branches are on the honor roll!



Don't forget! Please remember to send email for the Client Maintenance Unit *only* to their group email box: [Maintenance Client](#) on Outlook, or [client.maintenance@state.or.us](#). When secure emails are sent directly to individuals, they are not able to open them and it actually slows down the process and causes you re-work.

Credit screenings for housing

It is a common practice for housing providers to screen applicants based on credit score and credit history. From a fair housing perspective, providers can decide how to set their credit criteria as long as they apply it consistently, regardless of the protected class status of the applicant. That said, this is a source of steady questions for us.

Visit the Credit Screening [link](#) to read up on the topic including:

- When and how to make exceptions to standard credit criteria;
- Screening applicants without a Social Security number; as well as
- A helpful *Tip Sheet on Building Credit Without a Social Security number* on the Credit Builders Alliance [website](#) addressing issues of concern plus best practices for both housing consumers and providers.



Max and William
- Gene Sundet,
Clackamas

Learn more about fair housing and sign up for our free, periodic newsletter at [www.FHCO.org](#). Want to schedule an in-office fair housing training program or speaker? Visit [learning-resources/trainings](#) to learn about the trainings we offer for companies and groups.

Jo Becker, Education/Outreach Specialist, Fair Housing Council of Oregon

Dear old NED

Like an insurance salesman on a endless [February morning](#), the NED code errors just keep coming. Missing NED coding continues to be an issue across the state. When a case closes or suspends because the NED coding is missing, the SNAP case is cited a QC error, even if benefits are restored. Also, forgetting NED creates a lot of re-work when you add coding later and the system is uncooperative.

Here is what to remember to get NED right the first time:

- No one in the [filing group](#) (the people applying together) can have earned income (EML, HCW, SEC, SEN, or TNG);
- Adults in the filing group must be aged 60 or older; **OR**
- Adults in the filing group *under* 60 must meet the SNAP definition of [disabled](#);
- Children (under 18) *can* be in the NED group without being disabled;
- Any time there is a problem adding the NED code to an eligible case, contact the [DHS Service Desk](#);
- Remember to add the NED code in the HH Types field – the system can't do it automatically.



Gustav - Karen Kaino,
Central Office

So remember - NED is your go-to friend! NED prevents re-work and keeps your customers on SNAP without requiring them to make any extra effort. And NED is also a federal requirement. Get to know NED by taking the SNAP skill challenge on the SNAP [tools page](#).

Exception requests helpful hints

AAA and APD staff are all working hard to meet the needs of the individuals we serve. With changes to the exceptions and Central Office approval for live-in plans, exception requests are taking longer. To assist Central Office in reviewing exceptions and live-in service plan requests, these things would be very helpful:

1. Submit a detailed 514 and make sure both the narration and the most recent CAPS comments clearly describe how the consumer meets live-in criteria, including a service need every hour;
2. Make sure the 514 has the same requested hours as the hours segment;
3. Service plan/benefit is in pending status;
4. Use the **updated** 514 found on this [link](#). Exception and live-in requests received on the old form will take longer;
5. Be sure your manager reviews, approves, and submits the 514 to the [exceptions email box](#). Case managers should not submit exceptions directly;
6. Make sure hours have been assigned to all paid care givers and the *Task Lists* have been authorized for each paid care giver.

NVRA quarterly meeting updates

From the December 10th Oregon National Voter Registration Act (NVRA) quarterly meeting:

2016 Agency guide:

- The 2016 Agency Guide should be available in January;
- Updates to the Guide will now include both a date and a version (2016.2, 2016.5, etc.);
 - DHS coordinators were given an opportunity to review the 2016 manual before it goes live to look for confusing language which was not adjusted from 2015;

Envelopes:

- A new version of the envelopes used to mail completed voter registration cards to county Elections, the MSC 516, now include a blank line on the flap to write in your branch number;
 - Use your older envelopes until they are gone before ordering more;
 - Writing in a branch number is *optional*;
 - New procedures are in place to continue to protect the privacy of the registrant.

Site coordinators:

- **CHANGE:** Please start reporting site coordinators changes via the Oregon Secretary of State webpage [form](#);
 - DO NOT use an old version saved on your desktop because the site has completed multiple updates and your old version is likely not usable and will give you errors;
 - If you do get an error when submitting, email a screen shot of the error to [Karen Kaino](#);
- Agency coordinators (such as Karen and Chere) will get a copy of the reported change. (The number of reported site coordinator changes has been suspiciously small);
- Local offices have ten (10) *calendar* days to report a change in their site coordinator: FSAM, IX.F [Local site coordinators](#);
- Please do not send a coordinator change for vacations or absences of less than two weeks.

Reporting:

- Frequency of reporting was discussed and the decision remains to report the number of completed cards **once a week** - weekly reported will be supported in the 2016 Guide;
 - WIC reports local site coordinators are reporting the number of cards on the same day they mail cards. This won't always work due to the low number of cards we get but may be a useful habit in some areas;
- Please report cards on the Secretary of State website using their form;
 - If you get an error when submitting, email a screen shot of the error to [Karen Kaino](#);
- Many SSP and WIC report offices are reporting weekly instead of once per month now;
 - *FYI – some areas are reporting much more often than once per week. Take a look at your procedures and don't work so hard!*



Miss Kitty - Don Stearman, Grants Pass

Changes will be made to the [manual](#) to reflect these updates. If you have a question, contact Karen Kaino by phone, 503-569-7034, email: karen.l.kaino@state.or.us, or IM.

January 2016 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday	
<p><i>Dates and availability are subject to change. Please review availability on the DHS Learning Center.</i></p>					<p>1 CLOSED</p> 
4	5	6	7	8	
11	<p>12</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p>	<p>13</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p> <p>Cultural competency and cultural humility, Portland (8:30 - 4:00)</p> <p>DV 101, Portland (8:30 - 4:30)</p>	<p>14</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p>	<p>15</p>  <p><i>Heidi and friend - Jennifer Lawrence, Hillsboro</i></p>	
<p>18 CLOSED</p> 	<p>19</p> <p>Ask diversity (9:00 - 4:00)</p>	<p>20</p>	<p>21</p> <p>Cultural competency and cultural humility, Woodburn (8:30 - 4:00)</p> <p>Ask diversity, Portland (9:00 - 4:00)</p>	<p>22</p> <p>Cultural competency and cultural humility (8:30 - 4:00)</p> <p>DV 101, Eugene (8:30 - 4:30)</p>	
<p>25</p> <p>Medical financial eligibility, week 2 (1:00 - 4:30)</p>	<p>26</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p>	<p>27</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p>	<p>28</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p>	<p>29</p>	

Background Check Unit registry

Here's some Long Term Care Registry information from the Background Check Unit (BCU) you really don't want to miss for this upcoming year!

- The Long Term Care Registry (LTCR) has over 62,000 approved subject individuals (SIs);
- Portability has been utilized by over 7,545 employees throughout the state;
- Over 9,800 employers have benefited by saving time and money in decreasing the amount of duplicated background checks.

Qualified Entity Designees (QED) provide excellent customer service and safety integrity for Oregon's most vulnerable by maintaining the following best practices:

1. Reporting details of any new adverse history to BCU.LTCR@state.or.us so a new background check may be submitted. Please always give the SI the confidentiality information and opportunity to disclose any new adverse history;
2. Checking out the BCU website with additional supports such as the LTCR Guidebook, CMS Requirements, and information regarding Oregon Administrative Rules (OAR) and Center of Medicare and Medicaid (CMS) requirements;
3. Participating in on site trainings when BCU comes through your area on Registry Road Trips. BCU will be visiting a bunch of new sites around the state in 2016. More information will be coming;
4. Getting the best results out of the LTCR by using an SI's name as it appears on their government-issued ID, and entering driver's license numbers and Social Security numbers when possible.

When information is copied exactly from government documentation into the LTCR it assists both you and other users to get the most accurate search results out of the LTCR, thereby maximizing portability and your future LTCR searches.

5. Letting us know when obstacles are occurring so they may be addressed early on. For example: message errors, duplicated records, and any connection slowness or inability to access BCU online;
6. Providing feedback! We love your suggestions on how to make forms or documents more clear, letting us know about information or programs for which we should create trainings, or other information or suggestions that would be useful to you.



Milo and Tucker - Jodi West, LaGrande

Here at the Background Check Unit we look forward to our continuing collaborations with you to improve the Registry and its services in the present, and start early on planning for future needs. Thank you for all you do.

Happy holidays and a great New Year from BCU!

Dale Jackson, Long Term Care Registry Coordinator

ADRC PCOC training opportunity

Oregon, as one of eight states involved with the Enhanced Options Counseling grant, has the opportunity to pilot the national curriculum for Person-Centered Options Counseling (PCOC) training and has been working with Administration on Community Living (ACL) in creating this training for some time.

We are excited to be able to offer this training statewide to all ADRC partners including AAA, APD, CIL, and I/DD staff and managers. This is a great FREE opportunity to be trained in the philosophy of person centered thinking.



D - Sarah Hout,
Central Office

Watch for details coming your way soon!

To access the ADRC of Oregon, please visit <http://www.ADRCofofOregon.org> or 1-855-ORE-ADRC (673-2373).

Kristi Murphy, ADRC

Benefit verification clarification

Many offices are printing mainframe screens and handing them to customers to use as verification of benefits and income to take to places like Housing – please stop doing this.

We are able to print our own screens (like FSUP), but we are never allowed to print other agency screens like the SSA screens or screens with SSA information. The risk of violating agreements with other entities by printing mainframe screens is very high.

DHS has created a form to use specifically for verification to another entity. It looks official, has the state seal – the whole nine. The DHS 839, can be found on the forms server and offices have the option of using that form and NOT the mainframe screens.

The form is *Supplemental Nutrition Assistance Program (SNAP) Benefit Verification Letter*, but has fields for Medical, and “Other” with a fill-in for Services.

Thank you to Vicki Wright at Lane AAA and the SNAP Policy Analysts!

Let's hear from you!

What did your office get up to this holiday season? Our group here at Central Office had a potluck and a white elephant gift exchange. Turns out, we're all great cooks!



Angela Munkers,
Tammy Mazon

Send in your pics for the January newsletter and show off, too!



L-R: Jeb Oliver, (far) Janet Morse,
Margaret May, (far) Teena Essery, (far)
Marsha Ellis, Melissa Taber, Matt Baldwin

Forms updates

Please delete all copies of prior versions from your desktop and archives and use only the current version. Please look for and recycle any hard copies. All current forms are available on the [DHS Forms Server](#):

- SDS 0312, *Behavior Support Services Feedback Form*, is updated with specific needs contract team email address as a link;
- SDS 0514, *Request for AFH, RCF or ADS Exception*, has been extensively updated and will be posted shortly. Tune in next month for more information;
- SDS 1219HE has been removed.

Innovator Agents at work - 2015 highlights

Hasn't 2015 gone quickly? Your Long Term Services and Supports Innovator Agents are excited to share some of the major accomplishments of 2015:

- 16 new MOUs negotiated between LTSS offices and CCOs - completed on time and effective July 1;
- Statewide average rate of completion of shared accountability tasks agreed upon in CCO-LTSS memorandum of agreement, January - September: 90%;
- Launched care conferences with CCOs in all AAA/APD districts;
- Across the state, over 370 care conferences with CCOs;
- Fall forum: *Engaging Beneficiaries with Medicaid and Medicare and Long-Term Services and Supports: Strategic Approaches and Partnerships*, September 25 in Eugene;
- National conference presentations by Innovator Agents:
 - Health Care and Community Falls Prevention Symposium, March 17, Portland
 - American Society on Aging, Aging in America Conference, March 25, Chicago. Making an Effective Fall Prevention Program Affordable;
 - National Association of Area Agencies on Aging - July 14, Philadelphia. Sharing Strategies: Implementing Cross-system Transformation in Oregon;
 - National Home and Community Based Conference, September 1 - 3, Washington DC. Bridging Traditional Long Term Services and Supports with New Models of Value-Based Care.
- Regional Successes in care coordination and health promotion/self-management work:
 - Washington County Health Summit - over 75 social services and community health providers met to start quarterly series of education and cross collaborative work in health care coordination;
 - Kick off of Douglas County Transitions mapping project - Community wide gathering of social and health professionals involved in transitions work to map, clarify, and educate on transitions roles, processes, responsibilities, resources with a goal of a shared understanding and streamlined transition processes;
 - Coleman Care Transitions Programs in Jackson, Josephine and Douglas Counties - Project managed implementation of an evidence-based hospital readmission reduction program, the Coleman Care Transitions program, with the AAAs, CCOs, and a hospital partner to provide coaches to help patients develop self-management skills when they return home from a hospital or skilled nursing facility stay;
 - Tracking system for care conference impact - APD District 9 (Hood River, Sherman, Gilliam, Wasco, Wheeler) and Pacific Source Community Solutions, Inc. - Columbia Gorge



Rosie- Marsha Ellis,
Central Office

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and APD District 10 working with Pacific Source Community Solutions, Inc. - Central Oregon developed measurement tools and reporting systems tracking outcome metrics as a result of increased care coordination. Results show a measurable decline in utilization as care coordination continues to influence avoidable emergency room visits and increases communication between providers of medical and social programs and consumers. The last quarterly recap from D10 and Pacific Source Community Solutions - Central Oregon showed 63% lower risk scores, and 62% engaged members in behavioral health supports as a result of increased care coordination through integrated care management work.

- Expanded Health Promotion classes throughout Northwest Senior & Disability Services areas - (Marion, Polk, Yamhill, Clatsop, Tillamook). Piloted Otago Exercise Program (OEP) for falls prevention and the National Diabetes Prevention Program (NDPP) in some areas and showed positive results. Sponsored at least five Leader trainings throughout the region in an effort to expand the region's capacity to provide these programs on a regular basis;
- Self-management health programs Referral Specialist out stationed at a CCO in Southern Oregon to increase referrals to and engagement in self-management programs such as Living Well with Chronic Conditions;
- Community engagement and committee work with eight key local organizations to support long term sustainability of the Living Well with Chronic Conditions and Diabetes self-management classes in both Klamath and Lake Counties;
- Sustainable Relationships for Community Health grant work by Oregon Cascades West, Lane Council of Governments and Rogue Valley Council of Governments collaborating with CCOs and local public health departments to develop a sustainable plan for self-management programs in local areas;
- Innovations Fund grant projects -
 - Oregon Cascades West- Intensive Case Management project- care coordination for consumers with complex needs at risk of homelessness;
 - Multnomah County Aging, Disability & Veterans Services- HUB project- care coordination for consumers with addictions, mental health challenges and unmet long term services and support needs;



Oreo -
Roberta Lilly,
Central Office

Current and 2016 activities are focused on continuing work in collaborative care coordination, a revision of the MOU guidance, monthly activity reports, MOU related metrics reporting, developing connections with the patient centered primary care home program and clinics and a proposal to use the Medicaid acquisition of skills benefit to support health self-management program participation. We look forward to working with you and keeping you informed about progress in 2016!

Naomi Sacks, LTSS SIM grant policy analyst

Advocacy and Development - Year in review

The Governor's Commission on Senior Services (GCSS): The Governor's Commission on Senior Services is made up of volunteers appointed by the governor and two legislators. The Commission is dedicated to enhancing and protecting the quality of life for all older Oregonians and ensuring seniors have access to services that provide choice, independence and dignity. Currently, the Commission is focused on several initiatives, including:

- Work related to policy changes for older adults who are unemployed and who have low job prospects. The Commission has produced a policy brief with recommendations about how to improve the job market for older workers who are unemployed and need work to survive. Members of the Commission will be meeting soon with Elana Pirtle-Guiney, Governor Brown's Workforce and Labor Policy Advisor;
- Planning an Oregon Governor's Conference on Aging. After a highly successful Oregon White House Conference on Aging in May, the Commission has set its sights on a follow up to that conference, tentatively scheduled for fall of 2016;
- Exploring evidence-based intergenerational programs which benefit youth and older adults. A panel discussion is planned on this topic for the Commission's February meeting.

The Commission is involved in a variety of other efforts as well. If you have questions about the Commission or would like to learn more, please contact [Ann McQueen](#) or [Rebecca Arce](#).

Oregon Disabilities Commission: Since its inception in 1983, the Oregon Disabilities Commission (ODC) is a cross-disability commission, with people who are experienced in, or have demonstrated particular interest in, the needs of Oregonians with disabilities, including individuals with physical, developmental, intellectual, psychiatric, and sensory disabilities. A majority of the members are people with disabilities.

ODC advises the Department, Legislature, and Governor on policies affecting all Oregonians with disabilities. This year, ODC joined several other partner organizations in observing the 25th anniversary of the Americans with Disabilities Act. ODC is currently engaged in several other areas, including employment, accessible and affordable housing, accessible parking and emergency preparedness. To learn more, contact [Deborah White](#).

Oregon Deaf and Hard of Hearing Services Advisory Committee: The Oregon Deaf and Hard of Hearing Services Advisory Committee currently consists of 9 members who are deaf, hard of hearing, or who advocate on the community's behalf. The Committee works to improve accessibility to state agencies and their programs for individuals. They achieve this by acting as a resource for DHS, publicizing areas of concern among deaf Oregonians, creating partnerships with the community, DHS and non-profit organizations, as well as facilitating information and education to their partners.



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In 2015, the Committee focused their efforts on Senate Bill 449; a bill to create a separate

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and statewide central office for the Deaf and Hard of Hearing Services Program. The bill was widely supported, yet fell short of gaining budgetary approval. Instead, the Ways and Committee allocated \$200,000 for a statewide community needs assessment to be carried out in 2016 to assess the central office need. In 2016 the committee will also be addressing issues related to law enforcement and the deaf and hard of hearing community, state agency compliance, and American Sign Language interpreters who contract with the state. For more information, contact [Theresa Powell](#).

Medicaid Long Term Care Quality and Reimbursement Advisory Council: The Medicaid Long Term Care Quality & Reimbursement Advisory Council (MLTCQRAC) consists of 12 stakeholders including the long term care ombudsman, consumers, advocates, and providers. Council appointments are made by the Governor, the President of the Senate, the Speaker of the House, Governor's Commission on Senior Services, and Oregon Disabilities Commission.

MLTCQRAC is directed to advise APD on changes or modifications to the Medicaid reimbursement system and the adverse and positive effects of the changes or modifications on the quality of long term care and community based care services and reimbursement for long term care and community based services.

MLTCQRAC provided input to APD on its budget during the 2015 Legislative Session related to Medicaid reimbursement, and the Legislature's adopted budget reflected much of this input. The Council is currently following the changes associated with the Department of Labor and Home and Community Based Services rules. To learn more, contact [Max Brown](#).

Oregon's Quality Care Fund (QCF): Have you ever wondered what happens to money long term care providers pay to be licensed, monetary penalties when they receive a survey citation for non-compliance? This money actually goes into a fund called the Quality Care Fund (QCF). By statute, these QCF monies must be spent on grant projects to improve quality in long term care settings, such as nursing homes, adult foster care homes, group homes, and assisted living and residential care communities. Recent projects funded by the QCF include:

- A series of videos to help providers understand how to ensure their settings offer person-centered and person-directed care and services;
- A program survey identifying areas of improvement, tools, and hands-on support to reduce the incidence of urinary tract infections in the Oregon long term care communities;
- A project enlisting 10 long term care communities to create and build upon existing quality improvement by uncovering leaders, and empowering direct care and other line staff;
- Research to help identify and validate a way of measuring person-centered care from an older adult resident's point of view.

Several other exciting projects are also in the works. To learn more about the Quality care Fund, please contact [Ann McQueen](#).

