

# **The Oregon Health Plan**

(Summary compiled by Brenda Schmitthenner)

Oregon seniors who are eligible for Medicaid receive all services through the Oregon Health Plan, the same as all Medicaid recipients in the state. The only difference in the delivery system for seniors is that if they are also Medicare eligible and choose an HMO, they must use the same HMO provider for both Medicare and Medicaid services. Medicaid, through the managed care provider, does cover home health, PT and prescription drugs. Services like SNF, assisted living, adult foster care, and most in-home services are carved out of the managed care plan and are instead covered on a fee-for-service basis. There is currently no integrated system in place for delivery of acute and LTC services for all seniors in Oregon. However, the state does require that the managed care provider assign “exceptional needs coordinators” to work with LTC case managers on cases involving the disabled or frail elderly. A taskforce is currently studying the feasibility of an integrated delivery system for the state. There are several PACE sites in Portland that are being examined closely to determine if replication of this model should be recommended elsewhere in the state.

Despite the fact that Oregon doesn't have a truly integrated system specifically for seniors, it is the only state in the nation that spends more Medicaid dollars on home and community-based services than on institutional care provided in SNFs. The state is one of only two states that have shown a decline in the number of nursing home beds. The Senior and Disabled Services Division (SDSD) of the Oregon Department of Human Services manages the care of disabled adults and frail elderly who receive Medicaid benefits. SDSD now serves about 75% of all clients in home and community-based settings. Despite a 98 % growth in total caseload since 1985, Oregon's SNF caseload has

dropped by about 9%, while the percentage served in home and community-based care has grown 224%. Oregon's LTC options include: respite care, adult day care, in-home care, adult foster care, residential care, assisted living facility care, and SNF care. The most demanded option is in-home services which includes meal preparation, shopping and transportation, home health services, assistance with medications, housekeeping and laundry, medication management, money management, assistance with DMEs, and dressing and personal hygiene assistance. State policymakers rely heavily on in-home supportive services as an alternative to institutionalization.

Oregon has been successful in developing community-based care and discouraging institutionalization of seniors and the disabled because of their exceptional case management system. Through the case management program, consumers get information and assistance, assessment and planning. When an individual is found to need LTC services, a screener is called for the initial intake of information. As appropriate, the screener schedules an in-home visit by a case manager. During the visit, the case manager assesses the extent of functional disability and works with the client to ensure that a care plan matches his or her needs, values, and preferences. A comprehensive assessment allows for a care plan to be built on the client's existing social network as well as on the resources available in the community. The case manager authorizes the care and with input from the client selects a provider. Frequently, this requires the case manager to negotiate a rate with community-based providers. Once the services are in place, the case manager monitors the case and modifies the care plan as needed. Case management also plays an important role in the management of chronic illnesses. Case managers can intervene when early warning signs are present and thus,

prevent an acute episode from happening. Further, Oregon's case managers help eliminate the redundancies that occur in a fragmented healthcare system. The case manager can connect the client with all needed services including social, health and LTC services.

Although Oregon does not have a truly integrated delivery system for seniors, it has long been hailed as "the model" for integrated Medicaid services through managed care providers. The cost savings to the state have not been anywhere near what was expected, but the model certainly has improved the quality of services and life for most Oregon Medicaid recipients.

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