



Medicaid & Area Agencies on Aging & Disabilities

A Path Towards Coordinated, Comprehensive Long-Term Services & Supports



Medicaid/Transfer Area Agencies: What are they?

- Oregon statute and administrative rule defines a Medicaid/Type B Area Agency:
 - Entity that meets the definition of Area Agency
 - Administered by a unit of local government
 - Administers the Medicaid, financial and adult protective services and regulatory programs for seniors and people with disabilities
 - Operates Older American Act programs and Oregon Project Independence



To be designated as a Medicaid/Transfer Area Agency:

- Local government agrees to be responsible for all actions of a Medicaid/Transfer Area Agency
- Local government agrees to accept local administrative responsibility for Medicaid services
- Local government provides a plan to DHS that lays out how Medicaid services will be provided for approval by DHS.
- DHS will inform Governor's Commission on Senior Services, Oregon Disabilities Commission and local Advisory Councils to seek input



Benefits of a Medicaid/Transfer Area Agency

- Coordinated services
 - Services for seniors and people with disabilities are located under 'one roof'
 - Older Americans Act
 - Oregon Project Independence
 - Medicaid Long Term Services & Supports (Title XIX)
 - Medical Assistance and SNAP
 - Adult Protective Services
 - Aging Disability Resource Center – ADRC
 - Coordination with CCO and acute health care



Benefits of a Medicaid/Transfer Area Agency

- Lower cost compared to state run Medicaid programs for state budgets
 - By Oregon statute, a Medicaid/Transfer Area Agency will administer Medicaid long-term services and supports at **95%** of the total cost for the State/DHS to handle the programs
- Federal Medicaid matching funds – adding a new source of funding for services and supports for the local community
- Significant increase in operational dollars for an Area Agency versus a Medicaid/Transfer Area Agency to support long-term services and supports



Benefits of a Medicaid/Transfer Area Agency

- Coordination of disability and senior services – benefitting clients by providing a true ‘one stop’ for information, assistance and services
- Case management can reach among different programs to provide the most comprehensive care plan possible for an individual
- Effective and local response for adult protective service issues
- Stronger coordination and interaction with Coordinated Care Organizations



Benefits of a Medicaid/Transfer Area Agency

- Flexibility to increase organizational capacity for an Area Agency to best meet local needs
- Increase reach and presence in a local service area with diversity of programming
- Heightened political presence
- Strengthened advocate voice through Disability and Senior Advisory Councils



Benefits of a Medicaid/Transfer Area Agency

- Strengthened diversion and transition services
 - Understanding the needs and resources of a local community
 - Increase coordination of resources to increase diversion from unnecessary, more restrictive care
 - Net greater savings for state and federal budgets
- Meets the goal of “No Wrong Door” by housing ADRC, OAA, OPI, Community Based Services and Medicaid in one area



Medicaid Title XIX Services & Supports include:

- Home and Community Based Care
- Nursing Facility Care
- Adult Protective Services
- Case Management
- Pre-Admission Screening



Medicaid Title XIX Services & Supports include:

- Diversion/Transition and related services – supporting client choice through transition)
- Eligibility enrollment for Aged, Blind & Disabled
- Supplemental Nutrition Assessment Program (SNAP, formerly food stamps)
- Service Eligibility for Medicaid Long-Term Services and Supports



Medicaid Title XIX Services & Supports include:

- Authorization of support services through Title XIX
 - Home delivered meals
 - Personal care
 - Non-Medical Transport
 - Adult Day Care
 - Community RN Program
 - In-home agency or Client Employed Caregivers
 - Adult Foster Home
 - Assisted living, residential
 - Long-Term Nursing facility placement



Unique to Oregon

- Long-term services and supports are NOT included in Oregon's managed health care system – CCOs
- Oregon has a carve out that protects Long-Term Services and Supports from being integrated into health system transformation
- Coordination with the CCO system is required but not a global payment mechanism
- LTSS funding is distinct from other health care dollars and the acute care Medicaid funds



Unique to Oregon

- Extremely low nursing facility utilization
 - 49.6% of individuals receive care in their own home
 - Only 13% of individuals are accessing long-term services in a nursing facility
- Cost savings from 'rebalancing' have already been achieved and been in place for many years
 - In-home care cost average: \$1,534 per month
 - Community base care cost average: \$2,350 per month
 - Nursing facility care cost average: \$8,800 per month
 - No eligibility for rebalancing Federal grant programs



The Carve Out

- Was put forward in Oregon Statute when health system transformation moved forward
- Has been questioned by CMS but has stayed in tact
- Local legislators have also inquired as to the carve out but support from stakeholders has held this in place



Considerations for an Area Agency

- Higher level of staffing required
- More complex program and budget administration
- Higher level of Federal requirements for Medicaid
- Current relationship with state human services agency



For more information, please contact –

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