

Oregon Public Guardian Program



COMMUNITY RESOURCES



High Risk Teams (HRT's)

- ▶ Statutorily authorized and protected by same:
 - 125.693: *A high-risk team shall discuss situations where highly vulnerable adults are at risk of harm, or are currently experiencing harm, and identify the available options for addressing the safety risk, focusing on the least restrictive alternatives.*
- ▶ Becoming involved in local 'High Risk Teams' (HRT) gets you connected to some of the resources in your area and establishes communication with others who are already knowledgeable in what's available.
- ▶ Types and names of services vary by county, HRTs are good for learning your local community resources.



Aging and Disability Resource Connection of Oregon (ADRC)

- ADRC can be a very useful tool in helping you navigate/locate services throughout the state.
 - Can also be known as AAA's (Area Agency on Aging).
- Statewide number is 1-855-373-2372
- Website address is 'www.adrcoroforegon.org'



Over-Simplified Program Eligibility Guidelines

- Aging and People with Disabilities (APD)
 - General program eligibility based on a person being 65 years of age or older
OR
 - Having **significant** hands-on care needs for their Activities of Daily Living.
- Mental Health Services aka Behavioral Health/OHA
 - Primary driving disability is a mental health issue.
- Intellectual and Developmental Disabilities Program (I/DD)
 - A person has had an intellectual or developmental disability that started before the age of 22 for DD and 18 for ID,
 - Can include Brain Injuries before that age, severe mental or physical impairment or combination of mental and physical impairments, etc.



Department of Human Services/Oregon Health Authority (DHS/OHA)

- Oregon Health Authority handles Medicaid medical programs:
 - Oregon Health Plan – Medical for non-Medicare population.
 - Qualified Medicare Beneficiary Program – pays the Medicare part B premium.
- Basic financial eligibility requirements:
 - A person, or their guardian/OPG, must apply for medical benefits.
 - Needs based programs. Persons determined eligible for SSI are automatically eligible for medical called Oregon Supplemental Income Medical (OSIPM).
 - Resources and assets beyond primary home and vehicle under \$2000 for eligibility. Income limits exist as well but can be managed with a trust.

CCO's continued

- CCOs can have small pots of money to use for client needs.
 - Access Flex Funds through the CCO directly.
- Under Oregon Health Authority, OHP contracted care plans offer brochures and information on what they have available in their coverage area.
 - <http://www.careOregon.org>
 - oregon.gov/oha/HSD/OHP/Pages/cco-plans.aspx
 - Healthshareoregon.org
- Opting out of or switching CCOs
 - ces.dmap@dhs.oha.state.or.us
 - In the body of the email, include client name and Medicaid ID # and state that the person chooses to opt out of or change enrollment in a CCO. Subject should be something like "URGENT opt out" or "URGENT switch care plan," explaining the need for change.
 - The opt out will only be good for one year, at which time they need to do it again, if necessary.

Aging and People with Disabilities (APD)

- Overview of APD programs and eligibility
 - Care Services – Helps pay for care if determined eligible based on care needs and financial criteria. The person or their guardian must apply and ACCEPT Service benefits. If found eligible, OSIPM is also approved (a package deal).
 - 'Services' helps pay for care in Nursing Homes, Residential Care, Assisted Living, and Adult Foster Homes.
 - There are also programs specifically for In-Home care including State Plan Personal Care, Independent Choices and Spousal Pay.
 - Food Benefits - For people with low-income whose food needs are not being met by a care facility.
 - Employed Persons with Disabilities (EPD) – Designed to help people who have a disability go to work and not lose Medicaid coverage.

For more details on these programs and others, as well as Administrative Rules go to <http://www.dhs.state.or.us/tools/> then click on APD, then chose Case Management tools in 'Quick Links' on the left side.



Pre-Admission Screening and Resident Review (PASRR)

- Medicaid regulations require states to maintain a PASRR program to screen nursing facility (NF) applicants and residents for serious mental illness (SMI) or Intellectual Disabilities (ID). This will ensure NF applicants and residents with SMI or ID are:
 - Placed appropriately (in the least restrictive environment), and
 - Provided with the SMI/ID services they need.
- PASRR includes Level I, Level II and Resident Review.
 - Level I is an initial screening conducted prior to NF admission.
 - Level II and Resident Review evaluations are required for all NF applicants and residents identified with indicators of SMI/ID during the Level I screening or at any time during residency (unless the individual qualifies for an Exempted Hospital Discharge); and for any resident with confirmed SMI or ID with significant changes in their cognitive or physical conditions.



PASRR Level 1

- ▶ **Level I** is an initial screening conducted prior to NF admission to identify individuals with indicators of SMI or ID.
- ▶ The Level I screen is conducted by hospital discharge planners, hospice/home health agencies, medical office social workers, APD, AAA specialists and case managers and Private Admission Assessment (PAA) contractors.
- ▶ Individuals identified with SMI or ID may receive further evaluation if the individual needs long-term care.
- ▶ If the Level I screener finds SMI/ID indicators during the screening, the screener then notifies the Community Mental Health Program to request a Level II screening.



PASRR Level II

- ▶ The Level II is a comprehensive evaluation, and the Resident Review is a brief consult. Both are performed by a QMHP, assigned by the local Community Mental Health Program.
- ▶ The QMHP will determine if the individual meets diagnostic criteria for SMI or ID. Once SMI or ID is confirmed, the QMHP will:
 - ▶ Evaluate the individual's SMI or ID symptoms, history and care needs
 - ▶ Recommend the most appropriate care setting
 - ▶ Determine if specialized services are needed (e.g., psychiatric hospitalization)
- ▶ If the QMHP determines that the NF is the most appropriate setting, the determination may include recommendations for “services of a lesser intensity than Specialized Services” to meet the resident's needs. Recommendations may include but not be limited to:
 - ▶ Behavioral strategy recommendations,
 - ▶ Referral to health care provider for medical interventions, or
 - ▶ Referral to health care provider with pharmacologic suggestions.

Mental Health/Behavioral Health Services

- Mental health care, substance use treatment, and recovery support, generally managed by counties.
 - <https://www.oregon.gov/oha/hsd/amh/pages/cmh-programs.aspx>
- Services can be provided in a community setting, such as an apartment, or in a residential care facility, which come in various shapes and sizes.
- Services are as minimal or as maximal as the individual needs to support his/her mental health:
 - Can include medication management, counseling, Assertive Community Treatment (ACT) team staffing for home support, accessing other services in the community, peer support, etc.
- List of MH homes with potential availability
 - <http://oregonamhi.wikidot.com/start> access via county ENCC
 - Residential Treatment Facilities: [Oregon.gov/oha/HSD/AMH-LC/Pages/RT.aspx](https://www.oregon.gov/oha/HSD/AMH-LC/Pages/RT.aspx)
 - Adult Mental Health Services: <https://www.oregon.gov/oha/HSD/AMH/Pages/Mental-Health.aspx>
 - Oregon Behavioral Health Initiative info: www.oregonbhi.org

Intellectual/Developmental Disabilities (I/DD)

- Developmental Disability (DD) is a severe mental or physical impairment or combination of mental and physical impairments:
- Begins before an individual is 22 years of age or 18 years of age for an intellectual disability;
- Other developmental disabilities include autism, cerebral palsy, epilepsy, or other neurological disabling conditions.
- Available services include:
 - service coordination,
 - in home and community support services,
 - Supported Living, 24 Hour Residential Supports and Adult Foster Home.

For more details on these programs and their Administrative Rules go to <http://www.dhs.state.or.us/spd/tools/dd/index.htm> (gateway to DD staff tools), <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/adult-supports.aspx> (available programs/supports), or <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/index.aspx> (provider and partner resources).

Social Security Administration and local liaisons

- Medicaid programs frequently have a liaison to assist in applying for SSA benefits and navigating that system.
- OPGC typically delegates our financial authority to an established business of Representative Payees.
 - Payees must be within 75 miles of the client, unless there is no payee within 75 miles, then exception can be made.
- We establish the chosen Representative Payee as the person to receive and manage our client's monthly Social Security Income
 - Income can include SSI, SSDI, retirement benefits, and wages.
 - ODVA will manage VA funds along with other income for clients if needed.
 - <https://www.oregon.gov/odva>
 - The Representative Payee works with our client, their placement, and OPGC to
 - Pay bills appropriately,
 - Provide spending money,
 - Help clients work towards long term financial goals,
 - Saving up for a bigger expenditure, creating an ABLE account, etc.
 - Keep a client below resource level to maintain Medicaid/OHP.

Specialty programs to serve specific populations with specific issues & needs

- ▶ **Specialized contracts = residential placements with specialized care**
 - APD clients with needs that cannot be met in “typical” settings.
- ▶ **Enhanced Care Services (ECS)** is a collaborative program between Oregon Health Authority (OHA) and Aging and People with Disabilities (APD). Designed to support individuals with complex medical (APD eligible) and psychiatric needs (SPMI).
 - There are currently 7 ECFs providing ECS located in the following counties: Hood River (NF), Multnomah (RCFs), Yamhill (RCF), Marion (NF) and Lane (RCFs).
- ▶ **Stabilization And Crisis Unit (SACU) placements**
 - Specialized, generally short-term, placements for clients who experience both I/DD and Mental Health symptoms.
- ▶ **ABLE accounts (Achieving a Better Life Experience)**
 - Convenient way to put money aside for client use without it impacting Medicaid/OHP eligibility.
 - <https://www.oregonablesavings.com/>
- ▶ **Vocational Rehabilitation Services**
 - Assisting people with disabilities get and keep a job that matches their skills, interests, and abilities.



Hospice and Palliative Care

- ▶ OPGC works with people through the cycle of life, and as such, you may be helping a person direct their end-of-life care per their wishes.
- ▶ Like many other agencies, each county can have a different provider, or several providers. Occasionally, one provider will work in multiple counties.
- ▶ The following website offers a search by county or city.
 - <https://oregonhospice.org/directory-search/>

Helpful odds and ends

- ▶ **Housing:** OPGC often works with clients and their providers to access housing assistance through HUD, Section 8 vouchers and other community programs:
 - <https://www.oregon.gov/ohcs/housing-assistance/>
 - <https://www.hud.gov/states/oregon/renting>
- ▶ **Transportation:** If a client needs help accessing community transportation we can help them access that:
 - Medical transport <https://www.oregon.gov/oha/hsd/ohp/pages/nemt.aspx>
 - Some communities may have low-cost or no-cost bus passes for people with disabilities or a client may have access to a bus pass through their providers, such as I/DD, MH, etc. Some CCO plans may also offer bus passes to their members.
- ▶ **Legal Aid:** If a client is having a legal problem (being wrongfully evicted, wanting to dissolve a marriage, pursue a child custody agreement, etc.) **and the individual wants to pursue it**, OPGC can help them access legal services as necessary:
 - <https://lasoregon.org/> or <https://oregonlawhelp.org/> are good places to start
 - If one of our clients wants to get a lawyer to get rid of their guardianship, that is their right.
 - It is their responsibility to find that lawyer and pursue that process independently, as that is part of proving they are ready to be their own guardian.

Other helpful odds and ends

➤ Oregon Long Term Care Ombudsman Program

- All care facilities are assigned an Ombudsman or Volunteer Ombudsman. Their main role is to be a go-between or advocate for the resident when there are issues with the care facility.
- These can include complaints about food, activities, resident rights, and discharges/evictions.
 - LTCO for APD placements, Residential Facility Ombudsman for I/DD & MH placements; both programs can be found here www.OLTCO.org

➤ Tribal Resources and Information-

- www.naranorthwest.org
- www.Oregon.gov/dhs/ABOUTDHS/TRIBES/Pages/Tribes.aspx
- www.onacc.org

➤ Department of Veteran's Affairs –

- Oregon Dept. of Veteran's Affairs:
<https://www.oregon.gov/odva/pages/default.aspx>
- www.VA.gov Federal VA program
- www.benefits.gov Gateway to all potential government benefits



CONTACT INFORMATION



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