JOINT INTERIM COMMITEE ON HUMAN RESOURCES

Sub-Committee on Long Term Care

May 7, 1998 Hearing Room F

8:30 A.M. Tape 22 - 28

MEMBERS PRESENT:

Rep. Jeff Kruse, Chair Sen. Susan Castillo Sen. Bill Fisher

Sen. Lenn Hannon

Rep. Richard Devlin

Rep. Patti Milne

MEMBERS EXCUSED:	
Sen. Jeannette Hamby	
Rep. Jane Lokan	
STAFF PRESENT:	
	Anne Tweedt, Administrator
	Sandy Thiele-Cirka, Administrative Support
ISSUES HEARD:	
	Budget Overview: Mental Health and Developmental Disability Services Division
	Ann Glaze, Senior Legislative Analyst
	Legislative Fiscal Office
	Overview of Mental Health and Developmental Disability Services Division
	Barry Kast, Administrator, MHDDSD
	James Toews, Assistant Administrator, Developmental

Disability Services Division

Role of Advice and Advocacy Organizations Developmental Disabilities Coalition Kathryn Weit, Chair

Developmental Disabilities Council Charlotte Duncan, Executive Director Kathryn Weit, Policy Analyst

Oregon Advocacy Center Bob Joondeph, Executive Director

Long Term Care Insurance and the Viability of Medicare Jim Carlson, Executive Director Oregon Health Care Association

Barbara Levy, Legislative Director and Counsel Health Insurance Association of America

> Scott Kipper, Government Relations and Product Development GE Capital

Budget Overview: Senior and Disabled Services Division John Britton, Senior Legislative Analyst Legislative Fiscal Office

Current and Future Issues Oregonís Certificate of Need Requirements Grant Higginson, State Health Officer and Assistant Administrator Oregon Health Division Capacity

Dan Kaplan, Assistant Administrator

Senior and Disabled Services Division

Quality Control and Improvement Cindy Hannum, Manager SDSD Community Based Care and Corrective Action Unit Employment for Persons with Developmental Disabilities Roger Auerbach, Administrator

Update: Veteransí Nursing Home, The Dalles Jon Mangis, Director Department of Veteransí Affairs

Senior and Disabled Services Division

Role of Advice and Advocacy Organizations Governorís Commission on Senior Services Phyllis Lissman, Chair

Medicaid Long Term Care Quality and Reimbursement Advisory Council Betty Johnson and Joy Morrow

Long Term Care Ombudsman Meredith Cote, Director

Disability Services Advisory Councils Ruth McEwen

Implementation of SB 979 (1997) Mylia Wray, Administrator

Public Employeeís Benefit Board Gloria English, Health Insurance Manager Public Employees Retirement System

These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

Tape/#	Speaker	Comments
Tape 22, A		
006	Chair Kruse	Calls meeting to order at 8:41 A.M.
BUDGE	<u>r overview: menta</u>	AL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
020	Ann Glaze	Senior Legislative Analyst, Legislative Fiscal Office, provides budget overview of Mental Health and Developmental Disability Services Division (MHDDSD) (EXHIBIT A).
034	Rep. Milne	Asks for the long term care budget total.
036	Glaze	Responds \$637 million General Fund. Continues overview of federal funds received by the state.
083	Rep. Milne	Asks why there is a delay in individuals receiving services.
090	Glaze	Responds that services are administered based on available funds.
094	Rep. Milne	Asks how many clients are not receiving services.
098	Glaze	Responds that at the beginning of the biennium there were 3,500 individuals on the waiting list. Continues presentation identifying program and support services.
115	Sen. Hannon	Asks if the 76% residential services will be impacted if Fairview closes.
122	Glaze	Responds that those individuals would remain in residential settings, the migration would have little impact on the 76%. Notes that support services and vocational services would be increased.
134	Sen. Hannon	Asks what services are included in vocational services.

136	Glaze	Responds they are community activity centers and sheltered workshops.
137	Sen. Hannon	Asks how vocational services will increase if Fairview clients are unable to participate in those services.
140	Glaze	Responds that some of the current residents are eligible for these services, however, they are receiving them.
149	Sen. Hannon	Asks if the staff/client ratio will remain the same once the medically fragile patients are transferred to community based care facilities.
156	Glaze	Responds that the case management workload could become an issue.
163	Sen. Hannon	Asks where the cost savings in closing Fairview are occurring.
167	Glaze	Responds the Fairview costs will be used to support in-home services for families not currently receiving any assistance and community based homes.
176	Sen. Castillo	Asks how many more people will receive assistance if Fairview closes.
183	Glaze	Responds that 185 residents will be transferred into community based facilities by the end of this biennium. The savings from those individuals are being applied to wage increases and developing state operated group homes.
194	Sen. Castillo	Asks how much is being saved.
195	Glaze	Responds that \$127 million is being saved over the six-year period.
200	Chair Kruse	Asks if transferring clients from Fairview into community centers will decrease the cost per client.
208	Glaze	Responds affirmatively. Notes that state operated group homes are expensive to operate. Continues overview.
235	Sen. Fisher	Requests a summary of the level of care being provided to the clients in the different settings, and asks why the operating costs of a state operated group home are four times the cost of a private group home.
266	Glaze	States that the division could provide that information.
295	Rep. Milne	Requests clarification of the costs of a Fairview patient and the cost of a resident of a non-group home, and questions if lesser cost indicates lesser services.
324	Sen. Fisher	Comments on the average cost per client.

409 421 432 S	Sen. Hannon Glaze Chair Kruse Sen. Castillo	Requests a break down of patient costs, including patient/staff ratio between Fairview and non-group homes. Will provide the committee with a matrix outlining the living environments that include a comparison of staffing, level of care, salary, and total cost per patient. Responds affirmatively. Asks if the committee will be receiving an update on Fairview, if any monies have distributed to other persider.
421 0	Chair Kruse	include a comparison of staffing, level of care, salary, and total cost per patient. Responds affirmatively. Asks if the committee will be receiving an update on Fairview, if any monies
432 5		Asks if the committee will be receiving an update on Fairview, if any monies
	Sen. Castillo	
437		have been distributed to other service providers.
	Glaze	Responds that the division will provide that information. Continues review of Fairview changes: increase of staffing ratios, the cost increases, and the impact of downsizing.
462	Sen. Hannon	Discusses the increased patient costs and notes the medical severity of clients. Requests an itemized breakdown of the increased costs.
508 5	Sen. Fisher	Comments and notes concerns regarding the condition of Fairviewis structures and the dollars being spent to maintain the facility.
Tape 23, A		

010	Sen. Fisher	Continues discussion on the condition of Fairview and the group homes.
065	Glaze	Continues review of cost comparison. Reviews the long range plan and individuals on the waiting list.
108	Sen. Fisher	Asks how often the list is reviewed and updated.
112	James Toews	Responds that the counties provide that information quarterly.
116	Sen. Castillo	Asks if the federal funds are matching funds.
119	Glaze	Responds that these dollars are available for eligible individuals for eligible services. Notes that the funding is available if the state wants to match these dollars. Continues and reviews the transfer of developmentally disabled children from SCF to SDSD.
146	Rep. Devlin	Asks for the federal match ratio.
149	Glaze	Responds that direct services are a 60-40 match, administrative costs are a 50-50

		match.
155	Sen. Hannon	Asks what the federal increase has been since the federal decision on Fairview.
159	Glaze	Responds that the information will be provided to the committee.
180	Sen. Fisher	Questions the percentage of budgeted costs and individuals, and how many patients are being cared for.
183	Glaze	Responds Fairview has 268 clients, Eastern Oregon has 67 clients, state operated community services has 69 clients, and community services has 6,443.
202	Sen. Fisher	Remarks that 1/3 of the budget is for less than 400 individuals and 2/3 of the funding is divided among 6,443 individuals.
210	Sen. Castillo	Asks if there is an estimate of how much General Fund money would be needed to provide services for the 1400 individuals on the wait list.
215	Glaze	Responds that she does not have that information but will provide it to the committee.
217	Sen. Fisher	Comments if costs were reduced at the state level and passed on to the community level, there would be enough money to cover everyone on the wait list.
OVERV	TEW OF MENTAL HEA	ALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
241	Barry Kast	Administrator, Mental Health and Developmental Disability Services Division, provides division structure and budget overview.
295	Kast	Continues presentation reviewing state and county partnerships and the implementation of service policies.
348	James Toews	Administrator, Developmental Disability Services Division, reviews the service system: residential, vocational and support services (EXHIBIT B).
400	Toews	Reviews the restructuring of the service system and the closure of Fairview.
450	Toews	Describes the proposed funding allowing for expansion to include individuals on the wait list.

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Toews

Responds that allocation is based on the average population. Continues review of the funding expansion, notes these monies are to be used for in-home family support, and to provide direct support for the family.

Tape 22, B

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005	Toews	Continues explanation of how the decision was made to apply these dollars directly to families.
038	Rep. Milne	Asks if the division is addressing the issue of aging parents being primary care providers.
050	Toews	Responds that the long range plan is being developed to allocate funding for crisis beds/centers in six regions of the state to address these needs.
084	Rep. Milne	Comments and suggests that an emergency plan be developed before a crisis occurs.
095	Toews	Responds that the division has the information, but not the budget to adequately prepare for the emergencies.
108	Sen. Castillo	Asks if the state is open to legal action by not providing care for patients currently within the community that are not receiving any support services.
124	Toews	Responds and explains that Oregon does not provide adult services as an entitlement.
150	Sen. Fisher	Comments and asks if new medical technology has an impact on developmentally disabled community.
200	Toews	Responds that the statistics have remained the same. Notes the conditions that will impact and expand the Oregon disabled population.
245	Sen. Fisher	Comments and acknowledges the divisionís dedication in this area.
282	Chair Kruse	Recess 9:55 A.M. Reconvenes at 10:21 A.M.
ROLE (OF ADVICE AND ADVO	CACY ORGANIZATIONS
298	Kathryn Weit	Chair, Developmental Disabilities Council and Development Disabilities

Tim Kral

		review of providers who are included in the DD Coalition (EXHIBIT D). Covers employee recruitment, retention issues, and equity in service rates.
417	Michael Bailey	Portland, parent of DD child. Describes Community Partnerships Project, a project sponsored by Oregon Developmental Disabilities Council. Reviews network of community support services.
457	Bailey	Continues presentation reviewing the developmental disabilities community needs. Notes the publication <i><u>The People First Connection</u></i> (EXHIBIT E).
507	Bailey	Reviews community partnerships.
Tape 23,	, B	Υ
012	Weit	Continues presentation reviewing the role of the coalition. (EXHIBIT D)
065	Weit	Reviews current and future issues: service systems and the wait list.
115	Weit	Continues and summarizes presentation.
125	Anne Tweedt	Administrator, asks if the county by county statistics have been updated since 1997 legislative session.
127	Weit	Responds no. Notes that the state and counties are re-evaluating the wait list.
140	Sen. Fisher	Comments on the complexity of updating the wait list.
161	Weit	Responds that updating the wait list is extremely complicated. Discusses the current process, and notes that local counties update quarterly through their case management services.
207	Chair Kruse	Asks if the coalition would support an entity acting as a clearinghouse.
231	Weit	Responds that families and providers are discussing this topic.
252	Chair Kruse	Comments and acknowledges that comprehensive and efficient coordination is needed.
289	Charlotte Duncan	Executive Director, Developmental Disabilities Council, provides review of councilís goals and objectives (EXHIBIT F).
340	Duncan	Reviews public policy, empowerment, and advocacy.

390	Duncan	Discusses quality assurance and the subcommittee on quality assurance of community services.
450	Duncan	Continues review of the quality assurance oversight committee and program expansion.
508	Bob Joondeph	Executive Director, Oregon Advocacy Center, provides overview and explanation of the centers protection and advocacy services (EXHIBIT G).
Tape 24	, A	T
025	Joondeph	Continues review of goals and objectives.
060	Joondeph	Reviews center services.
LONG 7	TERM CARE INSURANC	CE AND THE VIABILITY OF MEDICARE
095	Peggy Anet	Representing Health Insurance Association of America, introduces the HIAA representatives, Scott Kipper and Barbara Levy.
122	Jim Carlson	Executive Director, Oregon Health Care Association, provides testimony reviewing Medicare (Part A) long term care covered services (EXHIBIT H).
175	Carlson	Continues review of covered services, post hospital benefits.
225	Carlson	Continues review of statistics (EXHIBIT H).
275	Carlson	Continues and summarizes that Medicare is a small portion of long term care.
326	Sen. Fisher	Comments on personal experience with the Medicare program and retirement.
370	Rep. Devlin	Questions if the limits for skilled nursing facility care are annual and are the majority of Medicare patients short term days.
371	Carlson	Responds that Medicare is an annual limit and short stays are generally from admissions.
421	Barbara Levy	Legislative Director and Counsel for Health Insurance Association of America, reviews the viability of the Medicare program (EXHIBIT I).
475	Levy	Continues presentation reviewing current Medicare system. Notes that the system will probably place a cap on payable benefits, not expand the program.

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002	Levy	Summarizes that the ëbaby boomerí generation needs to be aware that Medicare will not be available to pay for their long term care needs.
008	Scott Kipper	Government Relations and Product Development, GE Capital Assurance, provides presentation on private long term care insurance.
058	Kipper	 Reviews statistical data: family members currently pay, out of pocket, 1/3 of the long term care costs long term care costs are \$100 a day the elderly is the fastest growing segment of the population
108	Kipper	Continues review of Health Insurance Portability and Accountability Act (HIPAA). Outlines covered services: long term care facilities, care giver services and training, home health, home health care services, equipment, bed reservation benefits, and care coordination benefits.
169	Kipper	Reviews consumer protections: must be guaranteed renewal, 30 day free look, unintentional lapse in policy requires reinstatement, must offer inflation protection, and rate stability provisions.
215	Kipper	Continues review of protections and requirements.
265	Kipper	Comments and discusses the industryis positive response to consumer interests.
305	Kipper	Reviews partnership policies and the flexibility of these policies.
355	Kipper	Reviews the cost of long term care policies and asset accumulation. Notes the advantages of purchasing long term care insurance at an early age.
400	Kipper	Outlines incentives for purchasing long term care policies.
470	Rep. Devlin	Asks if insurance companies provide preferred benefits or are all policies classified as basic coverage.
484	Kipper	Responds they do not have a preferred provider aspect to a policy. Notes that this concept is not common in long term care.
506	Rep. Devlin	Asks if there is a screening process in the application process.

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Kipper

008	Rep. Devlin	Asks if there are specialty policies.
016	Kipper	Responds that there are a variety of policies available.
020	Rep. Devlin	Asks if Medicare could be denied to a consumer who purchased a private policy.
025	Kipper	Responds that the Medicare coordination of benefits provision states that if a private policy is in place, Medicare will be used last.
031	Sen. Fisher	Asks how life long term care insurance is implemented.
051	Kipper	Responds that this type of policy accelerates the life insurance benefit for long term care in specific conditions. Notes that a qualifying condition allows access to a portion of the life insurance benefits.
086	Sen. Fisher	Comments if this type of arrangement addresses immediate and unexpected needs but not extended conditions.
102	Kipper	Remarks that life long term care policies do not allow for inflation protection. Explains the policy purchasing process.
134	Carlson	Requests further discussions with the committee addressing tax incentives for providing long term care policies at the state level.
149	Chair Kruse	Responds in agreement and notes that the subcommittee will present concepts to the full committee.
160	Sen. Fisher	Asks if there is any action being taken in other states or at the federal level allowing for a tax benefit in this area.
172	Anet	Responds that this is the type of idea the industry is researching to provide to the community. Notes the document in (EXHIBIT I) .
189	Chair Kruse	Recess for lunch 12:13 P.M, reconvenes at 1:31P.M.

Oregonís Certificate of Need Requirements

210	Jana Fussell	Coordinator, Certificate of Need Program, Oregon Health Division, provides background information on the certificate of need process (EXHIBIT J).
260	Fussell	Continues overview (EXHIBIT J).
306	Sen. Castillo	Asks how available beds are inventoried.
313	Fussell	Responds that region, service areas, and the need for long term care are factors used in determining available bed space.

BUDGET OVERVIEW: SENIOR AND DISABLED SERVICES DIVISION

337	John Britton	Senior Legislative Analyst, Legislative Fiscal Office, provides overview of Senior and Disabled Services Division budget on long term care (EXHIBIT K).
385	Britton	Continues review of other funds revenue.
403	Sen. Fisher	Questions what generates penalty revenue.
412	Dan Kaplan	Acting Deputy Administrator, Senior and Disabled Services Division, responds that fines issued generate these funds.
456	Sen. Fisher	States that he understood that these fines were placed in the General Fund.
457	Kaplan	Responds in agreement, notes that he will have to obtain additional information and provide it to the committee.
482	Britton	 Continues presentation reviewing General Fund Revenue: Title 19, Medicaid funds, 93% of SDSD federal funds Match ratio is 61% federal: 39% state

Tape 25, B

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015	Britton	Continues review of Medicaid long term care, \$709 million.
018	Rep. Devlin	Asks what the federal portion of the Medicaid long term care funding is.
024	Britton	Responds that he believes that it is a 60/40 match, he will provide that information to the committee. Continues review of : in-home programs;

		 substitute homes; and nursing facilities
070	Britton	Reviews factors impacting the budget: • population growth • cost increases • caseload increases
120	Britton	Continues overview of cost per case, community based caseload growth, and nursing facility caseload.
150	Sen. Fisher	Comments on factors that have had impact in the rise of community based care facilities.
170	Britton	Responds in agreement. Reviews the age groups served by Medicaid.
212	Rep. Milne	Asks what factors have the most impact on that growth.
216	Britton	 Responds that he does not know, he suspects that the adult transfers from Adult and Family Services had an impact. Continues review of budgetary pressures: provider wages quality of care reimbursement rates medical cost increases match rate changes aging population
295	Sen. Fisher	Discusses and explains the rising costs in nursing facilities.
355	Britton	Comments and explains that when nursing facility services are purchased that includes room/board; community based services do not include room/board.
398	Sen. Castillo	Asks if the category budgetary pressures are prioritized.
402	Britton	Responds no. Discusses how the pressures are reviewed and categorized.
416	Sen. Castillo	Discusses the inadequate reimbursement rate to providers.
433	Britton	Continues and summarizes presentation: • long term care insurance

		 overall system costs more flexibility in funding preventative strategies reduce services
518	Sen. Castillo	Comments on flexibility in funding and preventive strategies being interlocked to provide better care.
Tape 26	, A	
Capacit	y	
014	Kaplan	Discusses capacity concerns within the long term care system. Begins review of client employed provider cases (EXHIBIT L). Notes this is the fastest growing portion in the long term care system.
064	Sen. Castillo	Asks if the \$7.80 will be the average wage.
066	Kaplan	Responds that \$7.80 will be the base wage as of February 1999.
073	Rep. Devlin	Asks if benefits and/or workers compensation are provided for the providers.
079	Kaplan	Responds no.
092	Sen. Fisher	Notes that workers compensation is not offered in adult foster homes either.
097	Kaplan	Comments in agreement. Notes the difficulty in obtaining and retaining client employed providers.
104	Sen. Fisher	Comments and discusses the barriers caused by government regulations on nursing homes and other long term care providers.
132	Rep. Devlin	Asks if the state decides to include workers compensation to adult foster care providers, could federal dollars be used to pay premium expenses.
137	Kaplan	Responds that the division can draft any type of compensation package if the legislature is willing to fund it. Notes that the federal government will pay the match rate. Continues review of nursing facility licensed beds and occupancy. Notes that nursing facility beds is declining and the utilization of these beds have been declining faster.
185	Sen. Fisher	Discusses past licensing and capacity issues.

232	Kaplan	Continues review of available beds in assisted living, residential care, and adult foster home facilities, page 17 (EXHIBIT L).
291	Sen. Fisher	Comments that population centers offer more accurate information than the counties.
Quality (Control and Improvement	t
318	Cindy Hannum	Manager, Long Term Care Quality, presents Oregonís demographics and reviews the quality of care, pages 19-20 (EXHIBIT L).
370	Hannum	Reviews department responsibilities: • client care monitoring offices • partnerships with local SDSD offices and area agencies on aging • establishing standards Continues overview reviewing corrective action procedures. Notes that corrective action is to educate, not punish.
420	Hannum	Reviews complaint and investigation procedure. Outlines quality improvement activities: • continuous quality improvement • provider training • consumer education
480	Hannum	Continues presentation; reviews quality improvement.
Tape 27,	A	Π
003	Hannum	Summarizes presentation.
013	Sen. Fisher	Comments and questions on the number of legitimate complaints.
015	Hannum	Responds that 40% of the complaints are substantiated.
017	Sen. Fisher	Remarks on the minimal of amount of complaints received. Notes that this might indicate that quality assurance is taken seriously in Oregon.
Employn	nent for Persons with Disa	abilities
051	Roger Auerbach	Administrator, SDSD, reviews the divisionís involvement in assisting individuals in obtaining and sustaining employment. Notes the consumersí greatest concern is losing their health care benefits.

100	Auerbach	Continues presentation reviewing including the mental health clients. Notes that the division is considering a federal waiver process for Medicaid titled the "State Plan Amendment".
130	Sen. Castillo	Discusses constituent issues regarding the difficulty of individuals losing benefits.
143	Auerbach	Responds that the division is reviewing this issue.
149	Chair Kruse	Acknowledges the divisionis support and involvement in the process.
UPDATE	: VETERANSÍ NURSING H	OME, THE DALLES
163	Jon Mangis	Director, Oregon Department of Veteransí Affairs, provides background and overview of the veteranís nursing home (EXHIBIT M).
210	Mangis	Continues review of partnerships developed in this project (EXHIBIT M).
260	Mangis	Continues presentation (EXHIBIT M).
310	Mangis	Continues and summarizes presentation (EXHIBIT M).
343	Sen. Fisher	Asks how much was borrowed from the veteranis administration.
350	Mangis	Responds \$1.3 million working capitol loan.
359	Sen. Fisher	Asks if the contracted services are interfaced with the census figures.
370	Mangis	Responds that after the 3 year period, if the census has not been reached, the re- negotiations could be costly.
375	Sen. Fisher	Asks who is responsible for the maintenance of the home.
379	Mangis	Responds that Diversified Health Systems of Oregon is responsible for everything not covered by warranty. Notes that the home is limited in who will be accepted as a resident.
430	Mangis	Continues review of how residency is determined.
451	Sen. Fisher	Remarks on the local newspaperis January article. Asks how the department responds to the articleis accusations.

479	Mangis	Responds that the local community wanted public employees to operate and manage the home. Discusses and provides explanation as to why the health services are contracted with an outside provider.
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008	Mangis	Continues clarification and explanation of the controversy.
025	Sen. Fisher	Notes concerns regarding the homeís census. Asks if the current contract group does not renew the contract, what action does the home plan to take.
044	Mangis	Responds that they anticipate being at full capacity at the end of three years. States that the home would solicit new bids from other providers.
059	Sen. Fisher	Questions if proposals from local applicants were lower in cost.
065	Lyall Fraser	Executive Officer, Veteranís Home, responds that three proposals were received and Diversified Health Services was selected. Comments on the census level. Notes that the home is ahead of schedule.
098	Sen. Fisher	Notes concerns surrounding the home and its occupants should the contract not be renewed.
113	Rep. Devlin	Asks for the background of current residents and questions if the administration anticipates another proposal for a second veteranís home in Oregon.
119	Mangis	Responds residents are World War II, Korean War and the Vietnam eras. Comments that he is not aware of any interest, but notes that legislation for a second home is still in statute.
144	Rep. Milne	Asks if the home is meeting the needs and providing unique services to the clients.
155	Mangis	Responds the unique feature of the home is the camaraderie among veterans.
200	Mangis	Continues explanation and comments describing residents.
250	Rep. Milne	Asks what efforts are in place to recruit residents.
262	Mangis	Responds that awareness and outreach through veterans organizations, monthly newsletter, presentations at regional conventions, and public tours.
316	Rep. Milne	Asks if the home is attempting to eliminate any access barriers.

325	Mangis	Responds affirmatively. Notes that providing information at senior centers, churches, and physician offices are networks being developed.
356	Sen. Castillo	Requests information relating to the impact of the veterans home on other nursing facilities in the area.
377	Auerbach	Responds that that information will be provided in writing to the committee.
397	Sen. Castillo	Comments and requests information on how the increasing aging population fits with the nursing facilities bed capacity.
405	Rep. Devlin	Asks the average age of the Vietnam veteran residents.
418	Mangis	Responds 49 years old.
432	Sen. Fisher	Comments and acknowledges the strength of the volunteer programs within the veterans system. Notes concerns regarding the expansion of the veterans hospital in Roseburg.
468	Mangis	Responds to Sen. Fisherís concerns. Notes the organizational changes within the department.
	E ADVICE AND ADVOCAC	department.

ROLE OF ADVICE AND ADVOCACY ORGANIZATIONS

Governorís Commission on Senior Services

514	Phyllis Lissman	Chair, Governorís Commission on Senior Services, provides presentation of the role of the commission in long term care (EXHIBIT N).

Tape 27, B

030	Lissman	Reviews the structure and authority of the commission.
080	Lissman	Reviews the goals of the commission (EXHIBIT N).
120	Lissman	Summarizes presentation.
138	Sen. Fisher	Comments and acknowledges the commissionís work.
143	Chair Kruse	Comments in support of the commissionís role in long term care.

171	Betty Johnson	Co-chair, Medicaid Long Term Care Quality and Reimbursement Advisory Council, reviews council membership, organizational structure, and annual report (EXHIBIT O) .	
220	Johnson	Presents and reviews goals and objectives of the Council.	
270	Johnson	Continues review of the partnership with SDSD.	
325	Johnson	Continues review of the councilís work in progress and accomplishments.	
370	Johnson	Discusses and explains the councilís philosophy and future direction.	
Long Te	rm Care Ombudsman		
428	Meredith Cote	Director, Office of the Long Term Care Ombudsman, presents overview of the office objectives (EXHIBIT P). Notes principle two functions: individual advocacy system advocacy 	
480	Cote	Continues review of recruitment, training, and retention of quality volunteers.	
Tape 28,	Α		
005	Cote	Continues review of the volunteer force within the state. Reviews organizational chart, office statistics, and complaint statistics (EXHIBIT P).	
050	Sen. Fisher	Acknowledges and notes appreciation of submitted data.	
055	Cote	Comments and invites the committee to request any information from the office. Notes the importance of well-trained staff, the long term care system in Oregon, and guardianship issues.	
119	Sen. Fisher	Requests a breakdown of where complaints are generated from, and how those correlate with substantiated and un-substantiated complaints.	
125	Cote	Responds that she will provide that information. Notes the majority of complaints are generated by residents, family members, and on site ombudsmen.	
Disability Services Advisory Councils			

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150	Kuth McEwen	Chair, Marion-Poik-Yamniii Disability Services Advisory Council (DSAC), provides overview of the advisory council (EXHIBIT Q).	
200	McEwen	Continues presentation reviewing the actions of the council.	
213	Mike Volpe	Albany resident, DSAC member, provides local perspective of the role of DSAC. Notes the statewide network of DSACs providing improved access to the disabled communities.	
Implementation of SB 979 (1997)			
291	Mylia Wray	Administrator, Public Employeesí Benefit Board, provides overview of the boardís activities and implementation (EXHIBIT R).	
328	Gloria English	Manager, Public Employees Retirement System, refers to pages 11-12 of (EXHIBIT S) . Notes the interest in group long term care coverage.	
378	Chair Kruse	Comments on creating a plan that can be offered to all Oregonians.	
387	English	Responds that conversations have taken place regarding public access to long term care.	
420	Chair Kruse	Comments that the subcommittee will meet again in the fall, adjourns at 4:41P.M.	

Submitted By, Reviewed By,

Sandy Thiele-Cirka, Anne E. Tweedt,

Administrative Support Administrator

EXHIBIT SUMMARY

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A ñ Long Term Care and Developmental Disability Services, A. Glaze, 9pp

B ñ Developmental Disability Services, J. Toews, 16pp

- C ñ Developmental Disabilities Coalition, K. Weit, 5pp
- D ñ Oregon Rehabilitation Association, T. Kral, 1pp
- E ñ The People First Connection, M. Bailey, 20pp
- F ñ Oregon Developmental Disabilities Council, C. Duncan, 7pp
- G ñ Oregon Advocacy Center, B. Joondeph, 3pp
- H ñ Oregon Health Care Association, J. Carlson, 2pp
- I ñ Health Insurance Association of America, B. Levy, 36pp
- J ñ Oregon Health Division, J. Fussell, 2pp
- K ñ Senior and Disabled Services, J. Britton, 9pp
- L ñ Senior and Disabled Services Division, D. Kaplan, 29pp
- M- Oregon Department of Veteranís Affairs, J. Mangis, 9pp
- N ñ Governorís Commission on Senior Services, P. Lissman, 19pp
- O ñ Medicaid Long Term Care Quality Advisory Council, B. Johnson, 4pp
- P ñ Office of the Long Term Care Ombudsman, M. Cote, 9pp
- Q ñ Marion/Polk/Yamhill Disability Services Advisory Council, R. McEwen, 3pp
- R ñ Oregon Public Employeesí Benefit Board, M. Wray, 2pp
- S ñ Oregon PERS, G. English, 42pp