

Aging & Disabilities

O4AD advocates for the independence, dignity, choice and safety of Oregon's older adults and people with disabilities.

## Waivered Case Management – Meeting Medicaid Requirements

OVER 7,000
MEDICAID ELIGIBLE
CONSUMERS
ARE A PART OF THE
WAIVERED CASE
MANAGMENT
CASELOAD

ODHS case load forecasting and workload staffing modeling remains out of date and inaccurate. This has led to Waivered Case Management, a required Medicaid service, to remain incorrectly funded in the 2023-25 biennium for services to older adults and people with disabilities.

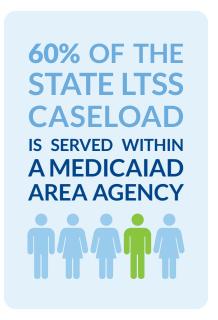
Over 7,000 Medicaid eligible consumers are a part of this incorrectly funded caseload. The lack of funding threatens over 80 FTE within the Medicaid Area Agencies alone (Medicaid Area Agencies serve approximately 60% of Oregon's Medicaid long term services and supports caseload – more than ODHS offices).

To continue to provide these services during the 2023-25 biennium, a budget adjustment is needed during the 2024 Legislative session to remedy this oversight. State budget funds for these services are matched by Medicaid.

Looking ahead, to ensure that consumers are equitably represented in the overall picture of needs for services as well as staff supported in the work they are required to do on behalf of ODHS to meet Medicaid requirements, caseload forecasting and workload modeling must be accurate, up to date and take into account changes that occur during a biennium.

Currently and historically the ODHS caseload numbers show a DECREASE in consumers. Medicaid Area Agencies, which serve approximately 60% of the Aging and People with Disabilities caseload in the state, all consistently show an INCREASE in consumers on the caseload. This discrepancy in service discounts the needs and voice of older adults and people with disabilities in our state and promulgates inequitable funding to serve these individuals.





Current workload models for ODHS are out of date. When workload modeling is not representative of the work required by staff within the Medicaid system, the work of those staff are also discounted and their efforts and responsibilities are not correctly represented. Concurrently, required Medicaid work that is not accounted for by ODHS workload models results in the State not receiving appropriate Federal Medicaid funding for this required work. Staff continue to perform the work, yet the funding is not there to support the work. *This is an unsustainable methodology.* 

- The ODHS budget should include all work that is required for Medicaid long term services and supports on behalf of older adults/seniors and people with disabilities
- 2. Medicaid long term services and supports that are mandated should be included in Legislative budget requests for the agency and included in the Governor's Recommended Budget
- 3. ODHS should be required to update their workload methodology to reflect new mandates, evolving service delivery models, current circumstances or unexpected change to the service delivery network, needs of consumers, lowering risk of Medicaid audit and conforming to required Medicaid compliance, and promoting equitable access to services for older adults and people with disabilities as required by Medicaid statute



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