
**Office for Oregon Health
Policy and Research**



***Oregon Community-Based
Long-Term Care***

***Assisted Living and Residential Care Facilities
Utilization in 2006***

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Oregon Community-Based Long-Term Care Report

Assisted Living and Residential Care Facilities Utilization in 2006

Produced for:
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Key Data

- ❖ As of December 31, 2006, Oregon licensed 201 assisted living facilities (ALF) and 230 residential care facilities (RCF), and endorsed 100 Alzheimer's Care units within these long-term care facilities (2 within ALFs and 98 within RCFS).
- ❖ Total bed capacity in licensed ALFs and RCFs were 13,519 and 8,685 respectively.
- ❖ The capacity ranged from 7 to 168; most ALFs and RCFs had less than 100 beds.
- ❖ The response rates for ALF, ACU, and RCF were 44%, 35% and 29%, respectively.
- ❖ Most (77%) responding facilities were for-profit, and 37% were single property ownership.
- ❖ Most residents moved into community-based care facilities from home (36%) or other independent living facilities (14%); ACU residents were more likely from assisted living (26%), home (25%), or nursing facilities (12%).
- ❖ Of the 3,322 reported discharged residents, most died (46%) at these facilities or moved out to nursing facilities (16%); more than half (55%) of ACU discharged residents died at the facilities.
- ❖ Most residents were age 85 or above; very few were below age 50.
- ❖ Female residents outnumbered male residents in the 85 and above age groups.
- ❖ Most (53%) ALF and RCF residents who moved out or died in 2006 stayed more than one year; nearly one in eight (13%) stayed more than 4 years in the same facilities.
- ❖ About one third of ALF and RCF residents were ambulatory without assistance.
- ❖ Only about one in eight (13%) facilities reported some kind of computerized resident acuity evaluation system, either purchased or developed internally.
- ❖ About two-thirds of the responding facilities' revenue source or resident days were accounted for by private pay; Medicaid accounted for about 30%; long-term care insurance accounted for a very small proportion of the payer-mix (2%).
- ❖ Thirty percent (30%) of the responding facilities charged by service levels, while others use flat fee, ala carte, point systems, or a combination of fee structures.

Definitions

Assisted Living Facilities (ALF) and Residential Care Facilities (RCF) can be a single building, a complex or part of a complex, and consist of fully self-contained individual living units where six or more seniors and person with disabilities may reside. The facilities offer and coordinate a range of supportive services available on a 24-hour basis to meet the activities of daily living (ADL), health, and social needs of the residents. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence, and home-like surroundings.

Assisted Living Facilities (ALF). ALFs are distinguished from other residential care facilities in Oregon in that they must provide private, single-occupancy apartments with a private bath and kitchenette. ALFs are required to offer three meals a day, laundry and housekeeping services, assistance with activities of daily living (ADL) and personal needs, and a program of social and recreational activities. They must provide a licensed registered nurse to conduct health assessments and periodic monitoring of their residents.

Residential Care Facilities (RCF). The key differentiation between an ALF and a RCF is that RCFs provide single or double rooms with shared baths. Residents usually share rooms that must be 80 square feet per resident and are limited to two residents. RCFs offer room and board with 24-hour supervision, assistance with physical care needs, medication monitoring, planned activities, and often transportation services. Class I RCFs provide activities of daily living (ADL) assistance only and cannot serve anyone who is non-ambulatory, is medically unstable, who requires feeding or is totally dependent in any ADL. Class II RCFs offer a full range of services without any restriction on acuity levels.

Alzheimer's Care Unit (ACU) is a special care unit in a designated, separated area for patients and residents with Alzheimer's disease or other dementia that is locked, segregated or secured to prevent or limit access by a resident outside the designated or separated area.

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Overview

Each year, the Office for Oregon Health Policy and Research (OHPR), in collaboration with the Seniors and People with Disabilities (SPD) Division of the Oregon Department of Human Services (the licensing authority for Oregon nursing and community-based long-term care facilities) collects data about Oregon nursing facility admissions, discharges and resident characteristics. Starting in 2006, the data collection effort extended to Oregon's assisted living and residential care facilities. In 2007, the survey was further expanded to include more information about Alzheimer's Care Units (ACUs).

This report on Oregon's community-based long-term care facilities encompasses the reporting period from January 1, 2006 to December 31, 2006. Licensing data for 2006 shows Oregon licensed 201 assisted living facilities (ALF) and 230 residential care facilities (RCF), and endorsed 100 Alzheimer's Care units within these community-based-care facilities. Total capacity in licensed ALFs and RCFs were 13,519 and 8,685 beds, respectively, at the end of 2006.

Many community-based long-term care facilities provided either assisted living or residential care, with others offering both or more (including Alzheimer's Care, independent living, and other special services). Two ALFs and 98 RCFs had ACUs. There were 18 additional ACUs in the Skilled Nursing Facilities for which separate surveys and analysis were conducted and annual reports generated.

Table 1 – Facilities Distribution by Licensed Capacity, 2006

Facility Capacity	No. of Facilities			% of Facilities		
	ALF	ACU	RCF	ALF	ACU	RCF
<20	3	18	77	1.5%	18.0%	33.5%
20-49	43	69	90	21.4%	69.0%	39.1%
50-99	137	13	54	68.2%	13.0%	23.5%
100-150	16	0	7	8.0%	0.0%	3.0%
>150	2	0	2	1.0%	0.0%	0.9%
Total	201	100	230	100.0%	100.0%	100.0%

Table 1 shows the facility distribution by licensed capacity (number of licensed beds). Most had fewer than 100 licensed beds; more than two-thirds (68%) of ALFs had a capacity between 50 and 99. Most RCFs and ACUs had a capacity between 20 and 49. No facility had a capacity fewer than 7 or more than 168. The average capacity was 67, 36, and 38 for ALFs, ACUs and RCFs, respectively (see Table 2).

The 2006 Oregon Community-Based Care Survey was mailed to all licensed facilities. A web-based version using SurveyMonkey, a web-based survey tool was created for facilities to complete online. Designated personnel were available to provide needed assistance by phone or email. Reminders were sent by mail and followed up by phone. Data were entered, cleaned and analyzed by OHPR staff.

Survey Results

Eighty-eight assisted living facilities and 72 residential care facilities responded to the survey either online (Survey Monkey) or by paper. Total response rate was less than 50% for ALFs and less than a third for ACUs and RCFs (see Table 2). Other facilities failed to complete surveys after repeated requests.

Table 2 – Oregon Community-based Care Facilities in 2006

2006 Facilities	ALF	ACU	RCF
Number of facilities (not distinct)	201	100	230
Total capacity	13,519	3,599	8,685
Average capacity	67	36	38
Number of facilities responding	88	30	72
Response rate	44%	30%	31%
Total capacity of the responding facilities	5,937	1,261	2,536
% of capacities represented by responding facilities	44%	35%	29%

The following report is based on information provided by the responding facilities: 77% operated for-profit, 37% were single-property owners. With a response rate of less than 50%, there is potential for significant response bias in these survey results. Caution must be taken when interpreting the results here as they may not be representative of Oregon community-based care facilities.

Figure 1 - Responding Facilities: Capacity, licensed & occupied rooms

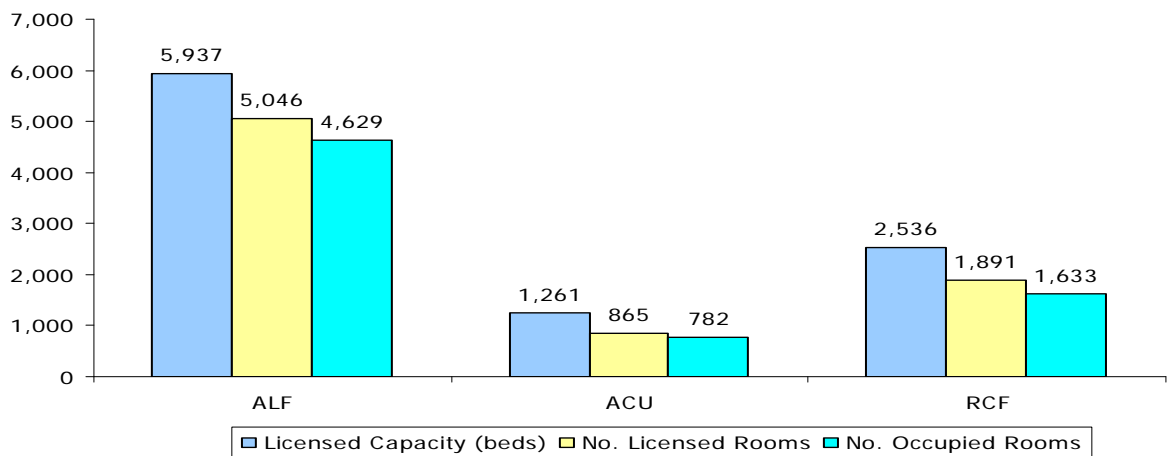


Figure 1 shows the licensed capacity (beds), licensed rooms and occupied rooms of the responding facilities on December 31, 2006.

Resident Admission Source and Destination

Responding facilities reported that 3,244 residents moved in and 3,322 moved out of (or died at) these facilities during 2006. Table 3 shows admission source and destination.

In 2006, most residents moved into community-based care facilities from home (36%) or other independent living facilities (14%). ACU residents were more likely from assisted living (26%), home (25%), or nursing facilities (12%).

Of the 3,322 discharged residents in 2006, most died (38%) at facilities or moved out to nursing facilities (16%). More than half (55%) of ACU discharged residents died at the facilities.

If a facility has a Medicaid contract, it must allow residents to "spend down" and remain in the facility for the Medicaid payment. Responding facilities reported twenty residents left in the year of 2006 because they spent down their assets.

Table 3 – Resident Admission Source & Destination, 2006

Source & destination of residents	ALF		ACU		RCF		Total	
	Moved from	Out to	Moved from	Out to	Moved from	Out to	Moved from	Out to
Home	42.3%	10.8%	25.3%	3.0%	25.3%	8.4%	36.1%	9.1%
Independent Living Facility	12.4%	2.7%	9.9%	2.1%	19.8%	11.5%	14.1%	5.0%
Assisted Living Facility	9.1%	5.7%	26.1%	3.0%	11.4%	7.1%	11.5%	5.7%
Hospital	8.8%	6.9%	9.4%	2.5%	18.0%	3.4%	11.2%	5.4%
Adult Foster Care	4.1%	7.3%	4.5%	4.7%	4.4%	3.8%	4.2%	6.0%
Another Adult RCF	3.1%	5.2%	7.4%	7.0%	4.2%	3.1%	3.9%	4.9%
Adult RCF - Mental Illness	0.2%	2.6%	1.4%	0.8%	1.0%	1.3%	0.6%	2.0%
Nursing Facility	14.1%	19.5%	12.2%	13.1%	9.8%	11.3%	12.8%	16.4%
Free-standing hospice	0.0%	0.7%	0.6%	0.6%	0.0%	0.2%	0.1%	0.5%
Psychiatric Facility	0.2%	0.3%	1.7%	1.3%	0.8%	0.8%	0.6%	0.5%
Children's/relative's home	5.5%	3.4%	1.4%	1.1%	5.0%	1.9%	4.9%	2.7%
Internal transfer & Other	0.2%	4.0%	0.0%	5.7%	0.2%	0.8%	0.2%	3.4%
Death	NA	30.8%	NA	55.1%	NA	46.3%	NA	38.4%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Resident Age and Gender

Age and gender information was reported for about 7,200 residents on December 31, 2006. The distributions in ALF, ACU and RCF facilities were very similar: most residents were 85 or above, and females outnumbered males in the 85 & over age groups.

Table 4 – Gender & Age Groups for Residents on December 31, 2006

Age category by gender	ACF	ACU	RCF	Total
Male: under 50	1.6%	0.0%	6.1%	2.6%
Male: 50 to 64	6.0%	0.5%	10.6%	6.7%
Male: 65 to 74	9.8%	14.9%	14.1%	11.5%
Male: 75 to 84	32.6%	40.5%	28.4%	32.3%
Male: 85 & over	50.0%	44.2%	40.7%	46.9%
Male Total	100.0%	100.0%	100.0%	100.0%
Female: under 50	0.7%	0.2%	1.9%	0.9%
Female: 50 to 64	4.1%	0.8%	3.3%	3.5%
Female: 65 to 74	8.5%	10.5%	9.2%	8.9%
Female: 75 to 84	32.6%	33.2%	28.7%	31.8%
Female: 85 & over	54.1%	55.4%	56.9%	54.9%
Female Total	100.0%	100.0%	100.0%	100.0%

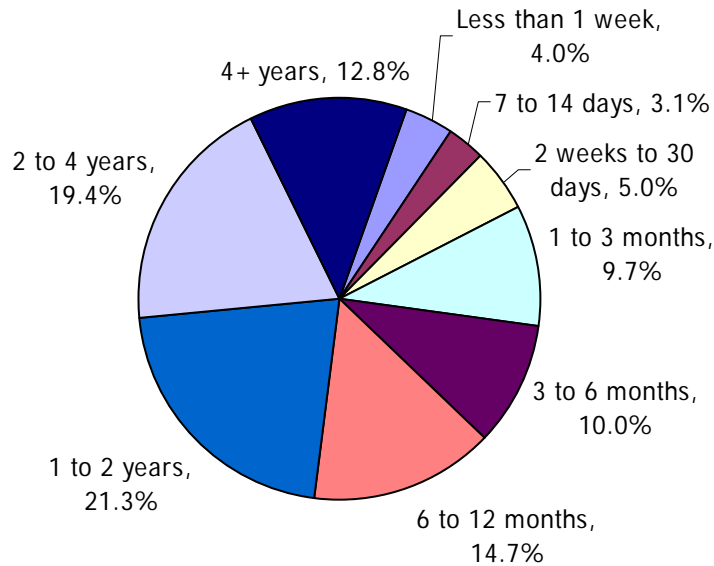
Resident Length of Stay

Length of stay information was reported for about 3,300 discharged residents in 2006. Table 5 shows the distributions for ALF, ACU and RCF are nearly identical. The overall distribution is shown in Figure 3. Most discharged residents (moved out or died) had stayed more than one year and nearly one in eight (13%) had remained more than 4 years in the same facility.

Table 5 – Length of Stay, by Facility, for Discharged Residents in 2006

Length of Stay	ACF	ACU	RCF	Total
Less than 1 week	3.8%	1.9%	5.4%	4.0%
7 to 14 days	2.9%	1.3%	4.6%	3.1%
2 weeks to 30 days	4.5%	4.6%	6.3%	5.0%
1 to 3 months	9.6%	10.1%	9.7%	9.7%
3 to 6 months	10.0%	9.3%	10.3%	10.0%
6 to 12 months	14.1%	20.5%	13.2%	14.7%
1 to 2 years	20.8%	24.9%	20.6%	21.3%
2 to 4 years	19.1%	21.1%	19.2%	19.4%
4+ years	15.3%	6.3%	10.5%	12.8%
Total	100.0%	100.0%	100.0%	100.0%

Figure 2 – Length of Stay for All Discharged Residents in 2006

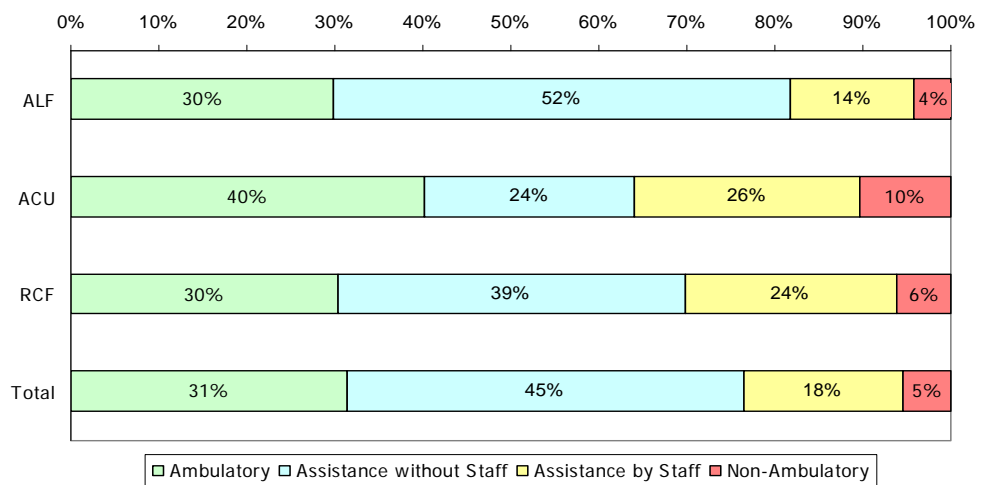


Resident Ambulatory Status

Figure 3 shows the ambulatory status of residents in the responding facilities on December 31, 2006. Generally, ALF residents were more ambulatory than ACU/RCF residents. About one third of ALF and RCF residents were ambulatory without assistance. About one in four RCF and ACU residents required assistance by staff.

ACUs had both the highest rate (40%) of ambulatory residents and the highest rate (10%) of non-ambulatory residents.

Figure 3 – Resident Ambulatory Status on Dec 31, 2006



Resident Acuity

One in eight (13%) facilities reported some kind of computerized resident acuity evaluation system, which were either developed internally or purchased from a third party vendor. Table 6 shows the resident acuity in each of the community-based care settings on December 31, 2006. A single resident could be counted in more than one category. The most frequently reported condition for each of the facility types was diagnosed dementia, (27% of residents in ALFs, 97% of residents in ACUs and 48% of residents in RCFs).

Table 6 – Community-based Care Resident Acuity, 2006

Percent of residents on December 31 with:	ALF	ACU	RCF	Total
Diagnosed Dementia: <i>A cognitive deficit impacts a resident's ability to independently direct their daily life; can be from any cause.</i>	27%	97%	48%	40%
Psychoactive Medications: <i>Includes either scheduled or PRN anti-psychotic, anti-anxiety, and/or sleep-inducing medications.</i>	28%	62%	41%	35%
Behaviors: <i>Those which can adversely affect the resident or others, such as wandering, intrusions, elopement, combativeness.</i>	6%	49%	26%	16%
Transfer Assistance: <i>Unable to transfer without the physical help of at least one other person.</i>	12%	45%	27%	19%
Fall risk/History: <i>Residents who have either fallen within the past month or are very prone to falls.</i>	15%	38%	27%	20%
Side rails/Restraints: <i>Any device used to keep a resident in place; can include such devices as half or full length bed rails, tray tables, lap buddies, seat belts and pommel cushions.</i>	6%	7%	3%	5%
Recent needs increased AND ER/Hosp/Urgent care visits: <i>Residents, whose needs have increased, requiring changes in service plans; residents who have visited the emergency room, hospital or urgent care center for care in past month.</i>	8%	17%	11%	10%
Skin Issues: <i>Residents with current/recent pressure ulcers or bedsores, and rashes, stasis ulcers, skin tears, abrasions, bruises, etc.</i>	6%	17%	10%	8%
Hospice/HH Dialysis: <i>Residents currently receiving such services or having received them within the past 2 weeks.</i>	5%	9%	4%	5%
Diabetics: <i>Residents with a diagnosis of diabetes, type 1 or type 2.</i>	15%	9%	16%	14%
Meal Assist: <i>Residents who need frequent cueing, physical assistance, or both to eat their meals.</i>	4%	39%	17%	11%
Weight Change: <i>Residents who have shown either a rapid or ongoing, gradual weight change.</i>	5%	17%	9%	7%
Pain Issues: <i>Frequent or daily pain impacting a resident's function.</i>	15%	29%	15%	17%
Incontinent: <i>Incontinence being managed by the facility.</i>	18%	68%	43%	30%
Urinary Catheters: <i>Urinary catheters managed by the facility.</i>	2%	1%	3%	2%
Anticoagulant Therapy/Blood Thinners: <i>Residents taking blood thinning medications such as coumadin, warfarin and daily full strength aspirin.</i>	16%	19%	22%	18%

Payer Source

Payer source for Oregon community-based care is reported as both percentage of resident days and percentage of revenue source in Table 7. ACUs had the highest percentage of private pay. Most responding facilities relied on private pay (66%) and Medicaid (average 29%) as their primary source of revenue. Long-term care insurance accounts for only a small proportion of the payer mix across all facility types.

Table 7 – Payer Source for Oregon Community-Based Care, 2006

Payer Source	As % of resident days				As % of revenue source			
	ALF	ACU	RCF	All	ALF	ACU	RCF	All
Private Pay	60%	72%	61%	64%	62%	73%	63%	66%
Medicaid	34%	26%	32%	31%	32%	24%	30%	29%
Private Long-Term Care Insurance	2%	2%	1%	2%	2%	2%	1%	2%
Other	5%	0%	6%	4%	5%	0%	6%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Fee Structure

The fee structures varied among responding facilities (Table 8). While some facilities charged either a flat fee or by service levels, other facilities used a combination of fee structures including flat fee, ala carte, service levels and “point system”. Some facilities used flat a fee for ACUs and service levels for RCFs.

Table 8 – ALF, ACU and RCF Fee Structures, 2006

Facility Type	ALF	ACU	RCF	All
Flat Fee (single, all-inclusive rate)	18%	33%	38%	28%
Ala Carte (services paid is added on to base rate)	20%	17%	20%	20%
Service Levels (tiered pricing for bundles of services)	36%	19%	26%	30%
Point System (specific charges per point)	26%	31%	15%	22%
ALL	100%	100%	100%	100%

Private Pay Rates

Data concerning monthly private pay rates were reported as shown in Table 9. Some facilities did not provide this information while others' provided yearly (not monthly) information. In terms of the second person rate, some provided the additional charges while others reported total charges including the rate for single occupancy. Multiple efforts were made to validate and adjust the data in order to better reflect the actual market. The numbers of responding facilities are also provided to further emphasize that these rates were only averages for those facilities which completed this section of the survey. This data should be interpreted cautiously and should not be generalized to all Oregon community-based care facilities.

Table 9 – Average Monthly Private Pay Rates, 2006

Room Type by Facility	Number of Facilities Responding	Average Monthly Base Rate		Average Monthly Service Rate	
		Single Occupancy	2nd Person	Single Occupancy	2nd Person
Studio/Alcove					
ALF	81	\$ 2,186	\$ 585	\$ 1,004	\$ 353
ACU	19	\$ 3,364	\$ 1,555	\$ 1,122	\$ 240
RCF	39	\$ 2,217	\$ 740	\$ 656	\$ 324
1 bedroom					
ALF	77	\$ 2,545	\$ 718	\$ 917	\$ 490
ACU	5	\$ 3,228	\$ 1,800	\$ 2,422	\$ -
RCF	29	\$ 2,464	\$ 807	\$ 658	\$ 608
2 bedroom					
ALF	25	\$ 3,283	\$ 905	\$ 616	\$ 331
ACU	2	\$ 4,073	\$ -	\$ -	\$ -
RCF	12	\$ 3,306	\$ 889	\$ 466	\$ 268
Other					
ALF	4	\$ 2,017	\$ 700	\$ 1,501	\$ -
ACU	3	\$ 4,933	\$ 3,652	\$ 2,655	\$ 2,420
RCF	9	\$ 3,227	\$ 1,630	\$ 741	\$ -