
**Office for Oregon Health
Policy and Research**



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

***Assisted Living and Residential Care Facilities
2008***

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Long-Term Care
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2008***

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Key Data

❖ Overview

- As of December 31, 2008, there were 205 assisted living facilities (ALF) and 227 residential care facilities (RCF) listed in Oregon's licensing data, with 105 endorsed Alzheimer's care units (ACU).
- Total licensed bed capacity in ALFs and RCFs were 13,816 and 8,607, respectively, with 3,673 beds endorsed for ACUs; most facilities having less than 100 beds.

❖ Survey Results

- 85 ALFs and 70 RCFs responded; the response rates were 41% and 31%.
- Three in four responding facilities were for-profit; 43% were managed by a third party management company or organization.

❖ Resident Admission Source and Destination

- Most residents moved from home or other facilities.
- Two in five discharges (41%) were a result of death. 15% were discharged to a nursing facility. More than half of ACU discharges were from patient deaths.

❖ Resident Age and Gender, Length of Stay

- Most residents were age 85 or above; female outnumbered male residents.
- Most (56%) ALF and RCF residents who moved out or died in 2008 stayed more than one year; about one in eight stayed more than 4 years in the same facilities.

❖ Resident Ambulatory Status, Acuity

- ALF residents were more ambulatory (mobile) than RCF and ACU residents. ACUs residents had the highest percentage (41%) who were either non-ambulatory or needed staff assistance.
- About one half facilities have some kind of computerized system to evaluate resident acuity, the most frequently reported condition was diagnosed dementia.

❖ Payer Source, Fee Structure

- Most facilities reported private pay (67%) and Medicaid (30%) as their primary source of revenue.
- More responding facilities were charging by service levels (45%).

❖ Private Pay Rate

- The reported monthly private pay charges (for single occupancy) in 2008 varied widely. The average single occupancy was \$4,412 for ACUs, \$3,000 and \$3,372 for ALFs and RCFs, respectively.

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 persons 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. These units are typically co-located at an ALF or RCF.

About the Office for Oregon Health Policy and Research (OHPR) -- OHPR provides analysis, technical, and policy support to the Governor and the Legislature on issues relating to health care costs, utilization, quality, and access and serves as the policy making body for the Oregon Health Plan. OHPR also provides staff support to Oregon Health Authority (OHA) and several statutorily-established advisory bodies, including the Health Resources Commission, and the Health Services Commission. In addition, the Office coordinates the work of the Oregon Health Research and Evaluation Collaborative. For more information, please call (503) 373-1779 or visit <http://www.ohpr.state.or.us>

Overview

Since 2007, 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 long-term care facilities), collects annual survey data about Oregon community-based long-term care facility admissions, discharges and resident characteristics.

This report on Oregon's community-based long-term care facilities encompasses the period from January 1, 2008 to December 31, 2008.

Oregon Licensing data listed 205 assisted living facilities (ALFs) and 227 residential care facilities (RCFs), as of December 31, 2008, with 105 endorsed Alzheimer's care units (ACUs) within ALFs and RCFs; all except two ACUs were located within RCFs; the total licensed bed capacity in ALFs and RCFs were 13,816 and 8,607, respectively, with 3,673 beds endorsed for Alzheimer's care.

Table 1 – Oregon Community-based Care Facilities By Size, 2008

Facility Capacity	No. of Facilities			% of Facilities		
	ALF	ACU	RCF	ALF	ACU	RCF
<20	4	22	77	2%	21%	34%
20-49	43	60	88	21%	57%	39%
50-99	139	23	53	68%	22%	23%
100-150	17	0	7	8%	0%	3%
>150	2	0	2	1%	0%	1%
Total	205	105	227	100%	100%	100%

Source: Oregon Department of Human Services, Division of Seniors and People with Disabilities, 2008 licensing data

Facility size varies greatly and most had fewer than 100 licensed beds; over two-thirds of ALFs had a capacity between 50 and 99; and most RCFs and ACUs had a capacity between 20 and 49. The average Oregon ALF capacity was 67, larger than the national average of 54 units.¹

The 2008 Oregon Community-Based Care Survey was mailed to all licensed facilities. 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.

¹ National Center for Assisted Living. Assisted Living Facility Profile. Accessed: November, 2009. Available at:

<http://www.ahcancal.org/ncal/resources/Pages/ALFacilityProfile.aspx>

² 2009 Overview of Assisted Living: A Collaborative research project of American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, National Center for Assisted Living, and the

Survey Results

Forty-one percent (41%) of the licensed ALFs and close to a third for licensed RCFs (and endorsed ACUs) responded to the survey (see Table 2). Other facilities failed to complete surveys after repeated requests. The following report is based on information provided by the responding facilities.

Table 2 – Oregon Community-based Care Facilities in 2008

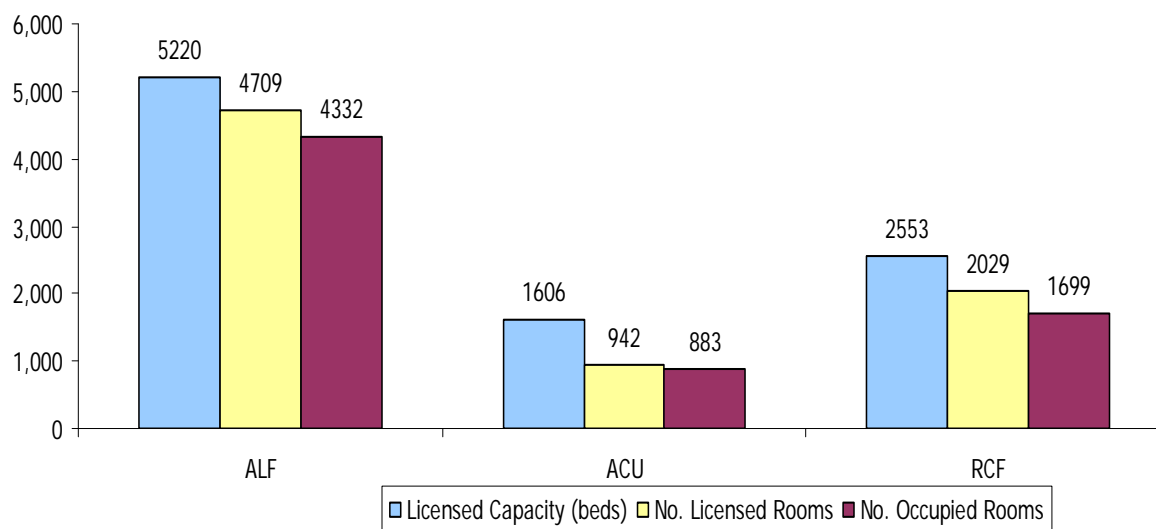
2008 Facilities	ALF	ACU	RCF
Number of facilities	205	105	227
Total capacity	13,816	3,673	8,607
Average capacity	67	35	38
Number of facilities responding	85	36	70
Response rate	41%	34%	31%
Total capacity of the facilities responded	5,220	1,606	2,553
% of capacities represented by the responding facilities	38%	44%	30%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

About 75% operated for-profit, 43% were managed by a third party management company or organization; Forty-two percent (42%) were single-property owners; 45% were part of a 2 to 50 facility chain; 13% were part of a 51 or larger facility chain.

The responding facilities represented less than half of all the community-based long-term care capacity by licensed beds. Most licensed rooms have one licensed beds, some have more than one. Figure 1 shows that rooms in reported ACUs had the highest occupancy rate (94%), followed by ALFs (92%) and RCFs (84%), close to the national rates.²

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



Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008

Resident Admission Source and Destination

In 2008, the majority of residents moved into community-based care facilities from home (37%). Of all discharged residents in 2008, most died (41%) at facilities or moved to nursing facilities (15%). Nationwide, 60% ALF residents moved from home and 33% died in the facility.³ Similar to previous reports,⁴ more than half (56%) of 2008 ACU discharged residents died at the facilities.

Table 3 – Resident Admission Source & Destination, 2008

Source & destination of residents	ALF		ACU		RCF		SUM	
	Moved from	Out to	Moved from	Out to	Moved from	Out to	Moved from	Out to
Home	44.1%	10.7%	27.2%	7.7%	27.1%	6.1%	36.7%	8.8%
Independent Living Facility	15.6%	3.9%	3.4%	0.0%	20.1%	8.0%	14.7%	4.4%
Assisted Living Facility	7.6%	8.3%	24.9%	4.9%	11.5%	6.7%	11.6%	7.2%
Hospital	5.9%	6.3%	16.2%	3.3%	14.5%	7.8%	10.0%	6.2%
Adult Foster Care	2.5%	6.3%	2.0%	4.0%	3.3%	2.8%	2.6%	4.9%
Another Adult RCF	1.2%	4.0%	6.5%	3.2%	4.3%	3.5%	2.9%	3.7%
Adult RCF - Mental Illness	0.7%	2.5%	1.3%	1.8%	0.6%	0.9%	0.8%	1.9%
Nursing Facility	16.3%	17.5%	9.2%	12.1%	10.6%	10.6%	13.6%	14.6%
Free-standing hospice	0.1%	0.2%	1.6%	0.5%	1.3%	0.3%	0.7%	0.3%
Psychiatric Facility	0.2%	0.3%	2.3%	0.9%	1.1%	1.6%	0.8%	0.8%
Children's/relative's home	3.3%	3.4%	5.0%	5.4%	4.3%	3.5%	3.9%	3.8%
Internal transfer & Other	2.5%	3.1%	0.4%	0.2%	1.2%	3.3%	1.8%	2.6%
Death	NA	33.5%	NA	56.0%	NA	45.0%	NA	40.8%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

³ National Center for Assisted Living. Assisted Living Resident Profile. Accessed: November, 2009. Available at: <http://www.ahcanca.org/ncal/resources/Pages/ALResidentProfile.aspx>

⁴ Office for Oregon Health Policy and Research (OHPR). Oregon Community-Based Long-term Care: Assisted Living and Residential Care Facilities, 2005 to 2007. Available from: http://www.ohpr.state.or.us/OHPPR/RSCH/Doc_Rep_Present.shtml#Long_Term_Care

Resident Age and Gender

Most residents were 85 or above, and females outnumbered males in the 85 & over age groups. This pattern remained consistent from 2006.⁴

Table 4 – Gender & Age Groups for Residents on December 31, 2008

Age category by gender	ALF	ACU	RCF	Total
Male: under 50	1.8%	0.0%	4.8%	2.5%
Male: 50 to 64	7.6%	3.2%	12.4%	8.5%
Male: 65 to 74	11.7%	12.2%	17.2%	13.6%
Male: 75 to 84	30.4%	31.3%	26.5%	29.3%
Male: 85 & over	48.5%	53.2%	39.2%	46.1%
Male Total	100.0%	100.0%	100.0%	100.0%
Female: under 50	0.7%	1.2%	2.7%	1.2%
Female: 50 to 64	3.5%	1.4%	3.6%	3.2%
Female: 65 to 74	9.5%	7.8%	8.9%	9.1%
Female: 75 to 84	32.4%	28.1%	28.8%	30.9%
Female: 85 & over	53.9%	61.6%	56.0%	55.5%
Female Total	100.0%	100.0%	100.0%	100.0%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

Length of Stay (LOS) of Discharged Residents

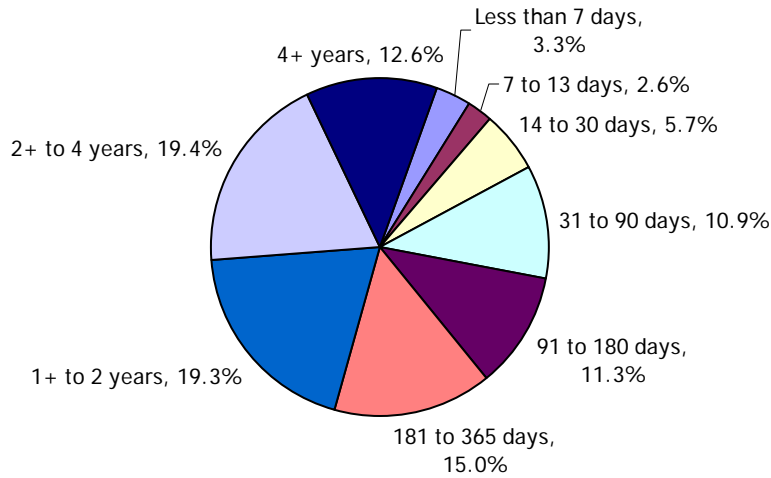
Table 5 shows the LOS for ALFs, ACUs and RCFs. Similar to the previous reports, most (56%) discharged residents (including those moved out or died) had stayed more than one year and about one in eight had stayed more than 4 years in the same facility, while 84% of nursing facility residents stayed less than 3 months in Oregon's nursing facilities. These results may highlight the focus Oregon has placed on community-based settings.

Table 5 – Length of Stay of Discharged Residents in 2008

Length of Stay	ALF	ACU	RCF	SUM
Less than 7 days	2.9%	1.9%	4.8%	3.3%
7 to 13 days	1.8%	1.8%	4.9%	2.6%
14 to 30 days	5.0%	4.5%	7.7%	5.7%
31 to 90 days	10.6%	11.3%	11.1%	10.9%
91 to 180 days	9.8%	13.6%	12.8%	11.3%
181 to 365 days	14.8%	13.7%	16.0%	15.0%
1+ to 2 years	19.9%	22.0%	16.4%	19.3%
2+ to 4 years	20.8%	21.4%	15.3%	19.4%
4+ years	14.3%	9.7%	11.1%	12.6%
Total	100.0%	100.0%	100.0%	100.0%

Source: Office for Oregon Health Policy & Research. Oregon Community-Based Care Facilities Survey, 2008.

Figure 2 – Length of Stay for Discharged Residents in 2008

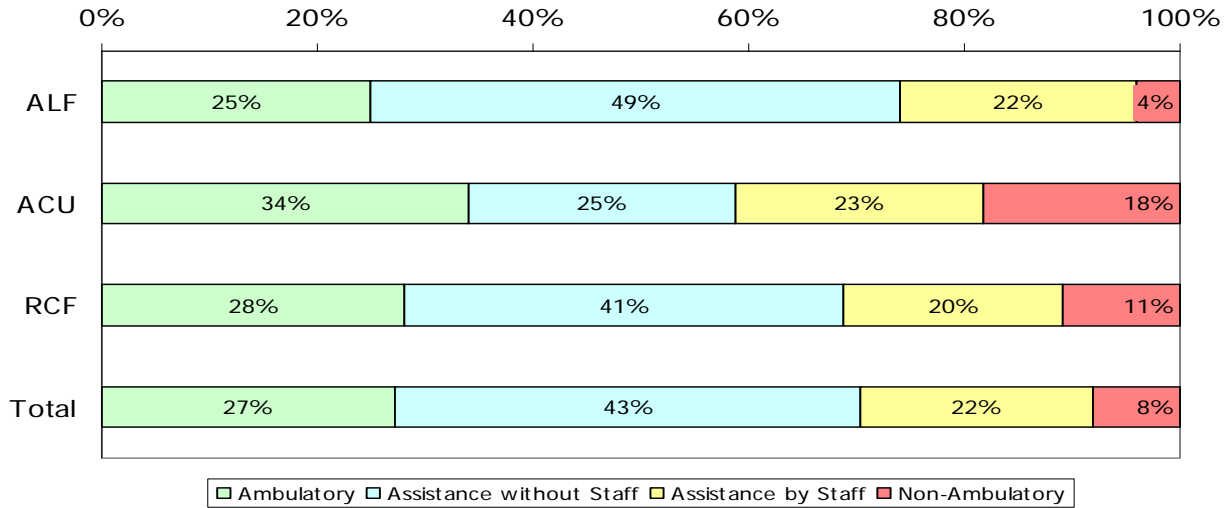


Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

Resident Ambulatory Status

Figure 3 shows the ambulatory status (or mobility) of residents in the responding facilities on December 31, 2008. Being ambulatory indicates a resident can move without assistance from staff or devices (e.g., a wheel-chair). ACUs had the highest percentage (41%) of residents who were non-ambulatory or needed staff assistance.

Figure 3 – Resident Ambulatory Status on Dec 31, 2008



Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

Resident Acuity (or Service Needs)

About one half ALFs and one third RCFs reported that they evaluate resident acuity by some kind of computerized system either purchased or developed in house. Others were using clinical charts, assessment forms, evaluation worksheets or other tools.

The most frequently reported condition for each of the facility types was diagnosed dementia (29% ALF residents, 87% ACU residents and 48% RCF residents), same as in 2007.⁴ One single resident could be counted in more than one category.

Table 6 – Community-based Care Resident Acuity, 2008

Percent of residents on December 31 with:	ALF	ACU	RCF	ALL
Diagnosed Dementia: <i>A cognitive deficit (from any cause) which impacts residents' ability to independently direct their daily life.</i>	29%	87%	48%	42%
Psychoactive Medications: <i>Includes either scheduled or PRN anti-psychotic, anti-anxiety, and/or sleep-inducing medications.</i>	30%	67%	37%	37%
Behaviors: <i>That can adversely affect the resident or others, such as wandering, intrusions, elopement, and combativeness.</i>	10%	32%	22%	16%
Transfer Assistance: <i>Unable to transfer without the physical help of at least one other person.</i>	15%	35%	26%	21%
Fall risk/History: <i>Residents who have either fallen within the past month or are very prone to falls.</i>	20%	30%	23%	22%
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%	3%	6%	5%
Recent needs increased AND ER/Hosp/Urgent care visits: <i>Residents, whose needs have increased, requiring changes in their service plans; residents who have visited the emergency room, hospital or urgent care center for care in past month.</i>	9%	11%	9%	10%
Skin Issues: <i>Residents with current/recent pressure ulcers or bedsores, and rashes, stasis ulcers, skin tears, abrasions, etc.</i>	10%	12%	12%	11%
Hospice/HH Dialysis: <i>Residents currently receiving such services or having received them within the past 2 weeks.</i>	8%	9%	7%	8%
Diabetics: <i>Residents with a diagnosis of diabetes, type 1 or type 2</i>	17%	10%	16%	16%
Meal Assist: <i>Residents who need frequent cueing, physical assistance, or both to eat their meals.</i>	4%	30%	16%	11%
Weight Change: <i>Residents who have shown either a rapid or ongoing, gradual weight change.</i>	8%	11%	12%	9%
Pain Issues: <i>Frequent or daily pain impacting a resident's function.</i>	19%	16%	19%	19%
Incontinent: <i>Residents with incontinence managed by the facility.</i>	22%	58%	37%	32%
Urinary Catheters: <i>Residents with urinary catheters.</i>	4%	1%	3%	3%
Anticoagulant Therapy/Blood Thinners: <i>Residents taking blood thinning medications such as Coumadin, Warfarin and daily full strength aspirin.</i>	18%	13%	13%	16%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

Payer Source

Payer source for Oregon community-based care is reported as a percentage of their total revenue (Table 7). Most facilities reported private pay (67%) and Medicaid (30%) as their primary source of revenue. Long-term care insurance accounts for only a small proportion of the payer source across all facility types. ACUs had the highest percentage of private pay. These payer trends have remained consistent in Oregon since 2005,⁴ and align with the national data.⁵

Table 7 – Payer Source for Oregon Community-Based Care, 2008

Payor Source	As Percentage of Total Revenue			
	ALF	ACU	RCF	All
Private Pay	63%	69%	62%	65%
Medicaid	31%	24%	33%	29%
Private Long-Term Care Insurance	6%	8%	3%	5%
Other	0%	0%	2%	1%
Total	100%	100%	100%	100%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

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, such as flat fee plus ala carte, service levels or point system. Compared with the previous years,⁴ it appears that more facilities were charging by service levels or a point system, very similar to nationwide data.⁵

Table 8 – ALF, ACU and RCF Fee Structures, 2008

Facility Type	ALF	ACU	RCF	All
Flat Fee (<i>e.g., single all-inclusive rate</i>)	9%	26%	30%	20%
Ala Carte (<i>e.g., services paid for individually as options on top of a monthly base rent</i>)	12%	14%	20%	15%
Service Levels (<i>e.g., tiered pricing for bundled services or a range of points</i>)	55%	40%	36%	45%
Point System (<i>e.g., total service points multiplied by set dollar amount</i>)	23%	21%	14%	20%
Combination/Other	1%	0%	0%	0%
ALL	100%	100%	100%	100%

Source: Office for Oregon Health Policy and Research. Oregon Community-Based Care Facilities Survey, 2008.

Private Pay Rates

Information about 2008 average monthly private pay rates (including base rent, service and other charges) were reported in Table 9. Many facilities that responded to other sections of the survey did not provide this information while others provided incomplete information. This data should be interpreted as a sample that may not be representative of the Oregon market.

Table 9 – Average Monthly Private Pay Charges, 2008

Room Type	Average Monthly Charges (including base rent & service/all charges)			
	ALF	ACU	RCF	ALL
Studio/Alcove	\$ 2,909	\$ 4,595	\$ 3,030	\$ 3,511
1 bedroom	\$ 3,280	\$ 4,838	\$ 3,079	\$ 3,733
2 bedroom	\$ 4,027	\$ 4,237	\$ 3,203	\$ 3,822
Other	\$ 1,782	\$ 3,977	\$ 3,376	\$ 3,045
All	\$ 3,000	\$ 4,412	\$ 3,172	\$ 3,528

Source: Office for Oregon Health Policy and Research, Community-Based Care Facilities Survey, 2008.

The reported monthly private pay charges (for single occupancy) varied widely, depending on facilities type, size, location and residents' levels of services. The overall 2008 rate reflected an average increase of 2.3% from the previous year.⁴ ALFs and RCFs were \$3,000 to \$3,172 per month, close to the \$2,904 Oregon average and \$3,133 national average for assisted living facilities reported by the MetLife Market Survey.⁶ ACUs had the highest average charges at \$4,412 per month, close to the reported national median (\$4,200) and mean (\$4,504) in assisted living facilities,² and in line with the \$4,267 national monthly base rate for Alzheimer's and dementia care in 2008 (\$4,435 in 2009).⁶

⁵ National Investment Center for the Seniors Housing and Care Industry. The research was conducted and analyzed by Acclaro Growth Partners www.acclaropartners.com. Design and Production by Stratton Publishing & Marketing Inc. 2009

⁶ MetLife Mature Market Institute. The MetLife Market Survey of Nursing Home & Assisted Living Costs. October 2009.