
**Office for Oregon Health
Policy and Research**



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

***Assisted Living and Residential Care Facilities
2007***

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Long-Term Care
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2007***

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Key Data

❖ Overview

- As of December 31, 2007, there were 204 assisted living facilities (ALF) and 227 residential care facilities (RCF) listed in Oregon's licensing data, with 105 endorsed Alzheimer's care units (ACU) (2 within ALFs and 103 within RCFs).
- Total licensed bed capacity in ALFs and RCFs were 13,790 and 8,626, respectively, with 3,663 beds endorsed for ACUs; most facilities having less than 100 beds.

❖ Survey Results

- 98 ALFs and 76 RCFs responded; the response rates were 48% and 33%.
- Three in four responding facilities were for-profit; about half were managed by a third party management company or organization.

❖ Resident Admission Source and Destination

- Most residents moved from home (38%) or other facilities.
- One in three discharges were a result of death. Only about one in six were discharged to a nursing facility. More than half of ACU discharges were from patient deaths.

❖ Resident Age and Gender

- Most residents were age 85 or above; female outnumbered male residents.

❖ Resident Length of Stay

- Most (53%) ALF and RCF residents who moved out or died in 2007 stayed more than one year; about one in seven stayed more than 4 years in the same facilities.

❖ Resident Ambulatory Status

- ALF residents were more ambulatory (mobile) than RCF and ACU residents. ACUs residents had the highest percentage (45%) who were either non-ambulatory or needed staff assistance.

❖ Resident Acuity

- About 15% of facilities have some kind of computerized system to evaluate resident acuity
- The most frequently reported condition was diagnosed dementia (26% ALF residents, 97% ACU residents and 35% RCF residents).

❖ **Payer Source**

- About two-thirds of the responding facilities' revenue source or resident days were paid for a by private payer; Medicaid accounted for about 30%; long-term care insurance accounted for a very small proportion of the payer-mix (1%).

❖ **Fee Structure**

- More responding facilities were charging by service levels (36%).

❖ **Private Pay Rate**

- The reported monthly private pay charges (for single occupancy) in 2007 varied widely from about \$1,000 to \$7,000. The average single occupancy was \$4,300 for ACUs, and about \$3,000 for ALFs and RCFs.

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 statutorily-established advisory bodies, including the Oregon Health Fund Board, the Oregon Health Policy Commission, 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 2006, 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 annual survey data about Oregon community-based long-term care facility admissions, discharges and resident characteristics. The survey was expanded in 2007 to include more information about Alzheimer's Care Units (ACUs).

This report on Oregon's community-based long-term care facilities encompasses the period from January 1, 2007 to December 31, 2007. Oregon DHS Licensing data for 2007 listed 204 assisted living facilities (ALFs) and 227 residential care facilities (RCFs), as of December 31, 2007, with 105 endorsed Alzheimer's care units (ACUs) within ALFs and RCFs. All except two ACUs were located within RCFs. The total number of facilities (431) stayed the same as 2006, with three more ALFs and three fewer RCFs.

At the end of 2007, total licensed bed capacity in ALFs and RCFs were 13,790 and 8,626, respectively, with 3,663 beds endorsed for Alzheimer's care.

Table 1 – Oregon Community-based Care Facilities By Size, 2007

Facility Capacity	No. of Facilities			% of Facilities		
	ALF	ACU	RCF	ALF	ACU	RCF
<20	3	22	77	1%	21%	34%
20-49	43	60	88	21%	57%	40%
50-99	139	23	53	68%	22%	24%
100-150	17	0	7	8%	0%	3%
>150	2	0	2	1%	0%	1%
Total	204	105	227	100%	100%	100%

Source: Oregon Department of Human Services, Seniors and People with Disabilities

Facility size varies greatly and most had fewer than 100 licensed beds; over two-thirds (68%) 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, close to the national average of 58.¹

The 2007 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. <http://www.ncal.org/about/facility.cfm>. December, 2008.

Survey Results

Ninety-eight (98) ALFs and 77 RCFs responded to the survey. About 50% of licensed ALFs responded and about a third for licensed RCFs and endorsed ACUs (see Table 2). Other facilities failed to complete surveys after repeated requests.

The following report is based on information provided by the responding facilities. With a response rate of less than 50%, caution must be taken when interpreting the results here as they may not be representative of all Oregon community-based care facilities.

Table 2 – Oregon Community-based Care Facilities in 2007

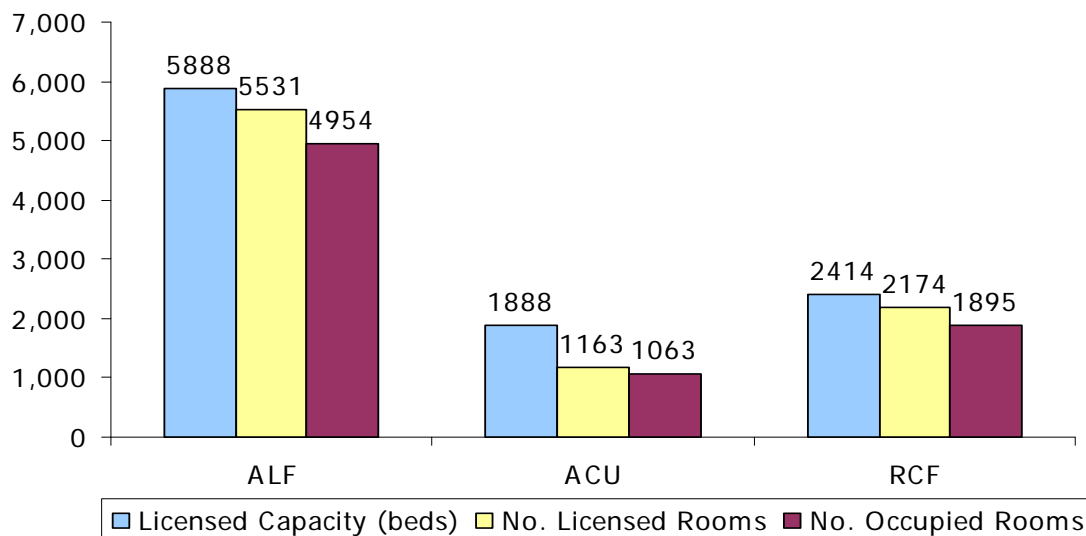
2007 Facilities	ALF	ACU	RCF
Number of facilities	204	105	227
Total capacity	13,790	3,663	8,626
Average capacity	67	35	38
Number of facilities responding	98	37	76
Response rate	48%	35%	33%

Of the responding facilities, 79% operated for-profit, about half (48%) were managed by a third party management company or organization; forty percent (40%) were single-property owners; 42% were part of a 2 to 50 facility chain; 24% 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. Each licensed room can have one or more licensed beds.

Figure 1 shows the licensed capacity (beds), licensed and occupied rooms.

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



Resident Admission Source and Destination

Table 3 shows admission source and destination.

In 2007, the majority of residents moved into community-based care facilities from home (38%), nursing, and other independent or assisted living facilities. Of all discharged residents in 2007, most died (37%) at facilities or moved to nursing facilities (17%). Nationwide, 60% ALF residents moved from home and 30% died in the facility in 2006.² Similar to previous reports,³ more than half (53%) of 2007 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 38 residents moved out in the year of 2007 because they spent down their assets, which was an increase from 20 residents in 2006.

Table 3 – Resident Admission Source & Destination, 2007

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	42.8%	8.9%	31.8%	5.8%	31.6%	12.5%	38.2%	9.3%
Independent Living Facility	13.1%	3.9%	3.4%	1.0%	14.6%	1.2%	11.5%	2.6%
Assisted Living Facility	9.9%	8.4%	16.1%	2.6%	10.2%	6.7%	11.2%	6.9%
Hospital	7.2%	7.4%	12.9%	8.6%	9.5%	9.5%	8.8%	8.2%
Adult Foster Care	3.8%	6.4%	3.0%	4.5%	6.0%	9.1%	4.1%	6.8%
Another Adult RCF	2.7%	4.0%	5.5%	5.4%	4.5%	5.7%	3.6%	4.7%
Adult RCF - Mental Illness	0.7%	2.9%	6.1%	0.5%	0.5%	1.2%	1.7%	2.0%
Nursing Facility	10.9%	19.0%	13.4%	15.6%	15.7%	12.4%	12.5%	16.6%
Free-standing hospice	0.1%	0.3%	0.2%	1.0%	0.6%	0.6%	0.2%	0.5%
Psychiatric Facility	0.1%	0.4%	5.2%	0.9%	3.7%	1.0%	1.9%	0.6%
Children's/relative's home	5.7%	4.3%	1.6%	1.4%	2.5%	1.8%	4.2%	3.1%
Internal transfer & Other	3.1%	3.0%	0.7%	0.0%	0.5%	1.7%	2.1%	2.1%
Death	NA	31.1%	NA	52.6%	NA	36.7%	NA	36.6%
Total	100%	100%	100%	100%	100%	100%	100%	100%

² Assisted Living Resident Profile. <http://www.ncal.org/about/facility.cfm>. December, 2008.

³ Office for Oregon Health Policy and Research (OHPR). Oregon Community-Based Long-term Care: Assisted Living and Residential Care Facilities, 2005; Oregon Community-Based Long-term Care: Assisted Living and Residential Care Facilities, 2006. 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 with 2006.³

Table 4 – Gender & Age Groups for Residents on December 31, 2007

Age category by gender	ACF	ACU	RCF	Total
Male: under 50	1.7%	0.4%	5.0%	2.6%
Male: 50 to 64	5.9%	1.6%	14.7%	8.2%
Male: 65 to 74	11.6%	10.1%	12.6%	11.7%
Male: 75 to 84	33.0%	39.3%	29.6%	32.7%
Male: 85 & over	47.8%	48.6%	38.0%	44.9%
Male Total	100.0%	100.0%	100.0%	100.0%
Female: under 50	1.0%	0.2%	1.5%	1.0%
Female: 50 to 64	3.0%	1.9%	3.9%	3.0%
Female: 65 to 74	6.4%	8.8%	7.6%	7.1%
Female: 75 to 84	32.3%	36.8%	32.7%	33.1%
Female: 85 & over	57.2%	52.3%	54.4%	55.8%
Female Total	100.0%	100.0%	100.0%	100.0%

Resident Length of Stay (LOS)

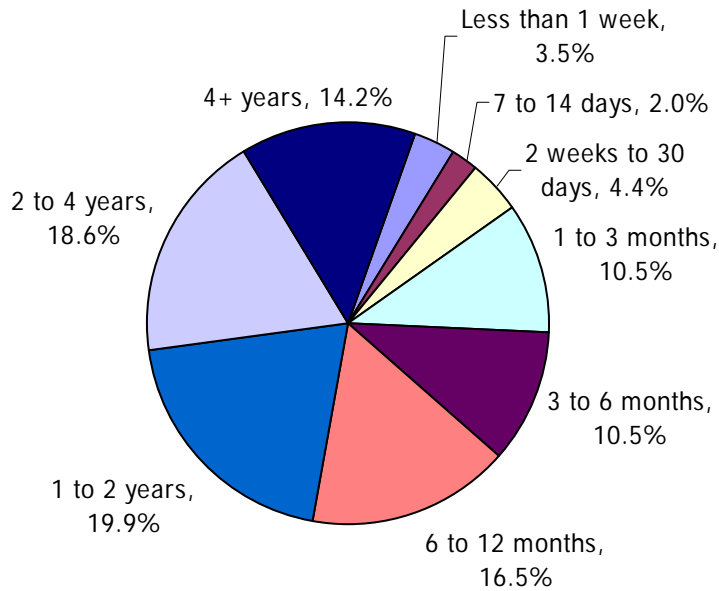
Table 5 shows the LOS for ALFs, ACUs and RCFs.

Similar to the previous two years, most discharged residents (moved out or died) had stayed more than one year and about one in seven had remained more than 4 years in the same facility. These results may highlight the focus Oregon has placed on community-based settings and not nursing facilities, as the 2006 national average LOS in ALFs was 27 months.²

Table 5 – Length of Stay, by Facility, for Discharged Residents in 2007

Length of Stay	ACF	ACU	RCF	Total
Less than 1 week	4.0%	2.0%	3.2%	3.5%
7 to 14 days	1.6%	2.1%	2.7%	2.0%
2 weeks to 30 days	4.4%	3.1%	5.3%	4.4%
1 to 3 months	10.3%	7.2%	13.5%	10.5%
3 to 6 months	10.4%	10.6%	10.6%	10.5%
6 to 12 months	16.4%	20.1%	14.3%	16.5%
1 to 2 years	20.5%	21.2%	17.6%	19.9%
2 to 4 years	17.1%	20.7%	20.7%	18.6%
4+ years	15.3%	13.0%	12.1%	14.2%
Total	100.0%	100.0%	100.0%	100.0%

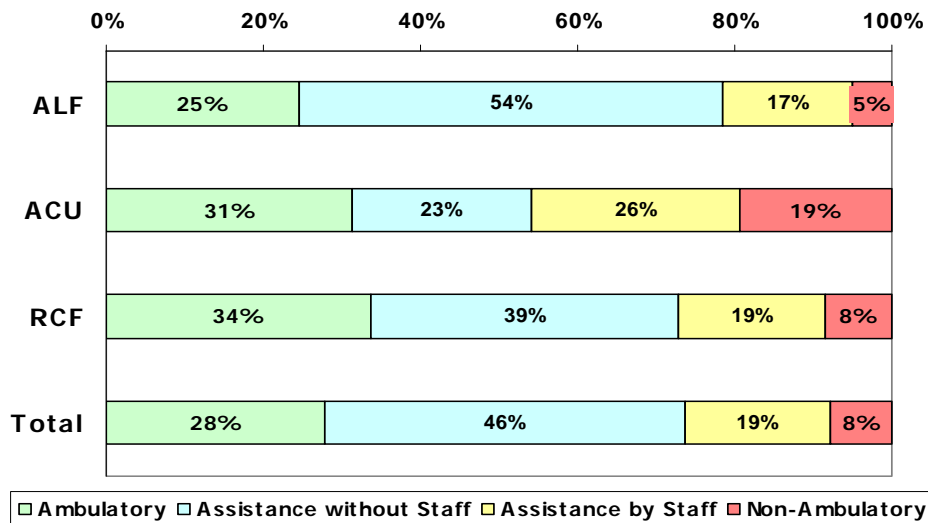
Figure 2 – Length of Stay for All Discharged Residents in 2007



Resident Ambulatory Status

Figure 3 shows the ambulatory status (or mobility) of residents in the responding facilities on December 31, 2007. Being ambulatory indicates a resident can move without assistance from staff or devices (such as a where-chair). ACUs had the highest percentage (45%) of residents who were either non-ambulatory or needed staff assistance.

Figure 3 – Resident Ambulatory Status on Dec 31, 2007



Resident Acuity

Although these facilities are caring for many Oregonians, only about 15% of facilities have some kind of computerized system to evaluate resident acuity which may impact the level of care a resident may need. Other facilities reported using clinical charts, assessment forms, evaluation worksheets or other tools.

The most frequently reported condition for each of the facility types was diagnosed dementia (26% ALF residents, 97% ACU residents and 35% RCF residents), same as reported in 2006.³ A single resident could be counted in more than one category.

Table 6 – Community-based Care Resident Acuity, 2007

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>	26%	97%	35%	38%
Psychoactive Medications: <i>Includes either scheduled or PRN anti-psychotic, anti-anxiety, and/or sleep-inducing medications.</i>	28%	62%	34%	36%
Behaviors: <i>Those which can adversely affect the resident or others, such as wandering, intrusions, elopement, combativeness.</i>	8%	37%	22%	16%
Transfer Assistance: <i>Unable to transfer without the physical help of at least one other person.</i>	14%	37%	23%	19%
Fall risk/History: <i>Residents who have either fallen within the past month or are very prone to falls.</i>	18%	39%	22%	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>	5%	3%	4%	4%
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%	10%	10%	9%
Skin Issues: <i>Residents with current/recent pressure ulcers or bedsores, and rashes, stasis ulcers, skin tears, abrasions, bruises, etc.</i>	8%	16%	9%	9%
Hospice/HH Dialysis: <i>Residents currently receiving such services or having received them within the past 2 weeks.</i>	6%	8%	6%	6%
Diabetics: <i>Residents with a diagnosis of diabetes, type 1 or type 2.</i>	16%	11%	14%	15%
Meal Assist: <i>Residents who need frequent cueing, physical assistance, or both to eat their meals.</i>	4%	26%	14%	9%
Weight Change: <i>Residents who have shown either a rapid or ongoing, gradual weight change.</i>	6%	15%	8%	8%
Pain Issues: <i>Frequent or daily pain impacting a resident's function.</i>	20%	18%	19%	20%
Incontinent: <i>Incontinence being managed by the facility.</i>	20%	61%	32%	29%
Urinary Catheters: <i>Urinary catheters managed by the facility.</i>	2%	1%	2%	2%
Anticoagulant Therapy/Blood Thinners: <i>Residents taking blood thinning medications such as coumadin, warfarin and daily full strength aspirin.</i>	18%	11%	15%	16%

Payer Source

Payer source for Oregon community-based care is reported as both a percentage of resident days and the percentage 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 2005,³ and align with the national data.⁴

Table 7 – Payer Source for Oregon Community-Based Care, 2007

Payer Source	As % of resident days				As % of revenue source			
	ALF	ACU	RCF	All	ALF	ACU	RCF	All
Private Pay	63%	70%	64%	65%	66%	69%	66%	67%
Medicaid	36%	26%	33%	32%	32%	27%	32%	30%
Private Long-Term Care Insurance	1%	2%	0%	1%	1%	1%	1%	1%
Other	0%	2%	3%	2%	1%	3%	2%	2%
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, such as flat fee plus ala carte, service levels or point system. Compared with the previous two years, it seems that more facilities were moving away from a flat fee and toward charging by service levels.

Table 8 – ALF, ACU and RCF Fee Structures, 2007

Facility Type	ALF	ACU	RCF	All
Flat Fee	9%	30%	31%	20%
Ala Carte	17%	13%	26%	19%
Service Levels	43%	32%	28%	36%
Point System	30%	23%	14%	23%
Combination/Other	2%	2%	1%	1%
ALL	100%	100%	100%	100%

4 Facts and Figures for Long Term Care. <http://www.nmhca.org/pages/facts.htm>. December 2008

Private Pay Rates

Information about 2007 monthly private pay rates (including base rent, service and other charges) were reported in Table 9. Some facilities did not provide this information while a few provided daily or yearly (not monthly) information. Multiple efforts were made to confirm the data in order to better reflect the actual Oregon community-based care market. The percent of facilities who provided private pay charge information are included to emphasize that the rates displayed are the averages for those facilities that completed this section of the survey. This data should be interpreted cautiously and should not be generalized to all Oregon community-based care facilities.

The survey asked also about a second person private pay rate. However, most facilities provided inconsistent information that could not be confirmed in order to properly represent a second person private pay rate.

Table 9 – Average Monthly Private Pay Charges, 2007

Room Type	% of responding facilities that answered this question			Average Monthly Charges (includes base rent & service charges)			
	ALF	ACU	RCF	ALF	ACU	RCF	ALL
Studio/Alcove	41%	22%	19%	\$ 2,842	\$ 4,475	\$ 2,867	\$ 3,395
1 bedroom	38%	8%	12%	\$ 3,140	\$ 4,370	\$ 3,094	\$ 3,535
2 bedroom	10%	2%	5%	\$ 3,605	\$ 4,068	\$ 2,955	\$ 3,543
Other	3%	7%	3%	\$ 2,402	\$ 4,281	\$ 3,274	\$ 3,319
All	48%	35%	33%	\$ 2,997	\$ 4,299	\$ 3,048	\$ 3,448

The reported monthly private pay charges (for single occupancy) varied widely from about \$1,000 to \$7,000, depending on facilities type, size, location and residents' levels of services. ACUs had the highest average charges at \$4,300 per month. ALFs and RCFs were around \$3,000 per month, close to the overall national average of \$2,969 in 2007 and \$3,031 in 2008.⁵

⁵ MetLife Mature Market Institute. *The MetLife Market Survey of Nursing Home & Assisted Living Costs. October 2008.*

