## Comparison of Long-Term Care Settings in Oregon, 2014

Number of facilities Total capacity (beds) Average occupancy rate	Assisted Living Facilities (ALF) 217 14,436 73%	Residential Care Facilities (RCF) 272 10,435 83% acility Size	Memory Care Communities (MCC) 148 5,074 87%	Adult Foster Homes (AFH) 1542 6,653 86%	Nursing Facilities (NF) 138 12,068 64%
Less than 50 beds	26%	73%	65%	n/a <sup>i</sup>	17%
50–99 beds	65%	23%	30%	n/a	47%
100–149 beds	7%	4%	4%	n/a	30%
More than 150 beds	<1%	<1%	<1%	n/a	7%
Resident Characteristics					
White, non-Hispanic	93%	89%	95%	89%	89%
African American or Black	1%	2%	1%	2%	2%
Hispanic	1%	<1%	2%	2%	1%
Other or Unknown	5%	8%	2%	7%	8%
Female	69%	58%	67%	63%	60%
Age 65-84	39%	39%	41%	39%	51%
Age 85+	54%	49%	57%	38%	30%
Assistance with Activities of Daily Living (ADLs) <sup>ii</sup>					
Dressing	43%	44%	92%	63%	90%
Using the toilet	36%	41%	90%	n.d.	91%
Bathing	58%	64%	98%	86%	88%
Length of Stay					
Less than 30 days	14%	18%	11%	n.d.	60%
31-89 days	23%	27%	22%	n.d.	82%
90-180 days	10%	11%	13%	n.d.	4%
181 days–less than 1 year	15%	17%	20%	n.d.	5%
1–2 years	20%	19%	20%	n.d.	4%
3–4 years	19%	14%	18%	n.d.	3%
More than 4 years	15%	12%	8%	n.d.	2%
Resident Payer Sources					
Private pay	51%	55%	27%	34%	22%
Medicaid	40%	32%	43%	66%	59%
Other	9%	12%	9%	n/a	19%
Monthly Medicaid Payment for Lowest Service Level <sup>iii</sup>					
Monthly charge	\$1,073	\$1,338	\$3,508 <sup>iv</sup>	\$1,338	\$7,273
Change between 2008 and 2014 (adjusted for inflation)	-3%	-3%	n.d.	-3%	16%







## Comparison of Long-Term Care Settings in Oregon, 2014

The Oregon legislature allocated funding in 2014 for data collection and analysis to assist local and statewide planning and policymaking efforts in long-term care services. The Oregon Department of Human Services (DHS), as the licensing authority for long-term care in Oregon, collaborated with Portland State University, Oregon State University, LeadingAge Oregon, Oregon Health Care Association, and SEIU Local 503 to produce several reports on the state of long-term care communities in Oregon. These reports can be found online at: <a href="http://www.oregon.gov/dhs/spd/Pages/pubs/index.aspx">http://www.oregon.gov/dhs/spd/Pages/pubs/index.aspx</a>. This brief provides a side-by-side comparison of resident and facility characteristics from five different types of long-term care settings surveyed as part of this effort. These types of settings are commonly differentiated as follows.

A variety of **Community-Based Care (CBC) settings** in Oregon serve older persons who need ongoing assistance with daily activities such as personal care and medications, as well as supervision and health monitoring. CBC settings offer internal and coordinate external supportive services on a 24-hour basis to meet the activities of daily living (ADLs), health, and social needs of residents. A person-centered approach is used to promote self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence, and home-like surroundings.

Assisted Living Facilities (ALFs) must provide private, single-occupancy apartments with a private bath and kitchenette. Residential Care Facilities (RCFs) may provide single or double rooms with shared bathrooms. RCF resident rooms must have at least 80 square feet per resident and are limited to two residents. ALFs and RCFs may be single buildings, complexes, or parts of a complex. They consist of fully self-contained individual living units where six or more seniors and persons with disabilities may reside Memory Care Communities (MCCs) are special care units in a designated, separated area for residents with Alzheimer's disease or other type of dementia. The units are locked, segregated or secured to prevent or limit access by residents outside the designated or separated area. These units are typically co-located in an ALF or RCF, but they may be in a nursing facility or in a stand-alone community. Adult Foster Homes (AFHs) are single-family residences that provide 24-hour care and supervision within their own homes to unrelated adults who are unable to care for themselves. Adult foster homes are licensed to house from 1 to 5 adult residents.

**Nursing Facilities (NF)**, an alternative to community-based care, provide 24-hour medical care and monitoring for people with physical disabilities and for those who have been discharged from the hospital but are not able to care for themselves or receive sufficient care in the community. Thus, NFs serve two different populations—individuals with post-acute care needs who usually stay for 90 days or less, and individuals with ongoing and indefinite needs who stay for more than 90 days. NFs are the most intensive setting in Oregon's long-term care continuum serving both short- and long-stay individuals with a high need of skilled care.

<sup>&</sup>lt;sup>i</sup> A note of "n/a" indicates "not applicable," while n.d. indicates "no data" or that available data are not comparable with those of other setting types.

<sup>&</sup>lt;sup>ii</sup> For ALF, RCF, and MCC facilities, Assistance with ADLs includes "stand-by assistance" and "full assistance." In NF, individuals with "some dependence" and those who are "dependent" are included. ADLs for AFHs were based on whether the resident required assistance or not.

<sup>&</sup>lt;sup>III</sup> Medicaid clients in ALF, RCF, MCC, and AFHs must pay room and board fees to the facility from their own income. The Medicaid rate for nursing facilities includes room and board.

<sup>&</sup>lt;sup>iv</sup> Oregon pays a set fee of \$3,508 for Medicaid clients in memory care communities.