2018 Adult Foster Home

Resident and Community Characteristics Report on Adult Foster Homes

Paula Carder, Ph.D., Sheryl Elliott, M.U.S, Ozcan Tunalilar, Ph.D., & Sarah Dys, M.P.A.

A study completed by the Institute on Aging at Portland State University
in partnership with Oregon Department of Human Services

Erin Roth, 2017

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About the Institute on Aging at Portland State University (IOA/PSU)

IOA/PSU strives to enhance understanding of aging and facilitates opportunities for elders, families, and communities to thrive.

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Special thanks to all of the adult foster home owners throughout the state of Oregon who contributed to this effort.

About Oregon Department of Human Services

DHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

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EXECUTIVE SUMMARY

Adult foster homes (AFH) are small, residential settings that are licensed to provide assistance to older persons or adults with disabilities. These settings may offer a home-like setting in which residents' independence, personal choice, and decision-making are promoted. Homes may be licensed for one to five residents and must be staffed 24-hours daily to respond to residents' scheduled and unscheduled needs or requests. Adult foster homes offer a variety of services, including daily meals, housekeeping and laundry, assistance with personal care needs, medication administration, monitoring of health conditions, communication with residents' health care providers, and social and recreational activities.

This report, the fourth in a series prepared by the Institute on Aging, provides an in-depth look at a sample of Oregon AFHs. As of Fall 2017, there were 1,584 AFHs in the state. All but three counties (Gilliam, Morrow, and Wallowa) had at least one AFH and Multnomah County had 384 (24 percent of all AFHs). In comparison, there were 227 assisted living (AL), 297 residential care (RC), and 137 nursing facilities (NF). Despite the larger number of AFHs, these homes have a smaller total capacity compared to the other settings. The total licensed capacity for all AFHs was 7,064 compared to 26,774 in assisted living, residential care, and memory care communities, and 11,464 in nursing facilities.

This AFH study has four primary objectives:

Objective 1	**Objective 3**
Describe AFH characteristics, including staffing types and levels, policies, and monthly charges and fees.	Compare current results with prior Oregon surveys and national studies (as available), and identify changes and current trends.
Objective 2	**Objective 4**
Describe current residents' health and social characteristics.	Describe characteristics that could affect access, quality, or cost.

The study findings are intended to provide information that state agency staff, legislators, community-based care owners, and consumers might use to guide their decisions. As relevant, we compare the current results to results from three prior years.

Survey Method

In January of 2018, Portland State University's Institute on Aging (IOA) mailed a questionnaire to a geographically stratified random sample of AFHs in Oregon. Of the 650 AFHs in the sample, 395 owners returned the questionnaire, for a response rate of 61 percent. The findings described in this report are based on these 395 AFHs unless noted otherwise.

The following topics were included in the questionnaire:

- Adult foster home and owner characteristics
- Services and policies
- Staffing
- Private pay rates and fees
- Medicaid use
- Resident characteristics

The study methods are described in Appendix A: Methods on page 37.

HIGHLIGHTS

AFHs and the Owners

- The 395 responding homes had licensed capacity for 1,760 residents.
- The occupancy rate of responding homes was **84%.**
- **54%** of homes were at full capacity.
- **88%** of owners lived in the AFH.
- **64%** of these owners had family members living in the AFH.
- **31%** of owners had a health care certification or license (i.e., CNA, RN, LPN/LVN, MSW or Respiratory Therapist).

Staff

- **84%** of AFH staff had been employed in the same home for more than 6 months.
- **30%** of AFH owners had difficulty employing staff.
- **24%** of AFHs employed a resident manager.
- **87%** percent of AFHs employed at least one caregiver.
- **17%** of caregivers had a professional health certification as either a certified nursing assistant (CNA), certified medication aide (CMA), or licensed personal nurse (LPN).
- **58%** of AFH owners and **69%** of staff received a flu vaccination in the prior year.

Residents

- **62%** of AFH residents were female.
- **6%** were age 49 or younger, **36%** were ages 50 to 74, and **59%** were age 75 or older.
- **27%** of AFH residents received assistance to eat.
- **72%** of AFH residents regularly used a mobility aid.
- **88%** of AFH residents did not experience a fall in the prior 90 days.
- **15%** of AFH residents had an emergency department visit and **8%** were hospitalized overnight in the prior 90 days.
- **11%** of AFH residents received hospice care in the prior 90 days.
- **51%** of AFH residents took nine or more medications.
- **35%** of AFH residents took an antipsychotic medication.

Private Pay Rates and Fees

- **41%** of residents paid privately.
- The average and median total monthly charges for a single resident living alone in a private room and receiving the lowest level of care were $3,492 and $3,500, respectively. There was a large variation in total monthly charges, ranging from $575 to $7,200. The estimated average annual charge based on the average rate would be $41,904 for a private-pay resident ($3,492 per month over 12 months).
- The median monthly rates for a single person living in the smallest unit receiving the lowest level of care by region were:
  - Portland Metro $3,500
  - Willamette Valley/North Coast $3,300
  - Southern Oregon/South Coast $3,000
  - East of the Cascades $3,350

Medicaid

- **81%** of owners who responded had a contract with DHS to accept Medicaid beneficiaries.
- **57%** of residents were Medicaid beneficiaries.
- In 2017, DHS paid AFH owners a total of $79,167,493 on behalf of Medicaid-eligible residents.

AFH Services and Policies

- The top three resident needs or behaviors that would typically prompt a move-out notice were non-payment (**60%**), hitting/acting out in anger (**57%**), and lease violations (**27%**).
- **58%** of AFHs used a falls risk assessment tool as standard practice with every resident and **30%** did so on a case-by-case basis.
- **15%** of AFHs used a cognitive impairment screen as part of standard practice and **24%** used a tool to assess depression.

BACKGROUND

Adult foster homes (AFHs) are licensed to provide personal and health-related care and services. The AFHs in this study are designated to serve people age 65 and older and adults with a physical disability. In Oregon, AFHs may be licensed for one to five unrelated adults in a residence in which the owner's family members might also reside. Oregon AFHs provide a home-like environment for individuals who prefer a smaller-scale setting compared to assisted living and nursing facilities. These homes are required to offer and coordinate supportive services available on a 24-hour basis and to promote residents' choice, dignity, privacy, individuality, and independence (OAR 411-50-0600).

Adult foster home owners and the staff they employ help residents with meals and personal care, medication administration, and assistance with behaviors associated with mental health issues and dementia. Additional health-related and social services may be provided or coordinated depending on resident needs and preferences.

These homes can serve residents with a wide range of needs, including those who primarily need room, board, and minimal personal assistance as well as residents who need full personal care, have dementia (such as Alzheimer's disease), or residents who need short-term skilled nursing care that is provided with the help of registered nurses. Oregon permits AFHs to serve individuals who meet the state's nursing home level-of-care criteria and to receive Medicaid payments on behalf of residents who meet eligibility criteria.

Adult foster homes are classified at one of three levels based on the training and qualifications of the provider, as defined by state rules (OAR 411-050-0625). In addition, Multnomah County administers AFHs (referred to as adult care homes) under its Administrative Rules (MCAR 023-010-100, source: https://multco.us/ads/adult-care-home). The county rules are equal to or exceed state statute. For the purpose of this report, state rules are referred to as relevant to describe AFH requirements. The acronym AFH is used to include adult care homes.

A random sample of 650 of the 1,584 AFHs in Oregon (Fall 2017) received a questionnaire and 61% (395 AFHs) responded.

The questionnaire (Appendix D, page 47) asked about:

- Adult foster home and owner characteristics
- Services and policies
- Staffing
- Private pay rates and fees
- Medicaid use
- Resident characteristics

In addition to providing the findings based on these topics, we compare current findings to prior years and, as possible, compare AFHs located in urban and rural communities. This report includes quotations from AFH owners who wrote responses to open-ended questions about the benefits and challenges of operating an AFH. See Appendix A, page 37 for a description of the study methods.

All prior AFH reports, and the findings from studies of assisted living, residential care, and memory care communities, are available at: https://www.pdx.edu/ioa/oregon-community-based-care-project
OR
http://www.oregon.gov/DHS/SENIORS-DISABILITIES/Pages/publications.aspx.

ADULT FOSTER HOMES

What are they, how many are there, what is their capacity and occupancy?

Adult foster homes are unique because of their size, location, and staffing model. These homes are typically single-family residences that have been renovated to accommodate residents in addition to a live-in owner, that person's family, and possibly additional staff. Some AFHs are purpose-built. Because these homes are residences, they are more likely than other types of settings (e.g., assisted living, nursing facilities) to be located in residential neighborhoods (Mollica, et al., 2009). Another difference between AFHs and other settings is the presence of an owner and his/her family. While not all AFH owners live in the home, all homes are staffed 24-hours daily.

Capacity and Occupancy

Adult foster homes are licensed to care for one to five adults that are unrelated to the owner or resident manager. The number of residents allowed is determined by the ability of staff to safely care for residents and comply with licensing rules. The specific number of occupants that the AFH may accommodate is known as licensed capacity. The licensed capacity could be larger than the number of rooms since rooms might be shared. Overall, AFHs located in rural/frontier communities had lower licensed capacity compared to AFHs located in urban communities (Table B1, Appendix B). Average licensed capacity in rural/frontier AFHs was 3.9 compared to 4.6 for AFHs located in urban communities. The occupancy rate is calculated here by dividing the number of residents by the licensed capacity.

The 395 AFHs from which we collected data were licensed to care for 1,760 residents and reported a total of 1,485 current residents, for an occupancy rate of 84 percent. The occupancy rate has declined somewhat since 2015 when the study was first conducted (Table 1).

Table 1. **Capacity and Occupancy Rates of Surveyed Homes, 2015-2018**

	2016	2017	2018
Total Licensed Capacity of Survey Respondents	1,401	1,523	1,760
Occupancy of Survey Respondents	1,218	1,259	1,485
Occupancy Rate	87%	83%	84%

Percent of AFHs at Full Capacity

Table 1 describes the current occupancy rate of AFHs. Another way to understand occupancy is to examine the number of homes that are at full capacity, or that have the number of residents they are licensed to accommodate. Operating at full capacity might be important for the economic well-being of AFHs. A home licensed for five residents could have between one and five residents, and this home would be at full capacity with five residents. Overall, 54 percent of AFHs were at full capacity, but this rate is largely explained by the number of homes licensed for one person. Of the homes licensed for three residents, only 23 percent had three residents (see Table 2 below). This explains the difference between the overall occupancy rate of 84 percent (Table 1) and the lower percentage of homes operating at full capacity (Table 2).

Table 2. **Rate of Surveyed Homes at Full Capacity, 2018**

# of Residents Permitted	Licensed Capacity % (n)	At Maximum Capacity % (n)
1 resident	6% (24)	100% (24)
2 residents	3% (11)	73% (8)
3 residents	6% (22)	23% (5)
4 residents	11% (42)	48% (20)
5 residents	75% (296)	53% (157)
Overall	100% (395)	54% (214)

Classification Level

Adult foster homes are classified based on provider qualifications. Depending on the classification, the AFH owner may admit and care for residents with a few to all activities of daily living (ADLs, including eating, bathing, dressing, grooming, personal hygiene, mobility, and elimination) (OAR 411-015-0006). A Class 1 license authorizes the owner to care for residents needing assistance with up to four ADLs. Class 2 owners must have two or more years' experience providing care to elderly adults or adults with physical disabilities, may admit residents needing assistance with all ADLs, but with full assistance in no more than three ADLs. A Class 3 owners must hold a current license as a healthcare professional or have a minimum of three years' experience caring for elderly adults with physical disabilities needing full assist in four or more ADLs, but only one resident who requires bed-care or full assistance with all ADLs, not including cognition or behavior, and references from two or more licensed health care professionals. Owners in all three classifications must pass the DHS AFH training course (411-050-0625). Almost half of the owners who responded held a Class 3 license (Table 3).

Adult foster homes can be licensed for other classifications. A variance allows the AFH to care for a resident with impairment needs that exceed its current classification (OAR 411-050-0642). An owner with a Class 3 license may be approved to provide ventilator assisted care if they fulfill additional requirements (OAR 411-050-0660), and a limited license has provisions regarding the care of one specific resident (OAR 411-050-0605). Table 3 describes the distribution of responding AFHs with these licenses and licenses with exceptions.

Table 3. **Highest Classification Level, 2018**

	Class Level % (n)
Class 1	3% (12)
Class 2	45% (176)
Class 3	49% (195)
Variance	7% (26)
Ventilator assisted care	<1% (2)
Limited	5% (20)
Don't know	2% (6)

Note: The percentages need not add up to 100 percent because of possible overlap across different classifications.

54 % of AFHs were at full capacity.
23% of AFHs licensed for 3 residents had 3 residents.

Adult Foster Home Owners

Most AFH owners lived at their AFH (88 percent). The majority (81 percent) lived at their AFH all of the time, and a few (seven percent) did so some of the time (not shown in table). Most had family members living in the home. Of family members who lived in the AFH, 32 percent were age 17 or younger. These findings are similar to prior years' findings (Table 3).

Most owners reported providing care to residents regularly (92 percent) regardless of whether they did or did not live at the AFH.

Oregon requires owners to have the ability to comprehend, communicate orally, and write in English whether or not it is their primary language (OAR 411-050-0625).

Fifty-five percent of owners reported speaking a language other than English. See Table B2 in Appendix B for other languages that owners speak in addition to English.

Other than English, Romanian was the most commonly reported language spoken by providers.

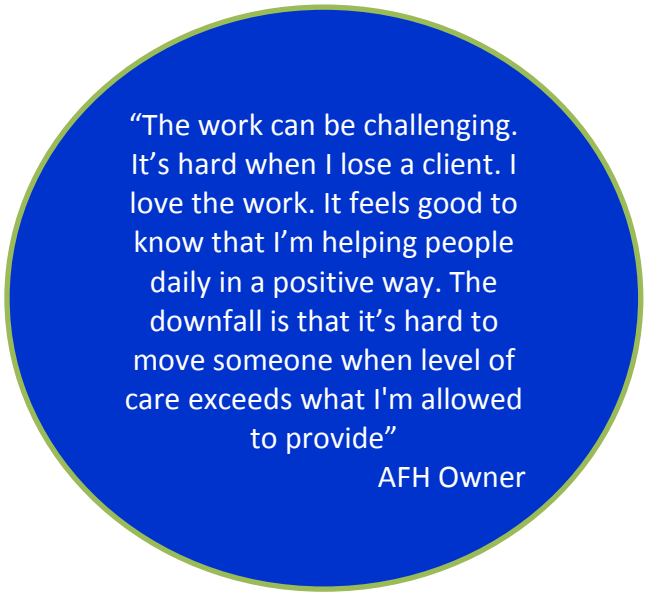


Table 3. **Owners Living in AFH 2015-2018**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Live at AFH	89 (200)	85 (272)	84 (263)	88 (320)
Family in AFH	56 (115)	72 (196)	65 (202)	64 (252)
Average number of family members among those with any family member	2.1	2.2	2.3	2.2
17 or younger	29 (126)	32 (76)	34 (163)	32 (179)
18 or older	71 (303)	68 (162)	66 (314)	68 (376)

Note: In 2018, owners were asked whether they lived at AFH all the time, some of the time, or never. The statistic reported here combines "all the time" and "some of the time" responses.

Table 4. **Provider Certification, 2015-2018**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
CNA	21 (48)	22 (70)	21 (71)	20 (78)
RN	5 (11)	5 (17)	5 (16)	6 (25)
LPN/LVN	4 (8)	3 (10)	4 (12)	3 (10)
MSW	<1 (1)	1 (2)	1 (2)	<1 (1)
Respiratory Therapist	1 (2)	<1 (1)	2 (5)	<1 (1)
Other	20 (46)	16 (52)	17 (58)	13 (50)

AFH Owner Certifications

All AFH owners are required to hold a professional AFH license, have a current CPR and First Aid certification, and be able to meet the AFH classification standards (OAR 411-050-625). They are not required to hold a health care certification, medical professional license, or degree. However, 20 percent indicated they were certified nursing assistants (CNAs), the most commonly reported health care certification among those included on the questionnaire (Table 4). The professional certification rates remained relatively consistent since 2015.

"You must know all business aspects: taxes, employment law, keeping accurate records. You must know AFH rules! The work can be very isolating, requiring patience, attention to detail, kindness and hard work. There is a great deal of satisfaction and reward in this work that makes it worth it."
AFH Owner

Some owners (13 percent) held other certifications not described in Table 4**.** These included certified medical assistant, technician (i.e., emergency medical technician or electrocardiogram technician), medical doctor or medical assistant, or assisted living administrator certification.

31% of owners have a CNA, RN, LPN/LVN, MSW, or respiratory therapist certification.

COMMUNITY SERVICES AND POLICIES

What are common services and policies?

This section describes AFH policies and practices for resident care and services reported by owners. The topics listed below were identified by the DHS and PSU research teams, with some questions adapted from national or other state studies. The topics included:

- Move-out notices
- Less than 30-day move-out notices
- Use of fall risk assessment
- Use of a depression screening tool
- Use of a cognitive screening tool

Move-Out Notices

Residents may remain in the AFH for as long as they choose (OAR-411-050-0645). However, the owner may issue a 30-day move-out notice for the following reasons: if a resident develops a condition that exceeds the level of care that the AFH can provide, if the resident cannot be evacuated safely in case of emergency, for non-payment, if the resident commits a criminal act or has been convicted of a sex crime, or if the welfare of the resident or other residents is at risk.

Owners were asked which of six needs and behaviors would typically prompt a move-out notice to a resident (Table 5). The most common potential reason for giving a resident a notice was non-payment, followed by hitting or acting out with anger. The least common reason was need for sliding scale insulin.

Table 5. **Resident Needs and Behaviors That Would Typically Prompt a Move-Out Notice, 2016 and 2018**

	2016 % (n)	2018 % (n)
Hitting/acting out with anger	69 (128)	57 (223)
Two-person transfer	27 (84)	24 (92)
Wandering outside	27 (84)	18 (70)
Lease violations other than non-payment	-	27 (104)
Non-payment	-	60 (234)
Sliding scale insulin	5 (15)	2 (6)
Other	25 (79)	9 (35)

Note: In 2016 and 2018, owners were asked about hypothetical scenarios. In 2017, they were asked about move-out instances. Therefore, this table does not include data from 2017.

Additional reasons for a potential move-out notice described by 32 owners included that the resident's physical and behavioral care needs could not be met, or the resident failed to follow house rules.

Communities may issue a less-than 30 days' written notice under conditions specified by state rules. Residents and their designees who receive an involuntary 30-day or less than 30-day move-out notice are entitled to, and may request, an administrative hearing if they believe the notice is unwarranted (OAR-411-050-0645). Among the 29 respondents who received a less than 30-day move-out notice in the prior year, two requested an administrative hearing.

Use of Residents' Fall Risk Assessment

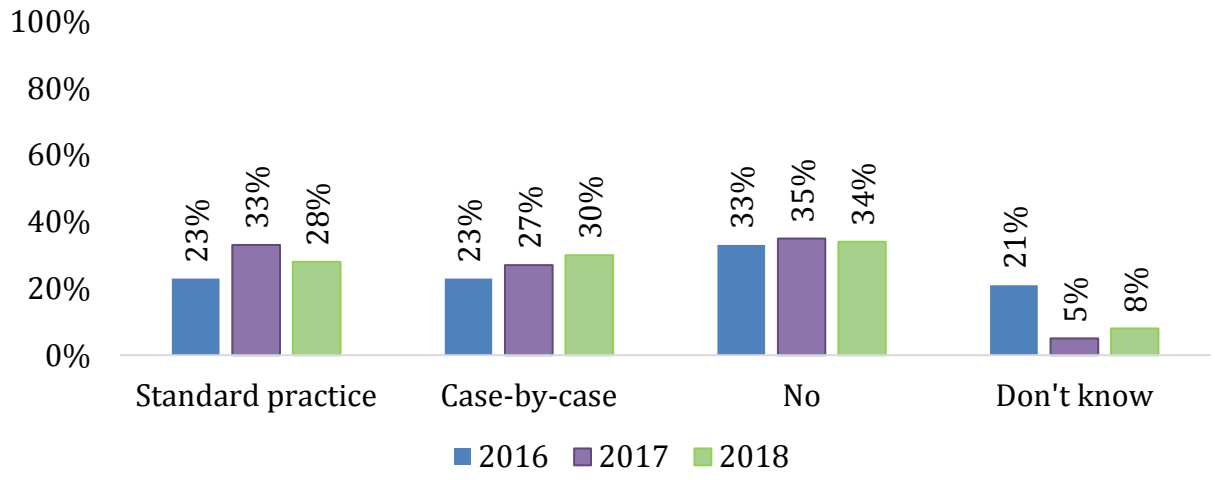
Persons of all ages may fall, but the risk of severe injury is greater for older adults compared to other age groups. Falls are the primary cause of injury for adults ages 65 and older (OHA, n.d.). Nationally, falls are one of the leading causes of injuries and deaths among older Americans (CDC, 2016). Owners are encouraged to use a validated fall risk assessment tool such as the Centers for Disease Control's STEADI (Stop Elderly Accidents, Deaths and Injuries) tool, the TUG (Timed Up and Go) test, or another tool that has been shown to reliably assess fall risks among older adults. A majority of AFH owners (58 percent) used a fall risk assessment tool, either as standard practice or on a case-by-case basis (Figure 1).

Use of Cognitive Screening Tool

In 2013, an estimated 5 million Americans over the age of 65 were diagnosed with dementia. By 2050, this figure is projected to rise to 14 million (CDC, 2018). As the U.S. population continues to age, there is an increasing need for owners to be familiar with cognitive screening tools to detect cognitive changes and possible dementia. The benefits of recognizing and treating dementia include enabling providers to deliver better care and allowing individuals and families to prepare for and manage the disease (Alzheimer's Association, 2017). Owners are required to perform an initial screening to identify the prospective resident's service needs, including cognitive needs, and that AFHs assess and document residents' care needs, including support needs due to cognitive impairment, within 14-days of admission (411-050-0655).

A variety of validated cognitive screening tools can be used in community-based, clinical, and research settings including the Montreal Cognitive Assessment (MoCA) or Mini-Mental State Examination. Providers who use a standard tool were asked if they use one of these cognitive assessment methods. Fifteen percent did so as a standard practice with every resident, and 20 percent did so on a case-by-case basis.

***Figure 1*: Use of a Fall Risk Assessment Tool, 2016-2018**



Depression Screening

When recognized and treated, depression is often reversible and screening is recommended since this mental health disorder can be overlooked or misinterpreted as a natural part of aging (CDC, 2017a). Prior to admission, owners must obtain information about a potential residents' mental health status, and, if admitted, retain information about the resident's mental health provider in their records (OAR 411-050-0655).

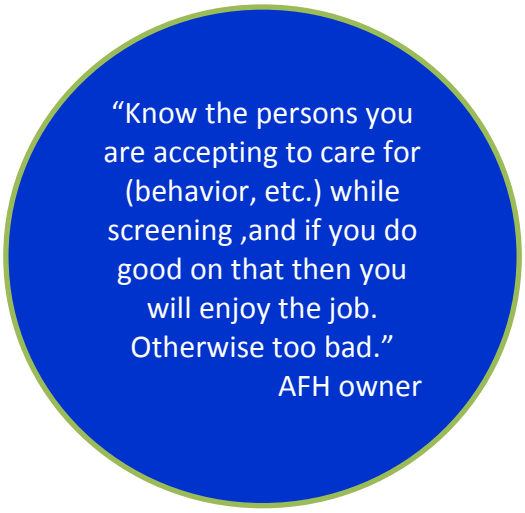
Owners were asked if they use one of two standard tools for assessing depression– the Patient Health Questionnaire (PHQ-9), or the Geriatric Depression Scale (GDS). Overall, 24 percent of owners reported using a standardized tool for assessing depression among their residents.

Flu Vaccination

Each year, numerous hospitalizations and deaths are caused by influenza virus infections, and adults aged 65 years and older are at higher risk of flu-related health complications. The Centers for Disease Control and Prevention (CDC) recommends that adults of all ages have an annual flu vaccination (CDC, 2017b).

Among AFH owners who tracked resident flu vaccination, 77 percent reported current residents received a flu shot this past fall in 2017. Five percent of responding owners reported that they did not know or keep track of whether residents received a flu shot.

The Oregon Health Authority recommends that health care workers have an annual flu shot to help prevent the spread of infection (OHA, 2016). Owners were asked whether they, family members living in the AFH, and other staff received a flu vaccination in Fall 2017. Owners reported that 53 percent of their family members who lived in the AFH received a flu vaccine in the fall of 2017. Among AFHs that kept track of staff flu information, 69 percent of staff received a flu vaccination this past fall in 2017. Forty-three percent of AFHs did not know or keep track of staff flu information.



ADULT FOSTER HOME STAFF

Who Works in Adult Foster Homes?

AFH owners may hire caregivers to provide personal care assistance to residents. All caregivers must complete DHS-approved training, complete in-home training provided by the owner/manager of the AFH, and be competent to address residents' needs (OAR 411-050-0625). If the licensed AFH provider does not live in the home, a resident manager, floating resident manager, shift caregiver, or at least two primary caregivers must be employed and reside on-site for most of the week.

This section describes AFH staff characteristics including:

- Care-related staff
- Care-related staff tenure & turnover
- Difficulty hiring staff
- Training topics

Staff are required to be able to communicate both orally and in writing in English (OAR 411-050-0625). Among AFHs that employ at least one staff member, most (57 percent) reported that their staff speak at least one language other than English fluently. The most commonly reported language spoken by staff was Romanian. Table B2 in Appendix B for other languages spoken by staff.

Owners were asked how many resident managers, floating resident managers, shift caregivers, and caregivers they employed. AFHs with non-missing staff information (393 homes) employed 978 staff members across these four categories. Of all staff members, 62 percent were caregivers, 25 percent were shift caregivers, 11 percent were resident managers, and two percent were floating resident managers.

Additionally, we asked AFH owners if they employed floating resident managers. Floating resident managers operate as primary caregivers for residents providing care in multiple, separately licensed adult foster homes, and are not required to live in any one of these homes (OAR 411-050-0602). Six percent (22 homes) of owners employed a floating resident manager. Finally, resident managers were employed by 24 percent of AFHs (96 homes), the same rate as in 2016 and 2017, and 27 percent (105 homes) employed shift caregivers**.**

Care-Related Staff

Eighty-seven percent of homes employed at least one caregiver (e.g., resident manager, shift caregiver, etc.) in 2018 (Table 6). The proportion of homes that had no paid caregivers was similar in 2016, and higher in 2015 and 2017.

Table 6. **Number of Caregivers Employed, 2015-2018**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
None	20% (46)	12% (38)	19% (62)	13% (53)
1	35% (80)	23% (72)	21% (68)	17% (67)
2	26% (58)	32% (100)	33% (109)	27% (105)
3	9% (20)	19% (61)	13% (43)	22% (85)
4	2% (4)	8% (24)	8% (27)	9% (35)
5 or more	8% (18)	7% (21)	7% (23)	12% (48)

Although AFH caregivers are not required to hold healthcare certifications, some may do so. Owners were asked if any employees held a healthcare certification or license (only LPN/LVN and CNA/CMA options were available) and 17 percent did (Table 7). Overall, the majority of staff with a certification held a CNA or CMA certification.

Table 7. **Care Staff with Certifications**

	2016 % (n)	2017 % (n)	2018 % (n)
LPN/LVN	2 (15)	2 (12)	1 (12)
CNA/CMA	17 (116)	19 (141)	16 (154)
Not licensed or has other certificate	81 (552)	79 (598)	83 (808)

Care-Related Staff: Tenure & Turnover

Owners were asked how many staff worked in their homes for more than six months. The majority (82 percent) of AFH staff have been working in their homes for longer than six months (824 staff members). This suggests low turnover among staff in adult foster homes.

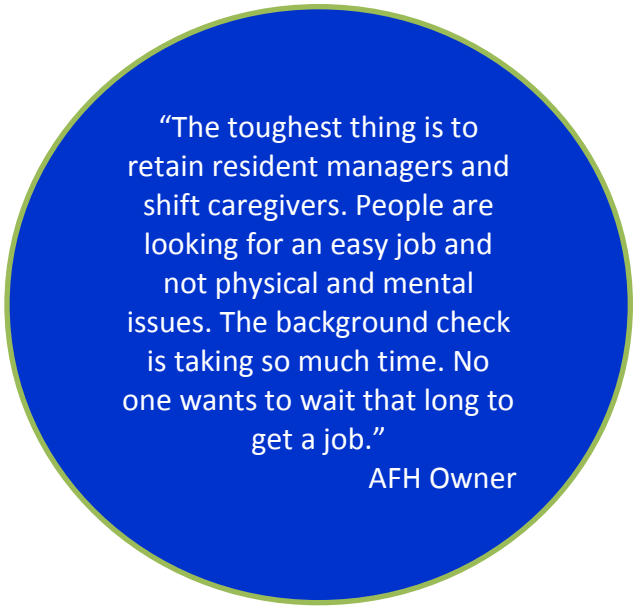
We asked AFH owners how many staff left employment. In the prior six months, about 140 staff members left their AFH for any reason, or 15 percent of all currently employed staff with non-missing information for turnover.

Difficulty Hiring Staff

Thirty percent of owners (116 homes) reported they experienced challenges employing staff in the last year. Given that the majority of staff have remained employed in their homes for greater than six months, this is unsurprising. Adult foster home owners were asked to describe challenges with employing staff and 110 offered 152 responses. The three most common were:

- Poor quality of care and quality of work including that the caregiver was not trustworthy or reliable, did not behave in an ethical manner, or was unwilling to complete assigned tasks (36 percent).
- Few qualified, trained caregivers respond to provider searches (22 percent).
- Caregivers find other jobs before background checks, that owners believe take an unreasonable amount of time, are completed (21 percent).

Other examples of challenges included being unable to find caregivers willing to work weekend and evening hours, or work for low wages.



Staff Training Topics

Oregon requires AFH staff to be trained in CPR, the dementia disease process, behavioral management, meaningful activities, and to use a person-centered approach. Owners, resident managers, and caregivers are required to complete at least 12 hours of annual continuing education (OAR 411-050-0625). Additionally, staff and owners must comply with the Resident's Bill of Rights, which includes providing a safe and secure environment free of discrimination regardless of race, color, national origin, gender, sexual orientation, or religion (OAR 411-050-0655).

We asked AFH owners if they or their staff had received diversity and inclusion training during the last year, specifically about race and ethnic diversity, intercultural differences, sexual orientation, and gender identity. Forty percent of AFHs included at least one of these topics in staff training during the past year. Fourteen percent (55 homes) reported training on all four of the diversity and inclusion topics. Adult foster homes located in rural/frontier communities reported having received any of these training topics at a lower rate compared to AFHs located in urban communities (Table B3, Appendix B).

One-hundred ninety-one owners offered suggestions about other training that they or their staff could benefit from. The most requested topics were related to resident care (77 percent of responses cited training related to resident care) and most of those (43 percent) were requests for training in dementia and behavior management. Other training topics related to AFH management tasks, and owner and staff self-care. See table B4 in Appendix B for other training topics that owners recommended.

RATES, FEES, AND MEDICAID USE

How much do adult foster homes cost?

Adult foster homes may be a less costly option than AL/RC or nursing facilities for older adults (Hedrick et al., 2009; Washington, et al., 2018). The cost of AFHs is an important topic for state policymakers and for residents who pay using personal resources as well as those who rely on Medicaid.

This section describes the following topics:

- Private pay rates by region
- Changes in payer sources over time
- Additional private pay fees
- Medicaid payment acceptance and rates
- Changes in Medicaid reimbursement rates over time

Private Pay Rates by Region and over Time

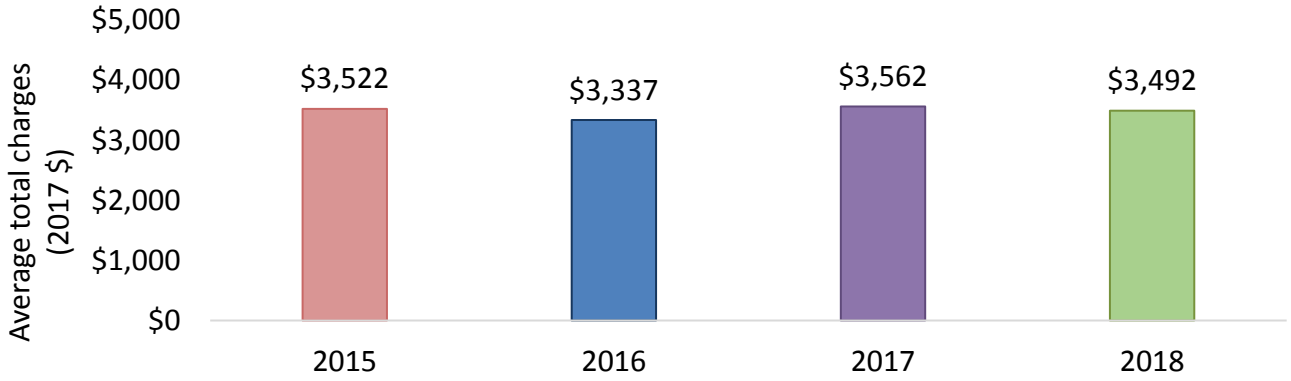
Owners were asked to describe the average total monthly charge for a single resident living alone and receiving the lowest level of care in a private room. The average monthly charge for the responding AFHs was $3,492. When comparing the average total monthly charges by the four regions in Oregon, the highest average rates were found in the Portland Metro region, followed by Willamette Valley/North Coast, East of the Cascades, and Southern Oregon/South Coast regions (Table 8).

Between 2015 and 2018, inflation-adjusted average total monthly charges decreased from $3,522 to $3,492 (in December 2017 dollars), less than a one percent decrease in real dollar terms (Figure 2).

Table 8. **Total Monthly Charge for Private Room by Region, 2018**

	Minimum	Average	Maximum
Portland Metro	$1,800	$3,583	$7,200
Willamette Valley/ North Coast	$1,400	$3,482	$6,125
Southern Oregon/ South Coast	$575	$3,173	$5,000
East of the Cascades	$1,500	$3,439	$7,000
Total	$575	$3,492	$7,200

Figure 2. **Inflation-Adjusted Average Monthly Charges in Private Pay Rates over Time**

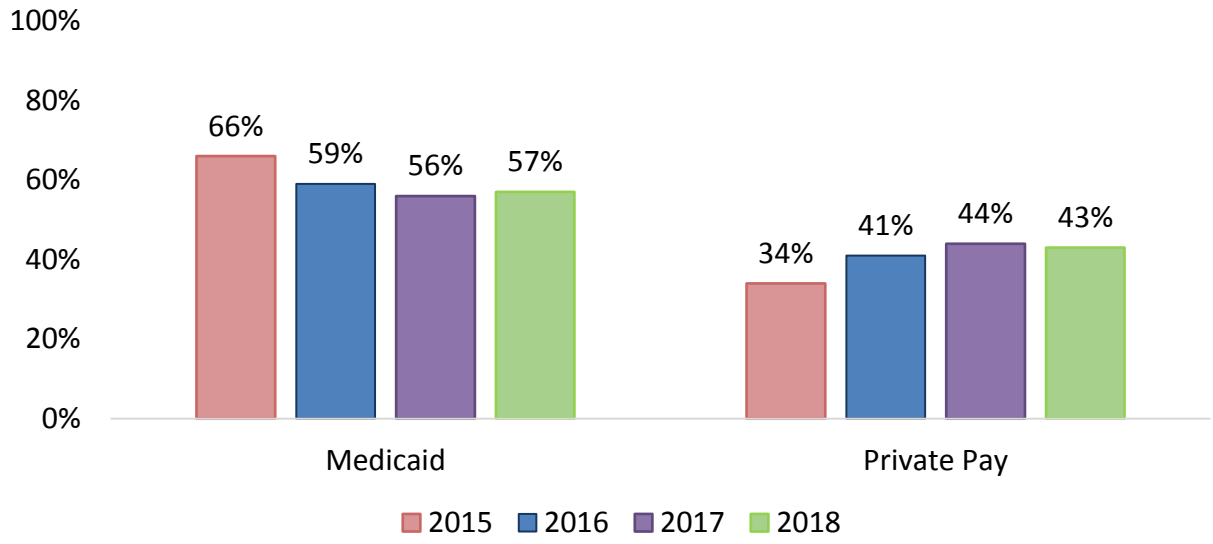


Note: Values are inflation adjusted to December 2017 using the Bureau of Labor Statistics (BLS) inflation calculator.

Changes in Payer Sources over Time

The two main payer sources were Medicaid (57 percent) and residents' private sources (43 percent). For the purpose of this study, private sources include Social Security, long-term care insurance, private pensions, and veterans' benefits. As indicated in Figure 3, there was a decline in Medicaid use since 2015.

Figure 3. Changes in Percent of Payers using Medicaid or Private Pay over Time, 2015-2018



Note: In 2017 and 2018, "private pay" reflects percentage of all residents who paid using sources other than Medicaid.

Additional Private Pay Fees

Adult foster home owners may charge residents a monthly rate based on care needs and services, and whether a bedroom is shared by two individuals. Adult foster homes are required to provide private-pay residents with a contract that specifies the monthly rate and services included, as well as additional fees, if any, for services such as assistance with mobility and transfers, diabetic care, or night-time care (DHS, 2014) (Table 9).

The percentage of AFHs charging additional fees ranged from 53 percent to 73 percent depending on the services provided. Of those that did so, the most commonly reported services for which an additional fee was charged included:

- Two or more person transfer assistance
- Catheter, colostomy or similar care
- Advanced diabetes care

$3,492 was the average total monthly charge for a single resident living alone in a private room and receiving the lowest level of care.

***Table 9*. Services Available and Charged for in AFHs, 2016-2018**

	2016 % (n)	2017 % (n)	2018 % (n)
Available			
Night-time care	86 (171)	81 (160)	86 (335)
Advanced memory care	68 (134)	69 (135)	62 (241)
Two or more person transfer assist	68 (133)	51 (99)	55 (215)
Obesity care	41 (82)	25 (48)	37 (145)
Catheter/colostomy	76 (150)	73 (142)	73 (284)
Advanced diabetes care	81 (161)	70 (135)	73 (286)
Charges Fee			
Night-time care	68 (116)	68 (114)	59 (195)
Advanced memory care	72 (97)	58 (90)	60 (143)
Two or more person transfer assist	72 (97)	54 (90)	71 (150)
Obesity care	46 (38)	27 (26)	53 (77)
Catheter/colostomy	77 (116)	68 (109)	65 (183)
Advanced diabetes care	70 (111)	66 (103)	64 (180)

Medicaid Payment Acceptance and Rates

Oregon uses Medicaid funds to pay for AFH services, and other long-term services and supports (LTSS). The majority of responding AFHs— 81 percent—accepted Medicaid as a source of payment for residents.

Based on information received from DHS in the fall of 2017, 83 percent (1,318 out of 1,584) of all Oregon AFHs licensed had a contract to accept Medicaid beneficiaries.

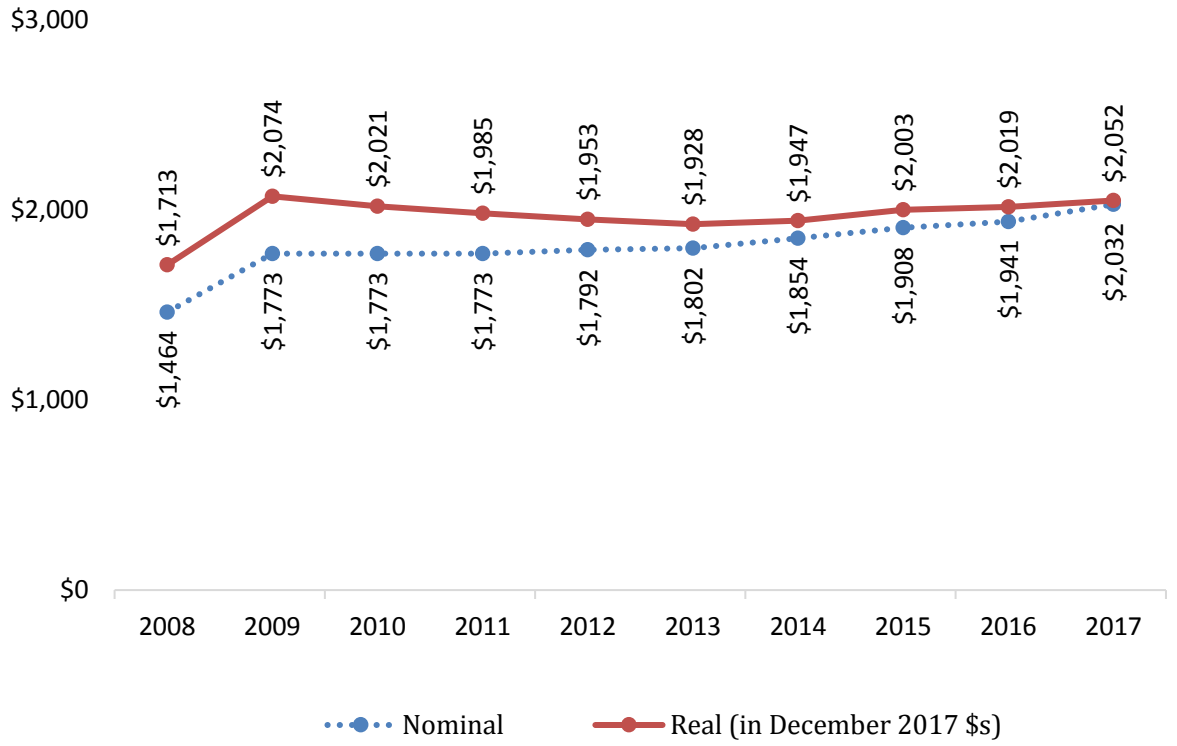
Changes in Medicaid Reimbursement Rates over Time

Between 2008 and 2017, inflation-adjusted Medicaid reimbursement rates for AFHs went from $1,713 to $2,052, an increase of $340 in 2017 dollars or an increase of 20 percent – although the greatest increase occurred between 2008 and 2009. Since 2009, the reimbursement rate kept up with the inflation (Figure 4).

"It is most frustrating is that the reimbursement rate for Medicaid clients is so low. I can't take more than one Medicaid client at a time. I staff heavily, overlapping hours as I feel it is needed for clients' safety and reduction of staff burnout, and I can't afford to do this on what Medicaid reimburses."

AFH Owner

Figure 4: Medicaid Reimbursement, 2008-2017



"I would like to accept Medicaid but I can't because the reimbursement rates are so low."
AFH Owner

"Medicaid does not cover when caregivers have to be up at night and most of the time they are up with a Medicaid client."
AFH Owner

"I hope the state will continue to advocate for Medicaid rates to rise. Current rates don't allow owners to meet minimum wage."
AFH Owner

RESIDENTS

Who lives in adult foster homes?

Adult foster homes serve older persons with a wide range of needs, including those who need only room, board, and little personal assistance, and others who need daily supervision and ongoing monitoring of health-related issues and assistance with activities of daily living (ADLs) (DHS, 2014).

This section describes the following topics:

- Resident demographics
- Move-in and move-out locations
- Length of stay
- Personal care needs
- Types of assistance needs
- Health and health service use

The total number of residents in the responding facilities was 1,485. The majority were female, and 85 years of age or older (Table 10). Ages ranged from 22 to 104 years old with an average of 76.5 years of age. Almost one-quarter of residents were under 65 years of age.

Compared to the last two year's reports, these demographics remain nearly unchanged. Residents living at AFHs in rural/frontier and urban communities were similar in terms of gender and age (Table B5, Appendix B).

Race and Ethnicity of AFH Residents

The majority of residents in AFHs were non-Hispanic White. Residents who were Hispanic of any race, or residents who were Asian each made up three percent of the resident sample (six percent in total). Other racial/ethnic groups accounted for two percent or less of the resident population (Table 11). Residents living at AFHs in rural/frontier and urban communities were somewhat similar in terms of race/ethnicity (Table B6, Appendix B).

Few residents primarily spoke a language other than English. The most commonly reported language spoken by residents was Spanish. See Table B2 in Appendix B for other languages that residents speak.

Table 10. **AFH Resident Gender and Age, 2015-2018**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Gender				
Male	37 (305)	34 (409)	38 (340)	38% (557)
Female	63 (515)	66 (808)	62 (775)	62% (926)
Transgender	<1 (1)	<1 (1)	-	<1% (2)
Age				
18-49	X	6 (72)	5 (64)	6 (82)
50-64	X	16 (194)	16 (201)	17 (246)
65-74	17 (143)	17 (212)	17 (214)	19 (284)
75-84	22 (181)	18 (222)	19 (238)	21 (304)
85 and over	38 (314)	42 (512)	42 (528)	38 (565)

Notes: X indicates that the question was not asked in that year and - indicates that there were no responses to this question in this year.

Table 11. **AFH Resident Race/Ethnicity, 2015-2018**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Hispanic/Latino	2 (16)	2 (20)	2 (21)	3 (42)
American Indian/Native American/Alaska Native	1 (8)	1 (14)	1 (16)	2 (24)
Asian	2 (15)	2 (24)	2 (24)	3 (40)
Black/African American	2 (15)	2 (28)	2 (28)	2 (30)
Native Hawaiian/Pacific Islander	1 (4)	<1 (5)	1 (9)	1 (8)
White	89 (727)	90 (1,097)	88 (1,114)	86 (1,270)
Two or more races	1 (8)	1 (15)	1 (16)	1 (19)
Other/unknown	3 (22)	1 (15)	2 (31)	3 (48)

Move-In and Move-Out Locations

Adult foster homes are sometimes preferred by older adults who wish to live in a small, home-like environment. When compared to institutional care, AFHs can be more cost-effective and are often more integrated into residential communities (Mollica, et al., 2009).

Most older adults move to an AFH because they need assistance with daily care, or to manage an illness, disability, or chronic health condition. Owners described where residents lived prior to moving to the AFH, and the destination of residents who had moved out in the prior 90 days (Tables 12 and 13 on the next page). The largest percentage of residents moved to their current AFH from their own home, followed by a nursing facility. Less than 15 percent of residents moved in from each of the following places: another AFH, assisted living/residential care, or a hospital. A very small number of residents had lived in a state hospital or had been experiencing homelessness.

A total of 208 residents left their AFH in the prior 90 days. The primary reason for a resident leaving was death (64 percent). This rate is higher than the rate reported in previous years. Among residents who moved out, most moved to either another AFH or nursing facility. Fewer residents moved out to assisted living or residential care facilities than in previous years (see Table 13).

Table 12. **Resident Move-in Locations, 2015-2017**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Home	23 (86)	20 (50)	24 (56)	20 (50)
Home of Relative	10 (38)	13 (33)	6 (14)	10 (26)
Independent Living	X	8 (21)	6 (15)	5 (13)
Assisted Living/Residential Care	24 (89)	13 (33)	18 (41)	13 (33)
Memory Care	X	2 (5)	4 (9)	4 (9)
Hospital	7 (27)	7 (18)	6 (13)	12 (29)
Adult Foster Home	17 (63)	16 (40)	12 (27)	14 (36)
Nursing Facility	16 (61)	18 (44)	22 (52)	17 (43)
Other	3 (13)	2 (5)	2 (4)	4 (11)
Don't Know	-	<1 (1)	1 (2)	-

Notes: X indicates that the question was not asked in that year. - indicates that there were no responses to this question in this year.

Table 13**: Resident Move-out Locations, 2015-2017**

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Home	5 (16)	8 (8)	4 (7)	3 (6)
Home of Relative	5 (17)	4 (4)	2 (3)	4 (9)
Independent Living	X	2 (2)	2 (3)	1 (3)
Assisted Living/Residential Care	9 (28)	5 (5)	5 (9)	2 (4)
Memory Care	X	4 (4)	6 (10)	5 (11)
Hospital	4 (13)	3 (3)	4 (7)	4 (9)
Adult Foster Home	10 (30)	10 (10)	7 (12)	7 (15)
Nursing Facility	5 (17)	5 (5)	7 (11)	6 (12)
Other	2 (5)	2 (2)	1 (2)	2 (5)
Died	59 (187)	49 (48)	62 (105)	64 (134)
Don't Know	-	7 (7)	-	-

Notes: X indicates that the question was not asked in that year. - indicates that there were no responses to this question in this year.

Adult foster home owners may choose to provide care for residents who are eligible for Medicaid services, but are not required to do so (OAR 411-050-6045). Some private pay residents who can no longer afford to stay in their AFH because they have spent down their assets may be eligible to receive Medicaid benefits. If the owner agrees, the resident could remain in the AFH, paying for services using Medicaid funds. Residents who moved out of AFHs in the last 90 days because they could no longer afford to pay or had spent down their assets made up just one percent of all residents who moved.

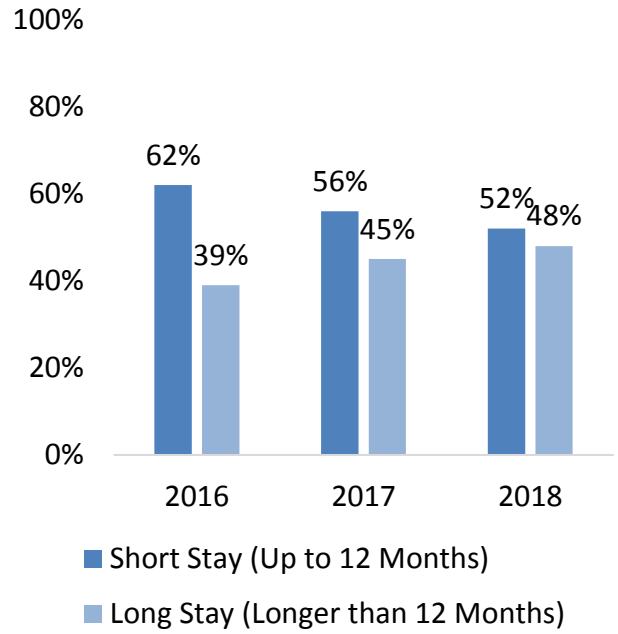
Length of Stay over Time

A variety of factors can affect a resident's length of stay in an AFH including changes in health care needs, informal caregiver availability, and personal preferences. Figure 5 presents the percentage of residents with short-term (less than one year) and long-term (more than one year) stays from 2016-2018.

There is some variation in length of stay over time. The greatest decline occurred among residents staying three to six months followed by residents staying one to two years, and 4 or more. Of the 52 percent of residents with a stay of one year or less, 13 percent had a stay of 30 days or less, and 27 percent stayed for 90 days or less (Table 14).

Adult foster homes may provide planned short-stay respite care to individuals who are recovering from a health-related circumstance or whose caregiver is temporarily unavailable. Overall, nine percent of residents who moved out in the prior 90 days were in the AFH for a planned short-stay (not shown in table).

Figure 5: Resident Length of Stay over Time



"After a resident has lived in an AFH for 4 years, licensors should not be allowed to force the resident to move due to not allowing using a proxy for fire drills. Guidelines [are needed] for better communication between providers and licensors."
AFH Owner

Table 14. **Length of Stay among Residents moving out in the Prior 90 days, 2016-2018**

	2016 % (n)	2017 % (n)	2018 % (n)
1 - 7 days	5 (5)	6 (10)	3 (7)
8 - 13 days	2 (2)	2 (3)	2 (5)
14 - 30 days	5 (5)	11 (18)	8 (16)
31 - 90 days	18 (17)	13 (22)	14 (29)
3 - 6 months	18 (17)	12 (19)	9 (19)
6 - 12 months	14 (13)	12 (20)	16 (33)
1 - 2 years	15 (14)	16 (26)	9 (20)
2 - 4 years	9 (9)	17 (28)	18 (39)
4 or more years	15 (14)	12 (19)	21 (44)

Note: This question was not asked in 2015

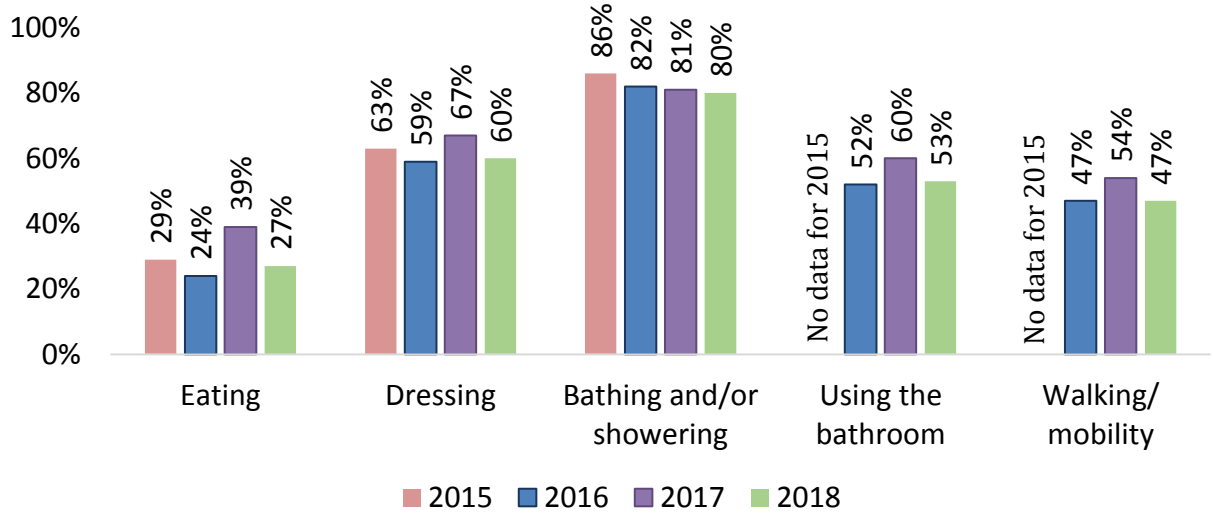
Personal Care Needs

Older adults with health-related conditions and disabilities often need assistance with personal care including the following five activities of daily living (ADLs):

- Eating
- Dressing
- Bathing and/or Showering
- Using the bathroom
- Walking/Mobility

Figure 6 and Table B7 in Appendix B describe the percentage of residents needing staff assistance with each of these ADLs. The most frequently reported need for assistance was with bathing/showering, followed by the need for assistance with dressing. Fewer received staff assistance with eating. Residents living at AFHs in rural/frontier and urban communities had similar rates of staff assistance with ADLs (Table B7, Appendix B).

Figure 6. **Percentages of AFH Residents Requiring Staff Assistance with ADLs**



Almost three-quarters (72 percent) of residents regularly use a mobility aid such as a cane, walker or wheelchair to get around. Overall, 39 percent of residents received staff assistance to use a mobility aid (not shown in table).

Assistance with Behavioral Health, and Nighttime Care

As the number of older adults diagnosed with dementia increases, AFH staff often address behavioral symptoms associated with these conditions.

Owners were asked how many current residents regularly received staff assistance for three common behavioral symptoms associated with dementia:

- Impaired cognition and/or emotional distress (including lack of awareness of safety concerns)
- Poor judgement or decision making, or the inability to orient to surroundings
- Wandering, and danger to self or others (e.g. aggressive or abusive).

Overall, 39 percent of residents received staff assistance due to lack of awareness to safety, judgement, and decision making, and inability to orient to surroundings. Few residents received assistance because they were a danger to self or others, or because of wandering (nine percent for each).

Adult foster homes are required to have awake staff available to meet the care and service needs of the residents 24 hours per day (ORS 411-050-0645). Owners asked how many residents regularly received assistance from night shift staff. Overall, 25 percent of residents received staff assistance during the night (e.g., 11 pm to 6 am).

Assistance from Family Members and Friends

Some AFH residents receive support, including personal care, from relatives or friends. Most residents had social visits (64 percent) or phone calls (54 percent) with family members and friends in the last 90 days. Less than half were reported to go on outings such as walks, for meals, or shopping (44 percent) or to medical appointments (30 percent) with relatives or friends. Very few residents received help from relatives/friends with ADLs (six percent) or taking medications (five percent). Residents living at AFHs in rural/frontier communities had access to somewhat less support from family and friends in terms of social visits, phone calls, and going on outings compared to residents living at AFHs in urban communities (Table B8, Appendix B).

Resident Health & Health Service Use

Older persons are at higher risk of chronic disease, and two-thirds experience multiple chronic conditions that can reduce their quality of life and ability to function independently (Office of Disease Prevention and Health Promotion, 2018).

Similar to the findings from previous years of this study, the five most common chronic conditions in AFHs were hypertension, Alzheimer's disease or other dementias, depression, heart disease, and arthritis. This year, and in 2015, we asked about residents who had been diagnosed with skin issues. A smaller share of residents appeared to have skin issues in 2018 compared to 2015 (Table 15).

Table 15. **Chronic Conditions over Time**

	2015	2016	2017	2018
	% (n)	% (n)	% (n)	% (n)
High blood pressure/hypertension	X	45 (553)	50 (577)	48 (710)
Alzheimer's disease and other dementias	54 (448)	49 (596)	47 (543)	46 (673)
Depression	X	40 (492)	42 (484)	40 (582)
Heart disease	X	39 (470)	37 (433)	38 (561)
Arthritis	X	38 (458)	37 (423)	36 (528)
Diabetes	19 (161)	22 (272)	19 (215)	21 (315)
Serious mental illness	28 (232)	15 (180)	15 (179)	19 (277)
Osteoporosis	X	16 (197)	17 (202)	18 (259)
Cardio-obstructive pulmonary disorder (COPD)	X	15 (180)	16 (184)	15 (220)
Intellectual/Development Disability	X	9 (114)	9 (100)	10 (146)
Cancer	X	7 (84)	8 (91)	8 (111)
Skin issues	15 (126)	X	X	8 (113)
Traumatic brain injury	X	X	7 (83)	7 (107)
Current drug and/or alcohol abuse	5 (39)	4 (48)	3 (38)	3 (50)

Note: X indicates that the question was not asked in that year.

Residents living at AFHs in rural/frontier communities had a higher prevalence of chronic diseases such as heart disease, dementia, depression, serious mental illness, diabetes, intellectual/development disability, arthritis, and TBI compared to residents living at AFHs in urban communities (Table B9, Appendix B).

Some of these health conditions can be compared to rates in the general population in Oregon based on data from the Behavioral Risk Factor Surveillance system (CDC, 2015). The prevalence of depression and heart disease among AFH residents (40 percent and 38 percent, respectively) was double the rates in the general population of adults aged 65 and older (20 percent and 16 percent, respectively). A larger share of AFH residents experienced COPD (15 percent) compared to Oregonians aged 65 and older (10 percent).

A smaller share of AFH residents had an arthritis diagnosis (36 percent) compared to 57 percent of the general population of older Oregonians, and the rate of diabetes in AFH residents (21 percent) was the same as the general population of older adults (21 percent).

Some residents use health services in addition to those offered in their AFH. Oregon rules require owners and staff to allow healthcare professionals to provide services that are unavailable in-house. (OAR 411-050-0655). Owners reported the following types of health care providers visited the facility to provide training or services in the prior 90 days:

- Nurse or home health provider (74 percent)
- Social worker or case manager (70 percent)
- Medical doctor or nurse practitioner (49 percent)
- Physical or occupational therapist (46 percent)
- Hospice worker (38 percent)
- Behavioral specialist (19 percent)
- Mental health provider (19 percent)
- Dentist or dental hygienist (10 percent)

Resident Health, Acuity, & Service Use

This section describes the following topics:

- Falls
- Health service use
- Assistance with medication and treatments
- Medication use
- Behavioral health service use
- AFH owner challenges and rewards

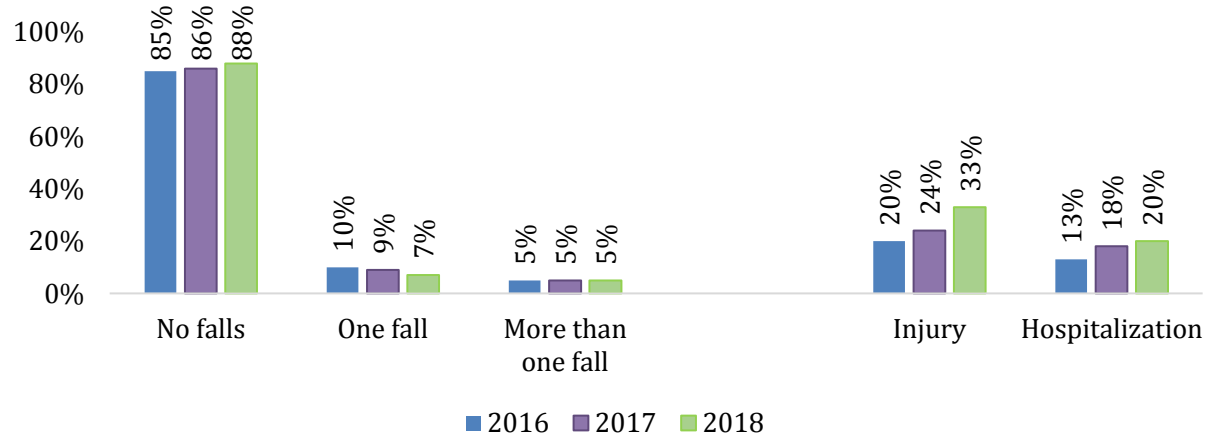
Resident Falls

Nationally and in Oregon, falls are one of the leading causes of fatal and nonfatal injuries for adults ages 65 and older (OHA, n.d; NIH, 2017). Each year, 1.6 million older adults are treated in emergency departments for falls-related injuries. Emergency department (ED) visit rates for falls are increasing due in part to the rising severity of illness and multiple chronic conditions among older adults, and because fewer primary care providers accept Medicaid beneficiaries (Shankar, et al., 2017).

Most AFH residents did not fall in the prior 90 days). Of those who fell, seven percent fell one time, and five percent had more than one fall in the prior 90 days (Figure 7). Similarly, last year's report found that 14 percent of AFH residents had at least one fall in the past 90 days, and in 2016, 15 percent did. In 2014, the question asked the number of residents who fell in the prior month, and owners reported that 33 percent of residents fell during that time period. Residents living at AFHs in rural/frontier and urban communities were equally likely to experience falls (Table B10, Appendix B).

Of AFH residents who fell, 33 percent experienced a fall that resulted in an injury and 20 percent went to the hospital (ED or admitted overnight) because of the fall. The injury from a fall rate appears to be increasing over time, from 20 to 33 percent between 2016 and 2018 (Figure 7). While there might be other explanations for our findings, such as increased likelihood of AFH to call 911, increased vulnerability among AFH residents over time, factors associated with the built environment, or other unknown factors, this trend is noteworthy and worth tracking over time.

***Figures 7*. Falls in Prior 90 days and Falls Resulting in Injury or Hospitalization**



Health Service Use

Health service use includes hospital stays, emergency room visits, hospice services, and behavioral health services. Use of these services are important policy topics because of economic costs to individuals and insurers (including Medicaid), and because access to services may improve residents quality of life. Adult foster home owners assist residents with access to and transitions between different health service providers.

AFH owners were asked how many current residents were treated in an ED or hospitalized overnight in the prior 90 days, excluding trips to the hospital due to falls, described above. Eight percent of AFH residents had been discharged from an overnight hospital stay in the prior 90 days, the same rate as a study of long-term services and supports users that included nursing facilities, residential care, home health, and hospice (Harris-Kojetin et al., 2016).

Owners reported that 15 percent of residents had been treated in a hospital ED in the prior 90 days, compared to the national average of 12 percent among LTSS users (Harris-Kojetin et al., 2016). Just eight percent of AFH residents were hospitalized overnight in the past 90 days and 30 percent of those residents went back to the hospital within 30 days. Avoiding re-hospitalizations is a quality indicator in assisted living and nursing facilities (NCAL, 2015).

The percent of AFH residents who received hospice care has stayed nearly constant over the past three years (Table 16).

Assistance with Medications and Treatments

Adult foster homes manage and administer medications for residents who need or request this assistance. Only two percent of AFH residents took no medications or injections, and 74 percent received staff assistance to take oral medications. Few residents (nine percent) received staff assistance with injection medications, or other types of nurse treatments from a licensed nurse (e.g., oxygen and respiratory treatments, such as nebulizers; rectal medications; suctioning mouth with bulb syringes; wound care, such as staging pressure ulcers and dressing changes), and three percent received injections from a licensed nurse (Table 17). Using a nurse for these activities is associated with resident acuity (Beeber, et al., 2014).

Table 16. **Health Service Use among Residents, 2016-2018**

	2016 % (n)	2017 % (n)	2018 % (n)
Treated in hospital ER	14 (170)	14 (172)	15 (224)
Discharged from an overnight hospital stay	6 (76)	8 (103)	8 (123)
Re-hospitalized within 30 days	X	24 (22)	30 (37)
Received hospice care	10 (120)	10 (116)	11 (156)

Note: X indicates that the question was not asked in that year

Overall, residents living at AFHs in rural/frontier and urban communities had similar medication and treatment use However, residents living at AFHs located in rural/frontier communities had slightly higher antipsychotic medication use and were more likely to be receiving assistance to take oral medications compared to urban communities (Table B11, Appendix B).

Table 17. **Assistance with Medications and Treatments, 2016-2017**

	2016 % (n)	2017 % (n)	2018 % (n)
No medications/injections	2 (35)	2 (20)	2 (31)
Nine or more medications	54 (659)	53 (658)	51 (743)
Antipsychotic medications	34 (419)	35 (435)	35 (519)
Self-administer medications	5 (65)	5 (68)	6 (87)
Receive assistance for oral medications	80 (970)	75 (929)	74 (1,078)
Receive assistance with injection medications	11 (137)	9 (108)	9 (135)
Receive injections from a licensed nurse	2 (24)	2 (26)	3 (42)
Receive nurse treatment from a licensed nurse	8 (95)	11 (131)	9 (128)

Multiple Medications

Older adults who take multiple medications are at risk of adverse health effects (Maher, et al, 2014). Nursing facility studies show that patients who are prescribed nine or more medications are at a higher risk of hospitalization (Gurwitz et al., 2005).

Overall, 51 percent of residents took nine or more medications, and this rate has declined slightly since 2016 (Table 17).

Antipsychotic Medication Use

Antipsychotic medications to treat behaviors associated with dementia is not supported clinically. These drugs are associated with an increased risk of stroke and death in older adults with dementias, and is considered as "off-label use" by the Food and Drug Administration (FDA, 2008; CMS, 2015). The DHS Ensuring Quality Care (EQC) Tools and Resources website has information for providers about unnecessary and inappropriate medication use (ODHS, Provider and Partner Resources, Licensing, n.d.).

Antipsychotic medications were used by 35 percent of AFH residents compared to the national rate of 19 percent among nursing facility residents (CMS, 2014). More information is needed about the types of antipsychotic medications in use, whether they are prescribed routinely or on an as-needed basis, and the reasons that these medications are prescribed by physicians.

Behavioral Health Services

Oregon Aging and People with Disabilities (APD) may coordinate behavioral health services, including mental health treatment or addiction services, to persons who have severe and persistent mental illness in nursing facilities, AL/RC/MC communities, and AFHs. Case managers, long-term care ombudsman, and other DHS support service staff assess service level needs, offer service choices, authorize, and respond to the need for protection from abuse (OAR 411-028-0010). DHS provides older adult behavioral health specialists to coordinate service owners and services, consult on difficult or complex cases, and assist with planning and problem solving on behalf of those in need of services (DHS, OHA, 2015).

Challenges and Rewards of Owning an AFH

Adult foster home owners manage multiple responsibilities including resident care, staffing, and budgeting.

This year, the survey included a question to determine the biggest challenges owners experience, and what they like best about operating, owning, and, if applicable, living in an AFH.

Of the 212 owners who responded to this question, 191 (90 percent) discussed one or more challenges. Most identified experiencing difficulties with regulatory requirements, resident healthcare and behavior needs, the lack of qualified caregivers, and low Medicaid reimbursement rates (Table 18).

One hundred two comments (48 percent) identified positive aspects of owning an AFH. Almost all owners (99 percent of comments) discussed satisfaction with caring for residents, and a few reported satisfaction with working at home.

Table 18. **Owners' biggest challenges**

Challenge	% (n)
Regulatory requirements, paperwork	19 (48)
Resident care-health or behavior	17 (41)
Lack of qualified caregivers	15 (37)
Low Medicaid reimbursement rates	13 (31)
Long work hours	8 (19)
Licensors	5 (13)
Background checks	4 (11)
Dealing with loss; Emotionally taxing	3 (9)
Dealing with residents' families	3 (8)
Staff: other- work nights, wages	2 (7)
Capacity-filling beds	2 (5)
Dealing with other providers	1 (3)
Few resources	<1 (2)
Total responses	**247**

"Owning and operating an AFH is a 24-hour a day job. The care of residents and administration of medications is documented on a daily basis. The best thing about the job is making a difference in my residents lives. the biggest challenge is providing the best care in the area."

AFH Owner

"I like having the feeling of reward and satisfaction when I know that my residents are feeling safe, happy, cared for. Some are able to express verbally their appreciation of what we do. Some will give us a smile or just a warm and loving look in their eyes and they are just as great as saying "thank you."."

AFH Owner

POLICY CONSIDERATIONS AND CONCLUSIONS

This is the fourth survey of AFHs conducted by the Institute on Aging. The people who live and work in these settings provide and coordinate long-term services and supports to individuals who have chronic health conditions and physical and cognitive impairments that limit their ability to manage daily personal care and health-related needs. In addition, AFHs provide a family-style residential alternative to nursing facilities, assisted living, and residential care communities. The majority of owners live in their AFH (85 percent), and 65 percent have family members living in the home.

Based on findings from both the current and prior studies, the following topics may deserve additional policy attention:

- Most AFHs were operating below capacity, with 53 percent of homes certified for five residents at capacity, and 48 percent of homes certified for four residents at capacity. The impact on AFHs of operating below capacity is unknown.
- The majority of residents who exited had lengths of stay less than one year based on the current and prior reports. This year, 27 percent of residents stayed less than 90 days. More information is needed to assess the potential reasons for short stays and the impact of these stays on resident well-being.
- Taking nine or more medications may affect older adults' quality of life and quality of care. Because half of AFH residents (51 percent) take nine or more medications, reducing multiple medications should remain a policy goal.
- The rate of antipsychotic medication prescriptions has remained the same, at about 35 percent, over time. The rate was slightly higher in rural/frontier compared to urban communities (38 versus 34 percent). AFH owners as well as prescribers and pharmacists need information on the risks and benefits of antipsychotic medication use in older persons.
- The percent of residents who had a fall decreased slightly since 2016, from 10 percent to seven percent.
- Forty-six percent of AFH residents had a diagnosis of dementia, which is higher than the rate in assisted living (27 percent) and residential care (38 percent) communities (Carder et al., 2017).
- Nearly 30 percent of residents who were hospitalized were re-hospitalized within 30 days. Returning to the hospital is difficult for older persons and is costly to health insurers. More information about reasons for hospital use in this population is needed.

- The response rate of 61 percent was a challenge to achieve, requiring multiple telephone calls to AFH owners. We heard from owners who were overburdened with paperwork, and some questioned why the state needs, or even has the right, to request the information described in this report. DHS could clarify whether AFH owners are required to complete the questionnaire.

Appendix A: Methods

Data Collection Instrument - Questionnaire

This report represents the fourth year of data collection from adult foster homes in Oregon. The questionnaire was developed in partnership with stakeholders from:

- DHS, Division of Aging and People with Disabilities
- Oregon Health Care Association (OHCA)
- Service Employees International Union Local 503

The 2015 questionnaire asked owners to report on the prior year (i.e., 2014). The 2016, 2017, and 2018 questionnaires asked about current residents and certain events that occurred during the prior 90 days. Thus, some questions from 2015 may not be comparable to later years.

Similar to previous years, questionnaire topics included information about home settings and policies, resident demographics, personal care needs, resident acuity, staffing, flu vaccination, and payment information, such as rates, fees, and services.

The Oregon Health Authority Office of Equity and Inclusion has established uniform standards for collecting data on race and ethnicity (ORS 413.042 & 413.161). As a result, the question that asked about residents' race was slightly modified to include two additional categories. African American was added to the Black category, and Native American was added to the American Indian/Alaska Native category.

Sample Selection and Survey Implementation

The population of licensed adult foster homes in Oregon as of November 2017 totaled 1,584 statewide. To achieve a sample size to sufficiently represent simple proportions drawn from this population assuming most conservative response distribution (p = .50), the minimum number of completed surveys required to achieve 95% confidence and +/- 5% margin of error was calculated to be 311 AFHs. Assuming previous year's response rates by region to account for non-response, we selected a sample of 650 AFHs. To ensure that our sample would be representative of AFHs throughout the state, we aggregated counties into four regions (see Table A1 and Figure A1 below) and calculated the number needed from each region to create a proportionate sample by region.

A questionnaire was mailed to each AFH in the sample in January 2018. Adult foster home owners were asked to complete the questionnaire and return it to Institute on Aging at Portland State University (IOA-PSU) via fax, scan and email, or US postal service. Owners were also given the option of completing the questionnaire over the phone, which 40 AFH owners did.

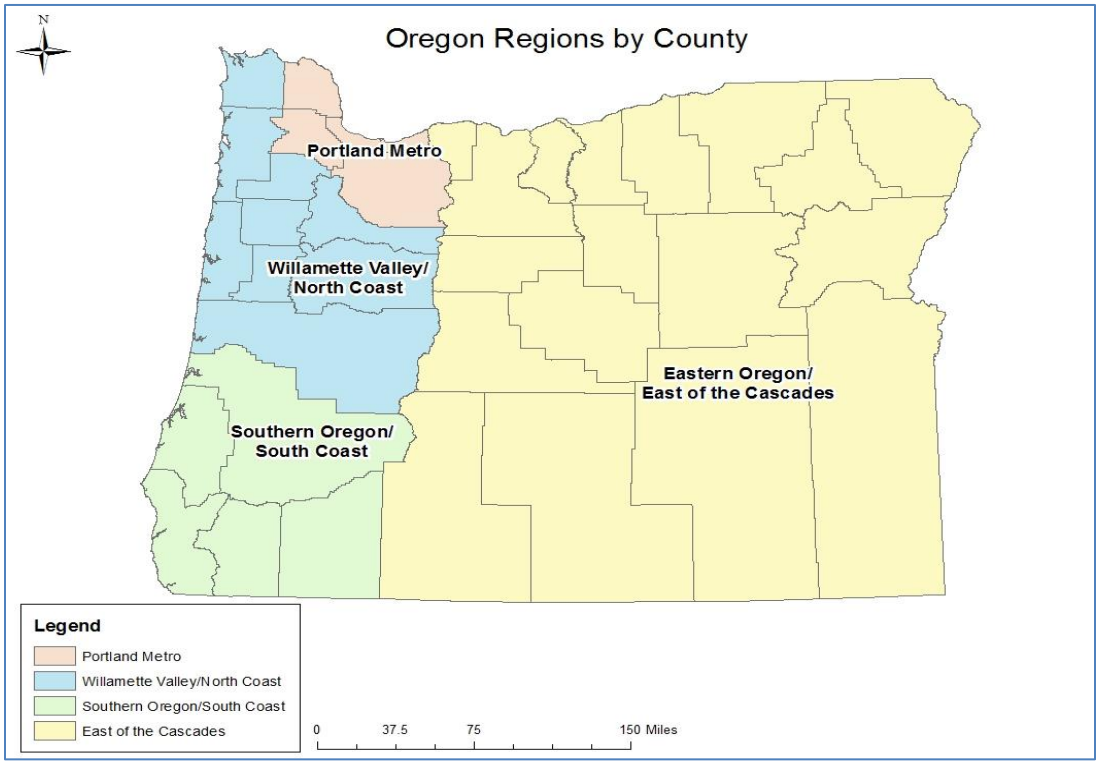
Completed questionnaires were checked for missing information or inconsistencies and follow up calls were made to owners for clarification when needed. Follow-up calls were made to encourage response from owners. During the follow-up calls, if AFHs reported they threw away,

never received, or did not know the whereabouts of the questionnaire, we mailed or emailed a new questionnaire to the AFH provider. Data were entered into a database by IOA-PSU staff.

Table A1. **Regional Distribution of Sample and Response Rates, 2018**

	Population % (n)	Sample Population % (n)	Respondents % (n)	Response Rate % (n)
Region 1: Portland Metro	52% (828)	52% (340)	52% (205)	60%
Region 2: Willamette Valley/North Coast	24% (377)	26% (168)	26% (101)	60%
Region 3: Southern Oregon/South Coast	15% (238)	13% (81)	12% (47)	58%
Region 4: East of the Cascades	9% (141)	9% (61)	11% (42)	69%
Total	1,584	650	395	61%

Figure A1. **Oregon Regions by County**



Oregon Department of Transportation Regions. Retrieved from: http://www.oregon.gov/ODOT/Regions/pages/index.aspx

A total of 395 AFHs responded, for a response rate of 61 percent. See Table A1 above for details about responses to the questionnaire by region. As with previous years, the region with the highest concentration of AFHs was the Portland Metro region, while the East of the Cascades had the fewest. The highest response rate was from the East of the Cascades and the lowest was from Southern Oregon/South Coast region. Overall, respondents reflected the distribution of AFHs across Oregon by region.

Non-Response

A total of 255 AFH owners who were in the sample did not respond to the questionnaire. Reasons given for non-response included that response was not mandatory, the owner hung up on the interviewer, was not comfortable sharing information about their homes or residents, the survey was never received, the owner was away or unavailable, the questions were invasive or unnecessary, or the owners were too busy.

Some owners returned questionnaires that were incomplete, which is common for self-administered surveys. Although all were called multiple times to request such missing information, we were not able to retrieve all missing information for all AFHs. Of all the questions, item missing rates were highest for staff flu shot (44%), health practitioner visits (8%), and resident flu shot (6%).

Data Analysis

Similar to previous years' reports, quantitative data were entered into SPSS (a statistical software program) and checked for errors using multiple strategies. First, we spot-checked a subsample of questionnaires for potential data entry errors. Second, we used frequencies to eliminate errors due to coding mistakes. Finally, we applied logic checks for skip patterns and outliers. Data analysis involved descriptive statistics (frequencies, percentages, and means) and cross-tabulations.

We used zip code-level data from Oregon Office of Rural Health (ORH) to denote AFHs as rural/frontier and urban areas. ORH defines rural as areas "10 or more miles from the centroid of a population center of 40,000 people or more" and frontier as counties that "have a population density of six or fewer people per square mile" (Oregon Office of Rural Health, 2018). Because there were few AFHs in areas designated as frontier (8 out of 650 AFHs in the sample), we combined rural and frontier into one category.

Appendix B: Tables and Figures

***Table B1*: AFH Licensed Capacity by Rural Status, 2018**

	Urban %	Rural %
1 resident	4	16
2 residents	2	7
3 residents	5	7
4 residents	9	9
5 residents	80	61
All AFHs	100	100

***Table B2*: Languages Spoken other than English**

Language	Staff (n=248)	Owner (n=313)	Resident (n=89)	Language	Staff (n=247)	Owner (n=313)	Resident (n=80)
Romanian	74	105	9	Samoan	2	X	X
Spanish	51	36	24	Micronesia	2	2	X
Tagalog	27	28		Israeli/Hebrew	2	X	X
Russian	16	25	3	Hindi	2	X	X
Filipino	16	23	X	Japanese	X	X	3
French	5	28	X	Danish/Swedish	X	X	3
Amharic	9	X	X	Hindu/Punjabi	X	X	2
German	X	16	6	Turkish	1	X	X
Greek	X	14	1	Portuguese	1	X	X
Hungarian	8	14	X	Polynesian	1	X	X
Oromo	6	X	X	Italian	1	X	X
Ukrainian	4	6	1	Fijian	1	X	X
Arabic	4		1	Farsi	1		
Chinese		4	6	Ethiopian	1		
German	3			Italian	1		
Bosnian/Albanian /Serbian/Croatian	3	2		Hmong			1
Vietnamese	2		7	Liao			1
Tigrigna	2	4		Mexican			1
African/Swahili	2	6	4	Pacific Islander			7
Samoan	2						

***Table B3*: Training Topics by Rural Status, 2018**

	Urban %	Rural %
Race	40	13
Intercultural	32	9
Sexual orientation	29	20
Gender	25	15

***Table B4:* Training Topics that AFH Owners Think Would Be Beneficial to Them and/or Staff**

Category	Topic (N=291)	n	%
Resident Healthcare	Alzheimer's, Dementia, Cognitive Care, Memory Care	60	21%
	Behavior (management, training, interventions, challenges, TBI)	35	14%
	Medication (administration, management, side effects, marijuana use	30	10%
	Chronic conditions, disease (heart, stroke, cancer, COPD, diabetes, Huntington's, Parkinson's, hygiene, wound care TIA, TBI Weight, ventilator	26	9%
	Resident care-needs, rights, sexual activity, social, fitness, falls, bedbound, body mechanics, pain management, screening, move-in transition	25	9%
	Mental health (illness, issues	19	7%
	Nutrition(diet, diabetes, renal failure, healthy meals, meal prep	14	5%
	End of life care, hospice; Activities; Disease/disability diagnosis	21	<5%
Resident Other	Transfer, mobility	3	<5%
Owner and Staff	Time management, licensing, staffing, record keeping, background checks, administrative rules, community services available, documentation	25	9%
	Emergency response, safety; Communication with residents and family/CPR/First aid; Self-care; ESL training; Computer skills	33	<5%

***Table B5*: AFH Resident Gender and Age by Rural Status, 2018**

	Urban %	Rural %
Gender		
Male	37	38
Female	62	62
Transgender	<1	-
Age		
18-49	6	5
50-64	16	17
65-74	20	17
75-84	20	23
85 and over	39	37

***Table B6*: AFH Resident Race-Ethnicity by Rural Status, 2018**

	Urban %	Rural %
Hispanic/Latino (any race)	3	3
American Indian/Native American or Alaska Native, not Hispanic or Latino	1	2
Asian, not Hispanic or Latino	3	1
Black, not Hispanic or Latino	3	<1
Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<1	1
White, not Hispanic or Latino	86	86
Two or more races	1	1
Other/unknown/or resident would most likely choose not to answer	2	5

***Table B7*: Residents Requiring Staff Assistance with ADLs by Rural Status, 2018**

	Urban %	Rural %
Eating	26	28
Dressing	61	57
Bathing and grooming	80	81
Using the bathroom	53	54
Mobility/walking	46	49

***Table B8*: Assistance from Family Members and Friends by Rural Status, 2018**

	Urban %	Rural %
Help with personal care	6	7
Help taking medications	5	6
Help getting to medical appointments	30	27
Social visits	68	55
Phone calls	58	44
Going on outings	46	39

***Table B9*: Chronic conditions by Rural Status, 2018**

	Urban %	Rural %
Heart disease	36	43
Alzheimer's disease and other dementias	45	49
High blood pressure/hypertension	48	51
Depression	38	45
Serious mental illness	18	23
Diabetes	20	27
Cancer	8	7
Osteoporosis	18	17
COPD	15	16
Current drug and/or alcohol abuse	3	5
I/DD	8	16
Arthritis	33	46
Traumatic brain injury	6	10
Skin issues	8	8
Weight change	5	6

Table B10: Resident Falls in the Last 90 days by Rural Status, 2018

	Urban %	Rural %
Did not fall	89	87
One fall only	7	7
More than one fall	4	6

Table B11: Assistance with Medications and Treatments by Rural Status, 2018

	Urban %	Rural %
Take 9 or more medications	51	49
Take antipsychotic medication	34	38
Self-administer most of their medications	6	6
Receive staff assistance to take oral medications	73	77
Receive staff assistance with subcutaneous injection medications	10	8
Receive injections from a licensed nurse	3	3
Receive nurse treatments from a licensed nurse	9	7

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Appendix D: Questionnaire

Portland State UNIVERSITY
Institute on Aging

DHS Oregon Department of Human Services

Adult Foster Homes (AFH)

Oregon Community-Based Care

2018 Resident & AFH Characteristics Questionnaire

COMPLETE THE QUESTIONNAIRE ONLY FOR THE ADULT FOSTER HOME AT THIS ADDRESS.

License #:

Owner/Licensee Name:

Address of Adult Foster Home:

Adult Foster Home's Phone #:

Name of Home (if applicable):

Please update any incorrect/outdated information.

Name of Home (if applicable): _____

Owner/Licensee Name: _____

Adult Foster Home's Phone #: _____

Email _____ Fax # _____

Owner/Licensee's Phone # (if different) _____

DHS requires adult foster homes to complete this questionnaire.

Please return your completed questionnaire to PSU by February 16, 2018.

Once complete, please choose one of the following to return the questionnaire:

1. Scan and email to: cbcor@pdx.edu
   Be sure to include all 12 pages

2. Fax to: 503.725.9927
   Be sure to include all 12 pages

3. Mail to: CBC Project - Institute on Aging
   Portland State University
   PO BOX 751
   Portland, Oregon 97207

If you would prefer to complete the questionnaire over the phone, please contact:
Sarah Dys at sdys@pdx.edu or 503.725.9252
If you have questions concerning completing this questionnaire, please contact:
Sheryl Elliott at cbcor@pdx.edu or 503.725.2130

1

Questionnaire Instructions:

Oregon Department of Human Services (DHS) **requires adult foster homes to complete the questionnaire** because it is an important way for DHS to collect information about residents.

PSU does not publish or share responses from individual adult foster homes. DHS receives a summary report that has been posted on these websites:

http://www.oregon.gov/DHS/SENIORS-DISABILITIES/Pages/publications.aspx
https://www.pdx.edu/ioa/oregon-AFH-based-care-project

Instructions:

First, check that the information on page 1 is up-to-date and correct.

We expect that the owner/licensee will complete this questionnaire. **If you operate more than one adult foster home, complete the questionnaire only for the adult foster home with the license number and address on page 1.**

For some questions, you might need to look at information in current resident files and provide a total for all residents.

Please give your best estimate for each question. If the answer to a question is "none" or "zero", please write or circle "none" or "0". If the question does not apply to your home, please write or circle "N/A" (not applicable).

Most questions ask you to write the number in a box like this [4] or mark a box like this ☒.

Some questions ask about "staff" who work at your home—this means anyone who is paid by you to provide services, such as caregivers, resident managers, and your family members who serve as paid qualified caregivers.

We greatly appreciate your time and the work that you do on behalf of older adults and persons with disabilities. The study results will be most accurate if everyone participates. We look forward to hearing from you by **February 16, 2018**.

Please keep a copy of your completed questionnaire for your records.

License Number:

Section A. Resident Information

1. How many of **your current residents** are:
Please count each resident only once, and write 0 for any categories with no residents.

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ **TOTAL # OF CURRENT RESIDENTS**

2. How many of **your current residents** are:
Please count each resident only once and write 0 for any categories with no residents.

- ☐ Hispanic/Latino (any race)
- ☐ American Indian/Native American or Alaska Native, not Hispanic or Latino
- ☐ Asian, not Hispanic or Latino
- ☐ Black/African American, not Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- ☐ White, not Hispanic or Latino
- ☐ Two or more races
- ☐ Other/unknown/or resident would most likely choose not to answer
- ☐ **TOTAL # OF CURRENT RESIDENTS** (should match total in question #1 above)

3. How many of **your current residents** primarily speak a language other than English? *Please write 0 if none.*

☐ Number of residents

a. Other than English, which languages do **your current residents** primarily speak?

_____
_____
_____
_____

4. What is the age of each of **your current residents**?
Please count each resident only once and write 0 for any categories with no residents.

- ☐ Resident 1
- ☐ Resident 2
- ☐ Resident 3
- ☐ Resident 4
- ☐ Resident 5

License Number:

5. **In the last 90 days**, how many new residents moved in (for the first time) from the following places? *Please write 0 for any categories with no residents.*

# of residents	**Moved in from:**
	Home (alone or with spouse/partner)
	Home of child or other relative
	Independent living apartment in senior housing
	Assisted living/residential care
	Memory care community
	Hospital
	Adult foster care
	Nursing facility (NF) or Skilled nursing facility (SNF)
	Other, specify: _____
	Don't know
	TOTAL – New residents, last 90 days

6. **In the last 90 days**, how many residents moved out (permanently) to the following places, or died? *Please write 0 for any categories with no residents.*

# of residents	**Moved out to:**
	Home (alone or with spouse/partner)
	Home of child or other relative
	Independent living apartment in senior housing
	Assisted living/residential care
	Memory care community
	Hospital
	Adult foster care
	Nursing facility (NF) or Skilled nursing facility (SNF)
	Other, specify: _____
	Resident died
	Don't know
	TOTAL – Residents who moved out or died, last 90 days

7. For the residents who moved out or died **in the last 90 days**, what was the length of stay for each resident? *Please write 0 for any categories with no residents.*

# of residents	**Length of Stay**
	1 - 7 days
	8 - 13 days
	14 - 30 days
	31 - 90 days
	91 - 180 days (3-6 months)
	181 days - 1 year (6-12 months)
	More than 1 but less than 2 years
	More than 2 but less than 4 years
	More than 4 years
	TOTAL – Residents who moved out or died, last 90 days (should match total in question #6)

8. Of the residents who moved out **in the last 90 days**, how many moved out because they could no longer afford to pay or had spent down their assets? *Please write 0 if none.*

☐ Number of residents

9. Of the residents who moved out **in the last 90 days**, how many were in your AFH for a planned short-stay (respite care or similar)? *Please write 0 if none.*

☐ Number of residents

4

License Number:

10. Which of the following would typically prompt a move-out notice? *Please check all that apply.*

- ☐ None/Not available
- ☐ Wandering outside
- ☐ Sliding-scale insulin shots
- ☐ Hitting/acting out with anger to residents or caregivers
- ☐ Two-person transfer
- ☐ Non-payment
- ☐ Lease violation other than non-payment
- ☐ Other – please explain: _____

11. How many residents received a less than 30-day move-out notice **in the last year**? *Please write 0 if none.*

☐ Number of residents

If no residents received **a less than 30-day move-out notice**, SKIP to question #12.

a. How many of these went to an administrative hearing? *Please write 0 if none.*

☐ Number of residents

Section B. Resident Health, Acuity & Service Use

12. **In the last 90 days**, how many of **your current residents:** *Please write 0 for any categories with no residents.*

- ☐ Did not fall/had 0 (zero) falls?
- ☐ Fell only one time?
- ☐ Fell more than one time?
- ☐ **TOTAL** (should match total in question #1 above)

➔ If none of your current residents fell in the last 90 days, SKIP to question #14.

13. Of the **current residents** who fell **in the last 90 days:**

a. How many had a fall resulting in some kind of injury? *Please write 0 if none.*

☐ Number of residents

b. How many went to the hospital (emergency room or admitted) because of the fall? *Please write 0 if none.*

☐ Number of residents

14. Does your AFH assess residents' risk for falling using a fall risk assessment tool (e.g., Stopping Elderly Accidents, Deaths & Injuries [STEADI] or Timed Up & Go [TUG])? **Please CIRCLE ONLY ONE.**

1. Yes, as a standard practice with every resident
2. Yes, only case-by-case depending on each resident
3. No
4. Don't know

15. Does your AFH use a standard tool for assessing depression (e.g., Patient Health Questionnaire [PHQ-9] or Geriatric Depression Scale [GDS])? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

License Number:

16. Does your AFH use a standard tool for assessing cognitive impairment (e.g., Montreal Cognitive Assessment [MoCA] or Mini-Mental State Examination [MMSE])? **Please CIRCLE ONLY ONE.**

1. Yes, as a standard practice with every resident
2. Yes, only case-by-case depending on each resident
3. No
4. Don't know

17. How many of **your current residents** regularly use a mobility aid (e.g., cane, walker, wheelchair) to get around? *Please write 0 if none.*

☐ Number of residents

18. How many of **your current residents** need staff assistance to use a mobility aid? *Please write 0 if none.*

☐ Number of residents

19. How many of **your current residents** regularly receive assistance from NOC (*night shift*) staff during the night? *Please write 0 if none.*

☐ Number of residents

20. How many of **your current residents** regularly receive assistance for physical and/or cognitive health needs from two staff? *Please write 0 if none.*

☐ Number of residents

21. In the last 90 days, how many of **your current residents** regularly received any of the following from their family member(s) or friend(s)? *Please write 0 for any category with no residents.*

☐ Help with personal care such as eating, dressing, bathing & grooming, using the bathroom, or mobility & walking
☐ Help taking medications
☐ Help getting to medical appointments
☐ Social visits
☐ Phone calls
☐ Going on outings (i.e., meals, walks, shopping, activities)

22. How many of **your current residents** need regular and ongoing staff assistance with each of the following? *Please write 0 for any categories with no residents.*

☐ Eating
☐ Dressing
☐ Bathing and grooming
☐ Using the bathroom
☐ Mobility/Walking

23. How many of **your current residents** received a flu shot this past fall in 2017? *Please write 0 if none.*

☐ Number of residents

☐ Don't know/We do not track this

License Number:

24. How many of **your current residents** have been ***DIAGNOSED*** with each of the following conditions? *Include all diagnoses for each resident. Please write "0" for any categories with no residents.*

- ☐ Heart disease (e.g., congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)
- ☐ Alzheimer's disease and other dementias (including Lewy body, Huntington's disease, and vascular dementia)
- ☐ High blood pressure/hypertension
- ☐ Depression
- ☐ Serious mental illness (such as bipolar disorder, schizophrenia)
- ☐ Diabetes
- ☐ Cancer
- ☐ Osteoporosis
- ☐ COPD and allied conditions
- ☐ Current drug and/or alcohol abuse
- ☐ Intellectual/developmental disability
- ☐ Arthritis
- ☐ Traumatic brain injury
- ☐ Skin issues (e.g., residents with stage 2 or greater pressure ulcers or bedsores and/or a skin condition that requires staff to deliver and/or coordinate treatment in the last month)
- ☐ Weight change (i.e., an unexplained weight loss or gain in the last month)

25. How many of **your current residents** regularly receive staff assistance because of the following behavioral symptoms? *Please write 0 for any categories with no residents.*

- ☐ Lack of awareness to safety, judgement, and decision making, or ability to orient to surroundings
- ☐ Wandering
- ☐ Is a danger to self or others (e.g., disruptive, aggressive, abusive, sexually inappropriate)

26. In the last 90 days, which (if any) of the following health care providers visited your AFH to provide services and/or training? *Please check the appropriate category for each type of health care provider.*

	Yes	No	D/K N/A
Hospice worker			
Nurse (RN, LPN, LVN) or home health provider (non-hospice)			
Medical doctor or nurse practitioner			
Mental health provider			
Physical or occupational therapist			
Social worker/case manager			
Dentist or dental hygienist			
Behavioral specialist			

27. How many of **your current residents** take no medications and no injections? *Please write 0 if none.*

☐ Number of residents

License Number:

28. How many of **your current residents** were:
Please write "0" for any categories with no residents.

- ☐ Treated in the hospital emergency room (ER) **in the last 90 days**?
- ☐ Hospitalized overnight **in the last 90 days**? (Exclude trips to the ER that did not result in an overnight hospital stay.)
  - → ☐ How many of these residents went back to the hospital within 30 days?
- ☐ Receiving hospice care **in the last 90 days**?

29. How many of **your current residents**:
Please write "0" for any categories with no residents.

- ☐ Take 9 or more medications?
- ☐ Take antipsychotic medication (e.g., Haldol (Haloperidol); Quetiapine (Seroquel), Olanzapine (Zyprexa), Aripprazole (Abilify), Risperidone (Risperdal)?
- ☐ Self-administer most of their medications?
- ☐ Receive staff assistance to take oral medications?
- ☐ Receive subcutaneous injection medications from personal care staff (including a medication aide or CNA, but not an RN/LPN)?
- ☐ Receive injections from a licensed nurse?
- ☐ Receive nurse treatments from a licensed nurse (e.g., oxygen and respiratory treatments, such as nebulizers; rectal medications; suctioning mouth with bulb syringes; wound care, such as staging pressure ulcers and dressing changes)?

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Section C. Adult Foster Home Owner/Licensee

30. Do you (*owner/licensee*) have any of the following certifications? *Please choose all that apply.*

- ☐ None
- ☐ CNA
- ☐ RN
- ☐ Other: _____
- ☐ MSW
- ☐ LPN/LVN
- ☐ Respiratory Therapist

31. Do you (*owner/licensee*) speak any language(s) other than English?

1. Yes 2. No

a. If yes, what other languages do you speak?

_____

_____

_____

32. Did you (*owner/licensee*) receive a flu vaccination this past fall in 2017? Please **CIRCLE ONLY ONE.**

1. Yes 2. No

While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control and Prevention (CDC). You will not be penalized for your response to this or any other question.

33. Do you (*owner/licensee*) live at this adult foster home? Please **CIRCLE ONLY ONE.**

1. Yes, all the time
2. Yes, some of the time
3. No

License Number:

34. Do you (*owner/licensee*) regularly provide care to residents living at this home? Please **CIRCLE ONLY ONE.**

1. Yes 2. No

Section D. Household Characteristics and Staffing

35. Do you (owner/licensee) have family members (e.g., spouse, children, parents) living at this address?

1. Yes 2. No

If no family member is living at this address, SKIP to question #36. If there are family members living at this address, please answer the following questions.

a. How many of these family members are: *Please write 0 if none.*

☐ 17 years old or younger

☐ 18 years old or older

☐ **TOTAL** number of family members living at this address

b. How many of these family members received a flu vaccine this year? *Please write 0 if none.*

☐ Number of family members

☐ Don't know/We do not track this

While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control and Prevention (CDC). You will not be penalized for your response to this or any other question.

36. How many residents are you licensed to care for?

☐ Number of residents

37. What is the **highest** class level that your home is licensed to provide for any current resident? **Please check all that apply.**

☐ Class 1
☐ Class 2
☐ Class 3
☐ Don't know
☐ Variance ("Exception")
☐ Ventilator
☐ Limited license

38. Does your home currently employ any resident manager(s), shift caregiver(s), and/or other caregiver(s)? **If so, please tell us how many of each staff you currently employ.**

	Yes	No	If yes, how many?
Resident managers			
Floating resident managers			
Shift caregivers			
Caregivers *(do not include resident managers or shift caregivers here)*			
TOTAL # OF CURRENT STAFF			

39. Of **all your current staff** (that you reported in question #38), how many received a flu vaccine this past fall in 2017? *Please write 0 if none.*

☐ Number of staff

☐ Don't know/We do not track this

While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control and Prevention (CDC). You will not be penalized for your response to this or any other question.

License Number:

40. How many of **your current staff** have the following levels of certification? *AFH staff are not required to be licensed or certified. Please count each employee only once and write 0 if none.*

# of staff	Staff Classification
	Licensed practical or vocational nurses (LPNs) / (LVNs)
	Certified nursing assistants (CNAs) or medication aides (CMAs)
	None of the certifications listed above
	TOTAL # OF CURRENT STAFF (should match the total in question #38)

41. How many **current staff members** have worked in your home for: *Please write "0" for any categories with no staff.*

☐ Less than 6 months

☐ More than 6 months

☐ **TOTAL # OF CURRENT STAFF** (should match the total in question #38)

42. Do any of your staff speak languages other than English fluently? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

a. **If yes,** other than English, which languages do your staff speak fluently?

_____

_____

_____

43. In the last 6 months, how many staff members left employment at your AFH for any reason? *Please write 0 if none.*

☐ Number of staff

44. Have you had any challenges employing staff in the last year? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

If yes, please describe those challenges:

_____

_____

_____

45. In the last 90 days, have you hired contract/ agency care staff (*including nurses*) to cover ***unplanned*** staff absences? **Please CIRCLE ONE.**

1. Yes 2. No

Section E. Monthly Rates, Fees & Policies

46. Do you currently have a Medicaid contract or accept Medicaid payment for any of your residents? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

47. Last month, how many of **your current residents** primarily paid using the following payment types? *Please count each resident only once and write 0 for any categories with no residents.*

☐ **Medicaid**

☐ **Private sources** - May include resident and/or family personal accounts, Veteran's Aid & Attendance, long-term care insurance, pension, Social Security

☐ **Other:** _____

☐ **TOTAL # OF CURRENT RESIDENTS** (should match total in question #1)

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License Number:

48. If a private pay resident spends down their assets, may they stay in your AFH and pay via Medicaid, if they qualify? **Please CIRCLE ONLY ONE.**

1. Yes 2. No 3. Not applicable

49. **Private Pay Only**: For the last month, what was the average **total monthly charge** for a single resident living alone in a **private room** and receiving the lowest level of care?

$_____/ month

50. Does your AFH offer the following services? If so, is there an additional fee? *Please write Y for yes or N for no for each service.*

Offer service? (Y/N)	Charge fee? (Y/N)	Service
		Night-time care
		Advanced memory care
		Two or more person transfer assistance
		Obesity care
		Catheter, colostomy or similar care
		Advanced diabetes care

51. Are residents allowed to smoke at this AFH? If yes, inside, outside, or both? **Please CIRCLE ONLY ONE.**

1. No
2. Yes, but outside only
3. Yes, but inside only
4. Yes, inside and outside

52. Does your AFH have a written policy that addresses sexual contact between residents? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

53. Which of the following topics were you or your staff trained in during the last year? *Please select Yes or No for each training category.*

Yes	No	
☐	☐	Race and ethnic diversity
☐	☐	Intercultural differences (e.g., differences between cultures such as Vietnamese, Chinese, Korean, and Japanese populations within the Asian culture)
☐	☐	Sexual orientation (e.g., lesbian, gay, bisexual)
☐	☐	Gender identity (e.g., concept of self as male, female, blend of both, neither)

54. What other types of training do you think you or your staff could benefit from most?

Please describe:

_____

_____

_____

55. Would you prefer to complete this questionnaire online next year? **Please CIRCLE ONLY ONE.**

1. Yes 2. No

If no, please select the reasons why:

☐ I don't have access to the internet/ computer

☐ I don't know how to use the internet/ computer

☐ I prefer a paper copy

☐ Other, specify: _____

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License Number:

56. Is there anything else you think others should know about operating, owning, and/or living in an adult foster home? What do you like best? What are some of your biggest challenges? **All responses will be kept confidential and private.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking the time to complete this questionnaire!