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Oregon Community-Based Care Survey 2016: Adult Foster Homes

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Portland State UNIVERSITY
Institute on Aging

Community-Based Care
Resident and Community Characteristics Report

Adult Foster Homes

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Executive Summary

This report describes adult foster homes in Oregon. An adult foster home (AFH) is a type of licensed community-based care (CBC) setting that provides residential, personal care, and health-related services, primarily to older adults.

The study collected information from adult foster homes to achieve the following four main goals.

1: Describe adult foster home characteristics, including staffing types and levels, policies, and monthly charges and fees	**2:** Describe current residents' health and social characteristics
3: Compare current results to prior Oregon surveys and to national studies of similar setting types to identify changes and possible trends	**4:** Compare setting types for differences that might affect access, quality, or costs

The study findings are intended to provide information that state agency staff, legislators, community-based care providers, and consumers may use to guide their decisions. Providing state-level information was one of the goals of Oregon's LTC 3.0 planning process.

Survey

In 2016, Portland State University's Institute on Aging (IOA) mailed a questionnaire to a sample of 626 AFHs in Oregon; 319 providers responded, for a response rate of 51 percent. The questionnaires asked about resident and staff characteristics, services, policies, and monthly rates and fees. The study methods are described in Appendix A (page 30). Some questions were asked both this year and last year; if so, we report the prior findings for comparison. Other questions were new this year.

Key Findings

Homes

- There were 1,692 AFHs with a licensed capacity of 7,475 beds.
- Survey respondents were licensed to care for 1,401 residents and reported 1,218 current residents, for an occupancy rate of 87 percent.
- Twenty-two percent of AFH operators were certified nursing assistants (CNAs).
- Seventeen percent of current AFH owners indicated that they were thinking about selling or transferring their home in the next five years.

Staff

- Forty-two percent of AFHs employed at least one caregiver.
- Nineteen percent of caregivers had a professional certification as either a CNA, certified medication aide (CMA), or licensed personal nurse (LPN).
- Forty-six percent used a standardized falls risk assessment.
- Seventy-six percent of providers encouraged staff and other home occupants to get an annual flu vaccination.

Compared to the 2015 report:

- Resident managers were employed by 24 percent of AFHs, compared to 16 percent last year.
- AFHs reported fewer visits from health service professionals.

Rates and Fees

- The mean monthly charge was $3,202.
- Seventy percent of AFHs charged an additional fee for catheter/colostomy care, advanced memory care, two-person transfer assistance, and advanced diabetes care.
- The majority of AFHs (84 percent) accepted Medicaid.
- Ninety percent of AFHs would allow current private-pay residents who became eligible for Medicaid to stay in the home.

Higher in Oregon AFHs than Nationally

Diabetes:
22% in Oregon
16% Nationally

Serious mental illness:
15% in Oregon
9% Nationally

Intellectual or developmental disabilities:
9% in Oregon
1% Nationally

Lower in Oregon AFHs than Nationally

Cancer:
7% in Oregon
11% Nationally

Falls:
15% in Oregon
21% Nationally

Community Services and Policies

- Sixty-nine percent of AFHs listed hitting others/acting in anger as a reason for a move-out notice.

Residents

- Eighteen percent of residents were unable to leave the home because it was too physically or emotionally taxing.
- Thirty-four percent of residents used antipsychotic medications compared to 25 percent of nursing home residents, based on a national study.

Compared to the 2015 report:

- More residents were 85 years or older this year.
- Fewer residents moved in from assisted living or residential care –24 percent last year and 13 percent this year.
- Fewer residents died at the home – 49 percent this year and 59 percent last year.
- More residents took nine or more medications – 54 percent this year and 50 percent last year.

Compared to assisted living, residential care, and memory care communities, AFHs reported:

- Shorter lengths of stay, with 30 percent of AFH residents staying less than 90 days compared to 18 percent in the other CBC settings.
- More residents with Alzheimer's disease or other dementias, with 49 percent compared to 46 percent in other CBC settings.
- Lower rates of falls in AFHs (15 percent) compared to other CBC settings (27 percent).
- A higher use of antipsychotic medications, with 34 percent of AFH residents taking an antipsychotic medication compared to 26 percent in other CBC settings.

Typical Adult Foster Home Resident
Female, 77 years old, and White, non-Hispanic

Moved in from home

Stayed for 3-6 months

Moved due to end of life

Average monthly charge: $3,202

Background

Adult foster homes provide a unique type of community-based care (CBC). Oregon's model, developed in the 1980s, has been profiled as a national example. Like other licensed CBC settings (e.g., assisted living, residential care, and memory care), AFHs offer and coordinate supportive services on a 24-hour basis. Oregon administrative rules (OAR 411-50) require AFHs to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence, and home-like surroundings. Adult foster homes are meant to be "family-like" and 85 percent are homes in which the owner's family members also reside.

Oregon's AFHs are single-family residences where the owner and/or employees provide access to 24-hour care and supervision for up to five adults who typically have difficulty managing daily personal care activities. Services include assistance with activities of daily living (ADL) such as eating, dressing, bathing, with instrumental activities of daily living (IADL) such as medication administration and meal preparation, and assistance with behaviors associated with dementia (e.g., disorientation, confusion, and wandering). Additional health-related and social services may be provided or coordinated. A wide variety of residents are served in AFHs, including some 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 skilled nursing care provided with the help of community-based registered nurses.

Nationally, some states permit fewer than five residents, though some states allow more, and some states license assisted living/residential care as any CBC setting with one or more residents (Carder, O'Keeffe, & O'Keeffe, 2015). Some states limit the type of assistance that AFHs may provide to meals and personal care, but 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.

Oregon Department of Human Services (DHS) contracted with Portland State University's Institute on Aging to collect information from AFH providers, including:

- Health promotion policies/activities
- Staff training
- Access to healthcare providers
- Household occupants
- Provider and staff certifications
- Monthly rates and fees
- Move-out triggers
- Marijuana policies

Providers were asked questions about their current residents, including:

- Care needs and acuity level
- Demographics
- Length of stay and move-in and -out information

- Flu immunization
- Payment source
- Health service use

AFHs in Oregon are licensed by DHS, with the exception of those in Multnomah County. Multnomah County is responsible for licensing and overseeing AFHs within the county (Multnomah County, 2011, p. 5).

At the start of the current survey, **there were 1,692 AFHs with a licensed capacity of 7,475 beds**. This report describes results based on a random statewide survey of 626 AFHs. Of these, 319 responded, for a 51% response rate. The research methods are described in Appendix A, page 30. In addition to this report and the one from last year, PSU completed a report based on a statewide survey of assisted living, residential care, and memory care, available from DHS and PSU[1].

[1] Available at https://www.pdx.edu/ioa/oregon-community-based-care-project

Adult Foster Home Characteristics

This section includes:

- Number of adult foster homes and licensed capacity
- Information about foster home providers
- Challenges and positive aspects of being an adult foster home operator
- Plans to sell or transfer an AFH to another owner

Licensed Capacity and Occupancy Rates

A total of 319 AFHs completed the questionnaire. **Survey respondents were licensed to care for up to 1,401 residents (capacity) and reported a total of 1,218 current residents (occupancy), for an occupancy rate of 87 percent** (Table 1). This occupancy rate does not describe the number of homes at full capacity. Given that AFHs are small, operating at capacity might be important for the home's economic sustainability. For example, a home licensed for five residents could have between one and five residents. Sixty-percent of AFH providers were at full capacity. Of the homes licensed for five residents, 62 percent actually had five residents (see Table 2). This reality explains the difference between the overall occupancy rate of 87 percent and the lower percentage of homes operating at full capacity.

Table 1 –*Occupancy Rate*

Total Licensed Capacity of Survey Respondents	Occupancy of survey respondents	Occupancy rate
1,401	1,218	87%

Table 2 – *Rate of AFH Respondents at Full Capacity*

	Licensed capacity % (n)	At maximum capacity % (n)
1 resident	6% (20)	100% (20)
2 residents	3% (9)	78% (7)
3 residents	6% (20)	50% (10)
4 residents	13% (40)	30% (12)
5 residents	72% (230)	62% (143)
Overall	319	60% (191)

Adult Foster Home Providers

Providers had been licensed for 11.5 years on average, ranging from one to 41 years. About half had been providers for one to 10 years, and 14 percent had been providers for over 20 years. Eighty-five percent of providers lived at their AFH, and of those, 72 percent had family members living in the home. Of these family members, 29 percent were age 17 or younger. These numbers differ from last year's reported rates (See Table 3).

Table 3 – *Providers Living in AFH by Year*

		2015 % (n)	2016 % (n)
Live at AFH		89% (200)	85% (272)
Family in AFH		56% (115)	72% (196)
Average number of family members		2.1	2.2
	17 or younger	32% (76)	29% (126)
	18 or older	68% (162)	71% (303)

AFH providers may care for a relative who is elderly or disabled and is not counted as part of the licensed capacity—seven percent of providers cared for an elderly or disabled relative in their AFH.

The majority of AFHs reported having private rooms (90 percent) rather than shared rooms (10 percent).

Providers are not required to hold a health care certification or license. However, **22 percent of AFH providers were CNAs**, which was the most commonly reported health care certification.

Table 4 – *Provider Certification by Year*

	Provider certification, 2015	Provider certification, 2016
CNA	21% (48)	22% (70)
RN	5% (11)	5% (17)
LPN/LVN	4% (8)	3% (10)
MSW	<1% (1)	1% (2)
Respiratory Therapist	1% (2)	<1% (1)
Other	20% (46)	16% (52)

Being an AFH Provider

Providers were asked to describe challenges and positive aspects of being an AFH operator. The majority of AFH operators cited obtaining adequate staffing as their most significant challenge. For example, one AFH operator reported, "Staffing - Minimum three or four 24-hour shifts each week causes high turnover, injury and burnout!" In a study of Oregon direct care workers in long-term care, Zuckerbraun and colleagues (2015) found that the average annual turnover rate for direct care staff in 2014 was 64 percent. Adult foster homes for adults and people with

physical disabilities (APD) had a lower annual staff turnover rate, at 50 percent, compared to other long-term care settings. In addition, slightly fewer AFH operators referenced issues with Medicaid reimbursement as their most significant challenge. More specifically, they cited low reimbursement rates for services provided, and some reported difficulties with the increasing complexity and amount of paperwork required for reimbursement. Other AFH operators reported care for residents with Alzheimer's or other dementias and working with families of residents as their most significant challenges.

When asked to identify the most positive aspects of being an AFH operator, nearly all respondents cited caring for their residents and making a difference in their residents' lives. Others reported having their own business as the most positive aspect of being an AFH operator. The following examples represent some of the most common responses.

"The [most positive] aspects of [being an] adult foster home operator are being your own boss and knowing you do meaningful work that is important."

"Being there for residents and families in usually a most difficult time is rewarding. We get to provide them with peace in knowing that our residents are well taken care of in a warm and loving environment. "

"Making a difference in someone's life is a goal we love. Providing what the elderly need is my reward, or better to say being able to provide it when needed makes us accomplished. The beauty about foster care homes is the one-on-one care that is meant for the most vulnerable population: the elderly."

Planning to Sell Home

As a way of understanding the stability of current AFHs in the near future, providers were asked if they were thinking about selling or transferring their AFH to another owner. **Seventeen percent (52 homes) of current AFH owners indicated that they were thinking about selling or transferring their home in the next five years.**

Adult Foster Home Staff

Who Works in Adult Foster Homes?

AFH providers may hire full- or part-time caregivers to provide personal care assistance to residents. These staff are not required to be licensed or certified, but all paid 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 (Oregon Department of Human Services, 2013).

If the licensed AFH provider does not live in the home, a resident manager must be employed and reside on-site. **Resident managers were employed by 24 percent of AFHs** (76 homes), and of these, 84 percent had one resident manager and 16 percent had two. **Last year's report found that 16 percent of AFHs employed a resident manager.**

Forty-two percent of homes employed at least one caregiver (see Table 5). Most AFHs employed one to three caregivers, although 12 percent of homes did not employ a caregiver, compared to 20 percent last year. AFHs employed, on average, 2.2 caregivers (compared to 1.6 last year). In the prior report, 20 percent reported having employed no additional caregivers.

Table 5 – *Number of Caregivers Employed by Year*

	Number of caregivers, 2015 % (n)	Number of caregivers, 2016 % (n)
0	20% (46)	12% (38)
1	35% (80)	23% (72)
2	26% (58)	32% (100)
3	9% (20)	19% (61)
4	2% (4)	8% (24)
5 or more	8% (18)	7% (21)

This year, providers were asked whether their caregivers (if any) held any healthcare certifications or licenses. **Most caregivers did not hold a certification or license, though 19 percent did** (Table 6). Oregon administrative rules do not require AFH caregivers to hold healthcare certifications.

Table 6 – *Caregiver Certifications*

	Caregivers % (n)
LPN/LVN	2% (15)
CNA	14% (94)
CMA	3% (22)
Personal Care (not licensed or certified)	81% (552)

Staff Training Topics

Adult foster home providers, resident managers, and caregivers are required to complete at least 12 hours of annual continuing education. Providers were asked whether they had covered any of several training topics in the prior 12 months. As shown in Figure 1, the top five most common training topics were medication administration, safety, disease-specific training, resident rights, and nutrition.

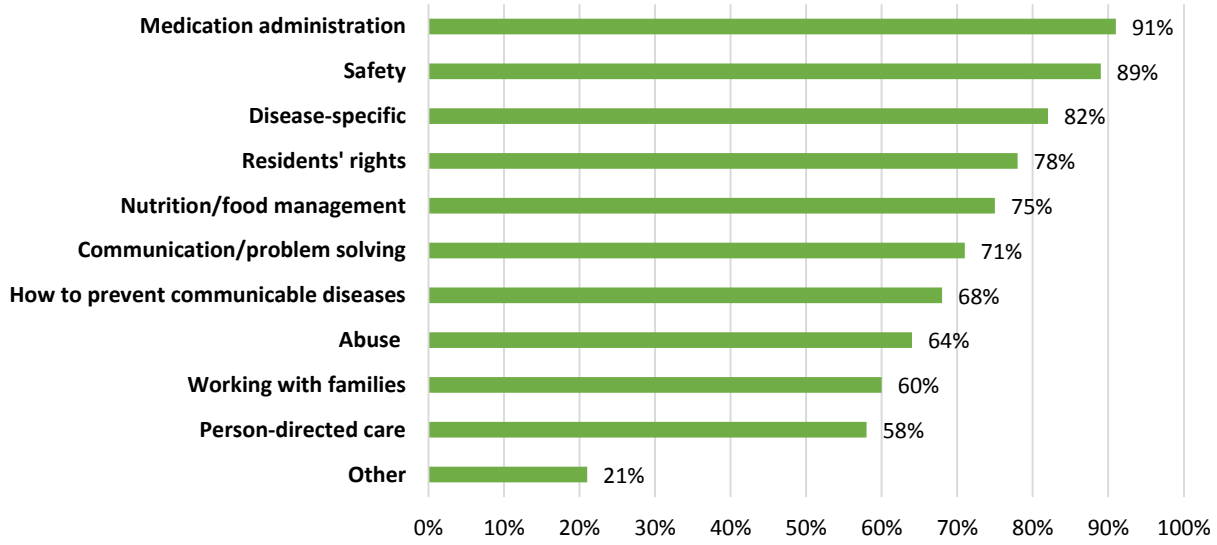


Figure 1 – *Staff Training Topics Covered in the Prior 12 Months*

Besides the staff training options listed in the questionnaire, the most common additional training topics described by providers included resident-specific needs (e.g. behavior management for residents with Alzheimer's/dementia, enhancing resident well-being, end-of-life care), regulations (e.g., marijuana law, DHS regulations), and additional staff training (e.g. communication with medical providers, record keeping, documentation).

Cultural Compatibility

As a possible indicator of fit between resident and staff culture, we asked about languages other than English spoken by both residents and staff. The language most commonly spoken by staff was Romanian. For residents, the most common language was Spanish. These numbers are small, however, with only four percent of all residents primarily speaking a language other than English. Thirty-six homes reported at least one resident who spoke a language other than English, and of these, 39 percent (14 homes) reported language compatibility between the resident and an employee (Table B.1 in Appendix B).

Visits to the Adult Foster Home by Health Service Professionals

AFH providers serve individuals who may have difficulty leaving the home for health services. The survey asked whether health service professionals visited the home to provide services and/or training.

Figure 2 compares the percent of homes that were visited by each of six types of professionals. For 2016, in order of most to least, homes were visited by a: licensed nurse, case manager, physical or occupational therapist, medical doctor (MD) or nurse practitioner (NP), hospice worker, mental health provider, and dentist/dental hygienist. Twelve percent of homes were not visited by any of these health professionals.

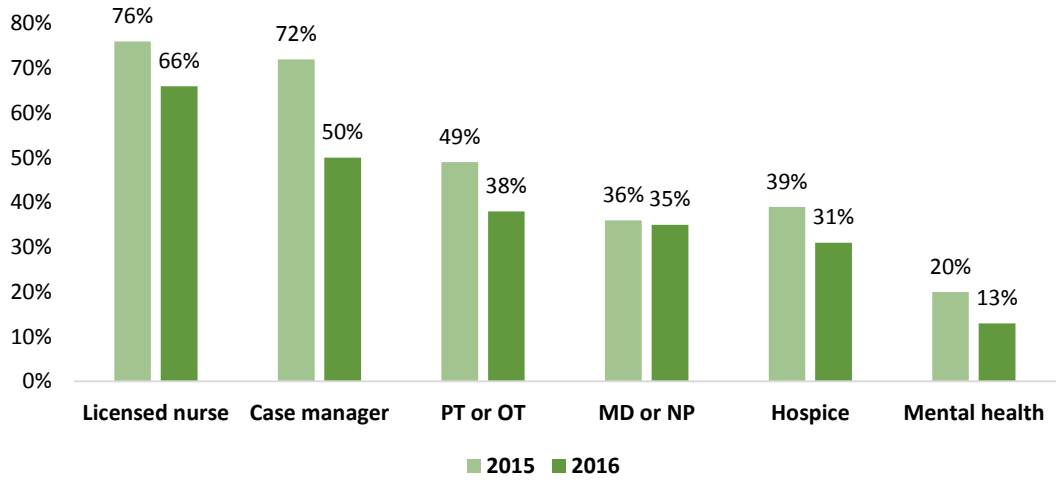


Figure 2 – ***Visits from Health Service Professionals in 2015 and 2016***

Table 7 provides information about visits by health service providers in each of four regions in Oregon (see Figure A.1 in the Appendix for map of regions).

Table 7 – *Visits from Health Service Professionals by Region*

	Region 1: Portland Metro % (n)	Region 2: Willamette Valley/North Coast % (n)	Region 3: Southern Oregon/South Coast % (n)	Region 4: East of the Cascades % (n)	Total % (n)
Hospice	36% (54)	25% (20)	24% (13)	35% (12)	31% (99)
Nurse	74% (111)	48% (38)	57% (31)	82% (28)	66% (208)
MD	50% (75)	25% (20)	9% (5)	32% (11)	35% (111)
MH	15% (23)	15% (12)	6% (3)	6% (2)	13% (40)
Physical/occupational therapist	42% (63)	27% (21)	46% (25)	38% (13)	38% (122)
Case manager	47% (71)	52% (41)	48% (26)	65% (22)	50% (160)
Dentist/hygienist	16% (24)	3% (2)	4% (2)	-	9% (28)
Other	11% (16)	5% (4)	-	6% (2)	7% (22)
Total	150	79	54	34	317

The rates of visits by health service professionals vary somewhat from those reported last year. For all regions, **AFHs reported fewer visits from health service professionals compared to last year**. Although the percent of homes reporting that a case manager visited was lower this year, the survey was modified from last year when the question referred to social worker or case manager. Next year's survey will again include social worker.

AFHs in Region 1, the Portland Metro region, reported the greatest percentage of visits from hospice workers, medical doctors, and dentists/dental hygienists. AFHs in Region 3, Southern Oregon/South Coast, reported the greatest percentage of visits from physical and/or occupational therapists. AFHs in Region 3 was the most likely to have had no health professionals visit the home in the past 90 days. AFHs in Region 4, East of the Cascades, reported the highest percentage of visits from nurse and home health providers and case managers. Visits from dentists or dental hygienists was not asked in the prior survey.

Health Promotion Activities

Providers were asked to describe their policies regarding two health promotion activities: falls risk assessment and encouraging flu vaccinations for staff. Falls among older adults are an important public health issue; falls are the eighth leading cause of unintentional injury for older Americans and result in as many as 16,000 deaths in a year (Oliver, Healy, & Haines, 2010).

Oregon's DHS encourages AFH providers 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. **Forty-six percent of homes used a fall risk assessment tool** as a matter of standard practice or on a case-by-case basis (Figure 3).

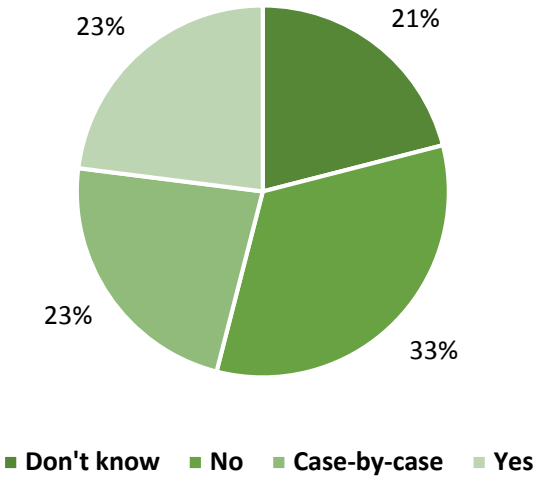


Figure 3 – *Use of a Fall Risk Assessment Tool*

Providers were asked whether they encourage employees and other home occupants besides the AFH residents (e.g., provider's family members) to get an annual flu vaccination. Oregon statute [§ 433.416] does not permit employers to require vaccinations as a condition of employment, unless such immunization is otherwise required by federal or state law, rule, or regulation [1989 c.949 §3]. However, DHS supports the Centers for Disease Control recommendation that all health service workers be vaccinated annually against influenza (CDC, 2015a), and encourages facilities to provide easy vaccination access for staff through on-site flu clinics and to provide staff with accurate information regarding the importance of influenza vaccines. **Seventy-six percent of AFH providers encouraged employees and other home occupants (besides residents) to get an annual flu vaccination**.

Rates, Fees, and Medicaid Use

How Much Do Adult Foster Homes Cost?

The cost of AFHs, as with other CBC settings, is an important topic for both state policymakers and residents who pay using personal resources. Providers were asked several questions about payment sources (private and Medicaid), monthly base and total charges, fee structures, and additional fees.

Sixty-three percent of the responding AFHs had private-pay residents. Providers were asked to describe the average total monthly private-pay charge for a single resident living alone and receiving the lowest level of care in a private room (Table 8). **The mean monthly charge for the 191 responding AFHs was $3,202**. When comparing the average total monthly charges by the four regions in Oregon, the highest rates were found in the Portland Metro area, and the Willamette Valley/North Coast.

Table 8 – *Average Total Monthly Charge for Private Room*

	Minimum	Average	Maximum
Region 1: Portland Metro	$950	$3,325	$5,325
Region 2: Willamette Valley/North Coast	$570	$3,170	$6,000
Region 3: Southern Oregon/South Coast	$800	$3,018	$4,300
Region 4: East of the Cascades	$700	$2,950	$4,350

AFH providers structure their monthly rates in at least four different ways. Forty-six percent of homes charged each resident the same monthly rate, 21 percent charged a base rate plus additional fees based on services provided, 19 percent based the monthly rate on the resident's care needs, and 13 percent negotiated with the resident (or payee) based on ability to pay (Figure 4).

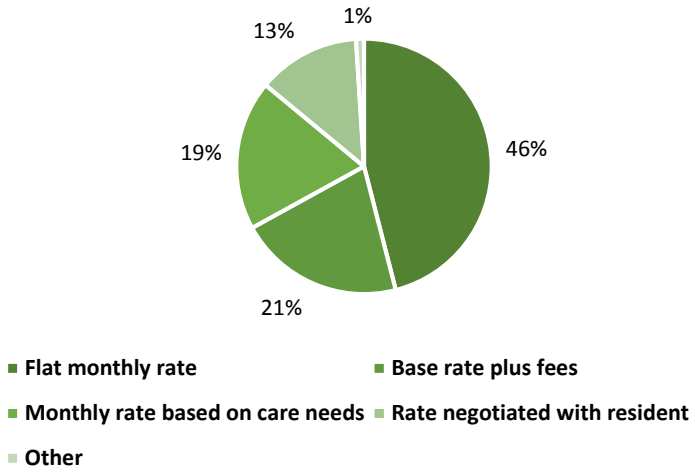


Figure 4 – *Rate Structures Reported by AFHs*

While homes had different ways in which they charged residents for care and services, this affects the number and percentage of residents paying in these different ways. Fifty percent of AFHs charged their residents a flat monthly fee. However, of current residents, only 18 percent lived in a home that charges a flat fee. The majority of residents paid a base rate plus additional fees based on services provided (Figure 5).

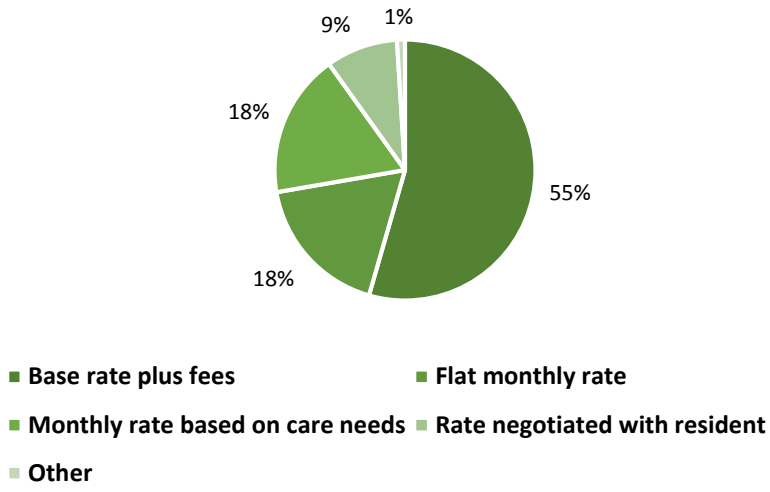


Figure 5 – *Percent of Private-Pay Residents Paying by Type of Rate*

AFH providers sometimes charge additional fees for certain services (Table 9). **The most commonly reported services for which an additional fee was charged included: catheter/colostomy or similar care (77 percent), advanced memory care (72 percent), two-person transfer assist (72 percent), advanced diabetes care (70 percent)** and night-time care (68 percent).

Table 9 – *Available Services and Additional Charges*

	Available % (n)	Charge % (n)
Night-time care	86% (171)	68% (116)
Advanced MC	68% (134)	72% (97)
Two- or more person transfer assist	68% (133)	72% (97)
Obesity care	41% (82)	46% (38)
Catheter/colostomy	76% (150)	77% (116)
Advanced diabetes care	81% (161)	70% (111)
Other	73% (30)	77% (24)

Medicaid

The majority of AFHs—84 percent—accepted Medicaid as a source of payment for residents. The 265 AFHs that accepted Medicaid reported 719 current residents whose payment is Medicaid. Twenty-four providers had a Medicaid contract in the past but no longer do. In addition, **90 percent of AFHs reported that they would allow a current private-pay resident who spent down their assets to the Medicaid level to stay and pay with Medicaid** (if they qualified).

Profession Charges

With data from DHS on Medicaid expenditures paid in 2015 (including room and board charges) and data provided by respondents on the average monthly charge for single occupancy, we estimated the total annual private pay charges for AFHs in Oregon. As indicated in Figure 6, the total estimated charges were $171,391,409, of which 61 percent were private pay charges, 39 percent were for Medicaid services (see Appendix A, Table A.2 for detailed calculations).

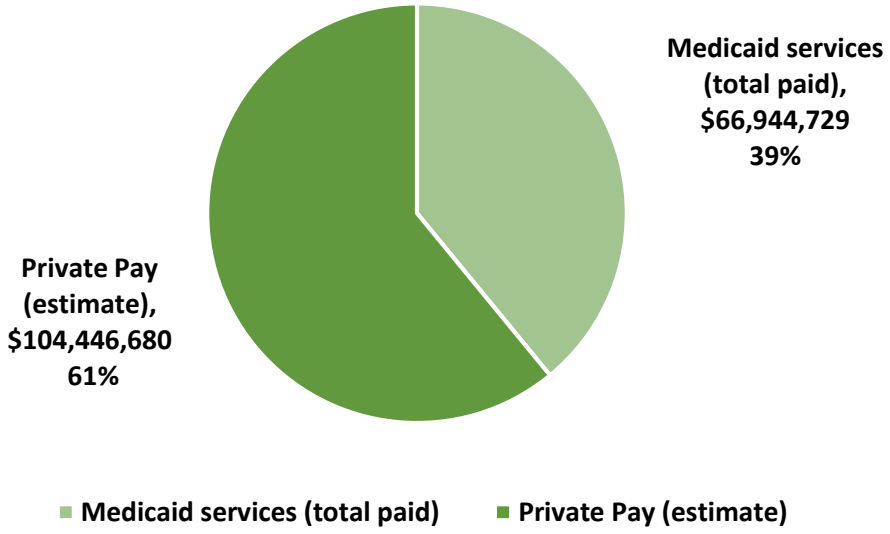


Figure 6 – *Estimated Total Annual Charges for AFHs in Oregon*

Community Services and Policies

What are Common Services and Policies?

Move-Out Policies

Providers were asked which of four needs and behaviors would typically prompt a move-out notice to a resident (Table 10). Oregon rules (OAR 411-50) permit AFH operators to move out or transfer a resident for any of seven specified conditions, including medical reasons, behaviors that pose an imminent danger to the resident or others, and behaviors that interfere with the rights of other residents. **Sixty-nine percent of AFHs listed hitting others/acting in anger as a reason for a move-out notice.** A much smaller percentage of homes listed the other three topics as reasons for a move-out notice. These results are similar to those for other CBC settings in Oregon. Specifically, 41 percent of AL, RC, and MC settings listed hitting others/acting in anger as a reason for a move-out notice, 23 percent listed wandering outside, 15 percent listed two-person transfer assistance, and three percent listed sliding scale insulin (e.g., insulin dosage varies daily and so the dosage cannot be pre-filled). Thus, a larger proportion of AFHs compared to the other CBC settings reported that these behaviors and needs could prompt a move-out notice.

Table 10 – *Resident Needs and Behaviors that Prompt a Move-Out Notice*

	% (n)
Two-person transfer	27% (84)
Wandering outside	27% (84)
Sliding-scale insulin shots	5% (15)
Hitting/acting out towards residents/caregivers	69% (218)
Other	25% (79)

Additional reasons for a potential move-out notice described by providers included that the resident's care needs could not be met (9 percent), non-payment (8 percent), danger to self or others (4 percent), failure to follow house rules (3 percent), and behavior-related difficulties (2 percent).

Marijuana Policy

Oregon has two laws concerning marijuana use that might affect AFH residents and staff. The Oregon Medical Marijuana Act (Oregon revised statute 475) permits individuals with certain chronic health conditions to use medical marijuana to treat symptoms associated with their condition. In 2015, the state passed legislation regarding recreational use of marijuana (ORS 475B). Providers were asked if they had a written policy that allowed residents to use marijuana for medical reasons, and if they had a written policy that allowed residents to use recreational marijuana.

Thirty percent of the responding AFHs reported they had a written policy that permits residents to use medical marijuana. Fewer facilities (10 percent) have a written policy that permits recreational marijuana use among residents. It is possible that some AFHs have written policies that prohibit the use of either medical or recreational marijuana.

Residents

Who Lives in Adult Foster Homes?

Of the 1,218 residents who were living in the responding AFHs, 66 percent were female, 90 percent were White, non-Hispanic, 91 percent single or un-partnered, and 42 percent were 85 years of age or older (Figure 7 & Tables B.2 and B.3 in Appendix B). Ages ranged from 27 to 103 years old with an average of 77 years of age. About 22 percent of residents were under 65 years of age. Compared to last year's report, these demographics are nearly unchanged**.**

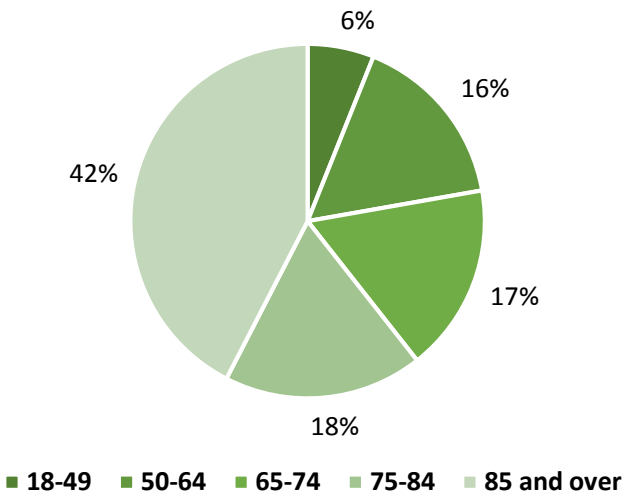


Figure 7 – *Age Distribution of AFH Residents*

Although the majority of residents in AFHs were White, non-Hispanic (90 percent), residents who were Hispanic of any race, Asian or Black each made up two percent of the resident sample (6 percent in total). All other racial or ethnic groups made up one percent or less of the resident sample.

Move-In and Move-Out Locations

AFH operators were asked to describe where residents had been living prior to moving into the AFH, and the destination of residents who had moved out in the prior 90 days (Figures 8, 9, and Table B.4 in Appendix B). The largest percentage of residents moved into their current AFH from home (20 percent). It was much less likely for residents to move in from memory care (2 percent), a hospital stay (7 percent), or from an independent living setting (8 percent). These numbers were similar to those from last year, except that **fewer residents moved in from assisted living or residential care – from 24 percent last year to only 13 percent this year.**

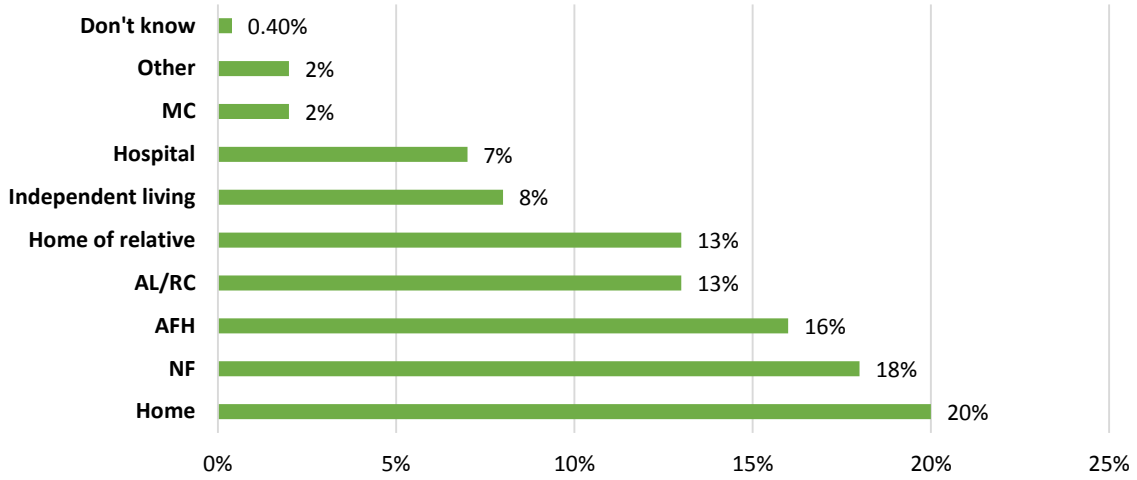


Figure 8 – *Resident Location Prior to Move-In*

The majority of residents discharged in the prior 90 days died at the AFH (49 percent) (Figure 9). **This represents a difference from last year, in which a reported 59 percent of residents who moved out did so due to death.** Among the residents who did not pass away in the home, most moved to another AFH (10 percent) or to their home in the community (8 percent). There was a difference over last year in the percentage of residents who moved out to assisted living or residential care settings – from nine percent to five percent.

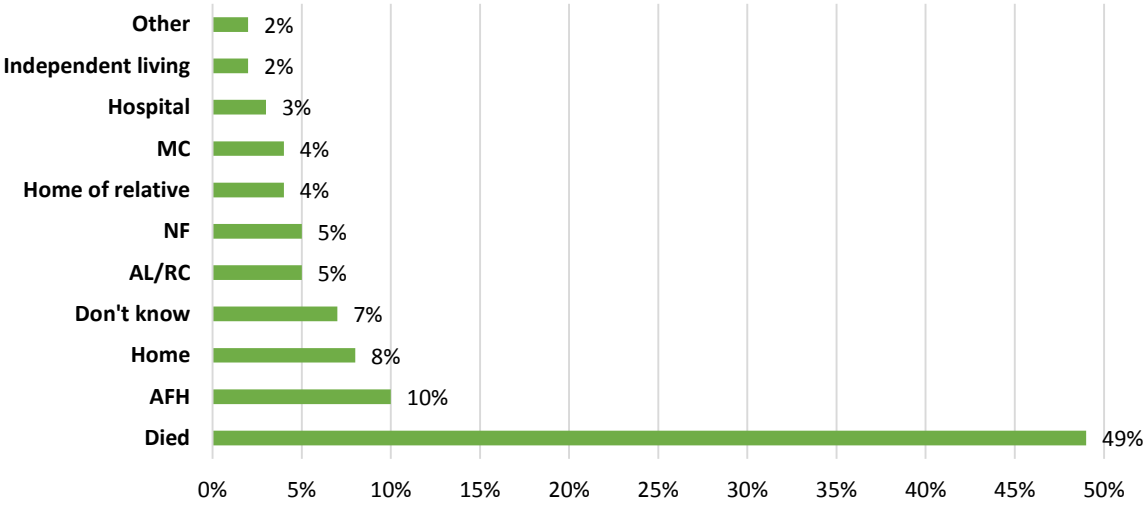


Figure 9 – *Resident Move-Out Location*

Length of Stay

Length of stay in AFHs is an important indicator of quality of care and quality of life for residents because transitions between care settings negatively affects health and wellbeing. Providers were asked to indicate the length of stay of all residents who moved out in the prior 90 days. Most of these residents had stayed for less than one year (62 percent). Stays of 30

days or less accounted for about 12 percent of moves, and stays of 90 days or less accounted for 30 percent of all moves (Figure 10 and Table B.4 in Appendix B). These rates were seven percent and 18 percent, respectively in the other CBC settings surveyed. **Shorter lengths of stay were much more likely in AFHs, as compared to other CBC settings in Oregon, such as assisted living, residential care, or memory care.**

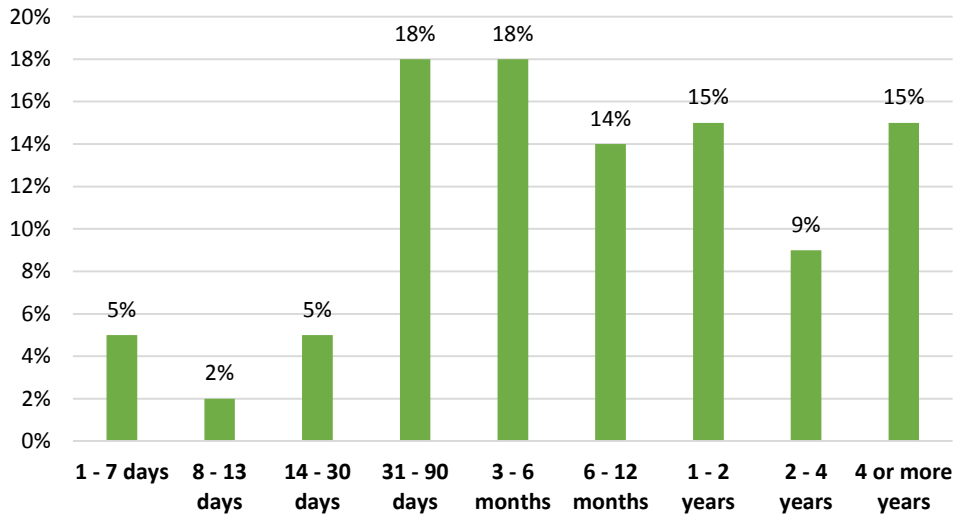


Figure 10 – *Resident Length of Stay upon Move-Out*

Personal Care Needs

Personal care needs include activities of daily living (ADLs) and other self-care activities that adults need to function in daily life, such as eating, transferring from a bed to chair, dressing, bathing, using the bathroom, support with incontinence, and mobility. Hedrick, Sullivan, Sales & Gray's (2009) study of adult foster care, assisted living, and adult residential facilities in Washington reported that of the three types of settings, adult foster care homes were more likely to assist residents with eating, mobility, transfers, and toileting. Among respondent homes in Oregon, more than three-quarters of AFH residents required assistance with bathing (82 percent).

Personal care needs in which more than half of residents required assistance include incontinence, dressing, and using the bathroom. Seventy-seven percent of residents used a mobility aid to get around and 47 percent required staff assistance with mobility. The 2014 national survey reported that residential care residents required support with these daily activities at much lower rates compared to Oregon AFH residents (Table 11) (Harris-Kojetin, Sengupta, & Park-Lee, 2016). Compared to the national findings, which included residences with six or more residents, the percentage of residents needing assistance with ADLs was higher in Oregon AFHs.

Table 11 – *Comparison of Residents' Personal Care Needs*

	AFH %	AL/RC/MC %	National %
Eating	24%	9%	20%
Transfer from bed/chair	43%	27%	30%
Dressing	59%	48%	47%
Bathing	82%	65%	62%
Using the bathroom	52%	39%	39%
Incontinence	60%	42%	-
Getting around/mobility	47%	30%	29%
Mobility aid	77%	70%	-

Resident Health & Health Service Use

Older persons are likely to have one or more chronic conditions that affect their ability to be independent (Federal Interagency Forum on Aging-Related Statistics, 2012). The five most common chronic conditions in AFHs were Alzheimer's disease or other dementias, hypertension, depression, heart disease, and arthritis (Table 12). These same top five chronic conditions were also the most prevalent among other Oregon CBC settings and in findings from the National Survey of Residential Care Facilities (Khatutsky et al., 2016). **Forty-nine percent of residents have Alzheimer's/dementia compared to 46 percent of assisted living and residential care residents in Oregon**.

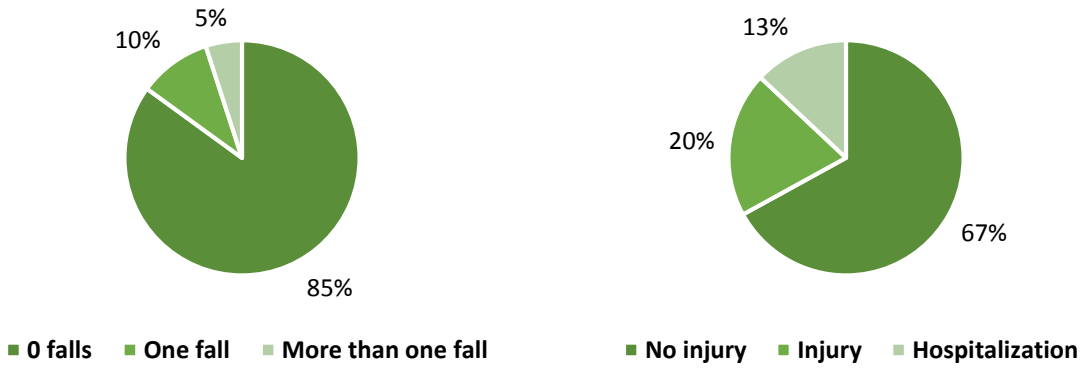
Table 12 – *Chronic Conditions*

	% (n)
Alzheimer's/dementia	49% (596)
Hypertension	45% (553)
Depression	40% (492)
Heart disease	39% (470)
Arthritis	38% (458)
Diabetes	22% (272)
Osteoporosis	16% (197)
Mental illness	15% (180)
COPD	15% (180)
Intellectual disability	9% (114)
Cancer	7% (84)
Drug and/or alcohol abuse	4% (48)
Total	1,218

Rates of diabetes among AFH residents (22 percent) were higher among AFH residents compared to other CBC settings in Oregon (19 percent) and the national rate of 15 percent (Khatutsky et al., 2016). These rates were similar to all Oregonians age 65 and over (21 percent) (CDC, 2015b). Cancer rates were the same among AFH residents as in other CBC settings at 7 percent and lower than national rates among residents of RC settings aged 65 and older at 11 percent. Osteoporosis was reported at a similar rate (16 percent) in AFHs, as compared to other CBC settings in Oregon and nationally (15 percent for both). Rates of COPD were lower in AFHs in Oregon at 15 percent, as compared to 22 percent in other CBC settings in Oregon and nationally. However, AFH rates of COPD were higher than rates for Oregon adults age 65 and over (10 percent) (CDC, 2015b). Rates of arthritis were lower (38 percent) for residents in AFH compared to Oregon residents age 65 and over (51 percent) (CDC, 2015b).

Rates of depression were 40 percent for AFH residents compared to Oregon residents age 65 and over (21 percent) (CDC, 2015b). Serious mental illness was reported for 15 percent of AFH residents compared to nine percent in other CBC settings. Prevalence of intellectual or developmental disabilities was higher among the AFH sample at nine percent, as compared to one percent in other CBC settings in Oregon and nationally. Four percent of AFH residents reportedly experienced drug or alcohol abuse.

Most residents did not fall within the prior 90 days – 85 percent had zero falls (Figure 11). Ten percent of residents had one fall and 5 percent had more than one fall within the prior 90 days. **Reported rates of resident falls in AFHs (15 percent) were lower than among other CBC settings in Oregon (27 percent) and national statistics on falls among RC residents (21 percent)** (Harris-Kojetin, Sengupta, & Park-Lee, 2016). Last year's report found that 11 percent of AFH residents had a fall. Of the AFH residents who fell in this current year, 20 percent experienced a fall that resulted in an injury and 13 percent had a fall that resulted in hospitalization (Figure 12).



Figures 11 & 12 – ***Falls in Prior 90 days and Falls Resulting in Injury or Hospitalization***

Hospital Use

Of the total number of AFH residents, 14 percent had been treated in a hospital emergency department in the prior 90 days (Table B.6 in Appendix B). This figure is slightly higher than the

national average of 12 percent among users of LTSS (Harris-Kojetin, Sengupta, & Park-Lee, 2016). Six percent of residents had been discharged from an overnight hospital stay in the prior 90 days, which is a lower rate than the national level (8 percent).

The National Survey of Long-Term Care Providers indicates that 62 percent of residential care communities offer or arrange hospice services (Harris-Kojetin, Sengupta, & Park-Lee, 2016). Although we did not ask if communities offered or arranged hospice services for their residents we did ask providers to indicate how many of their residents had utilized hospice services in the past 90 days. Those receiving hospice care was a total of 10 percent of all residents.

Among all AFHs who responded to the questionnaire, nearly half (45 percent) had at least one resident who was treated in a hospital emergency room, 22 percent had at least one resident who had been discharged from an overnight hospital stay, and 29 percent had at least one resident who received hospice care during the prior 90 days. In last year's report, 34 percent of AFHs had at least one resident who received hospice care.

Residents who have Difficulty Leaving the Home

Eighteen percent of residents, compared to 13 percent of residents in assisted living and residential care, were unable to leave the home because it was too physically and/or emotionally taxing. These residents lived in 118 different AFHs, accounting for 37 percent of all AFHs. Of these 118 AFHs, 77 percent had one or two residents who were unable to leave the home. The purpose of this question was to identify the number of residents who might be considered "homebound" based on the definition used by the Centers for Medicare and Medicaid Services (CMS, 2014). Medicare recipients might be eligible for physician home visits and other services if they meet the CMS definition of homebound.

Medications and Treatments

In Oregon, AFHs provide medication administration to residents who need or request such assistance. Only two percent of residents take no medications or injections (Table B.7 in Appendix B). Taking multiple medications, known as polypharmacy, presents possible risks of adverse health effects (Maher, Hanlon, & Hajjar, 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). Clinical management of nine or more medications is used by the Centers for Medicare and Medicaid Services as a quality indicator to assess health and health risks of nursing facility residents (CMS, 2013; Zimmerman et al., 1995). The National Nursing Home Survey reported that 40 percent of nursing home residents take nine or more medications (Dwyer, Han, Woodwell, & Rechtsteiner, 2010). **Among Oregon AFH settings, 54 percent of residents were taking nine or more medications, which represents an increase of four percentage points over the rate reported last year.** This rate of polypharmacy (54 percent), though similar to other CBC settings in Oregon overall (55 percent), is higher than the national level (in nursing homes) and an increase of 4 percent over last year's report.

Antipsychotic medications were used by 34 percent of AFH residents compared to the national rate of use among nursing home residents (25 percent) (Clark, 2012). Antipsychotic medications are sometimes prescribed to treat behavior associated with dementia, but this practice is not supported clinically and is considered off-label by the Food and Drug Administration (CMS, 2015; FDA, 2008). The National Center for Assisted Living's (NCAL) quality initiative might provide lessons that could be applied to AFH settings. The NCAL set a goal of reducing antipsychotic medication use in AL settings by 15 percent, or achieving a low off-label usage rate of five percent (NCAL, 2015). In addition, the DHS EQC Tools and Resources website is a good location for informing providers on the use of antipsychotic medications in older persons.

Eighty percent of AFH residents received staff assistance to take oral medications. Eleven percent received staff assistance with injection medications, two percent received injections from a licensed nurse, and eight percent received other types of nurse treatments from a licensed nurse. Use of nurse treatments can be an indicator of resident acuity (Beeber, et al., 2014).

Policy Considerations and Conclusions

This report provides information about adult foster home providers, services, and residents. As the second statewide survey of these settings, it provides comparisons to information collected last year, comparisons to other CBC settings, and new information. A follow-up survey will be conducted in 2017 that will allow for additional comparisons over time and to other CBC settings.

Policy topics that deserve additional attention include:

- The finding that 18 percent of residents might meet the CMS definition of homebound suggests that some residents might qualify for home visits by a medical doctor or nurse practitioner, but it is unclear whether residents are receiving this benefit.

- The rate of antipsychotic medication prescriptions (34 percent of residents) should be reviewed and, if warranted, providers should receive information on the appropriate use of antipsychotic medications and, if appropriate, how to reduce the use of these medications to treat behavioral symptoms.

- The percent of residents prescribed nine or more medications, as with other CBC settings in Oregon, is higher than the national rate for nursing facility patients. Information about reducing polypharmacy and prescribing practices could be communicated to state agency staff, medical doctors and other prescribers as well as to pharmacists who work with these settings.

- Residents' length of stays, while variable, were below 90 days for nearly one-third of AFH residents. More information is needed to assess the potential reasons for short stays.

- Many AFHs were operating below capacity. This could result in financial instability for these small operators.

Adult foster home residents had more personal care and health-related needs compared to residents of assisted living (AL) and residential care (RC), and comparable to memory care communities. Over half of AFH residents had dementia, more than either AL or RC. Thus, AFHs provide frail older adults and persons with disabilities an important alternative to other CBC settings and to nursing facilities.

Appendix A: Methods

Common Acronyms Used in this Report

LTSS - Long-term Services Supports
APD - Division of Aging and People with Disabilities
DHS - Oregon's Department of Human Services
OHA - Oregon Health Authority
CMS - Centers for Medicare and Medicaid Services
HCBS - Home and Community-Based Services

Data Collection Instrument - Questionnaire

This report represents the second 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, and
- Leading Age Oregon.

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.

Sample Selection and Survey Implementation

The population of licensed adult foster homes in Oregon as of December 2015 totaled 1,692 statewide. To achieve a generalizable sample size to sufficiently represent this population, a minimum of 313 questionnaire respondents was needed. Assuming at least a 50% response rate, we selected a sample of 626 AFHs. To select a sample that would be representative of adult foster homes throughout the state, we first aggregated counties into four regions (see Table A.1 and Figure A.1), then calculated the number needed from each region to create a proportionate sample by region.

A questionnaire was mailed to each AFH in the sample. AFH licensees were asked to complete the questionnaire and return it to PSU's Institute on Aging (IOA) via fax, scan and email, or US postal service. Providers were also given the option of completing the questionnaire over the phone, which 25 respondents did. Completed questionnaires were checked for missing information or inconsistencies and follow up calls were made to providers for clarification when needed. Follow up calls were also made to providers to encourage a favorable response rate. Data were entered into a database by IOA staff.

Table A.1 – *Regional Distribution of Sample and Response*

	Population % (n)	Sample Population % (n)	Respondents % (n)	Response Rate % (n)
Region 1: Portland Metro	50% (847)	50% (313)	47% (150)	48% (150)
Region 2: Willamette Valley/North Coast	25% (415)	24% (150)	25% (80)	53% (80)
Region 3: Southern Oregon/South Coast	16% (268)	16% (100)	17% (53)	53% (53)
Region 4: East of the Cascades	10% (162)	10% (63)	11% (35)	56% (35)
Total	**1,692**	**626**	**318**	**51% (318)***

*One respondent completed the questionnaire anonymously and is, therefore, not reflected in this total as the region is unknown in that case.

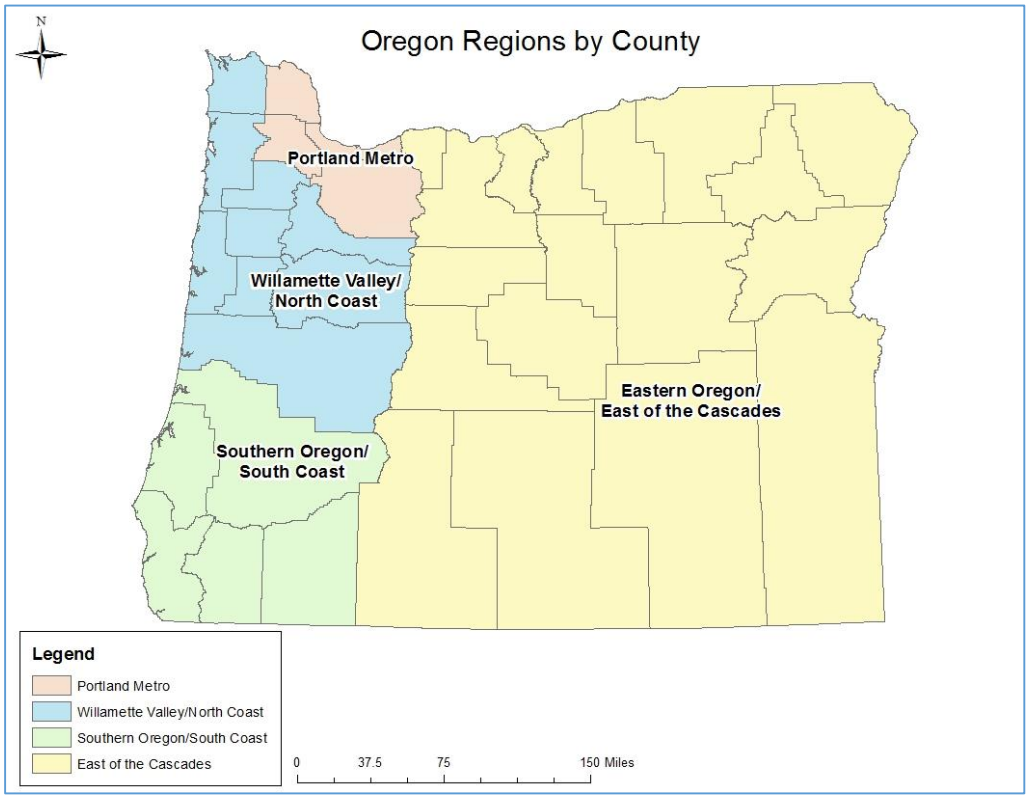


Figure A.1 – *Oregon Regions by County used for Sampling*

Survey Response

A total of 319 AFHs responded, for a response rate of 51 percent. See Table A.1 for details about responses to the questionnaire by region. The region with the highest concentration of AFHs was the Portland Metro region, while the East of the Cascades had the fewest, though the

percentage of respondents was inversely related to the number of AFHs per region. The highest percentage of respondents was from counties East of the Cascades, while the lowest percentage was from the Portland Metro region.

Non-Response

A total of 307 AFHs from the sample did not respond to the questionnaire. Reasons given for non-response included that response was not mandatory, the licensee was not comfortable sharing information about their homes or residents, and too busy. Respondents are believed to be no different than non-respondents for at least two reasons. First, representation across regions was largely similar, with all near or above 50 percent. Second, the licensed capacity of respondents' AFHs were similar to that of non-respondents' within the study sample. As with all surveys, these findings represent the experiences of respondents and might not represent all facilities in Oregon. However, a 51 percent response rate meets standard guidelines for reliable and valid survey research.

Data Analysis

Quantitative data were entered into SPSS (a statistical software program), then checked for errors (i.e., data cleaning). Quantitative data analysis entailed primarily descriptive statistics (counts and percentages) and cross-tabulations.

The questions about flu vaccination proved to be unreliable and are therefore not reported here.

Profession Charges

The calculation of industry charges was inspired by a similar calculation conducted using data from the national survey of residential care communities (Khatutsky et al., 2016), resulting in total estimated industry charges nationally. Our study, focused only on AFHs in Oregon, uses the following method and data from DHS to reach an estimate for industry charges in Oregon. In the following calculations, the estimated percentage of Medicaid residents was determined by applying the ratio of facilities with a Medicaid contract among respondents with those of non-respondents and assumes the same ratio of residents who are Medicaid beneficiaries. Fewer Medicaid contracts among non-respondents likely results in fewer Medicaid beneficiaries among non-respondent facilities. Rates of respondent facilities were applied to non-respondents for occupancy rate and average monthly private pay charges.

Table A2: *Estimated Annual Profession Charges for Oregon AFHs*

Estimated Monthly and Annual Profession Charges for Oregon CBC Settings			
Questionnaire Respondent Facilities			
Private Pay			
	Total current residents		1218
-	Total current Medicaid beneficiaries		719
=	Total of current private pay residents		499
x	Average total monthly charge including services		$3,266
=	Total private pay charges		**$1,629,734**
Other Facilities in Oregon (non-respondents)			
Private Pay			
	Licensed capacity		6074
x	Occupancy rate*		0.87
=	Estimated total current residents		5284
x	Estimated % of Medicaid residents**		0.59
=	Estimated total Medicaid beneficiaries		3118
	Estimated total current residents		5284
-	Estimated total Medicaid beneficiaries		3118
=	Estimated total private pay residents	$	2,166
x	Average total monthly charge including services*	$	3,266
	Total est. charges for private pay residents		**$7,074,156**
	Estimated Total Annual Private Pay Charges		**$104,446,680**
	Total Annual Medicaid Charges Paid (data from DHS)		**$66,944,729**
	Estimated Total Annual Industry Charges for All AFHs in Oregon		**$171,391,409**

*Rate of respondents applied to non-respondents

**Estimated proportion of Medicaid residents applies the ratio of facilities with a Medicaid contract among respondents with those of non-respondents and assumes the same ratio of residents who are Medicaid beneficiaries. Fewer Medicaid contracts among non-respondents likely results in fewer Medicaid beneficiaries among non-respondent communities.

Appendix B: Additional Tables

Table B.1 – *Staff and Resident Languages*

Languages	Staff	Residents	Languages	Staff	Residents
Romanian	67	4	Arabic	1	-
Spanish	40	9	ASL	1	-
Tagalog	27	1	Cambodia	1	1
Filipino	15	-	Chamorro	1	-
Russian	11	4	Chinese	1	1
German	8	2	Czechoslovakian	1	-
Hungarian	8	-	Hebrew	1	-
French	5	2	Native American	1	-
Amharic	4	1	Tamil	1	-
Italian	3	-	Thai	1	1
Filipino	3	-	Tiwa	1	-
Tigrigna	3	-	Tongan	1	-
Ukrainian	3	2	Vietnamese	-	4
African	2	-	Greek	-	2
Hindi	2	1	Bulgarian	-	1
Lao	2	3	Estonian	-	1
Nepali	2	-	Halian	-	1
Samoan	2	1	Japanese	-	1
Telugu	2	-	Korean	-	1
Tibetan	2	-	Latvian	-	1
Visayan	2	-	Marshallese	-	1

Table B.2. – *Gender, Marital Status, Age*

		% (n)
Gender		
	Male	34% (409)
	Female	66% (808)
	Transgender	<1% (1)
Marital Status		
	Married	9% (110)
	Living with spouse	25% (27)
	Single	91% (1,108)
Age		
	18-49	6% (72)
	50-64	16% (194)
	65-74	17% (212)
	75-84	18% (222)
	85 and over	42% (512)

Table B.3 – *Race/Ethnicity*[2]

	% (n)
Hispanic	2% (20)
American Indian/Alaska Native	1% (14)
Asian	2% (24)
Black	2% (28)
Native Hawaiian/Pacific Islander	<1% (5)
White	90% (1,097)
Two or more races	1% (15)
Other/unknown	1% (15)
Total	1,218

[2] According to data from the 2010 U.S. Census for Oregon, AFHs have a similar percentage of White residents (90 percent) as the population of adults over the age of 65 in Oregon (89 percent) (U.S. Census Bureau, 2012). The rates of Asian and Black residents are also similar to the older adult population in Oregon with each at two percent.

Table B.4 – *Move-In and Move-Out Locations*

	Move-in % (n)	Move-out % (n)
Home	20% (50)	8% (8)
Home of relative	13% (33)	4% (4)
Independent living	8% (21)	2% (2)
AL/RC	13% (33)	5% (5)
MC	2% (5)	4% (4)
Hospital	7% (18)	3% (3)
AFH	16% (40)	10% (10)
NF	18% (44)	5% (5)
Other	2% (5)	2% (2)
Died	-	49% (48)
Don't know	<1% (1)	7% (7)
Total	250	98

Table B. 5 – *Length-of-Stay*

	% (n)
1 - 7 days	5% (5)
8 - 13 days	2% (2)
14 - 30 days	5% (5)
31 - 90 days	18% (17)
3 - 6 months	18% (17)
6 - 12 months	14% (13)
1 - 2 years	15% (14)
2 - 4 years	9% (9)
4 or more years	15% (14)
Total	96

Table B.6 – *Health Service Use*

	% (n)
Treated in hospital ER	14% (170)
Discharged from overnight hospital stay	6% (76)
Received hospice care	10% (120)

Table B.7 – *Medications and Treatments*

	% (n)
No medications/injections	2% (35)
Nine or more medications	54% (659)
Antipsychotic medications	34% (419)
Self-administer medications	5% (65)
Receive assistance for oral medications	80% (970)
Receive assistance with injection medications	11% (137)
Receive injections from a licensed nurse	2% (24)
Receive nurse treatment from a licensed nurse	8% (95)
Total	1,218

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Appendix D: Survey Instrument

DHS Oregon Department of Human Services

Portland State UNIVERSITY Institute on Aging

Adult Foster Homes

Oregon Community Based Care

2015 Resident & Community Characteristics Questionnaire

License # _____ Adult Foster Home's Phone # _____

Name of Home (if applicable)_____

Address of Adult Foster Home_____

Owner/Operator Name _____

Email _____ Fax # _____

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

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

1. Scan and email to: cbcor@pdx.edu
   (Be sure to include both sides of paper, if printed double-sided)
2. Fax to: 503.725.9927
   (Be sure to include both sides of paper, if printed double-sided)
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 email or call Aubrey at: alimburg@pdx.edu or 503.725.9252.

If you have questions concerning completing this questionnaire, please contact:
Jackie Kohon at 503-725-5236 or cbcor@pdx.edu.

1

Questionnaire Instructions:

Begin by providing your home's license number and other information on (page 1), then continue on to the questions on page 3.

If you operate more than one adult foster home, please complete the questionnaire only for the license number and address indicated on the envelope.

Many of these questions will require accessing information contained in resident files and totaling this information for all of your residents.

Please provide your best estimate for each question. For open answer boxes, if the answer is "none" or "0", please write "0". If the question does not apply to your home, please write "N/A."

Most questions ask you to write the number based on your current residents, in a box like this: **35**

Some questions ask you to check a box like this: ☒

The study results will be most accurate if everyone completes all questions.

We appreciate your time and the work that you do on behalf of older adults and persons with disabilities.

Section A. Resident Information

1. How many of your current residents are:

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

2. What is the age of each of your current residents?

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

3. How many of your current residents are:

- ☐ Married or partnered
- ☐ Single (single, separated, divorced, widowed)

4. How many of your current residents are married to (or partnered with) their roommate or other resident of your adult foster home? *[Write "0" if none.]*

- ☐ Number residents

5. How many of your current residents are: *[Please count each resident only once.]*

- ☐ Hispanic/Latino (any race)
- ☐ American Indian or Alaska Native, not Hispanic or Latino
- ☐ Asian, not Hispanic or Latino
- ☐ Black, 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** *[Should match total in question #1.]*

6. a. How many of your current residents primarily speak a language other than English?

- ☐ Number of residents

➔ **If zero, continue to question #7.**

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

_____

_____

7. In the past 90 days, how many new residents moved in (for the first time) from the following places? *[If no new residents in past 90 days, write "N/A".]*

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

8. In the past 90 days, how many residents moved out (permanently) to the following places?

➔ If no residents moved out in past 90 days, write "N/A" and **SKIP to question #11**.]

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

9. For the residents who moved out, what was the length of stay for each resident?

# of residents	Length of Stay
	1 - 7 days
	8 - 13 days
	14 - 30 days
	31 - 90 days
	91 - 180 days (3-6 months)
	181 - 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 *[Should match total in question #9.]*

10. Of the residents who moved out in the past 90 days, how many moved because they could no longer afford to pay for care? *[If none, write "0".]*

☐ Number of residents

11. Which of the following would typically prompt a move-out notice? *[Check all that apply.]*

- ☐ Two-person transfer
- ☐ Wandering outside
- ☐ Sliding-scale insulin shots
- ☐ Hitting/acting out with anger to other residents or caregivers
- ☐ Other – please explain:

_____

Section B. Resident Health, Acuity & Service Use

12. During the past 90 days, how many residents were in the following categories?

☐ Residents with 0 (zero) falls

☐ Residents who fell one time

☐ Residents who fell more than once

☐ **TOTAL** *[Should match total in question #1.]*

➔ If no residents fell during the past 90 days, **SKIP to #14**.

13. Of the residents who fell in the past 90 days:

a. How many had a fall resulting in some kind of injury?

☐ Number of residents

b. How many residents went to the hospital (emergency room or admitted) because of the fall?

☐ Number of residents

14. Does your community evaluate residents' risk for falling using a fall risk assessment tool? *[Examples include STEADI and TUG.]*

☐ Yes, as a standard practice with every resident

☐ Yes, only case-by-case depending on each resident

☐ No

☐ Don't know

15. How many of your current residents have been diagnosed with each of the following conditions? *[Include all diagnoses for each resident even if controlled by diet, medication or other treatment. Enter "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

☐ High blood pressure/hypertension

☐ Depression

☐ Serious mental health illness (such as bipolar disorder, schizophrenia)

☐ Diabetes

☐ Cancer

☐ Osteoporosis

☐ COPD and allied conditions

☐ Current drug and/or alcohol abuse

☐ Intellectual/ developmental disability

☐ Arthritis

Medications and Treatments

16. How many of your current residents take no medications and no injections?

☐ Number of residents

17. How many of your current residents…

- ☐ Take 9 or more medications?
- ☐ Take antipsychotic medication *[Common examples: Haldol (Haloperidol); Quetiapine (Seroquel), Olanzapine (Zyprexa), Ariprazole (Abilify), Risperidone (Risperdal).]*?
- ☐ Self-administer most of their medications?
- ☐ Receive staff assistance to take oral medications?
- ☐ Receive staff assistance with subcutaneous injection medications?
- ☐ Receive injections from a licensed nurse?
- ☐ Receive nurse treatments from a licensed nurse *[Common examples: oxygen and respiratory treatments, such as nebulizers; rectal medications; suctioning mouth with bulb syringes; wound care, such as staging pressure ulcers & dressing changes]*?

Activities of Daily Living

18. How many of your current residents now need staff assistance with each of the following activities?

- ☐ Eating
- ☐ Transfer from a bed or chair
- ☐ Dressing
- ☐ Bathing and/or showering
- ☐ Using the bathroom
- ☐ Incontinence care
- ☐ Mobility/Walking

19. How many of your current residents use a mobility aide (cane, walker, wheelchair)?

- ☐ Number of residents

Health Service Use

20. In the past 90 days, which (if any) of the following health care providers visited the home to provide services and/or training? *[Check all that apply.]*

- ☐ Hospice worker
- ☐ Nurse (RN, LPN, LVN) or home health provider (non-hospice)
- ☐ Medical doctor or nurse practitioner
- ☐ Mental health provider
- ☐ Physical or occupational therapist
- ☐ Case manager
- ☐ Dentist or dental hygienist
- ☐ Other (specify: _____)
- ☐ None of the above

21. How many of your current residents were:

- ☐ Treated in a hospital emergency room (ER) in the last 90 days?
- ☐ Discharged from an <u>overnight</u> hospital stay in the last 90 days? *[Exclude trips to ER that <u>did not</u> result in an overnight hospital stay.]*
- ☐ Receiving hospice care in the last 90 days?

22. For how many of your current residents is leaving the home so physically or emotionally taxing that they are normally unable to leave?

☐ Number of residents

Flu Immunization

23. How many of your current residents received a flu vaccine this past fall? *[While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control. Therefore, you will not be penalized for your response to this or any other question.]*

☐ Number of residents

☐ Don't know/We do not track this

24. Of all your current staff and home occupants, how many received a flu vaccine this past fall? *[Current staff includes caregivers, resident managers or others who provide resident services.]*

☐ Number of all current staff

☐ AFH operator's family who live at the home or have regular contact [*Write "N/A" if not applicable.*]

☐ Don't know/We do not track this

25. Does your home encourage annual flu vaccination of staff and home occupants (including operator's family)?

☐ Yes ☐ No

Section C. About You: Adult Foster Home Owner/ Licensee

26. How many years have you (owner/licensee) been a licensed AFH operator?

_____

27. Do you have any of the following certifications?

☐ CNA ☐ LPN/LVN

☐ RN ☐ Respiratory Therapist

☐ MSW ☐ None

☐ Other: _____

Section D. Household Characteristics & Staffing

28. Do you live at this adult foster home?

☐ Yes

☐ No

29. Do any of your family members who are not residents (e.g., spouse, children) live at this address?

☐ How many of your family members live at this address?

☐ How many are 17 or younger?

☐ How many are 18 or older?

30. Do you currently care for an elderly or disabled relative in your adult foster home?

☐ Yes → **How many?** ☐

☐ No

31. Does your home currently employ a resident manager?

☐ Yes → **continue to question #32**

☐ No → **SKIP to question #34**

32. How many resident managers does your home employ?

☐ Number of resident managers

33. How many hours did your resident manager(s) work in the last week that he/she worked?

☐ Number of hours worked

34. How many caregivers (not including resident manager(s)) does your home currently employ?

☐ Number of caregivers

35. What is the level of certification for each of your caregivers?

# of caregivers	Staff Classification
	Licensed practical or vocational nurses (LPNs)/ (LVNs)
	Certified nursing assistants (CNAs)
	Certified medication aides (CMAs)
	Personal care staff who are not licensed or certified

36. What languages, other than English, do you and your staff speak <u>fluently</u>?

_____

_____

37. Which of the following topics have been covered in staff trainings during the past year? *[Check all that apply.]*

☐ Disease-specific (e.g., dementia, stroke, diabetes)

☐ Medication administration

☐ Safety (fire safety, emergency preparedness)

☐ Communication and problem solving

☐ Nutrition and food management

☐ Resident's rights

☐ How to prevent communicable diseases

☐ Person-directed or person-centered care

☐ Abuse

☐ Working with resident families

☐ Other; specify:

_____

_____

Section E. Monthly Rates, Fees & Policies

38. Do you currently have a Medicaid contract or accept Medicaid as a source of payment for any of your residents?

☐ Yes ☐ No

a. **If yes**, how many of your current residents are Medicaid beneficiaries/clients?

☐ Number of residents

b. **If no**, have you had a Medicaid contract or accepted Medicaid in the past?

☐ Yes ☐ No

39. Do you currently have private-pay residents?

☐ Yes ☐ No

➔ **If NO, SKIP to #45**

a. **If yes:** If a private-pay resident spends down their assets, may they stay in the home and pay via Medicaid, if they qualify?

☐ Yes ☐ No

40. How many of your current residents who pay privately had a rate increase in the past 12 months?

☐ Number of residents

41. 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? (***Private-pay only***)

$ _____ / month

42. For the last month, what was the average **total monthly charge** (**including services**) for a single resident living in a **shared room** and receiving the lowest level of care? (***Private-pay only***)

$ _____ / month

Notes: _____

43. How many of your current residents who pay privately were charged in the following ways:

☐ All paid the same flat monthly rate

☐ Base rate plus additional fees based on services provided

☐ Monthly rate based on care needs

☐ Rate negotiated with resident (or payee) based on ability to pay

☐ Other method (Specify):

_____

44. Which services does your home provide and/or charge additional fees for? *[Please check all boxes that apply. Y= yes and N= no]*

Available: Y or N	**Charge Fee: Y or N**	**Service**
		Night-time care
		Advanced memory care
		Two or more person transfer assistance
		Obesity care
		Catheter, colostomy or similar care
		Advanced diabetes care
		Other, specify:

45. Are you thinking about selling or transferring your home to another owner?

☐ Sell/transfer in the next year

☐ Sell/transfer in the next 5 years

☐ No

Comments:

_____

_____

46. How many of the resident rooms at this home are for:

☐ One resident (single occupancy)?

☐ Two residents (double occupancy)?

47. Does your home have a written policy that allows cannabis (marijuana) for medical reasons? *[This can include smoking, edibles, and extracts.]*

☐ Yes ☐ No ☐ Don't know

48. Does your home have a written policy that allows cannabis (marijuana) for recreational use? *[This can include smoking, edibles, and extracts.]*

☐ Yes ☐ No ☐ Don't know

49. Please describe some of your biggest challenges as an adult foster home operator:

_____

_____

_____

50. Please describe some of the most positive aspects of being an adult foster home operator:

_____

_____

_____

Thank you for taking the time to complete this questionnaire. Your answers will be combined with answers from other operators and will not be used to identify you or your home to DHS or any other state or county agency.