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# 2021 Adult Foster Home Resident and Community Characteristics Report on Adult Foster Homes

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# 2021 Adult Foster Home

## Resident and Community Characteristics Report on Adult Foster Homes

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

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# 2021 Resident and community characteristics report Adult Foster Homes

## A study completed by the Institute on Aging at Portland State University in partnership with the Oregon Department of Human Services, Aging and People with Disabilities Program

Portland State Institute on Aging

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AGING & PEOPLE WITH DISABILITIES

### About the Institute on Aging at Portland State University

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

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### About Oregon Department of Human Services

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

# Contents

# Executive summary

This report describes a study of Oregon adult foster homes (AFH). These small, residential settings provide personal and health-related services for up to five residents of the home. Most AFHs are modified single-family residences located in residential neighborhoods. Most owners live in their AFH and provide hands-on direct care to the residents.

The study focused on AFHs licensed and monitored by Oregon Department of Human Services Aging and People with Disabilities program (ODHS/APD) that primarily serves adults who are older and adults with disabilities. This report is the seventh in a series prepared by the Institute on Aging (IOA) at Portland State University (PSU) for Oregon's Department of Human Services (ODHS). As relevant, we compare the current results with those from prior years to identify changes and trends. Findings from prior years can be found at:
https://www.pdx.edu/ioa/oregon-community-based-care-project

The current study took place during the COVID-19 pandemic, which disproportionately affected older adults who were more likely to be infected and to die (CDC, 2021, Dys et al., 2021, Sharma, 2021, Shahid, 2020, Zimmerman, et al., 2020). AFHs, like long-term care facilities and other community-based care settings, implemented a variety of policy directives from ODHS. Between February 6, 2020, and April 14, 2021, ODHS posted 95 provider alerts for AFH owners, most of which addressed the COVID-19 pandemic. During this time, wildfires that resulted in dangerous air quality and resident evacuations impacted some AFH owners across the state. To say that 2020 was an exceptional year is an understatement. The provider alerts for AFH owners can be found at: https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Alerts.aspx.

Oregon DHS licensed 1,406 AFHs as of Fall 2020. All but five counties (Gilliam, Morrow, Sherman, Wallowa, and Wheeler) had at least one AFH, and Multnomah County had 366 (26% of all AFHs). Multnomah County, which has the largest number of AFHs in the state, has approval from ODHS to independently license and inspect AFHs located within the county (Multnomah County DHS/APD, 2021).

Among responding AFHs this year, the estimated statewide average monthly private pay charge for a single resident living alone in a private room and receiving the lowest level of care was $4,114. The highest average rates were reported in the Willamette

Valley/North Coast region and the lowest average rate was reported in the Southern Oregon/South Coast region. Most AFHs accept Medicaid payments, and over half of residents were Medicaid beneficiaries.

The majority of AFH residents were female, White, and ages 75 or older. Many AFHs accommodate residents with significant levels of physical and cognitive impairment, including those diagnosed with Alzheimer's disease or a related dementia (ADRD). Among the residents who permanently moved-out in the prior 90 days, most were due to death.

This report indicates that AFH owners and staff provided services to residents with high acuity needs and chronic health conditions, many of whom have low incomes, and that a large share of residents remain in the home until their death.

## Study method

In December 2020, the IOA mailed a questionnaire to a geographically stratified random sample of 650 out of the 1,406 AFHs in Oregon. Between December 2020 and February 2021, 296 AFHs returned the questionnaire, for a response rate of 48%. The response rate was calculated based on the 611 AFHs that were eligible to respond. This excluded 39 AFHs that either closed before or during data collection or reported that they had no residents. The findings described in this report are based on these 296 AFHs unless noted otherwise.

The study methods are described in Appendix A: Methods on pages 36-40.

The questionnaire used in this study can be found in Appendix D: Adult Foster Home Questionnaire on pages 56-65. Among other data, this report presents information about:

1. AFH capacity and occupancy rates
2. AFH owner and staff characteristics
3. Private pay rates and Medicaid use
4. Resident characteristics
5. Coronavirus (COVID-19) pandemic supports and challenges
6. Owner comments about resource needs for disasters and emergencies, and
7. Owner comments about operating an AFH during a pandemic

# Highlights

## AFHs and Questionnaire Response Rates

- Of the 1,406 AFHs in Oregon, 650 were included in the sample
- The response rate was 48% (296 of the 611 open AFHs with at least 1 resident), in comparison to 58% in 2020

## AFH Capacity and Occupancy

- The 296 responding homes had a licensed capacity for 1,342 residents
- The occupancy rate for responding homes was 83%
- 51% of homes were at full capacity

## AFH Owners

- 90% of owners lived in the AFH
- 65% of these owners who lived in the AFH had family members living in the AFH

## Medicaid Use and Expenditure

- 82% of owners who responded had a contract with ODHS to accept Medicaid beneficiaries
- 59% of residents were Medicaid beneficiaries
- $1,799 is the base monthly rate paid to owners on behalf of Medicaid beneficiaries effective January 2020
- In 2020, ODHS paid AFH owners a total of $109,134,723 on behalf of Medicaid-eligible residents

## Private Payers, Rates and Fees

- $49,368 is the estimated average annual private pay charge, based on the average monthly rate for the lowest service level
- Between 2016 and 2021, inflation-adjusted average total monthly charges increased from $3,526 to $4,114 (in December 2020 dollars), a 17% increase in real dollar terms

## Based on information about residents in the responding AFHs

- 60% were female
- 86% were White, non-Hispanic or Latino
- 59% were ages 75 or older
- 37% were ages 85 and older

## Length of stay in AFH among residents who moved out or died in the prior 90 days

- 78% of AFH move-outs were due to death
- 53% of residents had stayed more than 12 months
- 25% stayed three months or less
- 47% stayed 1 year or less
- 18% stayed 4 years or more

## Resident Health Characteristics

- 54% took 9 or more medications
- 39% took antipsychotic medications in the prior 90 days
- 49% were diagnosed with hypertension (high blood pressure)
- 48% were diagnosed with Alzheimer's disease and related dementias (ADRD)

## Staff Assistance

- 28% of residents received assistance from two caregivers at one time for physical and/or cognitive health needs
- 44% received staff assistance to use a mobility aid (e.g., walker, wheelchair).
- 33% received staff assistance during the night shift

## Recent Health Service Use (90 Days Prior to the Questionnaire)

- 11% of residents were treated in a hospital emergency department
- 6% had an overnight hospital stay
    - 24% of those discharged from a hospital returned to the hospital within 30 days
- 10% received hospice services

## Falls (90 Days Prior to the Questionnaire)

- 9% of residents fell at least one time in the prior 90 days
    - Of residents who fell, 37% had a fall that resulted in a physical injury, and 34% required hospitalization

## Assistance with Activities of Daily Living

- 78% of residents received assistance with bathing and grooming
- 59% received assistance with dressing
- 56% received assistance using the bathroom
- 48% received assistance with walking/mobility
- 28% received assistance with eating

## Family and Friend Involvement (90 Days Prior to the Questionnaire)

- 36% of residents had social visits
- 59% received phone calls
- 16% went on outings

# Background

This study provides information about adult foster homes (AFH) licensed and monitored by the Oregon Department of Human Services, Aging and People with Disabilities program (ODHS/APD). These homes provide health-related services, personal care, supervision, social, and recreational activities to older adults and adults with disabilities. The study does not include AFHs licensed by the Intellectual and Developmental Disability (I/DD) unit that oversees I/DD Adult and Child Foster Homes.

Each AFH is licensed to accommodate from one to five residents. Most AFHs are modified single-family residences located in residential neighborhoods. Most owners live in their AFH and provide direct care to residents. Nationally, as in Oregon, AFHs provide services to people with complex care needs (Mollica et al., 2009, Carder et al., 2006).

As the population of older adults with complex medical conditions and chronic diseases grows, the demand for AFHs and other community-based and long-term care settings is likely to increase (Johnson, 2017). AFHs offer a small, residential-scale alternative to larger nursing homes and assisted living/residential care facilities.

This report describes a study of Oregon AFHs, including owner and staff characteristics and practices, residents' personal and health-related needs, and owners' perspectives about rewards and challenges of owning and operating an AFH. Notably, the study took place during the COVID-19 pandemic, which disproportionately affected older adults and people with disabilities. The IOA team recognizes that the owners who completed the study questionnaire were also implementing local, state, and national policies in response to the pandemic as well as coping with Oregon wildfires and statewide power outages.

The goal of this report is to inform AFH owners, aging advocates, state and county agency staff and policymakers about the characteristics of AFH residents, staff, practices, and policies. The results might also inform future policy development that promotes high quality care, resident satisfaction, and access to affordable community-based care. Oregon Administrative Rules Chapter 411, Division 51 (OAR 411-051) details AFH requirements (ODHS/APD, 2020). 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.

# Adult foster homes

*How many adult foster homes are there and what is their capacity and occupancy?*

Oregon DHS/APD provides a list of all licensed AFHs to the IOA study team each fall. The numbers of homes licensed during this time each year were:

- 1,406 in 2020
- 1,407 in 2019
- 1,483 in 2018
- 1,584 in 2017
- 1,740 in 2016
- 1,692 in 2015
- 1,542 in 2014

The number of AFHs has varied somewhat since this study series began in 2014. The 19% decline between 2016 (the highest number of licensed homes) and 2020 (the lowest number of licensed homes) might be due to minor discrepancies in data sources, the date the sample was drawn by ODHS, and home closures. A policy analysis by ODHS reported a decline of 5.4% between 2018 and 2019, with the following potential reasons for the decrease: AFH owners who shift to serving other client types, rates paid by APD, increased housing costs, and lack of replacement among retired AFH owners (ODHS, 2019).

## Licensed capacity and occupancy

This section describes:

- The total capacity of responding AFHs
- The occupancy rate of respondent AFHs, and
- The number and percent of homes at full occupancy.

Each AFH has a licensed capacity, defined as the maximum number of residents permitted to reside in the home. As of fall 2020, we estimate that there were 6,416 licensed beds in 1,406 AFHs in Oregon.

Most AFHs (80%) were licensed to care for five residents. Of the 296 respondent AFHs, 51% were operating at full occupancy (Table 1 below).

**Table 1. Licensed capacity of responding homes and percentage of responding homes at full occupancy, 2021**

| | Licensed Capacity % (n) | At Full Occupancy % (n) |
|---|---|---|
| **1 resident** | 5 (14) | 93 (13) |
| **2 residents** | 1 (4) | 50 (2) |
| **3 residents** | 6 (19) | 42 (8) |
| **4 residents** | 7 (22) | 59 (13) |
| **5 residents** | 80 (237) | 48 (114) |
| **Total** | 100 (296) | 51 (150) |

Note: Of the 296 responding AFHs in 2021, seven homes were missing responses for this question. In those cases, we used ODHS reports. Three AFHs reported having zero residents.

The share of responding AFHs that were operating at full occupancy varied over time between 49% and 60% (Table 2).

**Table 2. Percentage of responding homes at full occupancy, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| **At full occupancy** | 60 | 49 | 54 | 55 | 52 | 51 |

Note: Data for past years were retrieved from previous reports.

The occupancy rate is calculated by dividing the number of current residents in all AFHs by the licensed capacity for all AFHs. The 296 responding AFHs were licensed to care for 1,342 residents and reported a total of 1,114 current residents, for an occupancy rate of 83%. The occupancy rate remains unchanged since 2017 (Table 3).

Although the costs of caring for residents depend on residents' needs and preferences, higher occupancy rates might decrease per-resident costs and overhead expenses, increasing operating margins, profits, and consequently, the home's economic success.

**Table 3. Licensed capacity and occupancy rates of responding AFH, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| **Total Licensed Capacity of Questionnaire Respondents** | 1,401 | 1,523 | 1,760 | 17,29 | 1,724 | 1,342 |
| **Occupancy of Questionnaire Respondents** | 1,218 | 1,259 | 1,485 | 1,438 | 1,426 | 1,114 |
| **Occupancy Rate** | 87% | 83% | 84% | 83% | 83% | 83% |

Note: Licensed capacities were self-reported by responding AFHs except for seven homes. In those cases we used ODHS reports.

# Adult foster home owners

*Who owns and lives in, and provides care in adult foster homes?*

This section describes:

- The number of owners and family members who live at the AFH
- Owner certifications, and
- Owners' future plans for their AFH.

Adult foster homes have been licensed in Oregon since the 1980s. The original policy goal was for family-operated homes to provide an option for older adults and people living with disabilities who might otherwise need nursing home care (Kane et al.,1991; Reinardy & Kane,1999; Oregon Senior Forums, 2013).

The majority of AFH owners lived in their AFH at least some of the time (90%) and regularly provided care to residents (94%; Table 4). Most (65%) had a family member who lived in the home. Of the family members living at an AFH, about one-third were ages 17 or younger. Among owners who reported any family member living in the home (n=189), the average number of family members living there was 2.4. As shown in Table 4, these results are similar to previous years.

These results suggest that AFHs operate as originally intended; most owners live and provide care in their AFH, and most have at least one family member residing at the address.

**Table 4. Percentage of owners and their families living in AFH, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| **Live at AFH** | 85 | 84 | 88 | 90 | 88 | 90 |
| **Family in AFH** | 72 | 65 | 64 | 67 | 64 | 65 |
| **Average number of family members among respondents with a family member living at AFH** | 2.2 | 2.3 | 2.2 | X | 2.3 | 2.4 |
| **Family members: 17 or younger** | 32 | 34 | 32 | X | 33 | 35 |
| **Family members: 18 or older** | 68 | 66 | 68 | X | 67 | 65 |
| **Owner regularly provides care** | X | X | 92 | 94 | 96 | 94 |

Note: X indicates that the response category was not available in that year. In 2018-2021, owners were asked whether they lived at AFH all the time, some of the time, or never. The statistics reported here

combine “all the time” and “some of the time” responses (see Appendix B: Tables and Figures) for 95% confidence intervals for years 2019-2021). Confidence intervals were not calculated from 2016-2018.

Of the 189 AFH owners who reported having family members living at the AFH, 17% (n=33) reported that at least one family member had been negatively affected by COVID-19 pandemic-related licensing rules and restrictions. Written comments described the family’s challenges with social isolation including lack of physical contact, cabin fever, few activities, and no vacation time. Others reported family members’ job loss, increased anxiety and depression, and children unable to attend school.

## Adult foster home owners’ future plans

Moving, selling, transferring, or closing an AFH could be disruptive and create difficult transition periods for vulnerable residents. However, newly opened homes could provide additional options for older adults in need of long-term services and supports (LTSS), especially in rural communities with few AFH or other community-based care options.

We asked AFH owners about their plans for the next year. Of the responding AFH owners (n=292), 24% (n=70) planned to open another home, move, sell, or close their home (of which 17% selected multiple responses). Twelve percent of responding owners indicated that they might open another AFH (Table 5), and 7% planned to sell or transfer their home to another owner.

**Table 5. Owners’ future plans for the AFH, 2020-2021**

| | 2020 % | 2021 % |
|---|---|---|
| **Open another newly opened adult foster home** | 13 | 12 |
| **Move this adult foster home to a different location/house** | 6 | 3 |
| **Sell or transfer your adult foster home to another owner** | 7 | 7 |
| **Permanently close your adult foster home** | 5 | 6 |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

There may be rural-urban differences in these plans due to differences in housing market conditions. Only 3% of owners planned to move their home to a different location or house. Although there were some observed differences between

rural/frontier and urban AFH owners in terms of near-future plans related to their home (Table 6), none of these differences were statistically significant.

**Table 6. Percentage of rural/urban AFH owners who plan to open, move, sell or close their home**

| | Rural or frontier % | Urban % |
|---|---|---|
| **Open another newly opened adult foster home** | 9 | 13 |
| **Move this adult foster home to a different location/house** | 5 | 3 |
| **Sell or transfer your adult foster home to another owner** | 3 | 8 |
| **Permanently close your adult foster home** | 8 | 6 |

Note: Rural/frontier and urban AFH locations were assigned using Oregon Office of Rural Health designations (see Appendix A: Methods for details).

# Private pay rates and Medicaid use

*How much do AFHs cost? What is the extent of Medicaid use?*

Adult foster homes operate as small businesses in Oregon. Owners may elect to accept private pay clients and/or clients whose costs are paid by Medicaid. ODHS must approve AFHs to accept Medicaid as a payment source.

This section describes:

- Private pay rates by region and over time
- Changes in payer sources over time
- Medicaid payment acceptance and rates of Medicaid use.

## Private pay rates by region and over time

Owners were asked their average total monthly charge for a single resident living alone in a private room and receiving the "lowest level of care," for the purpose of creating a comparison. It is possible, however, that the resident who needs the lowest level of care in one home differs from a similar resident in another home. The statewide average monthly private pay charge among the responding AFHs with at least one private-pay resident was $4,114, with a median total monthly charge of $4,000 (indicating that 50% of all responding AFHs had a total monthly charge below $4,000). Based on the average total monthly rate, the estimated average annual charge would be $49,368 for a private-pay AFH resident in Oregon.

The total monthly private pay charges varied by four geographic regions in Oregon. The highest average rates were reported in the Willamette Valley/North Coast region at $4,248, followed by the East of the Cascades ($4,168) and the Portland Metro ($4,130) regions, and the Southern Oregon/South Coast region ($3,817) (Table 7). Median charges were $4,000 for the Portland Metro region, $3,825 Willamette Valley/North Coast regions, $3,750 for the East of the Cascades and $3,500 Southern Oregon/South Coast region.

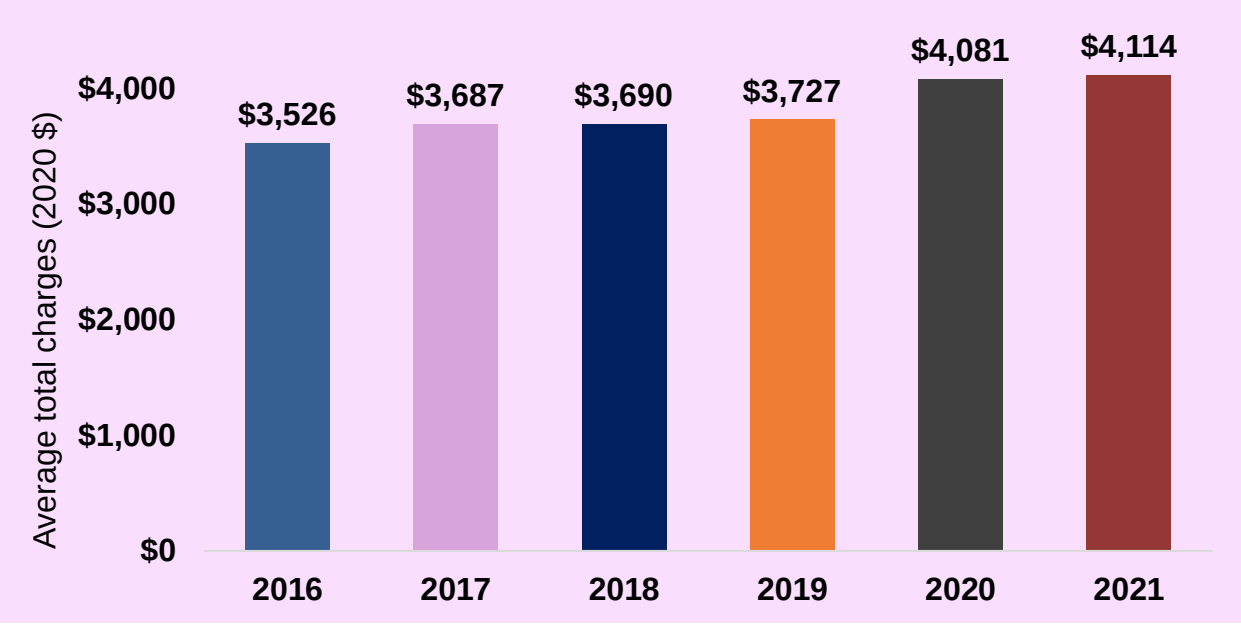
**Table 7. Total monthly charge for private room by region, 2021**

| | Minimum | Average | Median | Maximum |
|---|---|---|---|---|
| **Portland Metro** | $2,000 | $4,130 | $4,000 | $6,500 |
| **Southern Oregon/South Coast** | $2,300 | $3,817 | $3,500 | $6,700 |
| **East of the Cascades** | $2,950 | $4,168 | $3,750 | $7,515 |
| **Willamette Valley/North Coast** | $608 | $4,248 | $3,825 | $9,000 |
| **Total** | $608 | $4,114 | $4,000 | $9,000 |

Note: These figures exclude homes where only residents who primarily pay via Medicaid were living.

Between 2016 and 2021, inflation-adjusted average total monthly charges increased from $3,526 to $4,114 (in December 2020 dollars), a 17% increase in real dollar terms (Figure 1 below).

**Figure 1. Inflation-adjusted average monthly charges in private pay rates over time, 2016-2021**



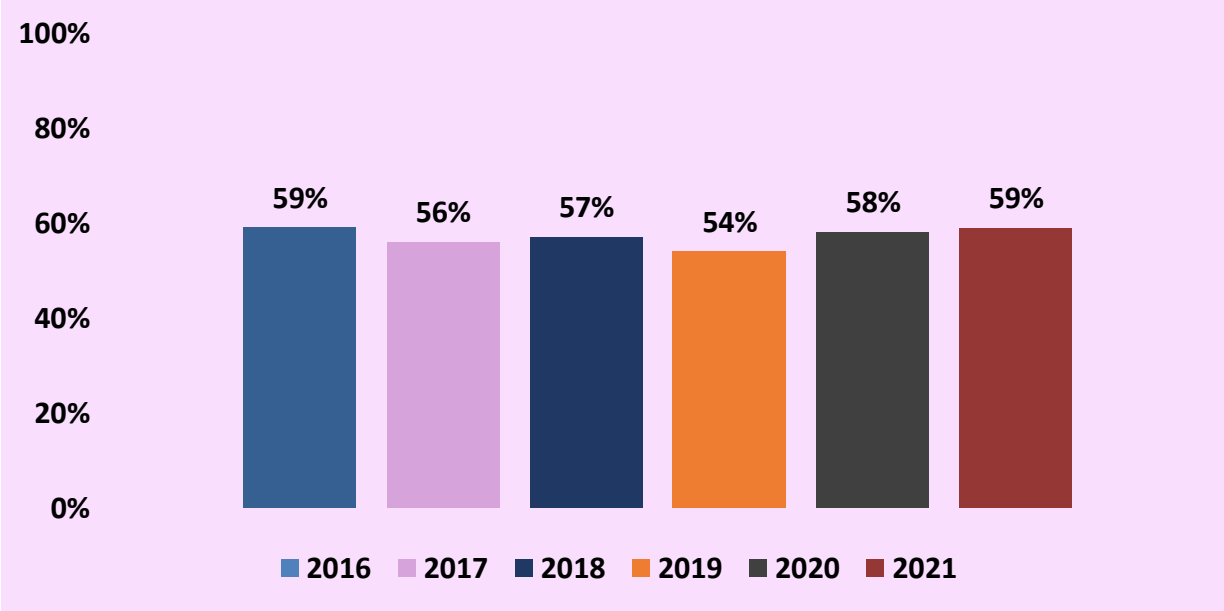

Note: Values are inflation-adjusted to December 2020 dollars using the Bureau of Labor Statistics (BLS) inflation calculator.

## Changes in payer sources over time

The two main payer sources were Medicaid and residents' private pay sources (including personal accounts, long-term care insurance, Social Security, pensions). ODHS uses Medicaid funds to pay for the services received by residents who meet financial and medical eligibility criteria. More than half of residents living in the responding AFHs were Medicaid recipients (59%). As Figure 2 shows, the share of payers using Medicaid varied from 54% to 59% over time.

In 2020, ODHS paid AFH owners a total of $109,134,723 on behalf of Medicaid-eligible residents.

**Figure 2. Changes in percent of payers using Medicaid over time, 2016-2021**




Note: In 2016 and 2017, the questionnaires informed owners that more than one payment category was possible for each resident. In the following years, owners were asked how current residents *primarily* paid using Medicaid.

## Medicaid payment acceptance

Medicaid, the entitlement program for individuals with low incomes, pays for the long-term care costs of those who meet both income and service eligibility thresholds, also known as the nursing home admission criteria. Eligibility is determined by state staff who use a structured tool that assesses an individual's need for assistance with activities of daily living and independent activities of daily living. For more information on service eligibility, including assistance with activities of daily living and independent activities of daily living, see https://www.oregon.gov/dhs/SENIORS-DISABILITIES/LTC/Pages/ADL.aspx. For more information about applying for Medicaid and other benefits, see https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SPPD/Pages/index.aspx.

The majority of responding AFHs (82%) accepted Medicaid (excluding five that did not provide a response), similar to last year (84%). Only 6% of responding AFHs (13 out of 234) with a reported Medicaid contract had no current Medicaid residents.

Based on information received from ODHS as of fall 2020, 92% (1,293 out of 1,406) of all Oregon AFHs had a contract to accept Medicaid beneficiaries. This is similar to last year's figure (93%). There were discrepancies in Medicaid contract status between ODHS records and information provided by the AFH owners among some respondents. Specifically, for 16% of homes, either ODHS indicated a Medicaid contract but the AFH reported non-Medicaid, or ODHS indicated the home did not have a contract, but the AFH owner reported having a Medicaid contract. These discrepancies may be due to errors in record keeping as well as actual changes in Medicaid status among AFH owners between when we retrieved the list of homes and when we mailed the questionnaire—a period of five months.

ODHS/APD establishes rates for Medicaid services (ODHS, 2021). For more information about Medicaid rates see the ODHS Rate Schedule. In 2020, the monthly base rate for AFHs was increased by 14%. For more information about the increase see ODHS legislative information. As of January 2021, the monthly rate for the "base" AFH level was $1,799 while "basic services" in a nursing facility was $10,077.92. Starting in 2020, APD established monthly rates for AFH with "specific needs contract types." Examples include $5,771 for dementia care, $8,877 for hospice, and $10,645 for complex care.

# Residents

*Who lives in adult foster homes? What services do they receive?*

This section describes the following information about residents:

- Demographics
- Move-in and move-out locations
- Length of stay
- Personal care needs
- Types of assistance received, and
- Health conditions and health service use.

## Resident Demographics

The total number of residents living in the responding 296 AFHs was 1,114. Most were female, and ages 65 and older. Most were 85 and older, followed by those aged 75-84, and aged 65 to 74. A smaller share were between the ages of 50 and 64, and few residents were younger than 50 (Table 8). Between 2016 and 2021, age ranges have remained relatively constant, while the share of female residents somewhat. See Table B2 in Appendix B for detailed information about residents' sex/gender and age ranges.

**Table 8: AFH resident sex/gender and age, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % | % | % |
| **Sex/Gender** | | | | | | |
| **Male** | 34 | 38 | 38 | 38 | 36 | 40 |
| **Female** | 66 | 62 | 62 | 62 | 63 | 60 |
| **Transgender** | <1 | X | <1 | <1 | <1 | <1 |
| **Age** | | | | | | |
| **18-49** | 6 | 5 | 6 | 5 | 5 | 5 |
| **50-64** | 16 | 16 | 17 | 17 | 18 | 16 |
| **65-74** | 17 | 17 | 19 | 20 | 21 | 20 |
| **75-84** | 18 | 19 | 21 | 21 | 20 | 23 |
| **85 and over** | 42 | 42 | 38 | 37 | 36 | 37 |

Note: Totals may not add up to 100 percent due to rounding. X indicates that there were no residents in that category in a particular year. See Appendix B:Tables and Figures for 95% for confidence intervals for years 2019-2021.

As in previous years, most residents were identified as non-Hispanic White (86%). Fewer than 14% of residents were identified as any other race or ethnicity (Table 9).

**Table 9: AFH resident race/ethnicity, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % | % | % |
| Hispanic/latino of any race | 2 | 2 | 3 | 2 | 2 | 3 |
| non-Hispanic/Latino | | | | | | |
| American Indian/Native American or Alaska Native | 1 | 1 | 2 | 3 | 3 | 3 |
| Asian | 2 | 2 | 3 | 3 | 2 | 2 |
| Black/African American | 2 | 2 | 2 | 2 | 2 | 3 |
| Native Hawaiian or other Pacific Islander | <1 | 1 | 1 | 1 | <1 | <1 |
| White | 90 | 88 | 86 | 87 | 88 | 86 |
| | | | | | | |
| Two or more races | 1 | 1 | 1 | 1 | 2 | 2 |
| Other/unknown | 1 | 2 | 3 | 1 | 1 | 1 |

Note: Totals may not add up to 100 percent due to rounding. See Appendix B:Tables and Figures for 95% for confidence intervals for years 2019-2021.

## Move-in and move-out locations

People move into AFH from a variety of locations, including their own homes and other residential or health care settings. Similarly, residents might leave an AFH to move into another AFH or long-term care setting or because they died.

Owners were asked to describe where their new residents lived immediately before moving to their AFH. The top three move-in locations included another AFH, a hospital and the resident's own home. Compared to prior years, a larger share of residents moved from another AFH or a hospital, and fewer moved from their own home or a nursing facility-though these changes were not statistically significant (Table 10).

The majority of residents (78%) who left the AFH in the prior 90 days did so because of death (Table 10). This rate has varied over time, accounting for 49% of permanent move-outs due to death in 2016 and 73% in 2020 (Table B5, Appendix B). Of residents who moved to another care setting, the largest share (7%) moved to another AFH.

**Table 10. Resident move-in and move-out locations in prior 90 days, 2021**

| | Move-in | Move-out |
|---|---|---|
| | % | % |
| **Died** | - | 78 |
| **Home** | 17 | 3 |
| **Home of child or other relative** | 7 | 2 |
| **Independent living** | 8 | 0 |
| **Assisted living/residential care** | 15 | 2 |
| **Memory care community** | 1 | 2 |
| **Hospital** | 18 | 2 |
| **Another adult foster home** | 18 | 7 |
| **Nursing facility** | 12 | 3 |
| **Other** | 4 | 1 |
| **Don't know** | 0 | 1 |

Note: Totals may not add up 100 percent due to rounding. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2021.

## Length of stay over time

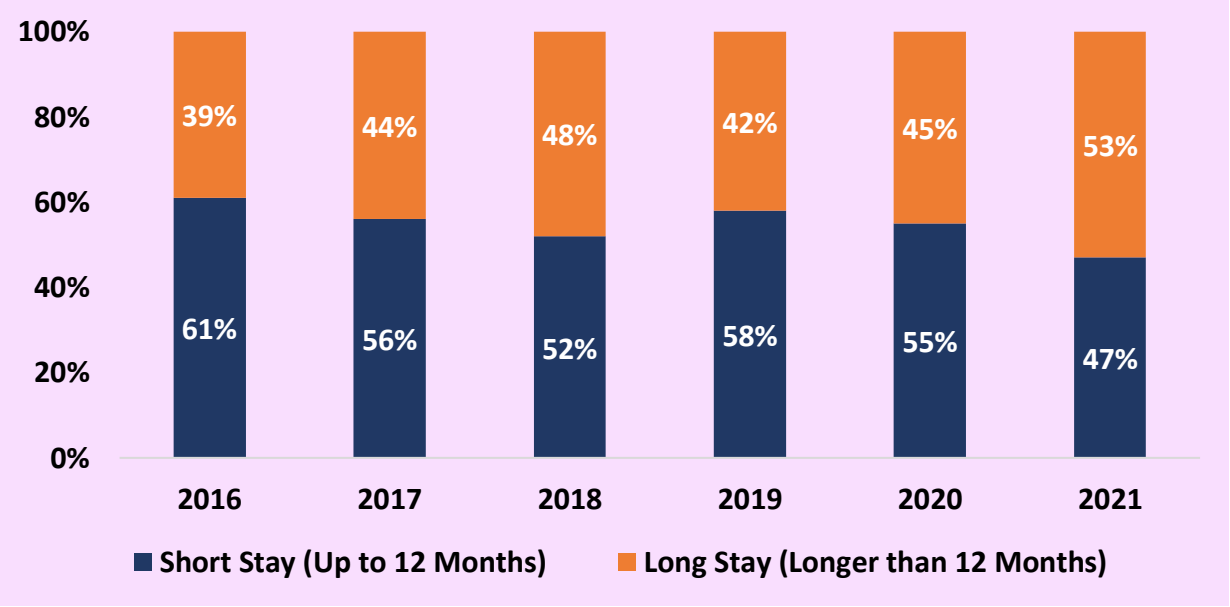
The length of time that residents live in an AFH is important because it provides information about aging in place. Older adults and their families typically prefer not to move again after moving into a community-based residential setting (Binette, et al., 2018; Golant, 2020).

Owners reported the length of stay among residents who moved out or died in the 90 days prior to the study date (See Table B6, Appendix B). Almost half of residents (47%) stayed for one year or less, and over one-third (35%) stayed for one to four years. A slightly greater percentage of residents stayed two to four years than in past study years.

To better understand lengths of stay of residents who moved out in the prior 90 days, we compared the percentage of residents with shorter stays (up to 12 months) to those who lived at the AFH for longer than 12 months (Figure 3). Over time, the share of residents who stayed 12 months or less ranged from 61% (in 2016) to 47% (in 2021)

compared to the share who stayed longer than 12 months, from 39% (in 2016) to 53% (in 2021). As shown in Figure 3, there might be a pattern emerging in which the share of residents with longer stays increases for about three years (e.g., from 2016 to 2018 and then from 2019 to 2021). The same pattern appears to hold for residents with stays of two or more years, possibly reflecting cohorts of residents who move in and have longer stays. Additional years of study can be used to assess the persistence of these observed patterns.

**Figure 3. Resident length of stay over time, 2016-2021**



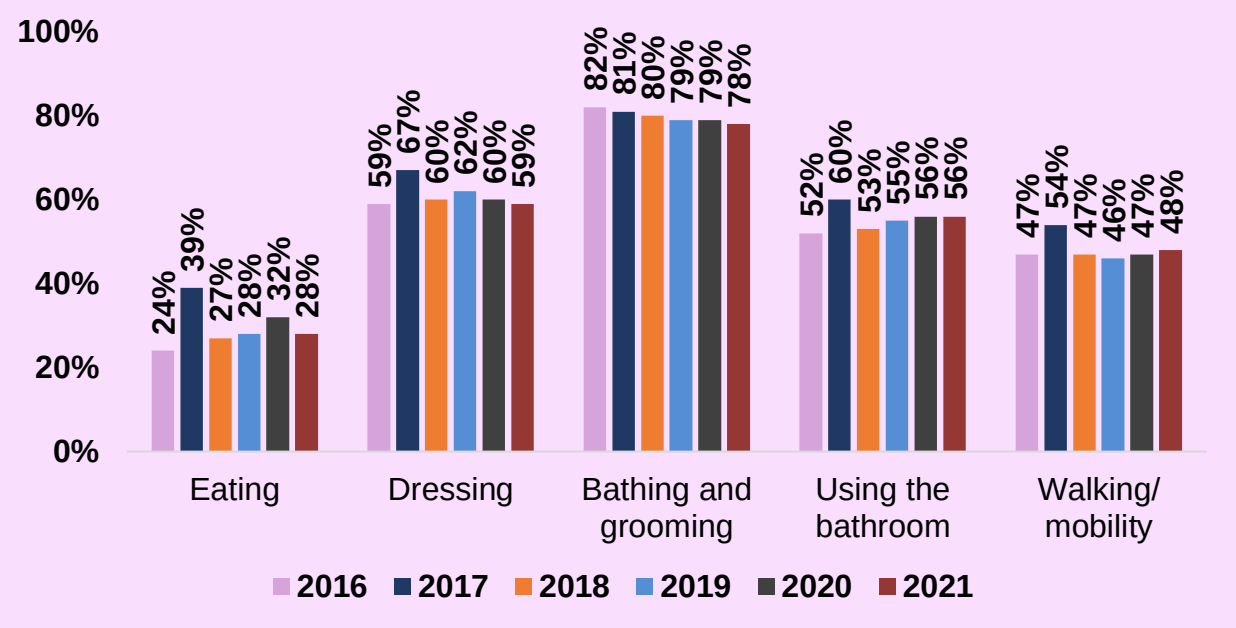

## Personal care services

Personal care services include regular and ongoing staff assistance with eating, dressing, bathing and showering, using the bathroom, and walking (or “mobility”). The need for assistance with personal care services is a major reason that older adults and people with disabilities use AFHs and other types of LTSS.

The share of residents who received assistance with personal care has remained similar throughout all study years. As Figure 4 shows, most residents received assistance with bathing and grooming (78%), while the lowest share of residents received assistance with eating (28%).

Almost three-quarters (71%) of residents regularly use a mobility aid such as a cane, walker, or wheelchair to get around (not shown in figure), and under half (44%) received staff assistance to use a mobility aid.

**Figure 4. Percentages of AFH residents receiving staff assistance with ADLs, 2016-2021**




Note: In 2017, AFHs were asked to report both "full assist" and "standby" assistance separately. These two categories are combined in the graph, which may have resulted in higher percentages for that year.

## Assistance from two staff and nighttime care

Adult foster home owners' duties involve care and protective oversight of residents, including those who need assistance from two staff to meet their physical and/or cognitive health needs. AFH owners must develop resident care plans that address individuals' capabilities including physical, cognitive, and nighttime needs (OAR 411-051-0115). Overall, 28% of residents regularly received assistance for physical and/or cognitive health needs from two staff.

To respond to residents' nighttime needs, the operators' bedrooms must be in an area with direct access to residents, or residents' rooms must be equipped with a call bell or intercom that the resident may use to request assistance (OAR 411-050-0715). One-third (33%) of residents regularly received assistance from staff during the night.

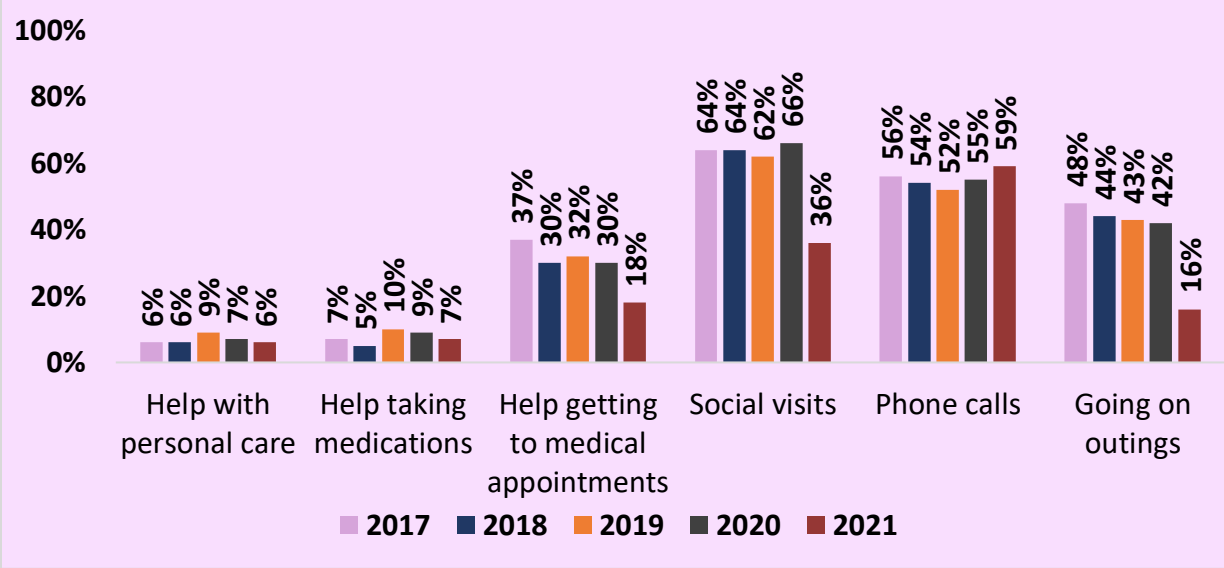
## Visits and assistance from family members and friends

Oregon Administrative Rules specify that residents have the right to visitors at any time of the day or night (OAR 411-050-0705). In March 2020, they were modified to comply with state COVID-19 pandemic rules intended to minimize virus transmission. AFH owners were asked several questions about residents' interactions with families and friends. Not surprisingly, compared to the 2020 report, there was a decline in the share

of residents who interacted with their families and friends, though not in all interaction types were included in the questionnaire.

When compared to 2020, in 2021, AFH residents received far fewer social visits (36% versus 66%) and went on fewer outings (16% versus 42%) and medical appointments with relatives (18% versus 30%) in the 90 days prior to filling out the questionnaire (as shown in Figure 5). Phone calls remained relatively consistent compared to last year (59% versus 55% respectively). Like last year's study, a small share of residents received help from family or friends to take medications (7%) or with personal care (6%) in the 90 days prior to the questionnaire.

**Figure 5. Resident visits and assistance from family and friends**




## Resident health conditions and falls

Many AFH owners manage the care and treatments of residents with chronic health conditions and coordinate with physicians and pharmacies to manage and administer prescribed medications, prepare specialized diets, assist with psychosocial supports, and respond to cognitive and behavioral limitations (Mollica & Ujvari, 2021).

As shown in Table 11, the five most diagnosed medical conditions among AFH residents were high blood pressure/hypertension, ADRD, depression, heart disease, and arthritis. The share of residents with chronic health conditions represented in Table 11 has remained relatively consistent over time. Below we briefly describe each of the five most commonly diagnosed conditions.

High blood pressure/hypertension is common in older adults. Nationally, approximately 63% of adults ages 60 and older (Fryar et al., 2017), and 70% of adults ages 65 and older have high blood pressure/hypertension (Agarwala et al., 2020). Of current AFH residents, 49% had high blood pressure.

Alzheimer's disease is a form of dementia that impacts memory, thinking, and behavior (Alzheimer's Association, 2021). The risk of ADRD increases with age. Nationally, approximately 5% of adults ages 65 to 74, 14% of adults ages 75-84, and 35% of adults ages 85 and older have Alzheimer's dementia (Alzheimer's Association, 2021). Just under half (48%) of AFH residents had an ADRD diagnosis (including residents who have been diagnosed with Lewy Body dementia, Huntington's disease and vascular dementias).

Older adults with chronic medical and mental health conditions can experience social isolation, increasing their risk for depression (National Institute of Mental Health, n.d.). A 2016 national study reported that 31% of AL/RC residents had depression (Sengupta et al., 2020) and that the prevalence was higher, at 37%, in smaller facilities (4-25 beds) (Caffrey & Sengupta, 2018). Among Oregon AFH residents in 2021, 41% had a diagnosis of depression.

Older adults ages 65 and older are at higher risk for developing heart disease (National Institute on Aging, 2018). Nationally, the share of residents in small AL/RC facilities (4-25 beds) diagnosed with heart disease was 32% (Caffrey & Sengupta, 2018). As shown in Table 11, 39% of Oregon AFH residents had this diagnosis.

Arthritis is common among older adults; for some individuals, pain and related symptoms can limit their activities or increase the risk of falls (CDC, 2020). Nationally, 49.6% of older adults ages 65 and older were diagnosed with arthritis between 2013-2015 (CDC, 2020). Among Oregon AFH residents, 32% had an arthritis diagnosis.

Many AFH residents had a medical diagnosis similar to residents of Oregon-based assisted living, residential care and memory care (AL/RC/MC) communities (Carder et al., 2021). For example, in 2021, 48% of AFH residents had a diagnosis of ADRD, very similar to 47% in AL/RC/MC. More AFH residents had depression (46%) compared to AL/RC/MC residents (38%). Finally, 39% of residents in AFHs and AL/RC/MC communities had comparable rates of heart disease (Carder et al., 2021).

**Table 11. Prevalence of AFH residents' diagnosed health conditions over time, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % | % | % |
| **High blood pressure/hypertension** | 45 | 50 | 48 | 52 | 50 | 49 |
| **Alzheimer's disease and related dementias** | 49 | 47 | 46 | 48 | 49 | 48 |
| **Depression** | 40 | 42 | 40 | 46 | 45 | 41 |
| **Heart disease** | 39 | 37 | 38 | 39 | 37 | 39 |
| **Arthritis** | 38 | 37 | 36 | 37 | 33 | 32 |
| **Diabetes** | 22 | 19 | 21 | 23 | 22 | 23 |
| **Serious mental illness** | 15 | 15 | 19 | 20 | 18 | 19 |
| **Osteoporosis** | 16 | 17 | 18 | 17 | 17 | 12 |
| **COPD and allied conditions** | 15 | 16 | 15 | 16 | 16 | 17 |
| **Intellectual or developmental disabilities** | 9 | 9 | 10 | 10 | 9 | 10 |
| **Cancer** | 7 | 8 | 8 | 9 | 7 | 8 |
| **Traumatic brain injury** | X | 7 | 7 | 8 | 9 | 9 |
| **Current drug and/or alcohol abuse** | 4 | 3 | 3 | 5 | 4 | 4 |

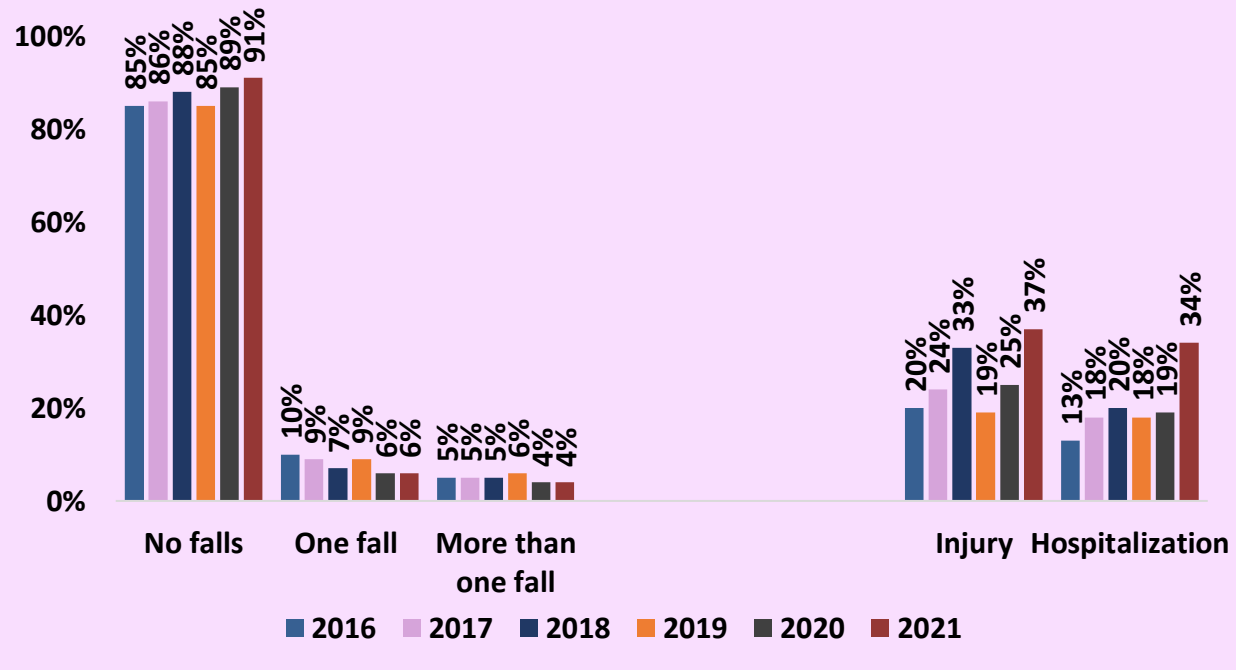
Note: See Appendix B:Tables and Figures for 95% for confidence intervals for years 2019-2021.

**Falls.** AFH owners and staff receive training to learn about risk factors for resident falls and strategies for preventing falls (ODHS/APD, 2020). Older adults who have fallen can develop a fear of falling that leads to reduced physical activity and engagement in everyday activities. Older adults who are less physically active are at an increased risk for falling (CDC, 2017). Preventing falls can decrease healthcare costs; approximately $50 billion is spent on fall-related healthcare costs annually (CDC, 2020).

The risk and severity of injury from a fall increases with age, and falls are the leading cause of fatal and nonfatal injuries in older adults. Nationally, approximately 28% of older adults experience a fall annually, and approximately 3 million are treated in the emergency department for fall-related injuries (CDC, 2017). In 2018, the percentage of older Oregonians who fell (32%) was slightly higher than the national average (28%) (CDC, 2020).

AFH owners reported that most residents (91%) did not fall in the prior 90 days. As shown in Figure 6 (left side), the share of residents who fell more than one time was similar from 2016 to 2021. Among residents who experienced a fall, 37% experienced a fall-related injury and 34% went to the hospital (either emergency room or admitted) because of the fall (Figure 6; right side). While it might appear that fall-related adverse resident outcomes have increased since 2020, the small sample of residents on whom these estimates are based introduces great uncertainty around these estimates.

**Figure 6. Falls in the prior 90 days and falls resulting in injury or hospitalization, 2016-2021**




Note: See Appendix B:Tables and Figures for 95% for confidence intervals for years 2016-2021.

## Health service and medication use

This section describes:

- Health service use by AFH residents
- Medication use and assistance with medications, and
- Antipsychotic medication use.

Owners were asked about their residents' health service use in the 90 days prior to completing the questionnaire. The health services described in this study include hospital emergency department (ED) use, overnight hospitalization, returning to the hospital within 30 days of an overnight hospitalization, and using hospice services or a licensed, certified home health agency.

One in nine residents (11%) had been treated in a hospital ED in the prior 90 days. A smaller share (6%) were hospitalized overnight. Of those hospitalized overnight, one-quarter (24%) returned to the hospital within 30 days. The share of AFH residents who used the health services listed in Table 12 has remained relatively consistent since 2016. Some of these figures compare slightly more favorably to AL/RC/MC residents in Oregon. In 2021, 18% of AL/RC/MC residents had an ED visit and 10% had an overnight hospitalization in the prior 90 days. More AFH residents used hospice services in the prior 90 days compared to 8% of AL/RC/MC residents, and more AFH residents went back to the hospital within 30 days compared to 14% of AL/RC/MC residents (Carder et al., 2021).

**Table 12. Health service use among AFH residents, 2016-2021**

| | 2016 % | 2017 % | 2018 % | 2019 % | 2020 % | 2021 % |
|---|---|---|---|---|---|---|
| **Treated in hospital ER in the last 90 days** | 14 | 14 | 15 | 13 | 13 | 11 |
| **Hospitalized overnight in the last 90 days** | 6 | 8 | 8 | 8 | 7 | 6 |
| **Went back to the hospital within 30 days** | X | 24 | 30 | 27 | 27 | 24 |
| **Received hospice care in the last 90 days** | 10 | 10 | 11 | 10 | 10 | 10 |
| **Received services from a licensed/certified home health care agency** | X | X | X | X | 19 | 17 |

Note: X indicates that the question was not asked in that year. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2021.

## Medications use and assistance with medications

Managing several chronic health conditions can result in the use of multiple medications, referred to as polypharmacy. Since 2016, AFH owners have reported that over half of their residents took nine or more medications. This is similar to the rate of polypharmacy reported in AL/RC/MC residents (53%) (Carder et al., 2021). For older adults, using multiple types of medication may lead to adverse drug interactions, additional problematic symptoms, and increased risk of falls and hospitalizations (Hilmer & Gnjidic, 2009; Hoel et al., 2021; Mueller et al., 2018). Understanding age-related changes to the body, weighing risks against benefits, and comprehensive assessment can mitigate unintended consequences related to stopping and starting medications (Hoel et al., 2021; Sergi et al., 2011).

Approximately three-quarters of AFH residents received staff assistance to take oral medications, and only a small share (4%) of residents self-administered most of their medications (Table 13).

**Table 13. Medication use and assistance with medications, 2016-2021**

| | 2016 % | 2017 % | 2018 % | 2019 % | 2020 % | 2021 % |
|---|---|---|---|---|---|---|
| **Take nine or more medications** | 54 | 53 | 51 | 52 | 53 | 54 |
| **Take antipsychotic medications** | 34 | 35 | 35 | 36 | 39 | 39 |
| **Self-administer medications** | 5 | 5 | 6 | 6 | 6 | 4 |
| **Received assistance to take oral medications** | 80 | 75 | 74 | 75 | 76 | 76 |

Note: See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2021.

**Antipsychotic medication use.** Antipsychotic medications are a type of psychotropic medication. Other types include mood stabilizers and antiepileptics, antidepressants and antianxiety medications. These medications are used to treat a variety of health conditions. We focus here on antipsychotic medications because the use of this medication in persons living with ADRD has been identified as a public policy issue for

several years (ODHS, 2013). Antipsychotic medications are a class of central nervous system medications designed to manage psychosis related to bipolar disorder or schizophrenia. These medications may be prescribed “off-label” to people who do not have these diagnoses, including older adults living with ADRD who express behaviors such as agitation, delusions, or persistent distress (Maust et al., 2017; Reus et al., 2016).

Despite evidence that antipsychotic medication use in older adults with dementia has been associated with adverse health and cognitive outcomes (Farlow & Shamliyan, 2017; Kheirbeck et al., 2019; Maust et al., 2015; Mueller et al., 2021), they remain widely used (Bonner et al., 2015; Gill et al., 2019; Kerns et al., 2018; Maust et al., 2021). If AFH owners’ request assistance from a medical professional to manage a resident’s behaviors, they must take several actions, including a written description of the residents’ unmet needs resulting in the behavior, non-medication interventions to attempt, and a reassessment plan. A licensed health or social services professional must evaluate the resident’s need for psychotropic medication based on this information (OAR 411-051-0130-8).

Each year, AFH owners have been asked about antipsychotic medication use in the prior 90 days (Appendix D, question 16) The share of residents who took antipsychotic medication did not change between 2020 and 2021 (Table 13, above). Antipsychotic use in AFHs (39%) was higher than AL/RC (non-MC) (20%) and lower than MC (44%) resident populations (Carder et al., 2019).

# Coronavirus pandemic supports and challenges

To learn about the impact of the coronavirus pandemic on AFH owners, staff, residents and their families, we asked 11 questions, adapted from the 2020 National Post-Acute and Long-term Care Study questionnaire (National Center for Health Statistics, 2020) with input from ODHS policy analysts (Table 14).

The ODHS communicated information to long-term care operators, including AFH owners, through the AFH News and Provider Alerts website and monthly conference calls with Oregon Aging and People with Disabilities (APD) and Safety, Oversight and Quality (SOQ) staff. The information included guidelines for limiting and restricting visitors and visitation, physical contact of essential care staff, and the use of personal protective equipment (PPE) as well as news and provider alerts about infection control, screening, restricting and limiting visitors, vaccination roll-out, and managing COVID-19 infections among residents and staff (Centers for Medicare and Medicaid Services, 2020; ODHS, Provider Partner/Licensing/APD-AFH/Alerts, 2021).

**Table 14. Impacts of the COVID-19 pandemic on AFH owners**

| As of March 2020, since the COVID-19 pandemic started...* | SD | D | N | A | SA |
|---|---|---|---|---|---|
| **Activities Largely within the AFH or Under Owners' Control** | | | | | |
| a. Our residents have used telemedicine or telehealth for purposes of assessments, monitoring, diagnosis, or treatment. | 3% | 3% | 7% | 51% | 37% |
| b. Our residents have used virtual visits (e.g., iPad, computer, smart phone) with their family members and friends. | 2% | 5% | 6% | 52% | 34% |
| c. We have been able to address concerns of my staff related to the pandemic. | 2% | 3% | 10% | 54% | 31% |
| d. We have been able to address concerns of my residents' families related to the pandemic. | 3% | 4% | 13% | 53% | 28% |
| **Activities Largely Outside the AFH or Owners' Control** | | | | | |
| e. We have been satisfied with the communication about rules and regulations from the county/state agencies. | 4% | 7% | 13% | 52% | 24% |
| f. We have found the COVID-19 visitor restrictions enacted by county/state agencies to be reasonable. | 5% | 8% | 12% | 48% | 27% |
| g. We have been able to get accurate information about COVID-19. | 6% | 8% | 16% | 41% | 30% |
| h. We have been given enough support from county/state agencies to deal with issues/problems due to the pandemic. | 7% | 7% | 16% | 45% | 24% |
| i. We have been able to access personal protective equipment (PPE) (such as eye protection, gloves, N95 respirators). | 8% | 15% | 13% | 45% | 20% |
| **Challenges Faced by AFH Owners** | | | | | |
| j. We have had a harder time finding new residents. | 9% | 21% | 25% | 24% | 20% |
| k. We have had a harder time with staffing (such as hiring, retaining, and scheduling). | 8% | 19% | 24% | 24% | 25% |

*Note: SD=Strongly disagree, D=Disagree, N=Neither agree nor disagree, A=Agree, SA=Strongly Agree.

In general, the majority of AFH respondents indicated that the impact of the COVID-19 pandemic on their home was manageable. The study included 9 questions organized by the level of the AFH owner's control over the issue (Table 14 above). The first set of questions include several activities largely within the owners' control. The share of respondents who agreed or strongly agreed with the four items (a-d) under their control ranged from 81% to 88%. The second set of questions (e-i) were largely outside the AFH owners' control; the share who agreed or strongly agreed with these statements was lower compared to the first set, ranging from 65% to 76%. The last two statements (j-k) described challenges; 44% agreed or strongly agreed that they had a more difficult time finding new residents, and 49% that they agreed or strongly agreed they had staffing difficulties. Compared to the above items, a larger share chose neither or disagreed with the item.

While these responses provide some insights into how the COVID-19 pandemic affected AFH owners, it is important to note that some respondents marked items as "not applicable" to them. For example, regarding items j and k, 22% and 25% (respectively) of owners indicated that these items were not applicable. The following section provides a summary of respondents' written descriptions about emergency preparedness and pandemic response.

## AFH owner comments about resources they need to feel prepared for local disasters and state-wide emergencies

The questionnaire included two questions that required a written response. The first asked about resources owners needed to feel prepared for future disasters and emergencies.

Of the 296 owners who returned a questionnaire,192 (65%) provided one or more written responses to this question. Most comments described the need for more communication from ODHS and local agencies, more and better information, and support with temporary shelter and supplies. Fewer were related to AFH regulations and financial support. We describe the four most common response categories: 1) access to supplies, 2) accurate and timely agency response, 3) clear and concise guidance, and 4) need for temporary shelter during emergency.

Owners most often discussed needing supplies such as personal protective equipment (PPE), medical, food, and other emergency and COVID-19 pandemic relief goods. One owner wrote, "finding supplies was so difficult. Distributors didn't deliver PPE or any other medical supplies." Another reported having "a hard time…begging supervisors/managers for extra supplies…struggling at shopping centers…to get what I

need." Another felt "…left in the dust. If you didn't have the proper PPE, you would get fined."

The next most frequently reported need was for more, accurate and timely responses from state and local agencies. Owners wanted "straightforward answers," more involvement," and "checking in." One reported, "When it comes to crisis we are on our own." In contrast, others describe receiving too much information. One wanted "just one agency sending out notifications and defining who it pertains to, SNF, RCF, AFH," after receiving "5+ emails a week with new rules, screenings, penalties from OHA, DHS, ODDS, local office, OSHA, and so many alerts."

Third, some owners requested "more frequent", "clear and accurate," and "faster" information about safety guidelines, resources options and availability, temporary shelter, COVID-19 vaccinations, and following regulations. One asked for guidance on "how, when, where to get help in the event of emergencies."

Finally, the fourth most frequently reported need was for temporary shelter during an emergency. A few described needing handicap-accessible shelter, within close proximity to their AFH. One owner described "...need[ing] help where to take residents...where we aren't able to care for residents or have a home left." Another described receiving "a warning in the middle of the night to evacuate. There was COVID and [I needed to know] where to go. It was terrifying because I was responsible for people."

In contrast, some owners (17%) described confidence in having, "an emergency plan in place", and "adequate supplies, at least for the short term." Others expressed satisfaction with "… licensors [who] reached out with care and compassion," and "the county and state for their reactions to a crisis."

## What owners want others to know about operating an AFH during the pandemic

The second question asked owners what they wanted others to know about operating an AFH during a pandemic. Many owners (68%) provided one or more written responses to this question and repeated that they needed better communication, information, and support from ODHS, APD, county agencies, and licensors about vaccinations, safety guidelines, and access to supplies.

Most frequently, owners described their year as "challenging." One reported, "It's stressful. A lot of anxiety for staff and residents." Another found it "very hard on me to keep everyone happy, including myself." Another had difficulty, "trying to be everything to residents...families are supportive but remote, and one described "stress of knowing

we could accidentally infect or kill our residents." Another described, "Limiting [family] visitations, oh my, some were and still are so mad at us! ... and email about all the penalties, that they could hold me criminally responsible if a resident gets sick." Finally, some experienced challenges finding support staff, with one explaining they "received little or no applications" and "staff have left due to being scared of COVID."

Secondly, owners described ways in which COVID-19 pandemic-related issues affected residents, including residents' isolation from their families and that they lacked understanding of restrictions. One owner reported that "some clients have become more depressed and isolated." Another described, "[residents'] isolation from family is the hardest, especially with Christmas and birthdays...not being able to hug." Another experienced "challenging times due to the ADRD residents who cannot understand or are [un]able to go out."

Finally, owners expressed difficulty complying with the increased number of regulations. Some described and residents and their families, "disregarding safety instructions." One reported challenges "follow[ing] the rules without going against residents' rights." Another found that "COVID restrictions for memory care [residents] it's a horrible thing, especially if they pass with no family sitting by their side."

However, some owners (10%) expressed satisfaction with support from licensors, APD, their ability to protect and care for residents, and operating their AFH. One was "able to contact senior services when we needed to." Another reported their "licensor from the state is really cooperating with us" and one expressed thanks "for being supportive and being there for us." One described, "hav[ing] music and exercises via Zoom...residents are enjoying [them] very much." Another was "well covered," and many simply said "we're good!" and "have mostly normal operation."

# Policy considerations and conclusions

Oregon's adult foster home program has been in place since the early 1980s. As of fall 2020, there were 1,406 homes providing services and support to adults who are older and adults with disabilities. Alongside the COVID-19 pandemic that thoroughly affected residents, their families, and AFH owners, the findings and policy considerations of note this year include longer lengths of stay, end of life care, the share of residents whose services are paid by Medicaid and increases in both Medicaid and private pay rates. Other conclusions pertain to indicators of residents' well-being that have remained consistent over time, including the share of residents who received assistance with activities of daily living, who received antipsychotic medications, and who used hospice care.

The COVID-19 pandemic affected older adults, their families, and their care providers, including AFH owners. The majority of owners agreed that they were able to address staff and residents' families' concerns, and that they used technology to support telemedicine and virtual visits with families. Owners also agreed that they were satisfied with information received from state agencies and with visitor restriction policies, though the share who agreed was lower when compared to the prior topics. However, written statements from owners indicate that for some, there was too much information or that policies were not specific to AFHs.

Regarding family visits, the share of residents who received social visits, or who went to social outings and medical appointments with relatives declined markedly from prior years. This finding is not surprising given the visitor restrictions. What is not known is the short- and long-term effects, if any, of this reduction. Families often supplement their relatives' care in addition to providing social support. As the pandemic continues, the effect of visitor policies on AFH residents needs to be examined separately from larger care settings, such as assisted living, residential care and nursing homes.

Paying for LTSS is a challenge for most Americans (National Institute on Aging, 2021). In Oregon, 59% of current AFH residents were Medicaid beneficiaries, and in 2020, ODHS paid AFH owners over 100 million dollars on behalf of Medicaid-eligible residents. To address owners concerns and the declining numbers of AFHs in recent years, the Oregon legislature approved increasing Medicaid reimbursement rates by 14% in 2020. New rates were established for specific categories such as dementia care and hospice care.

Private pay rates increased by 17% in real dollar terms between 2016 and 2021, with the current statewide average base monthly rate at just over $4,000 per month. These rates vary greatly based on residents' needs and preferences, as well as the owners' costs, including personnel, real estate, insurance, food and household goods, among other services and supplies. As indicated in the above comments from AFH owners, increased costs due to COVID-19 pandemic and disaster-related supply needs such as PPE and medical supplies, and emergency evacuation costs including transportation and relocation to temporary shelter placed additional financial burden.

The share of residents who died in their AFH increased each year since 2016, from 49% that year, to 78% this year. During this time, moves to other settings remained relatively consistent. In addition, the share of residents who lived at the home for two or more years increased between 2016 and this year, from 29% to 38%. These findings could be due to aging in place, the availability of end-of-life supports, and other factors not accounted for in the study questionnaire. Notably, hospice use has remained consistent, at 10% of AFH residents.

In Oregon, antipsychotic medication use in long-term care settings, including AFH, is important to residents and their families, providers, policymakers and advocates (Oregon HB 3262 Advisory Committee, 2017). One policy goal is to use person-centered assessment to learn if interventions other than psychotropic medications, including antipsychotics, might be more appropriate for some residents (e.g., those not on hospice care, people living with mental illness such as schizophrenia or bipolar disorder). The share of residents who were administered an antipsychotic medication (39%) has increased slightly over time (Table B10, Appendix B). Based on feedback from OHDS and stakeholders, questions about the use of other psychotropic medications might be included in future questionnaires.

The next study year will provide insights into the impact of the COVID-19 pandemic as well as various state and county policies. Notably, AFH owners' plans for the next year, including opening a new AFH, selling, moving, or permanently closing their home, did not change between the prior year and this one. On average 6% of AFH owners indicated they were considering closing their home. The confidence interval of 3% to 9% suggests that between 42 and 84 homes could close in 2021, resulting in reduced access and choice for Oregon's older adults and adults living with disabilities seeking LTSS. Our internal analysis of data from the 2020 report suggests that these plans have some predictive power, though more research is needed.

# Appendix A: Methods

This is the seventh round of annual data collection from adult foster homes licensed by the Oregon Department of Human Services between 2015 and 2021. While the 2016, 2017, 2018, 2019, 2020, and 2021 questionnaires asked about *current* residents and certain events that occurred during the prior 90 days, the 2015 questionnaire asked AFH owners to report on the prior year (i.e., 2014). Since questions from 2015 may not be comparable to later years, we did not include 2015 findings in this report. The 2015 report can be found here: https://www.pdx.edu/ioa/oregon-community-based-care-project

Like previous years, the questionnaire was developed in partnership with stakeholders from the ODHS/APD. Questions included topics related to resident demographics and health needs, AFH owners and staff, AFH characteristics and policies, payment information such as rates and fees, and available services.

This year, new questions focused on staffing issues and the ways in which the COVID-19 pandemic has negatively affected AFHs, owners and their family members who live in the home. Questions addressed pandemic-related ODHS licensing rules and restrictions, owners' ability to access accurate information and communicate with government agencies, effects on residents, staff, and staffing, owners' ability to respond to challenges related to the pandemic, and resource needs. The 2021 questionnaire can be found in Appendix D.

## Sample selection and questionnaire implementation

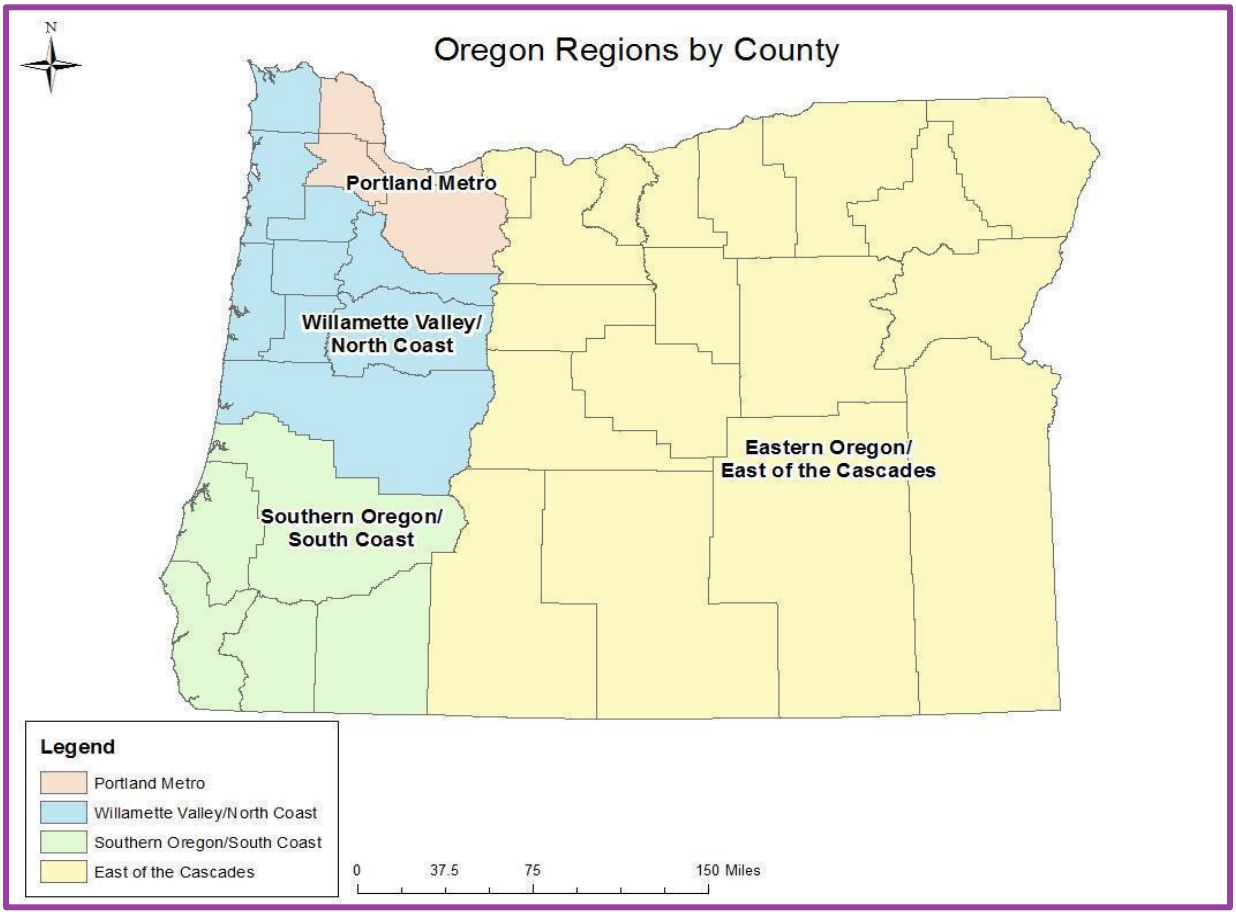
The IOA received a list of 1,406 AFHs licensed by APD as of November 2020. Older adults may reside in AFHs licensed for persons with intellectual or developmental disabilities (I/DD) and I/DD consumers may also reside in APD homes. Therefore, it is possible that not all residents of these 1,406 AFHs are APD consumers. Among residents of responding AFHs this year, 21% were under age 65 (see Table 8 on page 17). Although 10% of residents living in responding AFHs have a diagnosed intellectual or developmental disability (see Table 11 on page 24), some of these individuals are likely over age 65. Consequently, the results presented in this report cannot be generalized to all APD consumers because not all APD older adult residents are in the sample and the sample includes some individuals who are not traditional APD consumers.

To achieve a sample size that sufficiently represents simple proportions drawn from this population of 1,406 AFHs and assuming the most conservative response distribution (p = .50), the minimum number of completed questionnaires required to achieve 95% confidence and +/- 5% margin of error was calculated to be 302 AFHs. Based on the previous four rounds' response rates by region, we accounted for non-response (ranging from 54 to 60%) and selected a final 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. Upon completion of data collection, the response rate (48% after excluding 39 ineligible AFHs) was slightly lower than expected and estimated in the sample size calculation (i.e., 50%). This lower response rate resulted in a negligible increase in the margin of error from +/- 5.00% to +/- 5.06%.

**Table A1. Regional distribution of sample and response rates, 2021**

| | Population % (n) | Sample population % (n) | Respondents % (n) | Response rate % |
|---|---|---|---|---|
| **Region 1: Portland Metro** | 59 (824) | 61 (399) | 60 (178) | 45 |
| **Region 2: Willamette Valley/North Coast** | 21 (292) | 20 (133) | 20 (59) | 44 |
| **Region 3: Southern Oregon/South Coast** | 13 (187) | 12 (77) | 13 (39) | 51 |
| **Region 4: East of the Cascades** | 7 (103) | 6 (41) | 7 (20) | 49 |
| **Total** | 100 (1,406) | 100 (650) | 100 (296) | 46 |

**Figure A1. Counties by region**




The IOA/PSU mailed a questionnaire to each AFH in the sample in December 2020. Owners were asked to complete the questionnaire and return it to IOA-PSU via fax, scan and email, or US postal service. Similar to last year, a business reply mail envelope was included in the mailed questionnaire packet. Owners were also given the option of completing the questionnaire over the phone. Overall, 163 owners sent back their questionnaires via mail, 27 chose to complete them over the phone with one of our interviewers, 88 sent them back via fax, and 18 scanned and emailed back their questionnaires for a total of 296 questionnaires.

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 responses 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 was entered into a database by IOA-PSU staff.

## Final disposition of cases, and unit and item non-response

Of all the 650 AFHs that were initially sampled, 29 closed during this study and 10 AFHs reported having no current residents (Table A2). This put the number of eligible AFHs to 611. Overall, a total of 296 AFHs responded, for a response rate of 48% of the eligible 611 cases.

Similar to previous years, the region with the highest concentration of AFHs was the Portland Metro region, while the East of the Cascades had the fewest (see Table A1 above for details about responses to the questionnaire by region). The highest response rate was from the Southern Oregon/South Coast region (51%) and the lowest was from the Willamette Valley/North Coast region (44%). Overall, respondents reflected the distribution of AFHs across Oregon by region.

**Table A2. Final disposition of all sampled AFHs, 2021**

| | N |
|---|---|
| **All sampled AFHs** | 650 |
| **Ineligibles due to:** | |
| **Closed** | 29 |
| **No current residents** | 10 |
| **Total ineligible** | 39 |
| | |
| **Total eligible** | 611 |
| | |
| **Hard/explicit refusal** | 28 |
| **Soft refusal/questionnaire not sent** | 326 |
| **Total non-response** | 354 |
| | |
| **Email** | 18 |
| **Fax** | 88 |
| **Mail** | 163 |
| **Phone** | 27 |
| **Total response** | 296 |
| **Response rate (296/611)** | 48% |

Excluding closed AFHs and those without any current residents, a total of 354 AFHs that were in the sample did not respond to the questionnaire. Twenty-eight of these AFHs explicitly refused to participate in the study and the remaining 326 did not send their questionnaires back. Reasons given for non-response mostly mirrored comments and feedback from previous years. Owners noted that they did not receive the questionnaire, that they were too busy to respond either on paper or over the phone, they were overwhelmed, their response was not mandatory, they did not want to comply with ODHS, the questionnaire was controversial or confusing, or they were generally unhappy to be included in the questionnaire sample. Unique to the context of questionnaires being sent during the COVID-19 pandemic, some AFH owners were ill with the COVID-19 virus and were unable to complete the questionnaire.

As is common for self-administered questionnaires, a few questionnaires that were returned had incomplete information. The IOA-PSU team made multiple attempts to complete missing information by contacting owners by email and telephone. These attempts allowed us to retrieve a large share of missing information from responding AFHs.

## Data analysis

Quantitative data were entered into Stata 15 (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 (skipping a question that is not needed based on answers to earlier questions) and outliers (a response to a question that deviates from other responses significantly). Data analysis involved descriptive statistics (frequencies, percentages and means) and cross-tabulations when applicable.

In the appendix of this report, we provide 95% confidence intervals (CIs) for point estimates. This ensures that the reader is aware of the magnitude of uncertainty in these estimates. Instead of deriving the sampling distribution for estimates analytically to calculate standard errors and CIs, we calculated them using bootstrap sampling, a method that draws subsamples of observations from the sample data repeatedly to construct an empirical (bootstrap) distribution for estimates. This method is especially useful for conveying uncertainty about statistics that are not normally distributed in the underlying population. To account for potential bias and skewness in the distribution of repeated samples, we used the bias-corrected and accelerated CIs. We set the number of replications to 500 for each run.

# Appendix B: Tables and figures

**Table B1. AFH owners' future plans for the next year, 2020-2021**

| | 2020 % [CI] | 2021 % [CI] |
|---|---|---|
| **Open another newly opened adult foster home** | 13 [10,17] | 12 [9,15] |
| **Move this adult foster home to a different location/house** | 6 [4,9] | 3 [2,6] |
| **Sell or transfer your adult foster home to another owner** | 7 [5,11] | 7 [4,11] |
| **Permanently close your adult foster home** | 5 [3,7] | 6 [4,10] |

**Table B2. AFH Resident gender and age, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Gender** | | | | | | |
| **Male** | 34 | 38 | 38 | 38 [35,42] | 36 [33,40] | 40 [36,44] |
| **Female** | 66 | 62 | 62 | 62 [58,65] | 63 [60,67] | 60 [56,64] |
| **Transgender** | <1 | X | <1 | <1 [0.0,0.5] | <1 [0.0,0.5] | <1 [0.0,0.4] |
| **Age** | | | | | | |
| **18-49** | 6 | 5 | 6 | 5 [4,7] | 5 [4,6] | 5 [3,6] |
| **50-64** | 16 | 16 | 17 | 17 [15,19] | 18 [15,20] | 16 [13,18] |
| **65-74** | 17 | 17 | 19 | 20 [18,22] | 21 [18,23] | 20 [18,23] |
| **75-84** | 18 | 19 | 21 | 21 [18,23] | 20 [18,23] | 23 [20,26] |
| **85 and over** | 42 | 42 | 38 | 37 [34,41] | 36 [33,40] | 37 [33,41] |

Note: X indicates that there were no residents in that category in a particular year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B3. AFH Resident race/ethnicity, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Hispanic/Latino of any race** | 2 | 2 | 3 | 2 [1.6,3.2] | 2 [1.3,2.9] | 3 [1.6,3.8] |
| **Non-Hispanic/Latino** | | | | | | |
| **American Indian/Native American or Alaska Native** | 1 | 1 | 2 | 3 [2,4] | 3 [2,4] | 3 [2,5] |
| **Asian** | 2 | 2 | 3 | 3 [2,4] | 2 [2,4] | 2 [2,3] |
| **Black/African American** | 2 | 2 | 2 | 2 [1,3] | 2 [1,3] | 3 [2, 5] |
| **Native Hawaiian or other Pacific Islander** | <1 | 1 | 1 | 1 [0,1] | <1 [0,1] | <1 [0,1] |
| **White** | 90 | 88 | 86 | 87 [84,89] | 88 [86,90] | 86 [83,89] |
| | | | | | | |
| **Two or more races** | 1 | 1 | 1 | 1 [1,3] | 2 [1,4] | 2 [1,4] |
| **Other/unknown** | 1 | 2 | 3 | 1 [1,2] | 1 [0,2] | 1 [0,3] |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details)

**Table B4. Resident move-in locations in prior 90 days, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Home** | 20 | 24 | 20 | 21 [16,27] | 22 [17,29] | 17 [11,25] |
| **Home of relative** | 13 | 6 | 10 | 8 [5,13] | 6 [3,9] | 7 [3,12] |
| **Independent living** | 8 | 6 | 5 | 9 [6,13] | 5 [2,8] | 8 [4,13] |
| **Assisted living/residential Care** | 13 | 18 | 13 | 15 [11,21] | 15 [10,20] | 15 [10,22] |
| **Memory care community** | 2 | 4 | 4 | 2 [1,5] | 7 [4,12] | 1 [0,4] |
| **Hospital** | 7 | 6 | 12 | 9 [5,14] | 15 [10,23] | 18 [12,25] |
| **Another adult foster home** | 16 | 12 | 14 | 14 [10,19] | 11 [8,16] | 18 [11,27] |
| **Nursing facility** | 18 | 22 | 17 | 17 [12,24] | 17 [12,24] | 12 [8,19] |
| **Other** | 2 | 2 | 4 | 4 [2,7] | 3 [1,5] | 4 [2,8] |
| **Don't know** | <1 | 1 | 0 | <1 [0,2] | 0 | 0 |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B5. Resident move-out locations in prior 90 days, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Died** | 49 | 62 | 64 | 60 [50,69] | 73 [66,80] | 78 [69,84] |
| **Another adult foster home** | 10 | 7 | 7 | 9 [4,14] | 4 [2,9] | 7 [3,11] |
| **Nursing facility** | 5 | 7 | 6 | 7 [5,12] | 5 [3,11] | 3 [1,11] |
| **Assisted living /residential care** | 5 | 5 | 2 | 6 [3,10] | 3 [1,7] | 2 [0,5] |
| **Home** | 8 | 4 | 3 | 4 [2,9] | 2 [1,5] | 3 [1,8] |
| **Hospital** | 3 | 4 | 4 | 4 [2,11] | 3 [1,7] | 2 [1,7] |
| **Other** | 2 | 1 | 2 | 3 [1,7] | 1 [0,3] | 1 [0,5] |
| **Memory care community** | 4 | 6 | 5 | 3 [1,6] | 3 [1,7] | 2 [0,7] |
| **Don't know** | 7 | 0 | 0 | 2 [0,4] | 1 [0,3] | 1 [0,4] |
| **Home of relative** | 4 | 2 | 4 | 1 [0,4] | 3 [1,6] | 2 [0,5] |
| **Independent living** | 2 | 2 | 1 | 1 [0,3] | 1 [0,4] | 0 |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B6. Length of stay among residents who moved out in the prior 90 days, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **1 - 7 days** | 5 | 6 | 3 | 2 [0,4] | 7 [3,13] | 3 [1,7] |
| **8 - 13 days** | 2 | 2 | 2 | 6 [2,17] | 4 [1,7] | 5 [2,10] |
| **14 - 30 days** | 5 | 11 | 8 | 7 [4,13] | 7 [4,12] | 5 [2,10] |
| **31 - 90 days** | 18 | 13 | 14 | 17 [11,25] | 13 [9,19] | 12 [7,21] |
| **3 - 6 months** | 18 | 12 | 9 | 11 [7,16] | 11 [7,17] | 6 [2,12] |
| **6 - 12 months** | 14 | 12 | 16 | 15 [11,22] | 13 [9,19] | 16 [10,25] |
| **1-2 years** | 15 | 16 | 9 | 13 [8,18] | 16 [11,23] | 16 [10,23] |
| **2 - 4 years** | 9 | 17 | 18 | 15 [10,21] | 16 [11,22] | 20 [13,28] |
| **4 or more years** | 15 | 12 | 21 | 14 [9,20] | 13 [9,20] | 18 [11,24] |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B7. Prevalence of AFH residents' diagnosed health conditions over time, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **High blood pressure/ hypertension** | 45 | 50 | 48 | 52 [49,54] | 50 [47,53] | 49 [45,53] |
| **Alzheimer's disease and related dementias** | 49 | 47 | 46 | 48 [45,51] | 49 [45,52] | 48 [44,52] |
| **Depression** | 40 | 42 | 40 | 46 [42,49] | 45 [41,48] | 41 [38,45] |
| **Heart disease** | 39 | 37 | 38 | 39 [37,43] | 37 [34,40] | 39 [36,43] |
| **Arthritis** | 38 | 37 | 36 | 37 [33,41] | 33 [30,37] | 32 [28,36] |
| **Diabetes** | 22 | 19 | 21 | 23 [21,25] | 22 [20,25] | 23 [21,25] |
| **Serious mental illness** | 15 | 15 | 19 | 20 [17,23] | 18 [15,20] | 19 [16,22] |
| **Osteoporosis** | 16 | 17 | 18 | 17 [14,19] | 17 [15,20] | 12 [10,15] |
| **COPD and allied conditions** | 15 | 16 | 15 | 16 [14,19] | 16 [14,18] | 17 [15,19] |
| **Intellectual or developmental disabilities** | 9 | 9 | 10 | 10 [8,12] | 9 [7,11] | 10 [8,13] |
| **Cancer** | 7 | 8 | 8 | 9 [8,11] | 7 [6,8] | 8 [6,9] |
| **Traumatic brain injury** | X | 7 | 7 | 8 [7,10] | 9 [7,11] | 9 [8,12] |
| **Current drug and/or alcohol abuse** | 4 | 3 | 3 | 5 [3,6] | 4 [3,6] | 4 [3,6] |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B8. Falls in the prior 90 days resulting in injury or hospitalization among residents who experienced a fall, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Fall resulting in injury** | 20 | 24 | 33 | 19 | 25 | 37 [27,49] |
| **Fall resulting in hospitalization** | 13 | 18 | 20 | 18 | 19 | 34 [25,46] |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B9. Health service use among AFH residents, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Treated in hospital ER in the last 90 days** | 14 | 14 | 15 | 13 [12,16] | 13 [12,15] | 11 [9,13] |
| **Hospitalized overnight in the last 90 days** | 6 | 8 | 8 | 8 [7,9] | 7 [6,9] | 6 [5,8] |
| **Went back to the hospital within 30 days** | X | 24 | 30 | 27 [19,36] | 27 [19,37] | 24 [15,37] |
| **Received hospice care in the last 90 days** | 10 | 10 | 11 | 10 [8,12] | 10 [8,12] | 10 [9,13] |
| **Received services from a licensed/certified home health care agency** | X | X | X | X] | 19 [14,20] | 17 [15,20] |

Note: X indicates that the question was not asked in that year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

**Table B10. Medication use and assistance with medications, 2016-2021**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| | % | % | % | % [CI] | % [CI] | % [CI] |
| **Take nine or more medications** | 54 | 53 | 51 | 52 [48,56] | 53 [50,57] | 54 [50,58] |
| **Take antipsychotic medications** | 34 | 35 | 35 | 36 [33,39] | 39 [35,42] | 39 [35,42] |
| **Self-administer medications** | 5 | 5 | 6 | 6 [4,8] | 6 [4,8] | 4 [3,6] |
| **Received assistance to take oral medications** | 80 | 75 | 74 | 75 [71,79] | 76 [72,79] | 76 [71,80] |

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

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# Appendix D: Adult foster home questionnaire

Portland State UNIVERSITY
Institute on Aging

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

## Adult Foster Homes (AFH)

### Oregon Community-Based Care
### Resident & AFH Characteristics Questionnaire (2020-21)

**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 #:

**Please update any incorrect/outdated information.**
Owner/Licensee Name: _____
AFH Phone #: _____

Email _____ Fax # _____

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

**Please return your completed questionnaire to PSU by January 29, 2021.**

| Once complete, please choose one of the following to return the questionnaire: | |
|---|---|
| Mail: | Please use the postage paid envelope<br>**Be sure to include all 10 pages** |
| Scan and email to: | cbcor@pdx.edu<br>**Be sure to include all 10 pages** |
| Fax to: | 503-725-9927<br>**Be sure to include all 10 pages** |

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

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

## Your privacy matters!

**PSU does not publish or share responses from individual adult foster homes.**
**We have included a 2-page flyer that provides an example of the way we report all AFH owner responses to DHS.**

Findings from prior years are available on these websites:
http://www.oregon.gov/DHS/SENIORS-DISABILITIES/Pages/publications.aspx
https://www.pdx.edu/ioa/oregon-AFH-based-care-project

**Questionnaire Instructions:**

- First, please check that the information on page 1 is up-to-date and correct.
- Next, answer all the questions.
- Then, please return your completed questionnaire to PSU using one of the methods listed on page 1.

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.

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

License Number:

## Section A. Resident Information

**1.** Who is filling out this survey?
*Please choose all that apply.*

| | Yes | No |
|---|---|---|
| Owner/Operator | | |
| Resident Manager | | |
| Administrator | | |
| Other, specify: _____ | | |

**2.** 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**

**3.** 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

**4.** 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 #2 above)

**Please go to the next page.**

License Number:

5. **In the last 90 days**, how many <u>new</u> residents <u>moved in (for the first time)</u> 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 <u>moved out (permanently)</u> to the following places, or died? *Please write 0 for any categories with no residents. If no residents moved, skip to question #8.*

| # 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 <u>moved out or died</u> **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 above) |

**Please go to the next page.**

License Number:

## Section B. Resident Health, Acuity & Service Use

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

- ☐ Did not fall/had zero (0) falls?
- ☐ Fell only one (1) time?
- ☐ Fell more than one (>1) time?
- ☐ **TOTAL # OF CURRENT RESIDENTS** (should match total in question #2 above)

☐ If none of your current residents fell in the last 90 days, SKIP to question #10.

**9.** 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

**10.** 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

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

☐ Number of residents

**12.** 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

**13.** 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

**14.** 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

License Number:

**15.** **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)

**16.** 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., Aripiprazole (Abilify), Haldol (Haloperidol), Olanzapine (Zyprexa), Quetiapine (Seroquel), Risperidone (Risperdal)
- ☐ Self-administer most of their medications?
- ☐ Receive staff assistance to take oral medications?

**17.** 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

**Please go to the next page.**

License Number:

**18.** 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 residents who were hospitalized overnight went back to the hospital within 30 days?

☐ Receiving hospice care **in the last 90 days?**

☐ Receiving services from a licensed/ certified home health care agency **in the last 90 days?**

## Section C. Adult Foster Home Owner/Licensee

**19.** 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

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

1. Yes 2. No

**21.** Now we would like to ask about your plans for this AFH. Please select the answer that best fits your plans for your adult foster home. *Please check yes or no for each category.*

In the next year are you planning to:

| | Yes | No |
|---|---|---|
| Open another/newly licensed adult foster home | | |
| Move this adult foster home to a different location/house | | |
| Sell or transfer your adult foster home to another owner | | |
| Permanently close your adult foster home | | |

## Section D. Current Staff

**22.** **In the last 6 months**, how many staff left employment for any reason? *Please write N/A if you did not have any staff in the last 6 months. Write 0 if you had at least one staff but none left.*

☐ Number of staff who left employment at your AFH

**23.** In the last 90 days, have any of your staff missed work for any of the following reasons? *Please select all that apply.*

☐ Not applicable
☐ Transportation
☐ Caregiving for a family member
☐ Personal health issues
☐ Family illness/emergency
☐ COVID-19 related
☐ Other:_____

**Please go to the next page.**

License Number:

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

1. Yes 2. No 3. Not applicable

If you do not have hired staff in this AFH, SKIP to question #25.

## Section E. Household Characteristics

**25.** How many residents are you licensed to care for?

☐ Number of residents

**26.** Do you (owner/licensee) have family members (e.g., spouse, children, parents) living at this address? *Please **CIRCLE ONLY ONE.***

1. Yes 2. No

If no family member is living at this address, SKIP to question #27.

If there are family members living at this address, please answer the next two 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. Have any of your family members living at this AFH been negatively affected by the COVID-19-related licensing rules and restrictions?

1. Yes 2. No

**If yes**, in what ways have your family members been affected?

_____

_____

_____

## Section E. Monthly Rates, Fees & Policies

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

1. Yes 2. No

**28.** **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 #2)

**29.** **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

**Please go to the next page.**

License Number:

**30.** How much do you agree or disagree with the following statements regarding the coronavirus (COVID-19) pandemic? **Please put an "X" in the column that best describes your experiences.**

| As of March 2020, since the COVID-19 pandemic started... | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | N/A |
|---|---|---|---|---|---|---|
| a. We have been able to get accurate information about COVID-19. | | | | | | |
| b. We have been given enough support from county/state agencies to deal with issues/problems due to the pandemic. | | | | | | |
| c. We have been satisfied with the communication about rules and regulations from the county/state agencies. | | | | | | |
| d. We have been able to access personal protective equipment (PPE) (such as eye protection, gloves, N95 respirators). | | | | | | |
| e. We have been able to address concerns of my residents' families related to the pandemic. | | | | | | |
| f. We have been able to address concerns of my staff related to the pandemic. | | | | | | |
| g. We have had a harder time finding new residents. | | | | | | |
| h. We have had a harder time with staffing (such as hiring, retaining, and scheduling). | | | | | | |
| i. Our residents have used virtual visits (e.g., iPad, computer, smart phone) with their family members and friends. | | | | | | |
| j. Our residents have used telemedicine or telehealth for purposes of assessments, monitoring, diagnosis, or treatment. | | | | | | |
| k. We have found the COVID-19 visitor restrictions enacted by county/state agencies to be reasonable. | | | | | | |

License Number:

**31.** What resources do you need from the DHS or government agencies to feel prepared for a future local disasters or state-wide emergencies, such as wildfires, earthquakes, tsunamis, or others?

_____

_____

_____

_____

_____

**32.** Is there anything you would like us or DHS to know about operating an AFH during the pandemic?

_____

_____

_____

_____

_____

*Thank you for taking the time to complete this questionnaire!*

*Please return your completed questionnaire to PSU.*

***If you are returning the questionnaire by mail, please use the addressed, postage paid envelope.***
*If you prefer to use email or FAX, our email addresses and FAX number can be found on the cover page.*

**All answers are kept private and confidential. None of your individual information is reported to DHS.**