2014

Resident and Home Characteristics Report 2014: Adult Foster Homes

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Oregon Community-Based Care

Resident and Home Characteristics Report **2014**

Adult Foster Homes

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Executive Summary

In collaboration with the Aging and People with Disabilities program of Oregon's Department of Human Services (DHS), Portland State University's Institute on Aging conducted this research study of adult foster homes (AFH) throughout the state of Oregon. The Oregon legislature appropriated funds for DHS to collect information from these community-based care providers that will allow DHS, providers, and the public to better understand resident characteristics and adult foster home services.

This report summarizes findings from the first state-wide survey of licensed adult foster homes in Oregon. The survey goals were to:

- describe resident health-related needs, service use, and demographic characteristics;
- describe AFH provider characteristics (e.g., number of years as a provider, professional training);
- describe adult foster homes (e.g., occupancy, monthly charges, staffing); and
- provide a baseline for future surveys.

In addition, this information about AFHs can be compared to the recently completed summary of assisted living, residential care, and memory care facilities completed by Portland State University's Institute on Aging. Both surveys, along with a report that summarizes characteristics of Medicaid clients based on data provided by DHS and a report recently completed by Oregon State University on nursing facilities in Oregon, provide an important overview of community-based care settings in Oregon that can be used by policymakers, providers, and consumers.

Survey

This report is based on a survey mailed to a sample of 500 of the 1,542 licensed AFHs in Oregon. These facilities served a total of 828 residents. The study methods are detailed in Appendix A.

Key Findings

The following table summarizes the results from the study, based on the responses received.

2014

Number and Capacity of AFHs in Oregon

- In 2014, there were 1,542 AFHs with 6,653 beds in Oregon.
- Of 496 eligible AFHs in the sample, 228 homes (46%) with 828 residents (licensed capacity of 961) responded to the survey.

Adult Foster Home Characteristics (based on survey responses)

- 89% of providers lived in the adult foster home.
- 56% of the providers had family members living in the home.
- The average reported occupancy rate was 86%.
- The residents were primarily White, non-Hispanic (89%), female (63%), and 75 or older (60%).

Resident Move-in and Move-out Information

- Residents had moved into the AFH from their home (23%), an assisted living/residential care facility (24%), a different AFH (17%), or a nursing facility (16%), while the remaining 20% moved in from the home of a relative or friend, a hospital, a hospice facility, or somewhere else.
- 59% of discharges were due to death. The second and third most frequent discharges were to a different AFH (10%) or an assisted living/residential care facility (9%). The remaining 22% moved-out to the home of a relative or friend, a hospital, a hospice facility, a nursing facility, or somewhere else.

Resident Ambulatory Status and Acuity

- 41% of residents needed help from staff to get around.
- Residents required assistance with bathing/showering (86%), and bowel/bladder care (71%), dressing (63%), and eating (29%).
- 54% of residents had dementia.
- 22% of residents went to the emergency department and 15% were hospitalized in 2014.
- 46% of homes allowed capable residents to self-administer medication.
- 50% of residents took nine or more prescription medications.

Payment Information

- Care was paid for privately (34%) and by Medicaid (66%).
- The state limit for room and board charges for Medicaid clients was $561, a 3% increase from 2008 when adjusted for inflation.
- Medicaid reimbursement for AFH residents at the lowest level of care was $1,338/month, a 3% decrease from 2008 when adjusted for inflation.

Background

In Oregon, a variety of **Community-Based Care (CBC)** settings, including assisted living, residential care, memory care facilities, and adult foster homes, serve older persons who need ongoing assistance with daily activities such as personal care and medications, as well as supervision and health monitoring. These CBC settings offer and coordinate supportive services on a 24-hour basis to meet the activities of daily living (ADL), health, and social needs of residents. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence, and home-like surroundings.

In Oregon, **Adult Foster Homes (AFHs)** are single-family residences that provide 24-hour care and supervision within their own homes to unrelated adults who are unable to care for themselves. Care with activities of daily living (ADL) such as eating, dressing, and bathing, and instrumental activities of daily living (IADL) such as managing medications and meal preparation, is provided by the AFH owner or manager, and residents can receive a range of personal care, health-related, and social services. Adult foster homes are licensed to house from 1 to 5 adult residents. Multnomah County uses the term **Adult Care Home**.

The demand for community-based care (CBC) settings is expected to increase with population aging. More than two-thirds of individuals who reach age 65 may need long-term services supports (LTSS) during their lifetime (Kemper et al., 2005). Nationally, the number of persons aged 85 and older—those who are most likely to need CBC—is predicted to nearly triple by 2050 (U.S. Census, 2012). Also increasing the demand for CBC will be the fact that the number of Oregonians with Alzheimer's disease is expected to nearly double between 2000 and 2025 (Alzheimer's Association, 2010).

There is very little public information about the people residing in CBC settings, the staff, and the settings themselves. Oregon's Department of Human Services (DHS) collects information on Medicaid-funded beneficiaries in these settings, but, unlike nursing facilities, CBC communities are not required to use a standardized assessment tool to collect and report information on resident characteristics and staffing. This report fills an important gap in our understanding of CBC residents, staff, and facility characteristics and can be used to guide policy and practice.

The DHS, the licensing authority for Oregon's community-based care facilities, is required by the Oregon legislature to provide a picture of the CBC landscape that can be used by local and statewide planners and policy-makers. To meet this requirement, DHS contracted with Portland State University's Institute on Aging to collect data from CBC providers concerning residents, such as their care needs and acuity level, demographic characteristics, length of stay, and move-in and move-out information. Data were also collected about the CBC facilities, such as their size, ownership, and vacancy rates. DHS also provided data to PSU about Medicaid beneficiaries who used a CBC setting

between 2013 and 2014, and PSU conducted a state-wide survey of assisted living, residential care, and memory care facilities (presented in separate reports). DHS simultaneously contracted with Oregon State University (OSU) to collect similar data from nursing facilities throughout the state (reported by OSU in a separate report). The current report presents findings about AFHs that state and local agencies can use to inform policy decisions and that CBC providers can use to assess their services and markets.

Oregon developed policies to support the growth of adult foster homes as a community-based alternative to nursing homes in the 1980s. These and other policies reflected the need to create affordable options for a rapidly aging population and consumer preferences to remain independent within their communities. The AFH model is based on family-like relationships and flexible scheduling practices (White et al., 2013). Oregon's AFH policies are recognized as a national model (Mollica et al., 2009).

Oregon has three AFH classifications, which are based on the provider's experience and training. Providers who have a certain number of years of experience and/or are a licensed health care professional (e.g., registered nurse, physician) may be certified to provide the highest classification level. All classifications require applicants to pass a basic training course and examination.

AFHs in Oregon are licensed by DHS with the exception of those in Multnomah County. Multnomah County is exempt from the State AFH license, inspection, and fee provisions and is authorized to provide administrative rules and standards equal to or exceeding State requirements (Multnomah County, 2011, p. 5).

In 2014, there were 1,542 adult foster homes in Oregon, with 6,653 beds available statewide. Nationally, there are about 18,901 AFHs serving approximately 64,189 residents. Licensing requirements vary by state; 29 states have regulations to license or certify AFHs, and 17 states use assisted living regulations to cover AFH care (Mollica et al., 2008). At least 30 states use public funds to pay for AFH care on behalf of eligible clients (Mollica et al., 2009). Nationally, approximately 50 to 60 percent of AFH residents pay with private resources, including resources provided by family (Mollica et al., 2008).

Adult Foster Home Characteristics

This section describes occupancy, capacity, night-time care, information about AFH providers, visits to the AFH by health service professionals, and availability of resident-centered activities.

Capacity and Occupancy Rate

The 228 AFHs in this survey were licensed to care for a total of 961 residents. AFH providers reported 828 current residents, or 86 percent of the total capacity, on average. Twenty-five percent of surveyed homes reported that they had one or two residents. The majority of homes (68 percent) were licensed to care for 5 residents, though only 42 percent of homes reported that they currently had five residents (Table 1 and 2).

Table 1. Licensed Capacity and Occupancy Rate Reported by Adult Foster Homes

Licensed Capacity	% (n)	Actual Occupancy	% (n)
0 residents	-	0 residents	1% (2)
1 resident	10% (23)	1 resident	13% (1)
2 residents	4% (9)	2 residents	12% (28)
3 residents	8% (18)	3 residents	12% (28)
4 residents	11% (24)	4 residents	20% (46)
5 residents	68% (154)	5 residents	42% (95)

Table 2. Average Occupancy Rate

Total licensed capacity of survey respondents	Average occupancy of survey respondents	Average rate of occupancy
961	828	86%

AFHs may provide private or double-occupancy rooms. Eighty-eight percent of residents occupied single-occupancy rooms, while 12 percent shared a room with another resident.

Night-time Care

The provision of night-time care is a policy issue, because AFH providers are not required to provide awake overnight staff (except some specialized care homes), though staff are required to be available and to provide a method for residents to easily contact staff if needed during the night. Sixty-one percent of providers reported that they had at least one resident who required night-time assistance four or more nights per week. For those providers who did have residents who required night-time assistance, 44 percent of them had paid staff who had to remain awake throughout the

night to provide care. Residents needing assistance during the night called out to staff (53 percent), used a call bell or intercom system (63 percent), or another method (12 percent). In two-thirds (67 percent) of AFHs, staff would also routinely check on residents throughout the night. Twenty-three of 36 (64 percent) providers who employed a resident manager also had a resident who required night-time care. Of providers who had a resident(s) with night-time care needs, 85 percent employed at least one additional caregiver, with the majority of providers (53 percent) employing two or more.

Access to Outdoor Areas

The ability to go outside is important to most people, including those with dementia (Rodiek and Schwarz, 2007). Almost all (98 percent) of the responding AFHs had an outdoor area that could be used by residents. Of those AFHs that had an outdoor area, 70 percent said that residents were allowed to use this area anytime. Thirty percent allowed residents to use the outdoor area only when a staff person or other responsible person was available.

Adult Foster Home Providers

Eighty-nine percent of AFH providers lived at their adult foster home. Of those providers, 56 percent reported that other family members lived in the home with them. The average number of family members living in the AFH was 2.1 with a range of 1 to 6. Nearly one-third (32%) of family members were under 18 years of age and the remaining two-thirds (68%) of family members were over 18 years of age.

The AFH licensing rules do not require AFH providers to have special certifications. However, 21 percent of providers reported that they were certified nursing assistants (CNAs), 5 percent were registered nurses (RNs), and 4 percent were licensed practical nurses (LPNs) or licensed vocational nurses (LVNs) (Table 3). Twenty percent of providers reported having other education or certifications, including bachelor's degrees (n=6), doctor of Chiropractic (n=1), master's degree (n=1), pharmacy technician (n=1), restorative aide (n=1), surgical technician (n=1), and hospice (n=1).

Table 3. Provider certifications

Certifications of Provider	% (n)
CNA	21% (48)
RN	5% (11)
LPN/LVN	4% (8)
MD	1% (2)
MSW	<1% (1)
Respiratory Therapist	1% (2)
Other	20% (46)

Adult Foster Home Staff

AFH providers may hire caregivers (sometimes referred to as direct care workers) to provide personal care assistance to residents. These staff are not required to be licensed or certified, but all paid caregivers must attend and complete DHS-approved training, complete in-home training provided by the owner/manager of the AFH, and be competent to address residents' needs (Oregon Department of Human Services, 2013).

If the licensed AFH provider does not live in the home, a resident manager must be employed and reside on-site. Resident managers were only employed by 16 percent of AFHs (36 homes). On average, those that did employ resident managers reported they had 1.2 resident managers, with a range of 1 to 4. These resident managers received, on average, 2.6 days off per week, with a range of 1 to 4 days off per week.

AFHs employed, on average, 1.6 caregivers. The majority of providers had between 1 and 2 caregivers (61 percent). Nine percent employed 3 caregivers, 2 percent employed 4, and 8 percent employed 5 or more caregivers. Twenty percent of providers reported having employed no additional caregivers.

Visits to the Adult Foster Home by Health Service Professionals

AFH providers serve older adults with a range of functional limitations and health care needs, including some who may have difficulty leaving the home for health services. The survey included questions about whether specific health professionals visited the home. Table 4 provides information about the use of health service providers by each of four regions in Oregon, as indicated in Figure 1. AFH providers were most likely to use a nurse or home health provider (76 percent), followed by a social worker or case manager (72 percent), a physical or occupational therapist (49 percent), a hospice worker (39 percent), and a medical doctor or nurse practitioner (36 percent). Mental health providers and behavioral specialists were used the least by providers (20 percent and 20 percent).

The Portland region reported the greatest use of hospice workers, nurse or home health services, medical doctor or nurse practitioner professionals, physical or occupational therapists, and social workers or case managers. The Willamette Valley region reported the greatest use of mental health providers and behavioral health specialists.

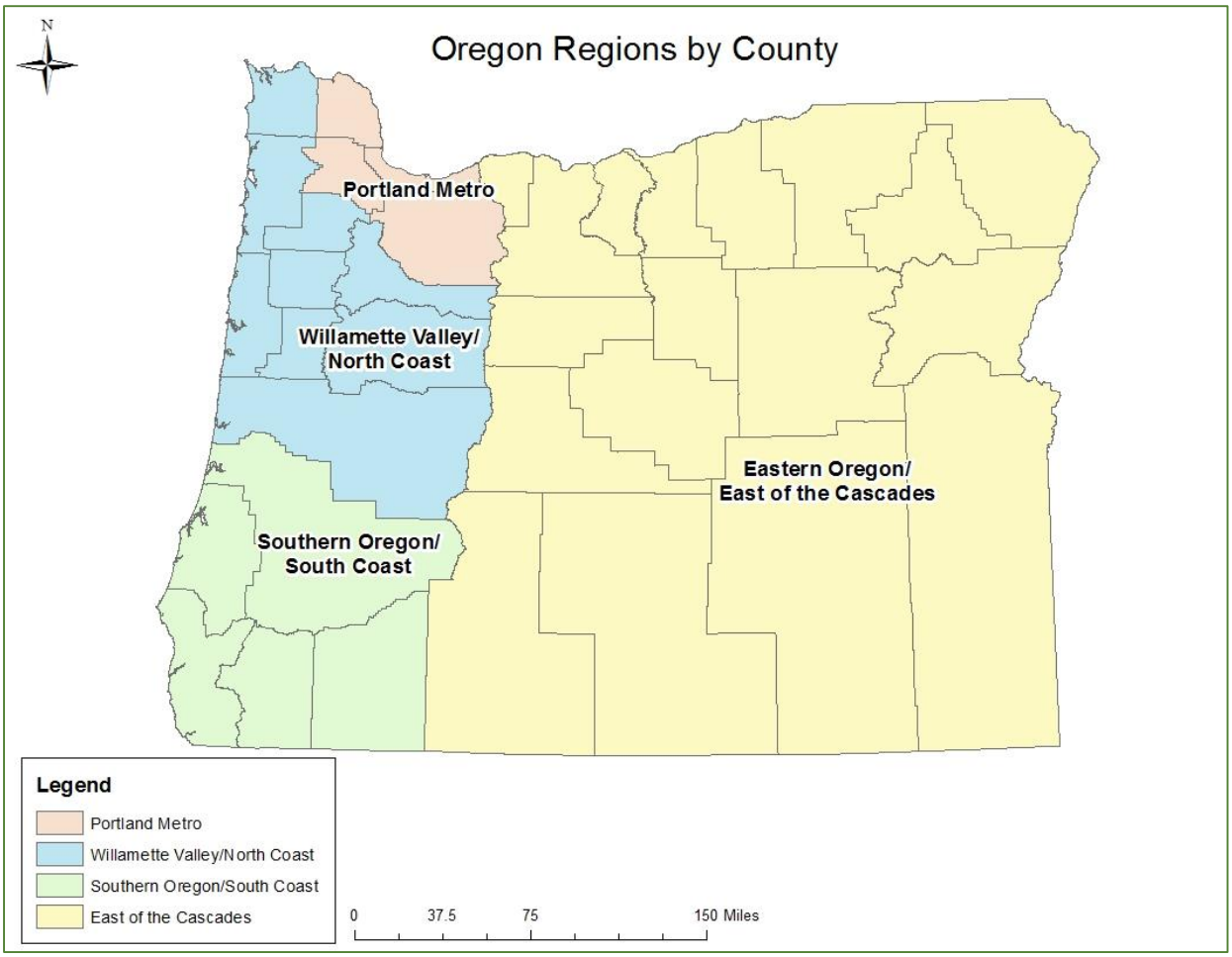

Figure 1. Oregon Regions by County

Thirty-nine percent of providers reported having used hospice services in the last quarter of 2014. Adult foster homes in the Portland region exhibited the greatest use of hospice service providers (44 percent), followed by the Willamette Valley (38 percent), Eastern Oregon (35 percent), and Southern Oregon (27 percent). (These four regions, designated by county, are indicated in Figure 1.) Nurse and home health services were used by 76 percent of AFHs in the last quarter of 2014. Eighty-five percent of providers in Portland, followed by 72 percent in Eastern Oregon, 70 percent in Willamette Valley, and 65 percent in Southern Oregon used nurse and home health services. Medical doctors or nurse practitioners provided care in 36 percent of homes. Physical and/or occupational therapists visited 49 percent of the AFHs.

Mental health specialists provided services for 20 percent of the AFHs, with more providers in the Willamette Valley region using these services (25 percent), followed by providers in the Portland region (23 percent), Southern Oregon (11 percent), and Eastern Oregon (10 percent). Behavior therapists were used most frequently by Willamette Valley providers (27 percent), followed by the Portland region (19 percent), Eastern Oregon, (17 percent), and Southern Oregon (14 percent). Social workers and case managers were used more heavily than other health professionals by all

regions. Other professionals who visited the AFH to provide services were described in open-ended responses. Clergy or pastors were cited 5 times; others included a speech therapist (3), dentist or hygienist (2), pulmonologist (1), podiatrist (1), and an EMT (1).

Table 4. Health Service Use by Region

	Region 1 (Portland) % (n)	Region 2 (Willamette Valley) % (n)	Region 3 (Southern Oregon) % (n)	Region 4 (Eastern Oregon) % (n)	Total (n)
Hospice worker	44% (44)	38% (23)	27% (10)	35% (10)	39% (87)
Nurse or home health	85% (84)	70% (42)	65% (24)	72% (21)	76% (171)
Medical doctor or nurse practitioner	59% (58)	22% (13)	5% (2)	31% (9)	36% (82)
Mental health provider	23% (23)	25% (15)	11% (4)	10% (3)	20% (45)
Physical or occupational therapist	59% (58)	50% (30)	38% (14)	28% (8)	49% (110)
Behavioral specialist	19% (19)	27% (16)	14% (5)	17% (5)	20% (45)
Social worker or case manager	78% (77)	75% (45)	65% (24)	55% (16)	72% (162)
Other	9% (9)	7% (4)	8% (3)	10% (3)	8% (19)

Medication Services

Oregon administrative rules for AFHs allow residents to self-administer medications if their physician approves. This practice might enhance resident independence and can result in lower monthly fees. Forty-six percent of homes reported having residents who self-administered medication.

Table 5. Number of Different Pharmacies Used

Number of Pharmacies	% (n)
0	1% (2)
1	47% (105)
2	32% (73)
3	15% (34)
4	4% (8)
5	1% (3)
Total	225

Providers must work with pharmacies to receive residents' medications, including changes in a resident's prescriptions. Working with more than one pharmacy, including local and mail order, accommodates resident choice but also requires the AFH to understand different pharmacy systems. Almost half (47 percent) of the providers who responded to this survey question used only one pharmacy; 32 percent used two pharmacies, and 15 percent used three. A smaller number of providers used four or more pharmacies (5 percent) (Table 5).

Resident-Centered Care

Oregon administrative rules specify that AFHs must provide six hours of activities per week that are of interest to residents, not including television or movies. AFHs reported that 679 residents participated in activities, with an average of three residents per home participating in activities. When asked whether the activities were based on individual preference, as indicated in the resident care plans, 93 percent of providers said they were. When asked whether residents planned or scheduled activities they preferred with the provider, 66 percent said they did.

The majority of AFHs reported that their facility accommodated residents in scheduling their preferred times for bathing (70 percent), waking up in the morning (79 percent), and going to bed (82 percent).

Resident Payment Sources and AFH Fees

The survey asked if residents paid for AFH services using Medicaid or private resources. Table 6 shows that the majority of residents used Medicaid (66 percent), followed by private pay (34 percent). This is substantially greater than a 2012 report where 41 percent of AFH residents were funded by Medicaid (State of Oregon, 2012). Future surveys and review of state Medicaid data will explore additional information to clarify this difference. The percentage of Medicaid HCBS expenditures in Oregon was higher than the national average (approximately 78 percent in Oregon versus approximately 49 percent nationally) (Eiken et al., 2012).

Table 6. Adult Foster Home Payment Methods

Payment Method	% (n)
Medicaid	66% (538)
Private pay	34% (276)
Total	814

The state uses Medicaid funds to pay for AFH services on behalf of residents who meet financial and medical eligibility criteria. In 2008, the monthly Medicaid rates paid to AFHs on behalf of Medicaid-eligible clients who required the highest level of care was $1,742. Facilities could request additional funds to pay for advanced care services. In 2014, the monthly Medicaid rates paid to AFHs on behalf of Medicaid-eligible clients who required the highest level of care was $2,115. Medicaid pays for services, not room and board (rent plus three daily meals plus snacks). Medicaid-eligible residents receive a monthly Social Security Income (SSI) payment and must use a portion of this income payment to pay room and board to the facility. Oregon limits the amount that CBC providers may charge so that residents may keep a monthly personal needs allowance. In 2008, the monthly SSI benefit was $637, and the room and board rate was $494.70, leaving residents with a monthly allowance of $142.30. In 2014, the SSI benefit was $721 and the room and board rate was $561, leaving an allowance of $160. Thus, between 2008 and 2014, the amount of room and board that facilities could charge Medicaid clients increased 3 percent when adjusted for inflation.

Combining the Medicaid and room and board payments, in 2008, the monthly amount an AFH would receive in total for the highest level of care Medicaid client was $2236.70 ($1,742 + $494.70). In 2014, this monthly rate was $2,676 ($2,115 + $561), a 9 percent increase when adjusted for inflation.

AFHs were asked whether residents were charged a flat rate, a base rate plus fees, or if another method was used. Most homes (76 percent) charged residents a base rate plus additional fees based on resident needs and services. Twenty-one percent of providers reported that all residents paid a flat monthly rate. Open-ended responses to other ways residents were charged included a daily rate,

a flat yearly rate, SSI funds, or SSD funds, and one provider stated that payment is based on what the resident and the resident's family can afford.

Providers were asked the amount of their monthly rates. However, only a very small number provided this information. Seventeen providers who charged a flat monthly rate reported rates ranging from $1,240 to $7,000. Forty-five providers who charged a base rate plus fees based on needs and services reported an average rate of $3,379 (with a median rate of $3,050).

Additional Private Pay Fees

Providers were asked whether private-pay residents are charged for additional services, including night-time care, advanced memory care, transfer assistance, obesity care, catheter or similar care, and advanced diabetes care. Only small numbers of providers reported additional charges for these services. For example, 37 homes charged a fee for advanced memory care, and 36 homes charged a fee for night time care. Survey participant responses regarding additional service charges varied by region as described further in Appendix B, Table B.1.

Southern Oregon had the highest percentages of additional fees charged for night-time care, and Eastern Oregon had the most additional charges for advanced memory care. A small number of providers reported that additional fees are charged for the following: obesity (bariatric) care; assistance with feeding (4), assistance with behavior (3), wound care (2), night standby assistance (1), stoma care (1), and rehabilitative services for a resident with a traumatic brain injury (1) (See Appendix B, Table B.1).

Resident Characteristics

Tables 7 and 8 report demographic information gathered from survey participants regarding residents' ages, marital status, and ethnic/racial composition. The majority of residents were female (63 percent), white, non-Hispanic (89 percent), single or un-partnered (90 percent), and aged 75 or older (60 percent). Just 8 percent of residents were under age 55, while 38 percent of residents were 85 years of age or older.

Table 7. Gender, Marital Status, and Age of Residents

Gender, Marital Status, and Age		% (n)
Gender		
	Male	37% (305)
	Female	63% (515)
	Transgender	<1% (1)
Marital Status		
	Married	10% (82)
	Single or un-partnered	90% (720)
Age		
	18-39	2% (16)
	40-54	6% (48)
	55-64	15% (119)
	65-74	17% (143)
	75-84	22% (181)
	85+	38% (314)

Table 8. Racial/Ethnic Composition of Home

Race/Ethnicity	% (n)
Hispanic/Latino/a	2% (16)
American Indian or Alaska Native (non-Hispanic)	1% (8)
Asian (non-Hispanic)	2% (15)
Black, African American, African (non-Hispanic)	2% (15)
Native Hawaiian or Pacific Islander (non-Hispanic)	1% (4)
White (non-Hispanic)	89% (727)
Multi-racial (two or more racial categories)	1% (8)
Other/unknown	3% (22)
Total	815

The majority of residents in AFHs identify as White (89 percent), followed by Hispanic (2 percent), Asian (2 percent), and Black/African American (2 percent). Native Hawaiian or Pacific Islander and Multi-racial comprised 1 percent of the AFH residents, while other/unknown responses comprised 3 percent.

As compared to data from the 2010 Oregon Census, AFHs have a higher percentage of White residents (89 percent), compared to 92 percent of adults over the age of 65 in Oregon. The percentage of AFH residents who identify as Asian is similar to the percentage of Asian Oregonians over age 65. However, the percentage of adults in AFHs who identify as Black or African American was less than older adults over the age of 65 in the state of Oregon (1 percent vs. 1.9 percent) (U.S. Census Bureau, 2010).

To ensure communication, cultural competence, and person-centered care practices are addressed for non-English speakers, matching those residents with homes where providers speak the same language is important. In those homes where residents' preference was to speak a language other than English, 32 percent of providers and caregivers spoke that same language. Survey respondents included 113 AFHs where caregivers or providers spoke a language other than English fluently. There were a total of 157 languages reported, making for an average of 1.4 languages within homes that spoke another language and .7 across the total of all homes (N=228). Thirty-two different languages were spoken in total. The most common language spoken was Romanian (n = 53), followed by Spanish (n=36). In aggregate, languages spoken in southern Asia and the Pacific Islands were the fourth most common category of languages (n=34). These languages were predominantly spoken in the Philippines. African languages were the fifth most common language category with a total of 7 AFHs speaking an African language with a total of 5 distinct languages. A total of 32 AFHs had care workers who spoke more than one language other than English.

To understand whether residents were able to maintain meaningful connections within the community, respondents were asked whether residents had family or friends call or visit at least once per month. Of the 655 responses, residents had an average of 3 visits per month over the course of 2014.

Resident Acuity and Service Use

Acuity refers to the intensity of service needs of an individual related to their cognitive function, health conditions, medication use, and other health needs. The aggregation of acuity at a particular community can inform providers about staffing needs and budget allocations. Higher acuity levels generally translate to a higher need for care. The resident acuity measures used in the survey were drawn from the DHS Resident Acuity Roster and input from DHS staff.

Activities of daily living, or ADLs, refer to daily self-care activities, including bathing, dressing, eating, personal hygiene, and functional mobility. ADLs are commonly assessed in order to determine the amount of support an individual needs to function in daily life.

Adult foster home residents have a variety of medical diagnoses and health-related risks that require staff support and on-going supervision or monitoring. In Table 9, the "AFH" column details the frequency and percent of AFHs that have residents with a medical diagnosis, health-related risk, or need for ADL assistance. The "Residents" column details the frequency and percent of residents in all AFHs that have a medical diagnosis, health-related risk, or need for ADL assistance. For those with a medical diagnosis, over half (54 percent) of residents were diagnosed with dementia, 29 percent had a mental health diagnosis, and 19 percent had diabetes. Half of all residents were taking 9 or more prescription medications and 4 out of 5 AFHs (80 percent) had at least one resident who required 9 or more prescription medications. The majority of residents needed assistance with bathing or showering (86 percent), bowel and bladder care (71 percent), and dressing (63 percent). A far fewer number of residents required assistance with eating (29 percent). Less than 25 percent of all residents had skin issues, falls, or were being treated for substance abuse.

Table 9. Medical Diagnoses, Health-Related Risks, and Activities of Daily Living

Medical Diagnoses, Health-Related Risks, & ADLs	AFH % (n)	Residents % (n)
Dementia	80% (179)	54% (448)
Risk to self	38% (85)	17% (140)
Risk to others	27% (60)	9% (75)
Mental health diagnosis	51% (114)	28% (232)
Substance abuse	14% (31)	5% (39)
Diabetes	51% (113)	19% (161)
Skin issues	37% (84)	15% (126)
Falls	33% (74)	11% (89)
Treatment for injury due to fall	23% (19)	3% (24)
9 or more medications	80% (180)	50% (415)
Eating assist	61% (135)	29% (237)
Dressing	90% (201)	63% (521)
Bathing or showering	97% (218)	86% (712)
Bowel and bladder care	92% (208)	71% (585)

Only 28 percent of residents were independent in their ability to walk and get around the AFH (Table 10), and the majority of residents (68 percent) used a mobility device. Forty-one percent of all residents needed assistance from staff to move around the home, including moving from bed to a wheelchair or to the toilet. It was possible for residents to use a walker, cane, or crutch, while also receiving assistance from staff, at times, such as when moving from bed to a wheelchair. Therefore, these measures of ambulation are not mutually exclusive and total over a hundred percent.

Table 10. Resident Ambulation

Ambulatory Status	% (n)
Independent in Ambulation	28% (233)
Used a walker, cane, or crutch	68% (564)
Needed staff to help move	41% (336)

Resident Move-in and Move-out Information

In 2014, on average, providers had 1.7 residents move in to their home, while the median number of residents who moved in was 1. However, this ranged from 0 to 15 residents. Most often, residents had moved into the AFH from an ALF or RCF (24 percent), their own home (23 percent), a different AFH (17 percent), or a nursing facility (16 percent) (Table 11). It was less likely for residents to move from the home of a relative or friend (10 percent) or the hospital (7 percent).

Table 11. Resident Location Prior to Moving In

Location Prior to Move-In	% (n)
Their own home	23% (86)
Home of a child, relative, or friend	10% (38)
Assisted living/residential care	24% (89)
Hospital	7% (27)
A different AFH	17% (63)
Hospice facility	<1% (1)
Nursing facility	16% (61)
Other	3% (13)

The majority of residents who had moved out did so due to death (59 percent) (Table 12). However, if residents did not die in the home, they were most likely to move to a different AFH (10 percent), an ALF or RCF (9 percent), the home of a relative or friend (5 percent), a nursing facility (5 percent), or their own home (5 percent).

Table 12. Resident Move-Out Destination

Move-Out Location of Resident	% (n)
Their own home	5% (16)
Home of a child, relative, or friend	5% (17)
Assisted living/residential care	9% (28)
Hospital	4% (13)
A different AFH	10% (30)
Hospice facility	1% (2)
Nursing facility	5% (17)
Other	2% (5)
Resident died at home	59% (187)

Adult Foster Home Provider Comments

Because little information is known about AFH providers, the survey included open-ended questions asking about the greatest rewards and challenges of being an AFH provider and what these providers wanted others to know about them and their work. This section summarizes their responses.

Rewards of Being an Adult Foster Home Provider

Overall, providers wanted to help their residents by providing the highest quality care. They saw their home as a refuge and considered their residents to be a part of their families. In describing the rewards of their work, only five providers mentioned positive aspects of the business itself, and only one described tax benefits. None mentioned financial benefits.

The aspects of care that providers described included: person-centeredness, flexibility, continuity, quality, and personalization. Some said they were honored to be helping a vulnerable population by providing comfort, love, and security. Several providers said they found great satisfaction in creating a comfortable and homey environment for their residents. They also enjoyed being able to work from home. In this way, providers gained a sense of freedom by being able to spend more time with their family and having a flexible schedule.

Providing residents a family atmosphere was described as rewarding. Also, many providers reported that they felt they had gained a large extended family consisting of the family members of their residents.

Most providers reported altruistic motives, making statements similar to those reported in other AFH studies (Carder, Morgan, & Eckert, 2006).

- *"This work transforms you as a person. Satisfaction that you can be there for people in need in the last part of their life. People come into my home to have a better life."*
- *"We gain a lot of satisfaction in knowing that the last home our people will have is one that is happy, healthy, respectful, and loving. Our people die in our arms, not alone in a hospital."*

Challenges to Being an Adult Foster Home Provider

Providers described seven key challenges in running an AFH. These challenges related to personal issues, residents, family, finances, paid caregivers, medical services, and regulations. AFH providers reported that being an AFH provider limited the amount of privacy that providers and families had in their homes. Providers also discussed the lack of free time due to the long hours and being on call at all hours. In regard to residents, providers discussed delivering adequate care as being a challenge. A few providers discussed the challenges that they had experienced with residents' families, including family members' expectations, disagreements about care, and supporting families during difficult times.

Finances were also seen as a challenge by AFH providers. Some felt that the rate of reimbursement from Medicaid was too low; others reported receiving lower pay than other CBC providers, and others felt they were unable to pay for adequate and reliable help. While providers found it difficult to pay for extra caregivers, they also found it difficult to employ qualified caregivers due to a lack of consistent and reliable help, high turnover, and low hourly wages.

Challenges also were reported with medical services, medical staff, and communication between medical providers and the AFH provider. Specifically, providers found it difficult to get in touch with medical staff about residents' care, and said residents often received incomplete or incorrect services and care from medical facilities. Some providers found it challenging to keep up with the regulations and paperwork necessary to run their business. Some examples of comments from providers, include:

- *"It is very hard to take care of yourself when taking proper care of clients, staff, families, state, pets, home."*
- *"I understand safety and quality care is the state's concern, however excessive documentation in many settings only serves to pull caregivers away from the one-on-one attention residents need to thrive."*
- *"Medical staff need to listen to providers, we are with the client 24/7. Pay attention to the side effects of medications. Stop pushing drugs until they know what the problem is."*

Summary

This report provides an initial snapshot of adult foster home providers, services, and residents based on the first state-wide survey of this type of community-based care setting. Because this is the first state-wide survey, it is not possible to assess change. In addition, no national and only limited regional studies of adult foster home residents have been published.

A total of 228 AFHs that cared for 828 residents responded to this survey. Adult foster homes provide consumers with an important alternative to other CBC settings and to nursing facilities. The majority of AFH providers—89 percent—live in the home and provide direct care services to a frail population of, primarily, elderly persons. In addition, 56 percent of the providers report that at least one family member lives in the home. These numbers suggest that the state policy goal of providing a "home like" style of CBC is being met.

Overall, these findings indicate that AFHs provide care to individuals with health conditions and impairments that require daily assistance and monitoring. The majority of AFH residents require assistance with activities of daily living and over half of residents have dementia. Given these figures and the finding that 59 percent of residents die at the AFH, it is clear that these settings are an important part of the CBC landscape in Oregon.

A follow-up survey will be conducted in 2016, reflecting 2015 information, in order to make comparisons to the current findings and to collect additional information. In addition, the results of this study may be compared to the summary reports on assisted living, residential care, and memory care, Medicaid-funded CBC care (both conducted by PSU), and a nursing home survey (conducted by OSU).

Appendix A – Methods

Survey Instrument

This project was a follow-up to a previous study last conducted by the Office for Oregon Health Policy and Research in 2008. The present study, however, included adult foster homes for the first time, as well as assisted living, residential care, and memory care facilities. The present report describes results from the survey of adult foster homes only. A separate report presents the findings from the survey of the other community-based care settings.

The survey tool from the previous study was used as a starting point to develop the survey used in the present study, in partnership with stakeholders from:

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

Questionnaire topics included facility information, resident demographics, resident ambulation, resident acuity, payer information - rates, fees, and services, staffing, and additional services. The questionnaire also included three in-depth qualitative questions about living and working in AFHs.

Sample Selection and Survey Implementation

The sample for this survey was randomly selected proportionally by region. Four regions were created, developed by aggregating counties, as detailed in Figure 1 and Table A.1. As of December, 2014, the total number of AFHs in Oregon was 1,542. Of this total, approximately one third (n = 500) were randomly selected for the survey sample. Of the 500 randomly selected, 4 were ineligible to participate, thus reducing the sample to 496 AFHs. These homes were ineligible because they either did not have any residents during 2014 or they had closed prior to December 31, 2014. A mailed survey was sent to each AFH in the sample. Providers were asked to complete the questionnaire and return it to PSU's Institute on Aging via fax, scan and email, or US postal service. Providers were also given the option of completing the survey over the phone, which 38 respondents did. Completed surveys asking about resident characteristics and available services in the calendar year 2014 were received from 228 facilities, for a response rate of 46 percent. Returned surveys were checked for missing information and responses. One or more follow up calls were made to providers to encourage survey completion and to help answer questions. Data were entered into a database by PSU's Survey Research Lab.

Table A.1 – *Response Rate by Region*

Region	Total Population % (n)	Final Sample % (n)	Total % (n)	Response Rate by Region
Portland Metro: Clackamas, Washington, Multnomah, Columbia	43% (633)	43% (215)	43% (99)	46%
Willamette Valley: Marion, Clatsop, Yamhill, Tillamook, Linn, Benton, Polk, Lincoln, Lane	26% (408)	26% (127)	26% (60)	47%
Southern Oregon: Douglas, Coos, Curry, Josephine, Jackson	19% (285)	19% (95)	17% (38)	40%
Eastern Oregon: Hood River, Wasco, Sherman, Gilliam, Morrow, Klamath, Lake, Deschutes, Harney, Jefferson, Crook, Umatilla, Baker, Grant, Union, Wallowa, Malheur, Wheeler	12% (186)	12% (59)	14% (31)	53%
Total	100% (1542)	100% (496)	100% (228)	46%

Survey Response

A total of 228 communities responded, for a **response rate of 46 percent overall**. Table A.1 details responses to the survey by region in Oregon. The region with the highest concentration of AFHs was the Portland Metro region, and the East of the Cascades region contained the fewest. The response rate across regions closely matched the proportion of licensed AFHs by region with the exception of Southern Oregon/South Coast at just 2 percent under the proportion of licensed AFHs and East of the Cascades at just 2 percent over the proportion by region. East of the Cascades region had the highest response rate at 53 percent.

Non-response. A total of 268 AFHs did not respond to the survey. Reasons given for non-response included that the survey was not mandatory, the provider was not comfortable sharing resident payment sources, the provider did not have enough time to complete the survey, and the provider was not comfortable sharing private information. Respondents are believed to be no different than non-respondents for at least two reasons. First, representation across regions was relatively even. Second, the licensed capacity of respondent facilities compared to non-respondent facilities was quite similar.

Data Analysis

Quantitative data were entered into SPSS (a statistical software program), then checked for errors (e.g., data cleaning). Quantitative data analysis entailed primarily descriptive statistics (counts and percentages) and cross-tabulations. Qualitative data, based on responses to three open-ended questions, were summarized according to themes.

Appendix B – Additional Tables

Information about Night-time Care

Table B1. Charge for Services for Private Pay by Region

Service	Portland Metro % (n)	Willamette Valley % (n)	Southern Oregon % (n)	Eastern Oregon % (n)	Total (n)
Night-time care	36% (20)	23% (5)	43% (6)	36% (5)	34% (36)
Advanced memory care	39% (20)	24% (5)	33% (5)	47% (7)	36% (37)
Two or more person transfer assistance	37% (18)	20% (4)	18% (2)	25% (3)	29% (27)
Obesity (bariatric) care	10% (4)	-	-	-	5% (4)
Catheter, colostomy, or similar care	27% (13)	24% (5)	25% (3)	17% (2)	28% (23)
Advanced diabetes care	35% (17)	33% (7)	15% (2)	17% (2)	30% (28)

Table B2. Resident Language

Resident Language	% (n)
Resident language	
Spanish	58% (11)
ASL	11% (2)
German	5% (1)
French	5% (1)
Norwegian	5% (1)
Vietnamese	5% (1)
Samoan	5% (1)
Russian	5% (1)
Total	(19)
Language match with provider	
Yes	32% (6)
No	68% (13)
Total	(19)

Table B3. Provider/Caregiver Language

Provider/Caregiver Language	% (n)
Romanian	34% (53)
Spanish	23% (36)
Filipino	8% (13)
Tagalog	7% (11)
Russian	3% (5)
ASL	2% (3)
Hungarian	2% (3)
Italian	2% (3)
French	1% (2)
German	1% (2)
Ilocano	1% (2)
Samoan	1% (2)
Swahili	1% (2)
Ukrainian	1% (2)
African and Native South African Languages	1% (1)
Amharic	1% (1)
Amara	1% (1)
Arabic	1% (1)
Cebuano	1% (1)
Deutsch	1% (1)
Hebrew	1% (1)
Hung	1% (1)
Kapampangan	1% (1)
Korean	1% (1)
Nepalese	1% (1)
Oromiffa	1% (1)
Oromo	1% (1)
Pangasinan	1% (1)
Portuguese	1% (1)
Telugu	1% (1)
Vietnamese	1% (1)
Zulu	1% (1)
Total	157

Table B4. Health Service Use

Health Service Use	AFH % (n)	Residents % (n)
Emergency Room	55% (123)	22% (184)
Hospital Admission	41% (92)	15% (127)
Hospice	34% (76)	12% (101)

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Appendix D – Survey Instrument

DHS Oregon Department of Human Services

Portland State UNIVERSITY Institute on Aging

Oregon Community Based Care Communities

Adult Foster Homes - 2014 Survey

License No._____Name of Home _____

Address of Foster Home_____

Original License Date _____

Operator Name _____

Home's Phone _____ Fax _____

Email _____

Owner's Phone (if different)_____

Your completed survey is due no later than Wednesday, February 25th, 2015.

Once complete, to return the survey, choose one of the following options:

1. Scan and email to: cbcor@pdx.edu
2. Fax to: 503.725.9927
3. Mail to: CBC Project - Institute on Aging
   Portland State University
   PO BOX 751
   Portland, Oregon 97207

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

1

How to complete this survey:

Begin by entering the home's license number and information on the first page of the survey. Please complete this survey ***only for the license number and address indicated on the envelope****.*

We ask that the Owner/licensee answer the questions with help from the resident manager(s) or other caregivers, as needed.

Please answer each question. For open answer boxes, if the answer is "none" or "0", please enter "0". If the question does not apply to your organization, please enter "N/A."

A report summarizing all responses will be available to policy-makers, professionals, and the general public. All responses will be combined; no information about individual providers will be shared. There is no penalty for answering honestly and to the best of your ability.

A. About Your Adult Foster Home

1. As of December 31, 2014, how many residents was this home licensed for?_____

2. On December 31, 2014, how many residents lived at this home? _____

3. On December 31, 2014, how many of the resident rooms at this home were:

Single occupancy only (private room): _____

Double occupancy (2 residents): _____

4. Did you have any residents who needed night-time assistance 4 or more nights per week?

- ☐ Yes
- ☐ No → *Skip to #5 below.*

4a. Did this care require staff to be awake all night?

- ☐ Yes
- ☐ No

4b. How did residents contact you/night-time staff if they needed help during the night? *(Check all that apply.)*

- ☐ Resident called out to staff
- ☐ Resident used a call bell or intercom or other electronic system
- ☐ Staff routinely checked on residents
- ☐ Other: _____

5. Does this home have an outdoor area that residents could use? *(Check only one.)*

- ☐ Yes, but only if a staff person or other responsible person was available.
- ☐ Yes, anytime during the day.
- ☐ No → *Skip to #1 in section B on the next page.*

5a. Is the outdoor area *(check all that apply)*:

- ☐ Covered or protected from weather?
- ☐ Only available/useable when a staff person or other responsible person is present/available?
- ☐ Available to residents anytime during the day or evening?

B. About This Adult Foster Home's Staff

1. Do you live at this adult foster home?

☐ Yes

☐ No → *Skip to #3 below.*

2. **IF YES**; do any of your family members who are not residents receiving foster care live with you at this address at least 5 nights per week?

☐ Yes → 3a. How many of your family members live at this address? _____

3b. How many of these family members are 17 or younger? _____

3c. How many are 18 or older? _____

☐ No

3. During December 2014, did the owner/licensee employ a resident manager?

☐ Yes

☐ No → *Skip to #4 below.*

3a. In December 2014, how many resident managers did you/the home employ? _____

3b. On average, how many days off per week do they get?_____

4. During December 2014, how many additional caregivers (not including resident manager) did the home employ?

☐ 1 ☐ 4

☐ 2 ☐ 5 or more

☐ 3

C. Use of Health Service Providers

1. In the last quarter of 2014 (or past 90 days) did any of the following health care providers visit the home to provide services and/or training? *(Please mark "yes" or "no" for each.)*

HEALTH CARE PROVIDERS	*Yes*	*No*
Hospice worker	☐	☐
Nurse (RN, LPN, LVN), home health (other than hospice worker)	☐	☐
Medical doctor or nurse practitioner	☐	☐
Mental health provider	☐	☐
Physical or occupational therapist	☐	☐
Behavioral specialist	☐	☐
Social worker or case manager	☐	☐
Other (*please describe*)	☐	☐

D. Medication Services

1. Does the home let residents who are capable (based on a physician's assessment) to self-administer their own medications?

☐ Yes
☐ No

2. How many different pharmacies (e.g., local, mail, Veteran's Administration) did your residents receive medications from **during the month of December 2014?** _____*(write number)*

E. Charges for Services

1. How many residents pay using long-term care insurance? _____

2. How many residents pay using Medicaid? _____

3. How many residents are private-pay? _____

4. As of December 2014, how were residents charged?

☐ All paid the same flat monthly rate: (What was the amount?_____)
☐ Base rate plus additional fees based on resident needs/services provided:
(Average total amount, including fees per resident: $_____)
☐ Other method: _____ Amount $_____

5. Did rates for private-pay residents increase in 2014 to cover the cost of living?

☐ Yes
☐ No

6. As of December 2014, did the home charge an additional fee for any of the following?

(Please check "Yes," "No," or "N/A" for each service.)

ADDITIONAL SERVICE FEES	Yes	No	N/A
Night-time care that requires awake staff 4 or more nights/week	☐	☐	☐
Advanced memory care due to difficult behaviors (wandering, trying to leave home, aggressive) or medical care requiring staff	☐	☐	☐
Two- or more-person transfer assistance	☐	☐	☐
Obesity (Bariatric) care of residents who are very obese	☐	☐	☐
Catheter, colostomy or similar care	☐	☐	☐
Advanced diabetes care (sliding scale insulin, skin care)	☐	☐	☐
Other, specify:			
Not provided, specify:			

F. Resident characteristics

1. As of December 31, 2014, what were the ages and genders of your residents?

AGE GROUP	*Number of residents*		
	Male	Female	Transgender
18-39			
40-54			
55-64			
65-74			
75-84			
85 and older			
Total number of residents*			

Total should equal number of residents from question #2 on page 3.

2. On December 31, 2014, what was the marital status of residents in the home?

MARITAL STATUS	*Number of residents*
Married or partnered	
Single or un-partnered (single, separated, divorced, widowed)	
Total*	

Total should equal number of residents from question #2 on page 3.

3. During 2014, how many residents had family or friends call or visit at least once per month?

_____

4. As of December 31, 2014, what languages besides English do your residents prefer to speak?

_____

5. As of Dec 31, 2014, what was the ethnic/racial composition of your home's residents?
(Please indicate what your residents would most likely describe themselves as.)
(Please count each resident only once.)

ETHNIC/RACIAL COMPOSITION	Number of residents
Hispanic/Latino (any race)	
American Indian or Alaska Native (non-Hispanic/Latino)	
Asian (non-Hispanic or Latino)	
Black, African American, African (non-Hispanic/Latino)	
Native Hawaiian or Pacific Islander (non-Hispanic/Latino)	
White (non-Hispanic/Latino)	
Multi-racial (two or more racial categories, not Hispanic/Latino)	
Other/unknown/or resident would most likely choose not to answer	

G. Resident Needs and Service Use

1. As of **December 31, 2014** how many residents had the following conditions or needs?
   Residents may have had more than one of the following conditions. Enter 0 if none.

RESIDENT NEEDS & SERVICE USE	*Number of residents*
MEDICAL DIAGNOSES AND/OR HEALTH-RELATED RISKS	
Dementia diagnosis	
Resident behaviors that can have a negative impact on the resident or others, such as: Risks to the resident (wandering, trying to leave the home, hurting self)	
Risks to other residents (aggressive or combative toward others)	
Mental Health Diagnosis: Number of residents with a **diagnosis** of schizophrenia, bipolar disorder, major depression and/or other chronic mental health illness.	
Substance abuse: Number of residents being treated for alcohol or drug use.	
Diabetes: Number of residents who require blood sugar check and/or insulin shots.	
Skin Issues: Number of residents with bedsores and/or skin issues that require monitoring or care	
Falls: Number of residents who fell in the month of December 2014.	
Of the residents who fell, how many were injured and needed treatment.	
HEALTH SERVICE USE	
Emergency room/urgent care use: Number of residents who had at least one visit to an urgent care or an emergency room.	
Hospital admission: Number of residents who had at least one hospital admission.	
Hospice: Number of residents who received care from a hospice agency.	
MEDICATIONS AND TREATMENTS	
Injection Medications: Number of residents who receive medication by injection.	
Of those who receive medication by injection, how many require assistance in receiving the injection?	
9 or More Medications: Number of residents who took 9 or more prescription medications per day	
Nursing tasks: Number of residents who received care that required nurse training or delegation.	
ACTIVITIES OF DAILY LIVING & PERSONAL CARE	
Eating Assist: Number of residents who routinely needed assistance to eat their meals.	
Dressing: Residents who needed daily assistance with dressing.	
Bathing or Showering: Residents who needed staff assistance with bathing and/or showering.	
Bowel and bladder care. Residents who needed assistance with toileting, incontinence care, or similar.	

2. What was the ambulation level of each resident in your home **on December 31, 2014**?

How many residents…	***Number of residents***
a. were independent in ambulation *(walked without help from staff or a walker, cane, or crutch).*	
b. used a cane, walker, wheelchair or other mobility device.	
c. needed staff help to move around the home, or to rise from a bed or chair	

3. **During December, 2014**, how many residents participated in at least six (6) hours of activities per week that are of interest to them, not including television and movies? _____

4. Are these hours of activities based on residents' individual preferences as indicated in the residents' care plans?
   - ☐ Yes
   - ☐ No

5. Do residents plan and schedule activities that they prefer with you?
   - ☐ Yes
   - ☐ No

6. Do residents schedule their preferred times for:
   - a. Bathing? ☐ Yes ☐ No
   - b. Time to get up? ☐ Yes ☐ No
   - c. Time to go to bed? ☐ Yes ☐ No

H. Resident Move-in and Move-out Information

1. **During 2014**, how many residents moved into the home (for the first time)? _____

2. Where did this/these new resident(s) (who moved in during 2014) live or stay before moving into the home?

New residents moved in from…	***No. of Residents***
Their own home (alone or shared with spouse/partner)	
Home of a child, relative or friend	
Assisted living/residential care/memory care	
Hospital	
A different adult foster home	
Hospice facility	
Nursing facility	
Other, specify: _____	
Don't know	

3. How many residents permanently left the home **during 2014, and where did they move to?**

Residents moved out to…	*No. of Residents*
Their own home (alone or shared with spouse/partner)	
The home of a child, relative or friend	
An assisted living/residential care/memory care facility	
A hospital	
A different adult foster home	
A hospice facility	
A nursing facility	
Other, specify: _____	
Don't know	
Resident died at the home or within 1 week of going to hospital, nursing facility, or hospice facility	

I. Information About the Operator/Licensee

1. How many years in total have you (owner/licensee) been a licensed AFH operator? _____

2. Do you (owner/licensee) have any of the following certifications? *(Check all that apply.)*

☐ CNA ☐ RN
☐ LPN/LVN ☐ MD
☐ MSW ☐ Respiratory Therapist
☐ Other: _____

3. Besides English, what other languages do you (operator/licensee) and your staff speak fluently? *(List all languages.)*

_____

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

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

6. Is there anything else you think we should know about running an adult foster home or the residents you care for?

K. Certification

☐ I have reviewed the information in this survey and state that to the best of my knowledge and belief, it contains true and correct statements prepared from our books and records. I understand that this information will be used for health planning purposes.

Administrator's name *(print)* _____

Signature:_____Date _____

Thank you for taking the time to thoughtfully complete this survey!

You're almost finished!

See Page 1 for directions on submitting your completed survey.
If you have questions, please email cbcor@pdx.edu or call 503-725-5236.