

Choosing an Assisted Living or Residential Care Facility in Oregon



Oregon Consumer Guide

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Choosing an assisted living or a residential care facility for you or your family member

Section A: Introduction

When looking for a care facility, selecting the right care setting can be overwhelming. This guide provides information and suggestions about choosing an assisted living (ALF) or residential care facility (RCF). Making an informed choice results in a better living experience.



ALFs and RCFs provide services to six or more adults and people with disabilities living in home-like settings. Each setting offers and coordinates services available on a 24-hour basis to meet the daily living, health and social needs of the people who live there. ALF and RCF settings provide person-centered care. Person-centered care values personal choice, dignity, privacy, individuality and independence. Residents are able to direct their care and participate in daily decisions.

The Oregon Department of Human Services (DHS) licenses and regulates assisted living and residential care settings. Some ALF and RCF settings offer memory care services in the same building or on a campus. Memory Care

Communities (MCCs) must have a special licensing endorsement from DHS in addition to an ALF or RCF license. These communities are specifically designed for persons with a dementia diagnosis. For more information regarding MCCs, please see page 10 of this guide.

Upon request, all facilities must give you a written Consumer Information Statement (CIS). This CIS helps you compare the costs and services offered by each facility. You should always ask for a copy of the CIS when you visit a facility.

You can access this guide and the Facility Comparison Tool on the Oregon Department of Human Services website.

This guide: <https://apps.state.or.us/Forms/Served/se9098.pdf>

Facility comparison tool: <https://apps.state.or.us/Forms/Served/se2000.pdf>

The Consumer Information Statement (CIS) used to be called a Uniform Disclosure Statement or “UDS.”

Section B: Who may need an assisted living or residential care facility?

ALFs and RCFs are for people who may need help with daily activities and tasks. These settings offer personal care services, 24-hour care staff, meals, medication management, health services and social activities.

ALFs and RCFs have different types of licenses even though they offer very similar services. They have the same licensing rules for services and staffing, but the requirements for the physical design of the facility are different. There are additional rules that apply to endorsed Memory Care Communities. The main difference between ALF and RCF settings is whether they offer shared or private apartment spaces and rooms. All ALF residents have their own apartments with a small kitchen area and a private bathroom. Some RCFs may have residents share rooms, while others offer private rooms or apartments.

ALF and RCF settings are not nursing facilities. They do not offer continuous nursing care or complex therapy services provided by nursing and post-acute care rehabilitation facilities.

Individuals move into ALF/RCF settings for more social interaction, to reduce their responsibilities, for safety and security, and for activities, health services and wellness offerings.

Licensing survey reports should be publicly posted. If you don't see a recent licensing survey, ask a staff member to tell you where it can be found.

Why are ALFs and RCFs licensed by the Department of Human Services?

Licensing is a way to monitor the quality of care residents receive in ALFs and RCFs. Licensed ALFs and RCFs must meet and maintain certain standards and are inspected every two years. (Current inspection reports are available at the facility.) A license is required for a facility to advertise and provide care and services as an ALF or RCF.

Other types of settings

Continuing Care Retirement Communities

Some settings are called Continuing Care Retirement Communities (CCRCs). CCRCs offer living options grouped on a campus and often include independent, assisted living residential care and nursing facilities. CCRCs must share a disclosure statement with consumers similar to the Consumer Information Statement.

Independent or non-licensed senior housing communities

Some senior housing settings may offer independent living option such as scheduled activities, housekeeping, meals and transportation services. Unlike ALFs and RCFs, these

communities do not provide help with activities of daily living, medication management or health care coordination. You can hire private caregivers to assist you in one of these settings.

These senior housing settings are not licensed by the Oregon Department of Human Services. They must follow Fair Housing Act and landlord tenant laws and federal housing requirements, if applicable. These facilities cannot use the terms “assisted living facility” or “residential care facility.”

Adult foster/care homes

These are licensed single-family homes where staff provide care for up to five people and serve a range of needs in a home setting.

Nursing facilities

These facilities provide licensed 24-hour supervised nursing care. Caregivers must be certified nursing assistants. Nurses and certified nurse aids provide nutritional, therapeutic and personal care.

Section C: What services are provided?

All ALFs and RCFs must offer basic services.

These services include:

- 24-hour supervision
- Three meals a day in a group dining room
- Modified special diets (such as low salt and reduced or no added sugar, simple texture changes, pureed food)
- Personal care services (help with bathing, dressing, toileting, eating)
- Medication management
- Health care coordination by a nurse
- Recreational and spiritual activities
- Laundry and linen services, and/or washers and dryers
- Housekeeping and upkeep for your room or apartment
- Transportation coordination services
- Intermittent behavioral supports

The rules require all ALFs and RCFs to provide you with the assistance of a caregiver, if needed, to help you with all activities of daily living, such as bathing, using the toilet, and getting in and out of bed, 24 hours a day.

What additional services may be offered by ALFs and RCFs?

Some facilities provide more intensive health-related services. For example, a medically complex diet requires a registered dietician be involved in planning. Residents and their families should know what additional services the facility offers, and the costs and limits of those services. If the facility agrees to provide you with extra services, get that agreement in writing.

Consider what services you need now and what you may need in the future as you age and your health care needs changes. You will be more successful at choosing a facility if you match your needs with the setting that is the best fit for your current and future needs.

How can the facility help you with medications and nursing services?

Medication management

The majority of seniors living in ALF and RCF settings need help with their medications. Facilities are required to have safe medication systems and provide additional training to caregivers who give medications. Staff who typically administer medications are not nurses, but the medication system is approved by a registered nurse, physician or pharmacist.

To ensure safe delivery of medications, many ALFs and RCFs require medications to be “bubble packed” with each pill in a separate plastic bubble on top of a cardboard package. Your pharmacy needs to package your medications in the way the facility requires. If your family is going to bring in your medications, ask how the pills need to be packaged and what happens if the family is unable to bring the medications. This information should be included in the disclosure and residency agreements.

Medicare Part D or Medicaid programs may pay for all or some of your medications.

Nursing services

ALFs and RCFs are required to have a registered nurse (RN) on staff or on contract. In addition to a RN, some facilities also use licensed practical nurses (LPN). Nursing staff hours vary from facility to facility. The number of licensed nursing hours must be based upon the number of residents and their health service needs. The hours should also be included in the facility staffing plan.

Ask the administrator how many hours a week the nurse is in the facility.

The nurse typically does not give hands-on nursing care. The licensed nurse in an ALF and RCF oversees and coordinates your health service needs. Facility nurses will be involved in assessing and updating your service plan if there is a major change in your health condition or other nursing needs.

Who are the caregivers at these settings?

Caregivers will have different tasks at each facility. Oregon rules require all caregivers receive orientation and training and demonstrate competency before working with residents. Each caregiver receives 12 hours of additional training every year plus additional fire and life safety training.

Outside provider services

The facility must help residents in accessing health care services and benefits to which they are entitled from outside providers. The facility must also coordinate onsite health services with outside service providers such as hospice, home health or other privately paid supplemental health care providers. Residents do have the choice of coordinating their own medical appointments, but they need to communicate that information to the facility.

How will you know if there are enough staff members to care for you and the other residents?

Oregon rules require ALFs and RCFs to develop “acuity-based” staffing plans. This means each facility must have a written system to determine the appropriate number of caregivers needed to meet their residents’ needs. Facilities must be able to explain how their system works and are required to adjust staffing needs when residents’ needs change. They are required to have enough staff to meet the scheduled and unscheduled needs of the residents living in their facility. An example of an unscheduled need would be if you required additional help because of a sudden illness or injury.

Facilities must post a staffing plan. Look at the plan and ask how it is adjusted to meet the changing needs of the residents.

What kind of meal services will you get?

Facilities are required to serve three nutritious meals and snacks each day. Meals should vary and should include seasonal fresh fruits and vegetables. When planning the menus, the facility should take into consideration what the residents like to eat and involve residents in menu planning.

Facilities are not required to have a registered dietitian on staff although many use a dietician to plan menus. In addition to the modified diets that the facility provides, such as low salt or reduced sugar, some facilities may provide more complex doctor-ordered diets.

If you require a special diet, be sure to ask for an explanation of how the facility can meet your need.

Here are some questions to ask about the costs:

- What are the services covered in the fee? What is extra?
- What is the range of costs?
Ask the facility what are the lowest, highest and average monthly charges.
- Should I expect the fees to increase each year?
Most facilities raise their rates 3–5 percent each year due to increasing costs. Ask what the facility’s history of rate increases have been over the last two or three years.
- How can I compare fee arrangements?

It can be hard to compare the different fee arrangements at each facility. Facilities charge for their services in a variety of ways. The cost will vary based on the particular residence, size and features of the apartment/living unit, the amount of amenities, and the level of services you need. There may be additional charges such as entrance fees and deposits. Most have a base rate that usually covers the cost of room and board, housekeeping and activities, and may include some amount of personal care.

Sometimes the terms used by facilities to bill for care and services may not be clear. You may come across terms such as “levels of care” or “point system” or a combination of points and level of care. Facilities may use a different system and it is important for you to understand how the facility bills for their services. Below is an explanation of the most common billing methods.

Point system – All care-giving services, such as helping you with bathing, dressing and getting on and off the toilet, are given a number of points based on how much time the facility believes it will take the staff to help you. Each facility assigns a dollar amount to its points. After the facility has decided how much care you will need, it adds up the number of points and multiplies that total by the dollar amount it has assigned to each point. This is the amount you are charged for the services you are given. For example, if you need assistance with medication administration, you might be assigned a higher number of points if the medication has to be provided more than one time per day. The higher number of points may increase your charge.



Advantage: You are charged for the services you actually want or need.

Disadvantage: The amount you are charged can change from month to month.

Level system – or a tier system. A typical set of services are set for each ‘level.’ Lower levels equal less or less-intensive services; as the levels increase so do the services and cost. For example, you might start out at level one and do most things for yourself. As time goes by you need help to get dressed and showered. You would then move to another level and be charged more money.

Advantage: You can easily tell how much you are going to be charged based on the care you need.

Disadvantage: There is less flexibility. As soon as you need at least one service in the next level, you can be charged at that level’s rate.

Bundled points and level of care – All care-giving services are given a number of points based on how much time the care facility believes it will take the staff to help you. Each level contains an amount of points assigned by the facility. For example, a facility may decide that people who need 1–20 points of care are in level one. Those who need 21–30 points of care will be in level two. Those in level two will be charged more than those in level one.

Advantage: This system allows for small changes for services needed without necessarily changing the rate.

Disadvantage: If you are on the lower end of the level, you are paying the same rate as someone at the higher end of the level.

In summary:

- Ask the administrator to explain the method of deciding monthly charges.
- In general, the more services you need, the higher your monthly cost.
- Even if you don’t need many services now, you may need more in the future and your monthly costs may increase.

Oregon has a website called the **Aging and Disability Resource Connection (ADRC)**. The ADRC website has information on funding your care. The website has tools to calculate how much ALF and RCF services will cost and how to estimate your available financial resources.

ADRC website: <https://adrcforegon.org/consite/plan-funding-your-care.php>

Medicaid long-term care services - There are several programs that may provide assistance, each with different eligibility criteria. Medicaid pays for ALF and RCF services for eligible, low-income individuals. Your need for services and your income are evaluated to determine eligibility.

There are several insurance and government programs that could help you pay for ALF and RCF services. These programs may cover some of your future costs.

Long-term care insurance: Will long-term care insurance cover all or part of the costs?

Some private health and long-term care insurance policies include coverage for ALF and RCF care. If you have an insurance policy, check with your agent to find out exactly what the policy will cover and how you will be screened to find out if your health condition is eligible for coverage. Ask your agent if the benefit will cover the facility service fees.

Medicare: Will Medicare cover the cost of care?

No, Medicare does not cover the cost of living in an ALF or RCF facility.

Medicaid: Does the facility accept Medicaid payments for their services? If so, are you eligible for services?

Many, but not all, facilities accept Medicaid as a source of payment. If you think you may not have enough money for care in an ALF or RCF setting, you should call your local Department of Human Services, Aging and People with Disabilities office or the Area Agency on Aging. The staff can check to see if you are eligible for Medicaid long-term care or other state services.

They will also explain how you will use your income (Social Security, pension, etc.) to help pay for services. The facility cannot charge you more than the amount Medicaid had calculated as your contribution towards your care. Medicaid provides for a small personal incidental fund allowance to cover items you choose to buy for yourself.

Medicare doesn't pay for ALF and RCF care. Medicare will help pay for a limited amount of skilled nursing or home health care if you meet certain conditions in connection with a hospital stay.

Facilities who accept Medicaid cannot require you to pay out of your own resources for a set length of time. For example, they should not be able to say that you must be able to pay privately for six months before going on Medicaid. These "duration of stay" contracts are not enforceable. Call the Long-Term Care Ombudsman's Office at 1-800-522-2602 if you are told you must pay privately for a specific period of time.

Section E: Why might you need an ALF or RCF?

First, look at what care and services you may need. Assess your current physical status and health care needs. Do you need help to bathe, dress, groom, eat, shop, get from place to place or manage your medications?

Next consider what your needs may be in the future? Could your care needs improve with additional support and assistance or decline due to a health condition?

Finally, look for a facility that can provide the services you need now and ones that you may need in the future.

Look at the facility description and the services provided. Pick the one that best matches your current and future needs.

Section F: How do you choose the right facility?

After looking at the care and services that you may need, how do you find the right setting? Start by deciding what ZIP code or area you want to live within.

You can search the many online sites to help you look for a facility. Oregon's ADRC website can help you find a facility close to your home by using a ZIP code search. See <https://adrcforegon.org/consite/index.php> and the list of additional resources at the end of this guide on page 15. Call the facilities that interest you to arrange a visit.

The Long-Term Care Ombudsman office can also provide you with a list of facilities near your home, review facility complaint files and guide you to the type of setting that may be most appropriate for you. Call 1-800-522-2602.

You may not have much time to look for a setting if you are leaving a hospital or nursing facility after an injury or illness. The social worker or discharge planner may give you a list of facilities to choose from. If you are eligible for Medicaid, your case manager will help you find a facility.

Section G: Endorsed Memory Care Communities



Specialized communities for persons with dementia are called Memory Care Communities (MCCs). These communities must have a DHS licensing endorsement in addition to an ALF or RCF license. MCCs must follow other rules specific to the care and services for people with dementia. MCC caregivers are provided with special training to better serve people with dementia.

MCCs may be part of another building, or they may be free standing communities. These settings provide space for people to walk either indoors or within the confines of a secured outdoor courtyard. Residents are encouraged to bring personal items such as bedding and pictures to make their rooms feel more like home.

In addition to providing services required by other licensed settings, endorsed MCCs must also have programs which include individualized nutritional plans, activities, support for behavioral symptoms and family support.

Section H: Choosing a facility

Choosing the right facility requires you to identify your needs and preferences and match them with the setting and services the facility provides. It is important for you to:

When choosing a facility, it is important that you understand the sections of the residency agreement related to moving out and refunds. That way, you will know what to expect if you decide to move out.

- Collect information on facilities.
- Tour the facilities and narrow your choices. Talk with residents, families and staff at each community you tour.
- Consider other factors, such as whether the facility can honor your food preferences and whether you can maintain your preferred morning and nighttime routines.
- Think about whether the facility can meet any future health needs based on your health status.
- Think about what kind of living space you are looking for.
- Compare facility services and costs.
- Ask about why you may have to move out of a facility.

Use the CIS, facility visits, the ALF/RCF consumer comparative tool and other methods to help you decide which facility best meets your needs.

Section I: Preparing for your move in

What should you expect before you move into a facility?

Before moving into a facility, you may be asked to complete some tasks and fill out forms and agreements.

1. **The application form and selected financial information**

A facility may have you fill out an application form. You may also be asked to give detailed financial information about your assets, savings and earnings. Facilities financed with government housing dollars are required by law to have detailed financial information from you. If you do not wish to give out this information, you may be able to find a facility that does not require it.

Facilities use the financial information to be sure you have the ability to pay for services. It can also alert them that you may be eligible for Medicaid-funded services.

2. **Additional legal and medical information**

Before move-in, the facility will ask you for copies of any of the following documents you may have completed:

- Advance directive
- Guardianship
- Conservatorship
- Power of attorney
- Any other legal document that may affect your future care

The facility will also request information about your medical history and will require any current orders from your doctor, including orders for your medications. The facility cannot administer your medications without the order from your doctor.

3. **An in-person visit**

Facility staff will talk with you to get to know you and your care needs. Based on your situation, the facility may ask to come to your home to evaluate your care needs before you move into the facility. Staff will also ask about what kind of activities interest you. You may want to include your family and friends in the visit and information gathering process. Including family may be important if you have memory problems or a complex medical history. The information discussed during this visit will help the facility staff decide whether or not they can meet your needs.

4. **The initial service plan**

The facility will develop an initial service plan for you that will most likely change within the first month of living in your new facility as the staff get to know you better.

5. **Residency agreement**

The residency agreement is a legal contract signed by you and the facility. It is one of the most important documents you will receive. You should understand the terms of the agreement and keep a copy for your records.

The residency agreement should have information on these important topics:

1. All required fees and deposits
2. Any services the facility offers or does not offer
3. The facility can only change your rate if:
 - You are given written notice at least 30 days in advance of a facility-wide increase.
 - Your care needs and service plan change, and the facility provides you with immediate written

The residency agreement is your contract with the facility. Read it carefully and if you don't understand it, contact an attorney or the Long-Term Care Ombudsman's Office. (See page 15.)

notice of an increase.

4. The refund policy if you leave voluntarily or are given a move-out notice
5. The “move-out” criteria that explains why you may need to move out of the facility
6. Other important legal rights
7. Successful transitions guide (<https://apps.state.or.us/Forms/Served/de9566.pdf>)

What is a service plan and why is it important?

A service plan is the tool used to let caregivers know what care and services you need. Facility staff will evaluate your care needs and work with you to create a service plan. A basic service plan must be developed before you move in. The facility should review your service plan with you every three months, or as needed if your health changes significantly, to make sure your needs are being met. Your written service plan should always reflect your most current needs and preferences.

You should take an active role in this service planning process. You can have family and friends involved. The ALF or RCF will remind you when it is time for the meeting and work with you to pick a convenient date and time. Remember the amount or type of services listed in the service plan will most often affect how much you are charged each month.



Section J: What are your rights and responsibilities as a resident?

You must be given a copy of your rights before moving into the facility. You may be asked to sign a statement that you agree to follow the facility guidelines. These guidelines should never interfere with your legal rights. Getting this information in advance can be helpful in deciding if a certain facility is the right place for you.

The Residents' Bill of Rights can be found on page 16.

Facilities have a grievance process to address your complaints and those of other residents. Most facilities have a resident council and/or a family council that meet regularly to talk about these concerns.

Oregon rules set out a detailed list of resident's rights. Ask the administrator if you have any questions or concerns about your rights in a facility care setting, and/or call the Long-Term Care Ombudsman. (See page 15.)

Facilities may have a “code of conduct” or a list of “responsibilities of residents” as part of a resident handbook. Some of these guidelines are for your safety and others are designed to create a living situation that supports respect and dignity. For example, you may not be able to have a pet or keep guns at the facility.

Section K: Moving out of a facility



ALFs and RCFs may ask a resident to move out for reasons outlined by Oregon Administrative Rules. For example, your care needs may change to the point the facility can no longer meet them. You may need hospital or nursing facility care after a severe stroke. Reasons a facility may ask you to move out are included in the residency agreement you will sign when you move in.

You must be given written notice if a facility asks you to move out. The notice will have information about your right to object to the move, the right to request an informal meeting with the Oregon Department of Human Services and your right to request a hearing. The informal meeting is an attempt to resolve the matter before a hearing.

The situations below describe some reasons you could be asked to move out of a facility. Ask the facility if any of these might cause them to request that you move out:

1. I need two people to help transfer me, for example, from my wheelchair to my bed.
2. I need help because of dementia.
3. I need or want a special diet, for example a renal diet.
4. I need help monitoring and managing my diabetes.

Oregon encourages facilities to support a resident’s choice to remain in his or her living environment while recognizing that some residents may no longer be appropriate for the facility due to safety and medical limitation.

Section L: For more information about these facilities

If you would like more information about ALFs and RCFs:

1. Additional tips for choosing your ALF or RCF are available at <https://adrcoforegon.org/consite/index.php> or call 1-855-673-2372 (1-855- ORE-ADRC).
2. The Department of Human Services website has a Facility Comparison Tool for choosing among Oregon's assisted living and residential care facilities. <https://apps.state.or.us/Forms/Served/se2000.pdf>
3. You can call the Department of Human Services licensing unit at 1-800-282-8096.
4. You can call the Long-Term Care Ombudsman office at 503-378-6533 or 1-800-522-2602. The office of the Long-Term Care Ombudsman is a free service available to residents, families, facility staff and the general public. Ombudsman respond to a wide variety of resident concerns, including problems with resident care, medications, billing, lost property, meal quality, evictions, guardianships and service plans.
5. You can check the Care Conversations website at <https://careconversations.org/>.
6. These Oregon long-term care associations have consumer information on their websites:
Oregon Health Care Association - <http://www.ohca.com>
Leading Age Oregon - <http://www.leadingageoregon.org>



Section M: Residents' Bill of Rights

The facility must implement a Residents' Bill of Rights. Each resident and the resident's designated representative, if appropriate, must be given a copy of the resident's rights and responsibilities before moving into the facility. The Bill of Rights must state that residents have the right:

- To be treated with dignity and respect.
- To be given informed choice and opportunity to select or refuse service and to accept responsibility for the consequences.
- To participate in the development of their initial service plan and any revisions or updates at the time those changes are made.
- To receive information about the method for evaluating their service needs and assessing costs for the services provided.
- To exercise individual rights that do not infringe upon the rights or safety of others.
- To be free from neglect, financial exploitation, verbal, mental, physical, or sexual abuse.
- To receive services in a manner that protects privacy and dignity.
- To have prompt access to review all of their records and to purchase photocopies. Photocopied records must be promptly provided, but in no case require more than two business days (excluding Saturday, Sunday, and holidays).
- To have medical and other records kept confidential except as otherwise provided by law.
- To associate and communicate privately with any individual of choice, to send and receive personal mail unopened, and to have reasonable access to the private use of a telephone.
- To be free from physical restraints and inappropriate use of psychoactive medications.
- To manage personal financial affairs unless legally restricted.
- To have access to, and participate in, social activities.
- To be encouraged and assisted to exercise rights as a citizen.
- To be free of any written contract or agreement language with the facility that purports to waive their rights or the facility's liability for negligence.
- To voice grievances and suggest changes in policies and services to either staff or outside representatives without fear of retaliation.

- To be free of retaliation after they have exercised their rights
- To have a safe and homelike environment.
- To be free of discrimination in regard to race, color, national origin, gender, sexual orientation, or religion.
- To receive proper notification if requested to move-out of the facility, and to be required to move-out only for reasons stated in OAR 411-054-0080 (Involuntary Move-out Criteria) and have the opportunity for an administrative hearing, if applicable.

In addition to the rights listed above, there are additional federal rights for assisted living and residential care facilities that are considered home- and community-based settings (HCBS).

(2) HCBS RIGHTS.

(a) Effective Jan. 1, 2016 for providers initially licensed after Jan. 1, 2016, and effective no later than Sept. 1, 2018 for providers initially licensed before Jan. 1, 2016 the following rights must include the freedoms authorized by 42 CFR 441.301(c)(4) and 42 CFR 441.530(a)(1):

- (A) Live under a legally enforceable residency agreement;
- (B) The freedom and support to access food at any time;
- (C) To have visitors of the resident's choosing at any time;
- (D) Choose a roommate when sharing a bedroom;
- (E) Furnish and decorate the resident's bedroom according to the Residency Agreement; and
- (F) The freedom and support to control the resident's schedule and activities.



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Salem, OR 97301-1073
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You can get this document in other languages, large print, braille or a format you prefer. Contact Aging and People with Disabilities at 503-945-5921 or 1-800-282-8096 or email spd.web@state.or.us. We accept all relay calls or you can dial 711.