Testimony HB 3270 A: Adult Foster Home Pilot May 2, 2019

Senate Committee on Human Services Submitted by John Mullin on behalf of AARP

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AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With 510,000 members in Oregon, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability, and personal fulfillment. An important aspect of our advocacy is protecting and enhancing long term services and supports, consistent with the values of independence, dignity, and choice.

AARP has long been engaged in the promotion of community based long term supports and services (LTSS), including Adult Foster Homes (AFHs).

On a personal note, I was involved in the early days of the creation of our Oregon Model of LTSS, and we worked diligently to establish "home like" settings serving five or fewer elderly and younger adults with disabilities. The success of the Oregon Model, offering a continuum of services to meet care needs in the "least restrictive" environment, is a hallmark of the achievements here in Oregon.

In light of my personal history, and my current role in representing AARP, I feel that I must raise concerns about HB 3270 A. Adding additional people to AFHs has the potential to jeopardize the purpose of the program. Currently, entities serving six or more residents are licensed as Residential Care Facilities (RCFs). RCFs have additional regulations and different licensing procedures, mainly because the number of people served creates issues of capacity that have to do with space, of course, but also of quality.

I very much appreciate the effort Rep. Meek has made and his attempt to address AFH provider concerns with HB 3270 A. I know all too well from my previous experience that running an AFH is a difficult job, requiring compassion along with management ability. It is certainly true that housing and serving up to five people with significant health and disabling conditions is a major challenge.

For an AFH to take on six or seven people seems to me to create a threshold that we should not cross.

Rep. Meek very thoughtfully worked to improve the bill, providing some safeguards for residents and requiring additional screening, oversight, and the involvement of the Long Term Care Ombudsman. These are good features.

Nevertheless, I believe HB 3270 A is not the proper direction for our collective attention. I do acknowledge that AFHs have inadequate reimbursement. The Governor's Recommended Budget proposed a one time add on of 10%, as well as a 4% phased in COLA. The recognition of reimbursement problems is a valuable step, and I believe that if this is resolved in budget deliberations, we will maintain a stable AFH provider network in Oregon.

Thank you for your consideration.