



2022 OREGON LONG TERM CARE STATE REPORT



Improving lives by advancing quality care in Oregon since 1950

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Long Term Care 101

Long term care is a continuum of services and supports, including health care, social services, and housing, provided to individuals living with chronic conditions or disabilities that affect their ability to perform activities of daily life.

In Oregon, this continuum of care is provided through settings that allow Oregonians to maintain

their dignity, independence, and autonomy within safe environments. The continuum includes in-home care; senior retirement housing; community-based care communities (assisted living, residential care, and memory care); and skilled nursing facilities.

The Continuum of Long Term Care Services and Supports



In-Home Care

- ▶ In-home health supports and services
- ▶ Family supports
- ▶ Community supports



Independent Living/Senior Retirement Housing

- ▶ Recreational activities
- ▶ Amenities such as housekeeping and dining services



Assisted Living/Residential Care

- ▶ Community-based settings
- ▶ Assistance with activities of daily living and instrumental activities of daily living such as bathing and medication management
- ▶ Memory care



Skilled Nursing

- ▶ Post-acute rehabilitative care
- ▶ Intensive, skilled nursing services
- ▶ End of life care/hospice

A Continuum of Care

In-Home Care Agency (IHC)

Agencies that employ, assign, and schedule caregivers to provide personal care assistance for clients in their homes or in community settings.

Home Health Agency (HHA)

Agencies that provide skilled care services in individuals' homes. These services are largely funded by Medicare.

Independent Living (IL)/ Senior Retirement Housing (SRH)

Communities organized to provide housing and services to senior households. In general, these communities do not provide health care or assistance with activities of daily living. Often, they offer recreational opportunities, dining, laundry service, and other similar amenities.

Housing with Services (HWS)

An entity that coordinates two or more health and social services for older adults and people living with disabilities, who reside in publicly subsidized or private congregate settings.

Community-Based Care (CBC)

Foundational to the long term care system in Oregon is a commitment to community-based care, where care is provided to individuals in community settings such as assisted living, residential care communities, and adult foster homes.

Residential Care Facility (RCF)

Licensed 24-hour home and community-based service settings that serve anywhere from six to more than 100 residents. Rooms can be shared by two individuals. Different types of residential care include 24-hour residential care for adults and specialty memory care communities. Registered nurse consultation services are required by regulation.

Assisted Living Facility (ALF)

Licensed 24-hour home and community-based service settings for six or more residents in individual, private apartments. Services are comparable to residential care communities. Registered nurse consultation services are required under state regulations.

Memory Care Community (MCC)

Environments where staff care for individuals with Alzheimer's or dementia, who have needs that require a secure setting. Each setting is licensed by the state as a residential care, assisted living, or nursing facility. Memory care communities are required by the state to train staff to care for residents with dementia and provide specialized services.

Adult Foster Home (AFH)

Services are provided in single family home-like settings that are licensed for five or fewer individuals who are not related to the foster home provider. Adult foster homes provide a range of care and service needs.

Skilled Nursing Facility (SNF)

Licensed facilities that provide 24-hour skilled nursing for post-acute rehabilitative care or long stay services that are needed due to ongoing and indefinite cognitive or physical impairment(s).

Oregon Leads the Nation in Providing High-Quality Long Term Care

For more than 40 years, Oregon has been a national leader in providing quality care and services to older adults and other Oregonians living in long term care settings. Oregon's pioneering efforts to provide aging services in the home and in home-like settings and our commitment to fund these services for lower-income Oregonians enable those in need of care, from all backgrounds, to receive some of the highest-quality care in the country.

Long term care is the continuum of services and supports that includes health care, social services, and housing for individuals living with illnesses or disabilities that affect the ability to perform activities of daily living. Today, more than 40,000 Oregonians reside in licensed long term care settings and nearly 9,500 Oregonians receive services and supports in their homes provided by licensed in-home care agencies.

Long term care continues to face many challenges, including continued impacts from the COVID-19 pandemic and the resulting workforce and cost containment challenges that came with it. For more than two years, providers have been working tirelessly to keep their staff and residents safe, while continuing to promote independence, choice, and dignity for their residents. Due to unprecedented inflation within the global economy, the cost of providing care and services continues to skyrocket. Yet, on the horizon we can see increasingly rising demand for long term care services as the "baby boomer" generation ages. There has never been a more critical time for the state to renew and enhance its commitment to long term care services and supports.

#1

Oregon continues to invest more in home and community-based services as a percentage of Medicaid long term care service spending than any other state. (83.3% of all LTSS dollars.)¹

#4

Oregon ranked 4th in the nation in successful transfers from skilled nursing facilities back to their homes and to the community.⁴

#4

AARP ranked Oregon 4th highest in the nation for long term care.³



#3

AARP ranked Oregon 3rd highest in the support of family caregivers.²



Initial and Continuing Training Requirements

Oregon boasts some of the most robust training requirements for caregivers, clinicians, staff, and leadership in long term care service settings. For many long term care positions, Oregon has some of the highest training requirements of any state. These requirements include pre-service trainings as well as continuing education that is required annually.

For example, in the case of certified nursing assistants (CNAs) in Oregon's skilled nursing facilities, 155 hours of initial training is required. This includes 80 hours of classroom instruction and 75 hours of supervised clinical experience and a competency exam and additional, continued training required on a quarterly basis. The initial training requirement is more than double the federal minimum requirement of 75 hours of initial training for CNAs in these settings.

Assisted Living and Residential Care Communities

All assisted living and residential care communities (which include memory care) must have a training program in place that includes methods to determine competency of direct care staff through evaluation, observation, or written testing as well as documentation of direct care staff's demonstrated competency.

Knowledge and performance that must be demonstrated within the first 30 days of hire by direct care staff that include:

- The role of service plans in providing individualized resident care
- Providing assistance with the activities of daily living
- Changes associated with normal aging
- Identification of changes in the resident's physical, emotional, and mental functioning, and documentation and reporting on the resident's changes of condition

- Conditions that require assessment, treatment, observation, and reporting
- General food safety, serving, and sanitation
- If the direct care staff person's duties include the administration of medication or treatments, appropriate facility staff must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised

Further, pre-service dementia care training is required which must include the following subject areas:⁵

- The dementia disease process
- Techniques for understanding, communicating, and responding to distressful behavioral symptoms, including reducing the use of antipsychotic medications for non-standard uses
- Strategies for addressing social needs of persons with dementia
- Specific aspects of dementia care and ensuring the safety of residents with dementia, including:
 - Identify and address pain
 - Provide food and fluids
 - Prevent wandering and elopement
 - Use a person-centered approach

All staff must also undergo a preservice orientation, which includes these topics:

- Residents' rights and the values of community-based care
- Abuse and reporting requirements
- Infection control
- Fire safety and emergency procedures

In addition, all staff must have:⁶

- 12 hours of annual continuing education in topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population and dementia training. Beginning July 1, 2023, training in infectious disease outbreak and infection control will also be required

In-Home Care Agencies

All in-home care staff are required to participate in 4 hours of initial orientation that includes multiple care-related topics.

In addition, all staff must have:⁷

- 8 hours of initial training
- A further 4 hours of basic, non-injectable medication training for caregivers who provide medication services must be obtained prior to providing medication services
- 6 hours of annual continuing education

Additionally, a competency evaluation must be conducted and must include a combination of direct observation and written or oral testing.

Skilled Nursing Facilities

In addition to adhering to all regulatory, compliance, and training requirements set forth on a national level by the Centers for Medicare and Medicaid Services (CMS), Oregon nursing facilities have strict requirements at the state level, including the following training requirements.

All staff must have:

- An orientation to ensure the safety and comfort of all residents is assured in accordance with facility policies which is to be carried out by a registered nurse

Certified nursing assistants (CNAs) in these settings must complete:^{8,9}

- An Oregon State Board of Nursing OSBN approved nursing assistant training program (155 hours)
- Pass an OSBN-administered examination that qualifies them to obtain certification as a nursing assistant in Oregon
- 12 hours of annual continuing education (at least 3 per quarter)

Sample of Care Training Requirements by Licensed Setting

LICENSED SETTING	INITIAL/ PRE SERVICE	ANNUAL CONTINUING EDUCATION
Nursing Facility (SNF) Certified Nursing Assistant (CNA)	155 hours and Exam	12 hours (3/quarter)
Assisted Living/Residential Care (ALF/RCF) Direct care worker	Demonstrate proficiency in multiple care topics	12 hours including 6 hours in dementia specific topics
In-Home Care Direct care worker	4 hours orientation 8 hours training 4 hours medication (for staff providing medication)	6 hours

Sources: Oregon Administrative Rules: OAR 333-536-0070; OAR 411-054-0070; OAR 411-086-0310.

Oregon Care Partners Trainings

Established in 2014 by the Oregon Legislature, Oregon Care Partners provides access to no-cost, high-quality trainings in all corners of the state. These trainings are offered in-person and online with timely, evidence-based curriculum, including Alzheimer's and dementia care; medication management; challenging behaviors and communication; trauma-informed care; diversity, equity, and inclusion in long term care; and specialized training on Alzheimer's disease for public safety workers.

From January 2021 to May 2022, 24,257 unique individual caregivers completed 152,740 Oregon Care Partners in-person and online classes and webinars.¹⁰ The COVID-19 pandemic required Oregon Care Partners to completely reimagine its curriculum delivery. All classes were conducted via webinar and online infection prevention training courses were developed in collaboration with the Oregon Department of Human Services (ODHS).

Caregivers Trained via Oregon Care Partners

24,257

Total number of caregivers trained

152,740

Total number of in-person and online classes





Impacts of COVID-19

Few sectors have been as heavily impacted by the COVID-19 pandemic as long term care. Early on in the pandemic, facilities were closed to all visitors in order to protect residents and staff from the spread of infection. Activities were curtailed and many essential services such as dining had to be restructured under the emergency regulations from the Oregon Department of Human Services (ODHS) and the Centers for Disease Control and Prevention (CDC). During those challenging times, the staff in Oregon's long term care communities showed incredible resolve and continued to provide the services and supports needed by residents.

Oregon fared better than much of the country for the first years of the pandemic, with lower rates of positive cases and fatalities from COVID-19 in our long term care settings compared to many other states. Vaccines, which were distributed initially in onsite clinics at Oregon long term care communities across the state between December 2020 and April 2021,

were a lifeline for our sector and for all older Oregonians most at risk of serious complications from COVID-19. The vaccination rates of long term care residents and staff remain high compared to the general Oregon population for the initial vaccine doses; booster rates are relatively comparable. Overall, long term care residents are one of the highest vaccinated populations in the country. Long term care residents are at especially high-risk for complications and mortality from COVID-19 infection due to a high level of medical need and co-occurring chronic health conditions amongst this population.

Oregon long term care staff and residents have higher rates of vaccination than the general Oregon population.^{11,12} Notably, Oregon requires the reporting of vaccination data for both community-based care providers and nursing facilities, while federal reporting requirements only mandate data to be reported by nursing facilities. Because of

COVID-19 Vaccination Rates, as of June 2022

Long Term Care Facilities – Oregon

Rate of Vaccination

Facility Staff – Initial Doses

88%

Facility Residents – Initial Doses

89%

General Population – Oregon

Adults – Initial Doses

76.4%

Source: Oregon Health Authority. Long-Term Care Facility COVID-19 Vaccination Data. June 6, 2022; Oregon Health Authority. (2022). COVID-19 Vaccination Metrics. June 6, 2022.

this, direct comparisons between the Oregon and national data should be made with caution.

Vaccine Mandates

As of July 2022, Oregon continues to be one of a handful of states that requires COVID-19 vaccinations for all long term care facility staff, allowing only for medical and religious exceptions that meet certain criteria. All nursing facility staff nationwide are subject to vaccine requirements via federal mandate.

Residents are in no way required to be vaccinated, though Oregon facilities have worked hard to provide a variety of avenues (onsite and offsite) for their residents to easily receive initial doses and booster shots if desired.

Longer Term Impacts

Clinical

The pandemic required many changes to the provision of care in Oregon's long term care communities. For example, infection prevention efforts were enhanced significantly and regular testing of staff and residents continues to be required when new COVID-19 cases are detected. Additionally, the use of telehealth to provide remote services to residents have been implemented across long term care providers in Oregon with great success, along with the advancement of other technologies to improve care. Many of these innovative changes, including the wider use of telehealth, were already beginning to take place prior to the pandemic; however, their adoption took place at light speed as the pandemic upended the sector.

Policy

Many regulatory policies were put in place during the course of the pandemic in order to protect residents and staff from the spread of COVID-19. These ever changing—and sometimes contradictory—requirements at the local, state, and federal levels often challenged Oregon's provider community to keep pace and remain in compliance. The establishment of new regulatory measures has slowed in recent months. However, the importance of clear guidance and uniform enforcement of regulations is essential for providing care safely.

Over the course of the pandemic, many investments have been made by state and federal policymakers to enhance access to personal protective equipment (PPE) and increase worker wages including a one-time bonus incentive for Oregon nursing facility staff at certain income levels. These investments have been a lifeline to workers and providers during the pandemic.

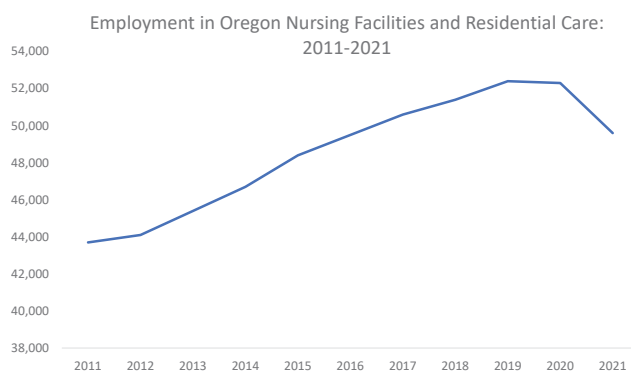
Workforce

While the pandemic has roiled the economy and workforce worldwide, the long term care sector has experienced some of the most challenging workforce issues of any industry. In spite of a critical need for a larger caregiving workforce to meet the care needs of our aging society, nursing facilities, assisted living, and residential care have seen more than a five percent drop in total workers since 2019.¹³ The reasons for the decline are complicated, and the accumulated burdens of the pandemic have led many to leave the sector. These changes point to the increased need to invest and support a well-trained workforce that can meet the demand for an increasingly aged society.



Economic Impact, Affordability, and Workforce

The long term care sector provides significant employment opportunities in Oregon, especially for women, who make up a majority of the long term care workforce. Yet, recruiting and retaining the large number of professionals required to provide high-quality care for aging Oregonians is a major challenge. The sector must cultivate a pipeline of talent as demand for long term care services and supports grows. Providers in rural Oregon face particularly acute challenges as populations in these areas have, sometimes significantly, proportionately more older adults than in urban and suburban areas of the state. However, the number of workers is not increasing in these areas making it difficult for long term care facilities to find enough qualified caregivers and medical staff.



Source: Oregon Employment Department (2022).

More than 65,000 Oregonians are employed in the long term care sector. This includes approximately 49,600 Oregonians employed in assisted living, residential care, and nursing facilities—a slight decline from a peak of just over 52,000 in 2019.¹⁴ The decline is due to COVID-19's impact on the workforce. Despite the near-term decline, Oregon's long-term care workforce will increase rapidly in the years ahead to serve our aging population; however, significant efforts will need to be made to ensure the workforce is trained and available to support care needs.

In particular, the demand for home health aides and personal care aides will both increase by 29% while the

demand for registered nurses will increase by 15% by 2028.¹⁵ Women make up a majority of the long term care workforce (81% female versus 19% male) in Oregon. Very little variation exists in the gender distribution of the workforce across nursing facilities, community-based care, and in-home care sectors. The high proportion of women employed in long term care communities in Oregon is comparable to that of the overall long term care workforce in the United States.

Oregon's long term care workforce is growing increasingly diverse. People of color make up a slightly larger share of the workforce than of the general population in Oregon. Approximately 31% of Oregon's long term care workforce are people of color, compared with approximately 25% of the general population. There is some variation in workforce demographics across long term care settings in Oregon.

The age of the long term care workforce is another important issue to consider. More than 29% of Oregon's home care workforce is 55 years of age or older, while 11% of the workforce is over the age of 65. As many of Oregon's nursing professionals approach retirement, this may add additional pressure on filling these important positions in the years ahead. At the same time, the U.S. Bureau of Labor Statistics projects that the need for nurses will grow by as much as 15% by 2028.¹⁶

Affordability of Care

The affordability of long term care is an important equity issue. Most people who need long term care services and supports will require Medicaid at some point to help them pay for their care needs. As Oregon approaches one million adults 65 years of age and older, this raises many questions about access to care. Fortunately, Oregon offers robust Medicaid long term care services and supports access compared to many other states. However, stringent standards of eligibility mean that many middle-income Oregonians do not have adequate coverage or savings to fund their long term care needs and must spend down their savings to Medicaid eligibility.

Workforce Projections



Source: 2022 Paraprofessional Health Institute, 2022.

Direct Care Worker Profile—Oregon

	NURSING FACILITIES	COMMUNITY-BASED CARE	IN-HOME CARE	ACROSS ALL SETTINGS ¹⁷
% Female	83%	80%	83%	81%
Median Age	43	28	32	37
% w/ Children Under 18	20%	35%	34%	26%
% Identify as a Person of Color	23%	35%	31%	31%
% w/ Associates Degree or Higher	17%	16%	20%	19%

Source: Paraprofessional Health Institute, 2022.

Medicaid/Medicare Eligibility

Payment for long term care services is increasingly covered by public sources—namely Medicaid and Medicare. Medicaid eligibility can be a complicated process. Eligibility for Medicaid-funded long term care services in Oregon is based on a combination of income and asset levels as well as the level of support that one needs to carry out their activities of daily living (ADLs) such as bathing, eating, or dressing or their instrumental activities of daily living (IADLs), including laundry, shopping, and meal preparation. Income and asset thresholds also depend on whether an individual has a spouse, and whether that spouse is also applying for Medicaid services. Eligibility requirements also vary slightly by the type of Medicaid-funded long term care services used by an individual e.g., institutional/nursing home or home and community-based services.

Medicare also pays for short duration long term care services provided in skilled nursing facilities under limited circumstances. Specifically, for individuals enrolled in Medicare, the program will pay for up to 100 days of post-acute care following a qualified in-patient hospital stay. Days 1–20 are covered in full. From day 21 to 100, there is a co-payment required. Medicare provides no skilled nursing coverage after 100 days.

The costs of care continue to increase especially with record inflation over the past year. This makes access to care far more difficult for thousands of Oregonians just at the time the number of people who may need support is nearing peak levels. The State of Oregon must continue to invest in its Medicaid program and older adults living with long term care services and supports needs to ensure the system can provide care and support to those who need it, when they need it.

Oregonians in Need of Long Term Care

More than 70,000 Oregonians receive long term care services across the state each day, and that number will grow as Oregon's population continues to age. Oregon's population is aging steadily. In 2022, an estimated 834,769 Oregonians were 65 years of age

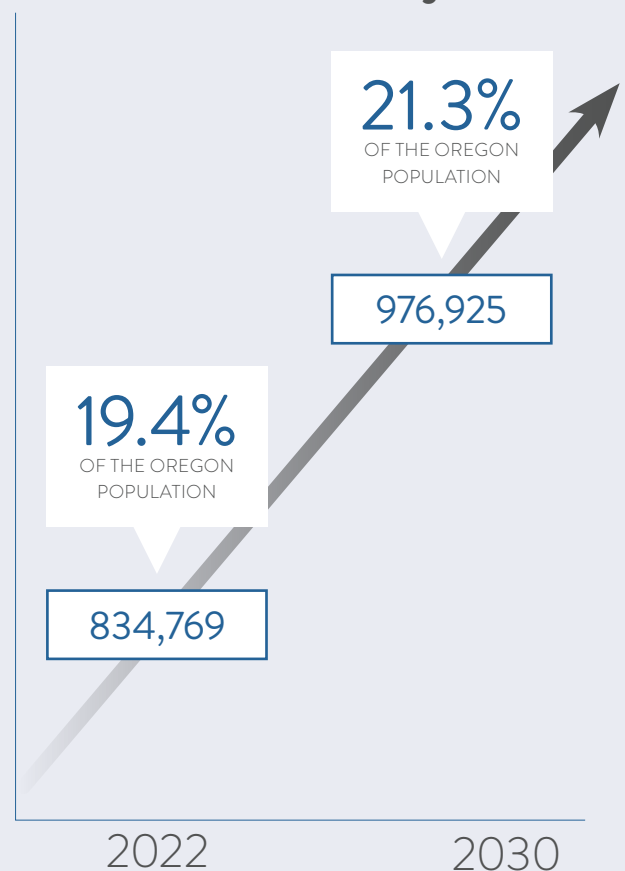
or older, and, of that, 88,718 were 85 or older—the age group most likely to need some form of care and support.¹⁸ By 2030, there will be an estimated 111,894 Oregonians over the age of 85, a 26% increase over the next eight years.

Long Term Care Providers & Oregonians Served

PROVIDER TYPE	NUMBER OF SERVICE PROVIDERS	OREGONIANS SERVED (IN 2021)
Adult Foster Homes ¹⁹	1,354	5,180
Nursing Facilities ²⁰	131	6,758
Assisted Living/ Residential Care ²¹	336	15,146
Memory Care ²²	224	6,023
Independent Living	200	12,000+
In-Home Care Agencies ²³	186	9,300+
Home Care Commission Workers ²⁴	17,000+	20,000+
TOTAL	19,441+	74,407+

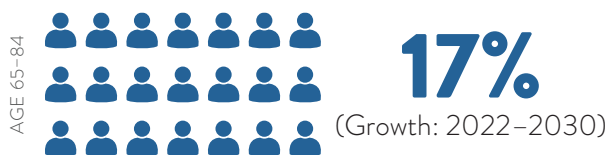
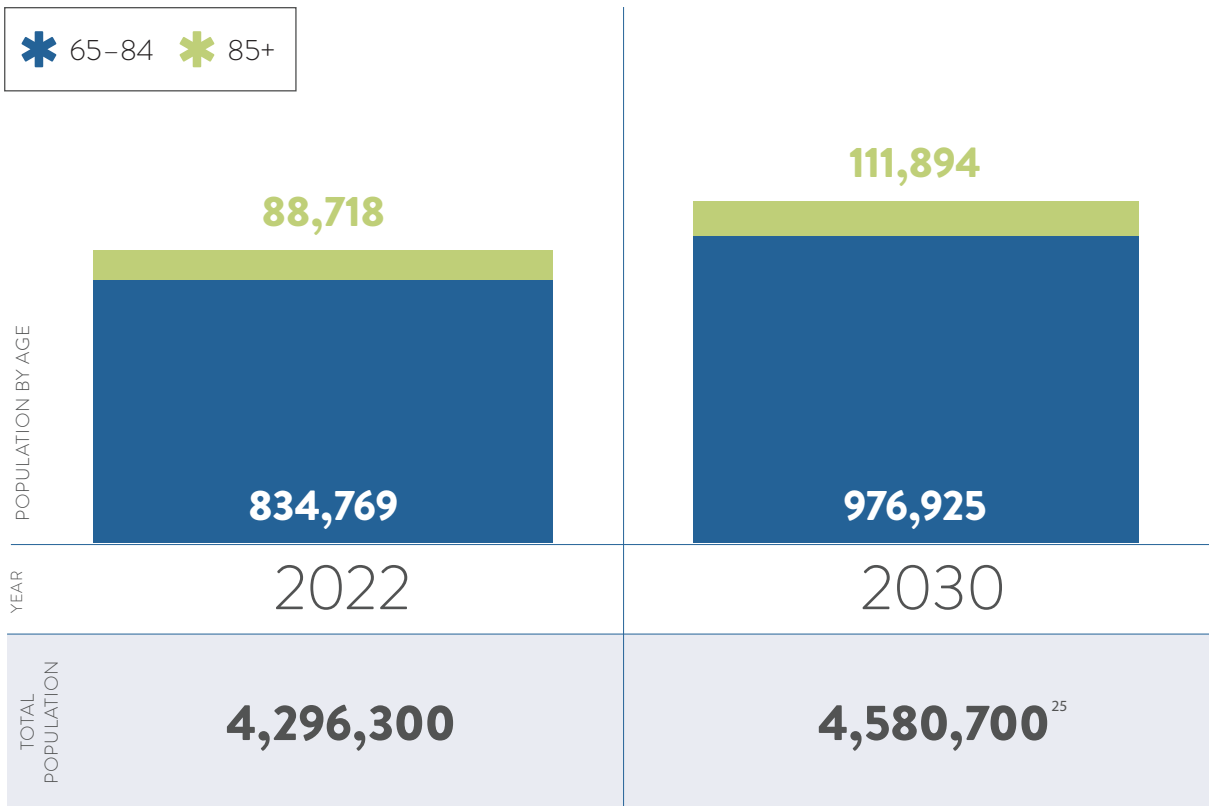
Sources: Estimates based on data from the Oregon Department of Human Services. 2021–2023 Legislatively Adopted Budget; Oregon Health Authority, Licensed In-Home Care Agencies. April 27, 2022. Tunalilar et al (2022a) Portland State University; Tunalilar et al (2022b) Portland State University; NCAL / AHCA Research (2022). Nursing Facility Patient Characteristics Report. July 2022.

Oregon 65+ Population—Current & Future Projections



Source: Population Research Center, Portland State University, 2021a.

Oregon Demographics—Current & Future Projections

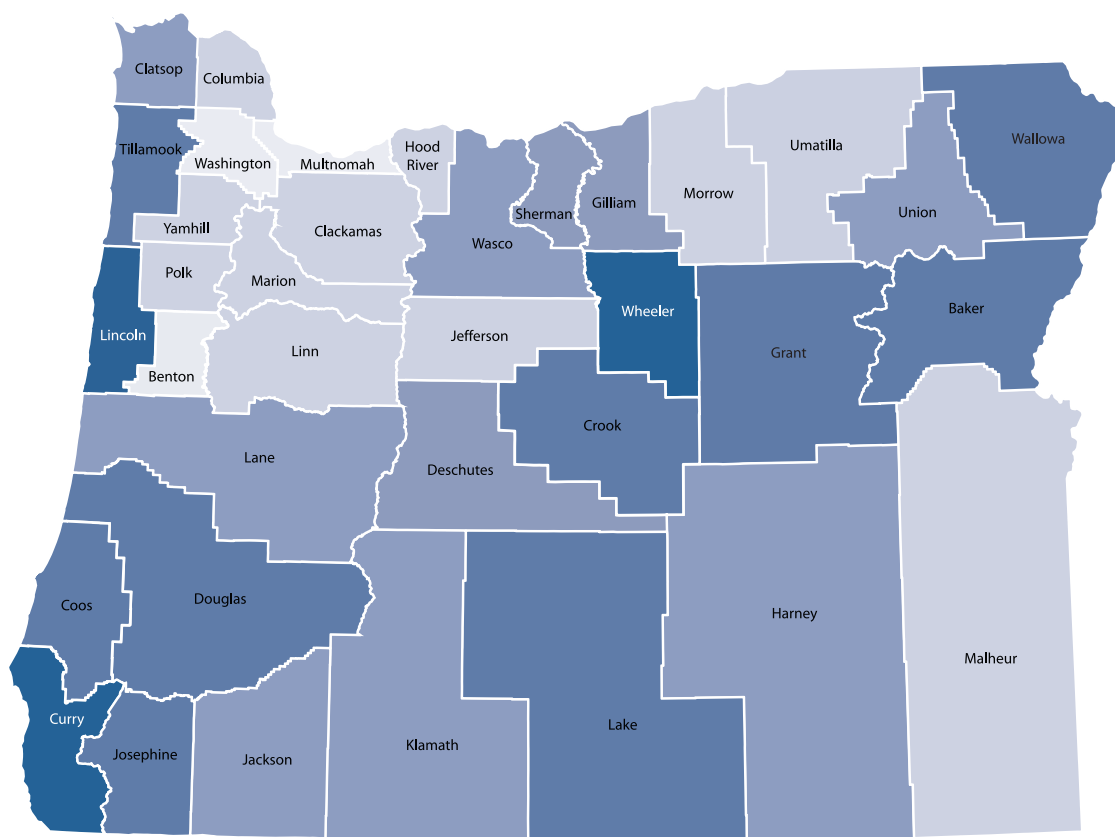


Oregon Population Growth: 2022–2030

6.6%

Total Population Growth

Source: Population Research Center, Portland State University, 2021a.



Oregon County Level Population Estimate and Percentage of Total County Population, 2021—Age 65+²⁶

Baker	4,716	28.00%	Harney	1,633	21.70%	Morrow	2,210	17.50%	Wallowa	2,297	30.90%
Benton	12,723	13.50%	Hood River	4,102	17.20%	Multnomah	120,255	14.70%	Wasco	5,725	21.50%
Clackamas	83,724	19.70%	Jackson	52,932	23.60%	Polk	16,999	19.10%	Washington	88,382	14.60%
Clatsop	10,247	24.70%	Jefferson	5,164	20.70%	Sherman	480	25.80%	Wheeler	473	32.50%
Columbia	11,004	20.80%	Josephine	24,293	27.40%	Tillamook	7,748	28.00%	Yamhill	20,421	18.90%
Coos	18,223	28.00%	Klamath	15,874	22.70%	Umatilla	13,504	16.80%			
Crook	6,722	26.40%	Lake	1,965	24.00%	Union	5,843	22.20%			
Curry	8,591	36.30%	Lane	80,401	21.00%						
Deschutes	43,864	21.60%	Lincoln	15,970	31.40%						
Douglas	30,629	27.40%	Linn	25,920	19.90%						
Gilliam	508	24.90%	Malheur	5,526	17.30%						
Grant	1,899	26.30%	Marion	58,937	16.80%						

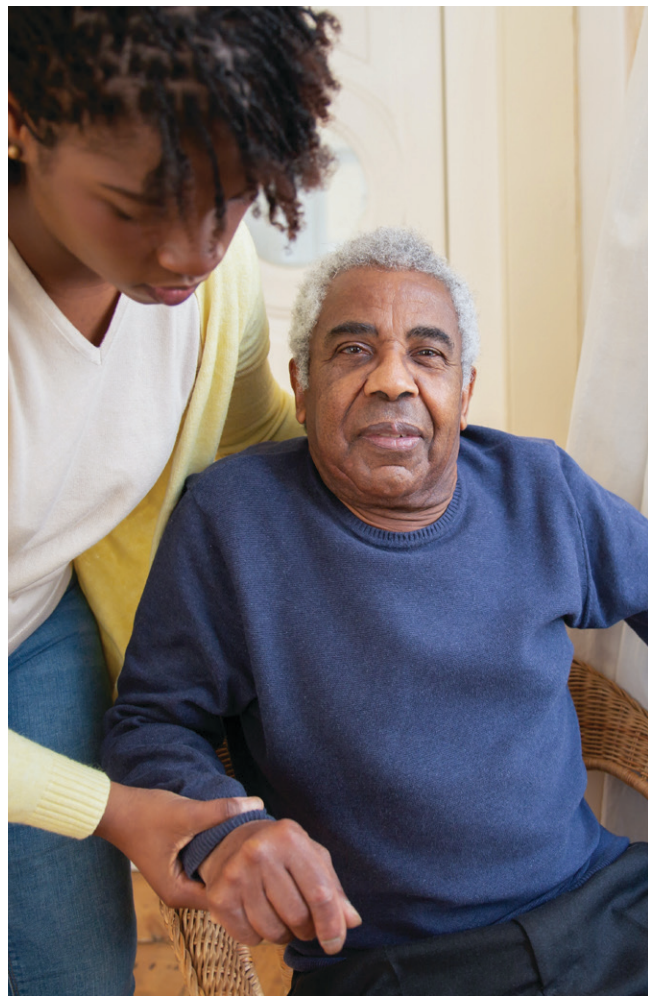
PERCENT OF POPULATION AGE 65+

10–15%	21–25%
16–20%	26–30%
	31–36%

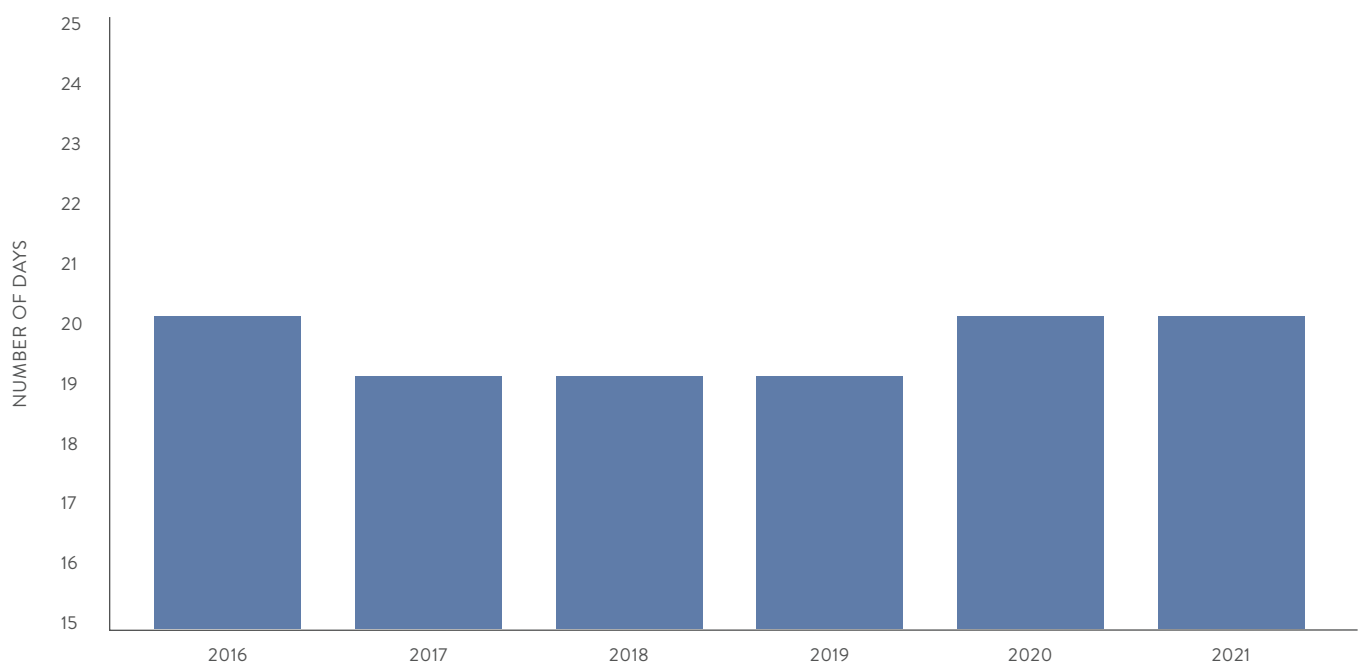
Source: Population Research Center, Portland State University (2021b)

Nursing Facilities and Post-Acute Care

Nursing facilities typically provide care for individuals in need of rehabilitation following a serious health complication or hospital stay. While some individuals reside in nursing facilities for a very long period of time due to ongoing care needs, often their stays are short in comparison to those receiving care and services in other long term care settings. Therefore, length of stay in Oregon nursing facilities is highly compressed. In 2021, the median length of stay was 20 days.²⁷ 2020 saw the first increase in the median length of stay in several years, which is likely reflective of the COVID-19 pandemic's continued impacts on our long term care system. While some individuals have intensive care needs that necessitate longer stays, the compressed length of stay reflects a shift toward nursing facilities acting as providers of short-term post-acute rehabilitative care. This helps keep costs down for the state, as nursing facility care is much more costly than community-based options.



Median Length of Stay: Oregon Nursing Facilities



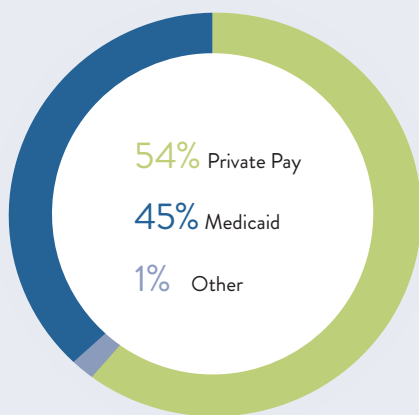
Source: Oregon State University

Long Term Care Financing

Payer Sources

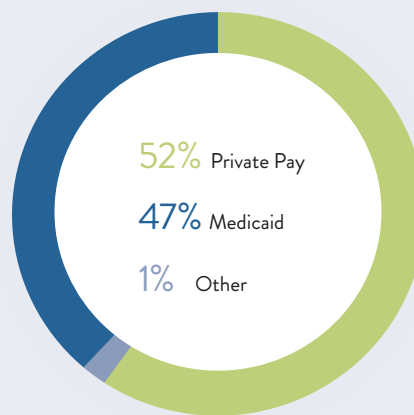
Public funds, primarily Medicare and Medicaid, are the main sources of long term care financing in the United States, including in Oregon. However, the level of public investment varies by program and care setting. For instance, nursing facilities see higher rates of Medicare and Medicaid funding than community-based care facilities, where private pay remains the largest payer source statewide. However, Medicaid is increasing as a payer source in community-based care communities with more lower income Oregonians requiring services. The growing differential between private pay rates and Medicaid rates is putting tremendous financial stress on providers who primarily serve Medicaid clients. This differential must be addressed with continued investments for access to be maintained for those needing care across the state.

Assisted Living & Residential Care



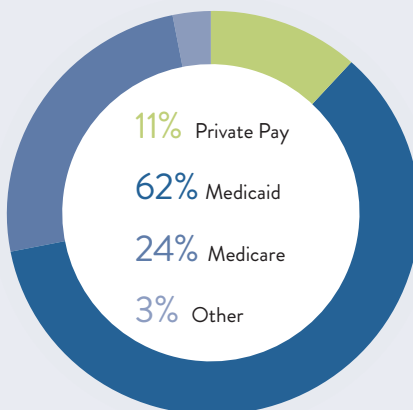
Source: Tunalilar et al 2022b.

Memory Care



Source: Tunalilar et al 2022b.

Skilled Nursing Facilities



Source: Luck et al 2022.



Private Pay vs. Medicaid Rates

2020			2022		
	*PRIVATE PAY	MEDICAID RATE	PRIVATE PAY	MEDICAID RATE ²⁸	MEDICAID ADD ON
ALF	**\$4,499²⁹	Level 1 - \$1,370	**\$5,045	Level 1 - \$1,511	Level 1 - \$1,663
Assisted Living/ Residential Care		Level 2 - \$1,699		Level 2 - \$1,873	Level 2 - \$2,061
		Level 3 - \$2,132		Level 3 - \$2,351	Level 3 - \$2,587
		Level 4 - \$2,678		Level 4 - \$2,953	Level 4 - \$3,249
		Level 5 - \$3,221		Level 5 - \$3,551	Level 1 - \$3,907
MCC	**\$5,801	\$4,480	**\$5,995³⁰	\$4,939	\$5,433
Memory Care					
IHC	**\$28/hr	\$27.12/hr	**\$32.00/hr	\$29.90/hr	\$32.92/hr
In-Home Care					

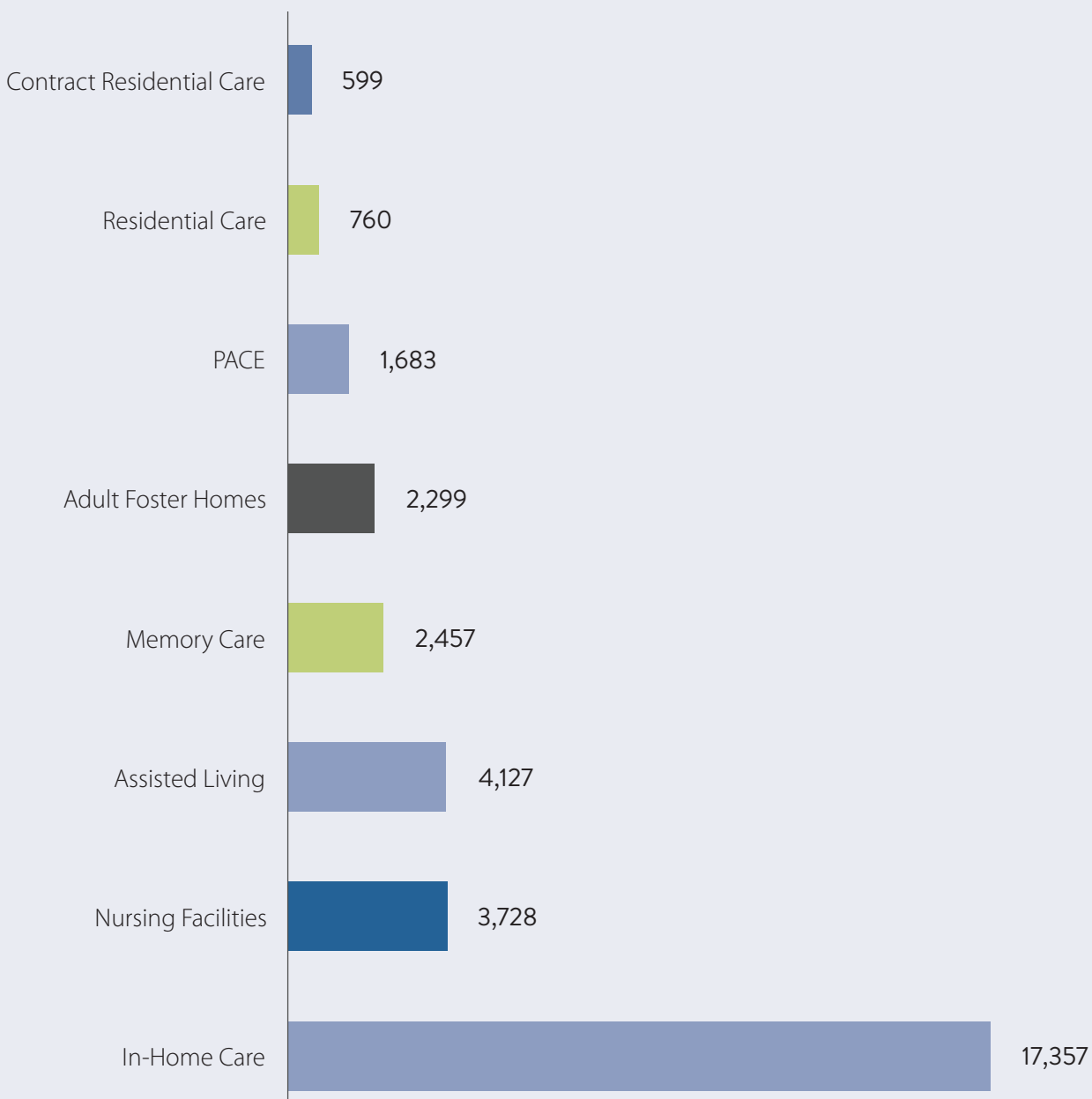
*Private pay and Medicaid rates are monthly rates for assisted living/residential care facilities. The rate for in-home care is hourly.

**The private pay rate for MCC from 2020 is an average monthly rate. The private pay rate for assisted living/residential care facility and in-home care is a median monthly rate.

Sources: Genworth Financial 2021; Tunalilar et al 2022b; Oregon Department of Human Services, 2022.

Oregon Medicaid LTSS Clients³¹

Medicaid Long Term Care Clients by Care Setting



Source: Oregon DHS | OHA Office of Forecasting, Research & Analysis (2022). Monthly Caseload Variance Report. Department of Human Services, Adults and People with Disabilities. May 2022.

Total Oregonians
Enrolled in Medicaid
Utilizing Long Term
Care Services and
Supports

33,010

Source: Oregon DHS | OHA Office of
Forecasting, Research & Analysis (2022).
Monthly Caseload Variance Report.
Department of Human Services, Adults and
People with Disabilities. May 2022.



2023 Policy Priorities

Stabilize and Grow the Long Term Care Workforce

As Oregon's aging population grows, the caregiving workforce must also grow to meet the demand for care. Providers are doing everything they can to recruit and retain direct care staff, certified nurse assistants, registered nurses, and other essential workers. Workers' wages and benefits have increased significantly over the past few years.

Nevertheless, an acute scarcity of trained and qualified workers is the single biggest challenge facing the long term care sector today and is limiting access to long term care services and supports for Oregonians.

Oregon must expand investments in the caregiving workforce in 2023:

- ▶ Renew the **Medicaid Wage Add-On Program** that offers additional funding to providers who meet specified wage thresholds through Medicaid reimbursement.
- ▶ Continue the **Oregon Essential Workforce Health Care Fund**, providing high quality health insurance benefits for employees of participating long term care employers.
- ▶ Deliver wraparound support services for essential caregivers that allow them to stay in their jobs, including **childcare, workforce housing, health services, and transportation supports.**

Support Access to Care

Ensuring all Oregonians have access to long term care, especially for those who are low-income or live in rural communities, depends on Medicaid reimbursement rates meeting the true cost of care.

- ▶ **Nursing Facilities:** Continue to fully rebase Medicaid reimbursement rates
- ▶ **Community-Based Care and In-Home Care Agencies:** Revamp Medicaid reimbursement rates to cover the true cost of quality care

Ease Overly Restrictive Regulatory Burdens Causing Staff Departures

Oregon has one of the most highly regulated long term care systems in the nation. The COVID-19 pandemic required significant and costly enhancements such as infection prevention and control, vaccinations, personal protective equipment, and caregiver supports. Most long term care providers continue to operate under a vast array of pandemic-related restrictions and oversight, in addition to implementing new regulations adopted over the last few biennia.

While many recent regulations and requirements are intended to protect the health of residents, the cost of care is rising dramatically and caregivers are leaving the sector to avoid working under restrictive and challenging conditions. Now is the time to pause any new regulatory requirements, analyze existing requirements to assess whether they are causing staff to leave, and allow time for recently adopted laws to be fully implemented by the Department and providers.

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