

# Long Term Care & Hospital Decompression

## Senate Committee on Health Care September 22, 2022



Improving lives by advancing quality care in Oregon since 1950

## The Continuum of Long Term Care Settings

### The Continuum of Long Term Care Services and Supports

- In-Home Care
- ► In-home health supports and services
- ► Family supports

Ô

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

### Long Term Care Providers & Oregonians Served

PROVIDER TYPE	NUMBER OF SERVICE PROVIDERS	OREGONIANS SERVED (IN 2021)
Adult Foster Homes <sup>19</sup>	1,354	5,180
Nursing Facilities²º	131	6,758
Assisted Living/ Residential Care <sup>21</sup>	336	15,146
Memory Care <sup>22</sup>	224	6,023
Independent Living	200	12,000+
In-Home Care Agencies <sup>23</sup>	186	9,300+
Home Care Commission Workers <sup>24</sup>	17,000+	20,000+
TOTAL	19,441+	74,407+

### **BOTTOM LINE:**

> Oregon's system is weighted in favor of a social model of care. Most Oregonians receive LTC services in their homes or an assisted living/ residential care community.

# Payor Eligibility for Nursing Facility Care

## **Primary Payer Sources for Skilled Nursing Facility:**

- **1. Medicare Part A/Medicare Advantage** 
  - Short-stay benefit up to 100 days (1-20 days no coinsurance, 21-100 days with coinsurance)
- 2. Medicaid
  - Commonly long-stay, must meet income and disability criteria.
- 3. Private Pay
  - Private insurance (ESP) covers skilled nursing care depending on the carrier and plan.

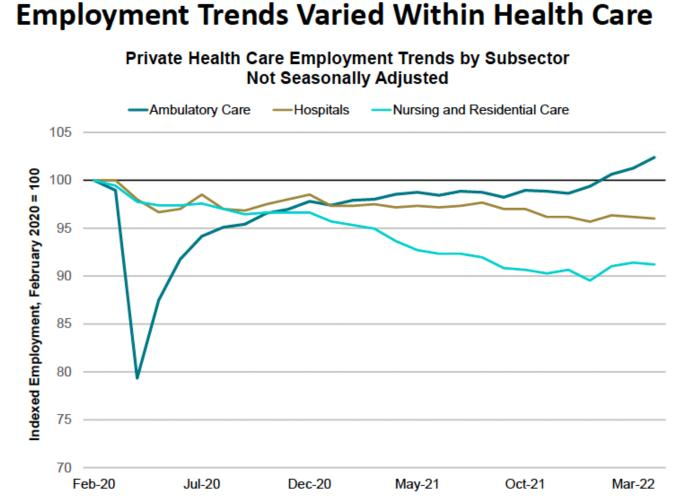
### **BOTTOM LINE:**

> Patients must meet insurance or federal eligibility criteria under Medicare or Medicaid.

## **Regulatory & Licensure Eligibility**

- State/federal regulations govern the care and services a nursing facility provides under its license.
- Medicare and Medicaid have specific criteria to qualify for a nursing facility stay and states frequently have additional Medicaid criteria.
  - Resident's health and mental condition
  - Resident's preferences and care goals
  - Specific equipment needs
  - Nature and scope of services offered at that facility
  - Capabilities of the staff to care for the resident while considering needs of existing residents
- Nursing facilities are required under Oregon law to comply with minimum RN and CNA staffing ratios. Oregon has some of the highest ratios in the nation.
- Medicaid requires a Preadmission Screening and Resident Review (PASRR) that assesses for a serious mental illness (SMI) or intellectual disability (ID) to insure the least restrictive environment and appropriate SMI/ID services are provided.

## Pandemic Workforce Challenges – Deeper & More Sustained in LTC

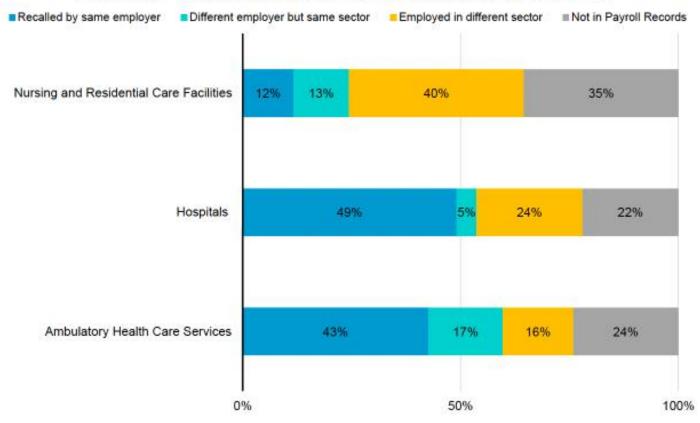


Source: Oregon Employment Department, Current Employment Statistics

## Pandemic Workforce Challenges – Only 25% Returned to LTC

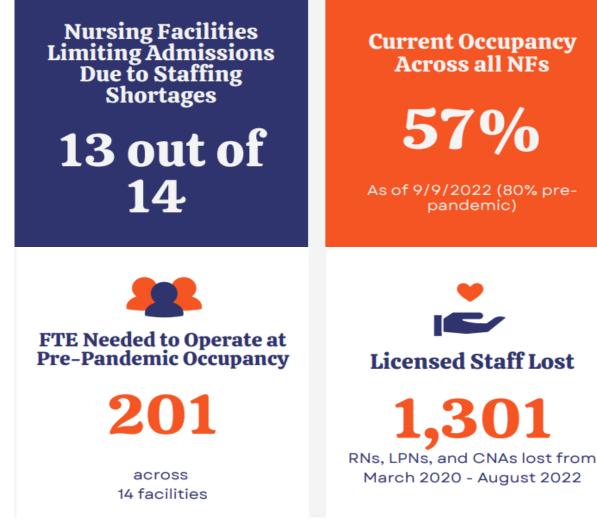
### **Re-Employment Patterns Varied Within Health Care**

#### Re-employment Patterns of Health Care Workers with Pandemic Unemployment Claims in Oregon by Winter 2022



Source: Oregon Employment Department, Unemployment Insurance Records

## A Snapshot of Staffing Levels Limiting Census



Data sourced from one multi-facility provider with a Medicaid contract that has 14 NFs in Oregon.

## **Opportunities for Improvement**

- More data on the diagnoses and care needs of the patient population that hospitals have been challenged to discharge.
- Ensure reimbursement meets the cost of care. (UHC)
- Ween the health care sector off of its high levels of temporary staff at unsustainable costs.
- Invest in the workforce and increase the number of nurses.
- Expand and develop new programs and service delivery models to serve hard to discharge patients.

# Key Takeaways

- 1. Nursing facility and other long term care settings capacity is severely constrained due to the workforce shortage.
- 2. The LTC workforce crisis has been deeper and more sustained than any other sector in health care due to the pandemic.
- 3. We need more data, however, nursing facilities are probably not the primary solution to hospital decompression challenges as many hard to place patients likely wouldn't qualify for nursing facility care.
- 4. Gaps in our health care system pre-existed the pandemic. Those gaps have been exacerbated by the pandemic. Convene providers, payers, and the state to look at systemic capacity constraints and longer term, sustainable solutions.
- 5. Explore innovations to address gaps in the care continuum to serve Oregonians with complex care needs.