



SB 703 Testimony
Relating to Quality Metrics and Financial Reporting by Residential Care
Senate Human Services, Mental Health & Recovery Committee
March 16, 2021

Chair Gelser, Vice Chair Anderson and members of the committee, thank you for the opportunity to share our concerns about SB 703 relating to quality metrics and financial reporting by residential care facilities, in-home care agencies, home health agencies and caregiver registries. I am Ruth Gulyas, CEO of LeadingAge Oregon – the statewide association of not-for-profit and other mission-directed organizations consisting of residential care and assisted living facilities, nursing homes, in-home care agencies, continuing care retirement facilities known as CCRCs and federally subsidized housing for low-income seniors.

SB 703 would:

- Require a residential care facility (including assisted living) to report to ODHS and a caregiver registry, home health agency and in-home care agency to report to OHA by January 31 of each year quality metrics for the prior calendar year and the following financial information:
 - Revenue;
 - Expenses;
 - Net income or profit;
 - Sources of income and percentage of income by payer source;
 - The average wage or salary for the 12-month period for each position;
 - The average number of employees, by job title, over the 12-month period;
 - The total number of hours of direct care provided by each position; and
 - Other information prescribed by ODHS and OHA that will enable the public to make informed choices in selecting a residential care facility, caregiver registry, home health agency or in-home care agency and to make comparisons to information that is publicly available through the Residential Care Quality Measurement Program and Quality Measurement Council.
- Require ODHS and OHA to compile and aggregate the financial information reported and make publicly available the following information regarding residential care facilities, caregiver registries, home health agencies and in-home care agencies:
 - The overall cost of care;
 - The primary sources of income; and
 - The average wage by job title.

The pandemic has challenged all Oregonians. Long term care caregivers and providers have been at the forefront of the pandemic doing their best every day to keep seniors safe amongst the everchanging landscape. Covid-19 has exacerbated an existing staffing challenge in long term care and created financial challenges due to increased costs due to the pandemic

[HB 3359](#), passed by the 2017 Legislature, required that a uniform quality metrics reporting system, to be overseen by the Quality Measurement Council, be developed to measure and compare the performance of residential care and assisted living facilities across the state. The quality metrics to be tracked include: the incidence of falls with injury, staff retention, compliance with staff training requirements, use of antipsychotic medications for nonstandard purposes, and resident satisfaction.

During the Covid-19 pandemic and the additional workload it created, the Council made the decision to simplify the required reporting for facilities to a yes and no format in 2021. Facilities that do not report the required data will be noted in the required annual report to be completed by ODHS.

SB 703 would add the annual reporting of specified financial reporting information to the requirements for residential care facilities as well as in-home care agencies, home health agencies and caregiver registries. It would require quality metrics to be adopted for in-home care agencies, home health agencies and caregiver registries.

Oregon rules governing assisted living and residential care facilities, [OAR 411-054-0026](#) already require facilities to provide prospective residents a variety of financial information through the Uniform Disclosure Statement ([Form APD 9098A](#)) designated by ODHS and the facility's Residency Agreement. Facilities must provide information about:

- Payment provisions including the basic rental rate and what it includes, cost of additional services, billing method, payment system and due dates, deposits, and non-refundable fees, if applicable.
- The method for evaluating a resident's service needs and assessing the costs for the services provided.
- Policy for increases, additions, or changes to the rate structure. The disclosure must address the minimum requirement of 30 days prior written notice of any facility-wide increases or changes and the requirement for immediate written notice for individual resident rate changes that occur as a result of changes in the service plan.
- Refund and proration conditions.

The type of financial information required per SB 703 would add a burdensome reporting requirement that we do not believe is warranted given the amount of financial information already required to be provided by residential care facilities. Additionally, we do not believe it would provide consumers meaningful information by which to compare facilities. The type of financial information specified by SB 703 is the type collected to set reimbursement rates through an established reimbursement rate methodology such as is done for the Medicaid rate for nursing facilities. Rates are not set through such a methodology for residential care facilities, in-home care agencies and caregiver registries.

In closing, for the above stated reasons, we do not support SB 703. Thank you for your time and the opportunity to testify with you today.