Oregon Department of Human Services

House Bill 3396 Task Force September 21, 2023

Oregon Department of Human Services

Office of Aging and People with Disabilities

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Today's Presentation

Who We Are – Agencies, Divisions & Offices

Who We Serve – Consumers

How We Serve – Programs, Services & Preparedness

Lessons Learned from the Pandemic and ODHS/APD Stabilization Efforts in Long Term Care

Key Agencies involved in hospital discharge

Mission: To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Relevant Offices-

- Office of Aging and People with Disabilities (APD)
- Office of Developmental Disability Services (ODDS)

Core Functions

- Eligibility determinations
- Service planning for eligible consumers
- Licensing of long term services and supports
- Information and assistance and options counseling for non-Medicaid or pre-Medicaid individuals
- Adult Protective Services

Mission: Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

Relevant Offices-

- Health Policy and Analytics Division
- Health Systems Division (HSD)
- Public Health Division

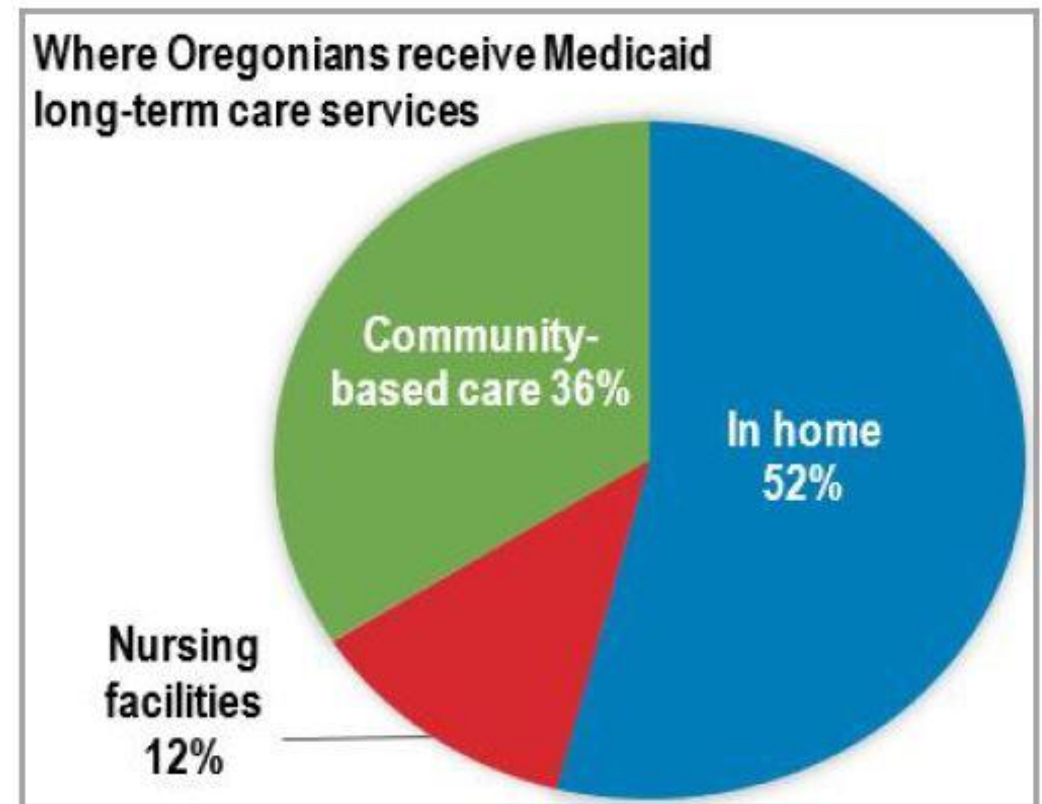
Regulatory Function-

- Hospitals
- Home Health
- Hospice
- In-Home Care Agencies (IHCAs)

Long-term Services and Supports (LTSS)

Of the 35,000 consumers receiving Medicaid long-term services and supports:

- About 19,000 receive services in their homes;
- 12,000 in community-based care settings such as assisted living; and
- 4,000 in nursing facilities.



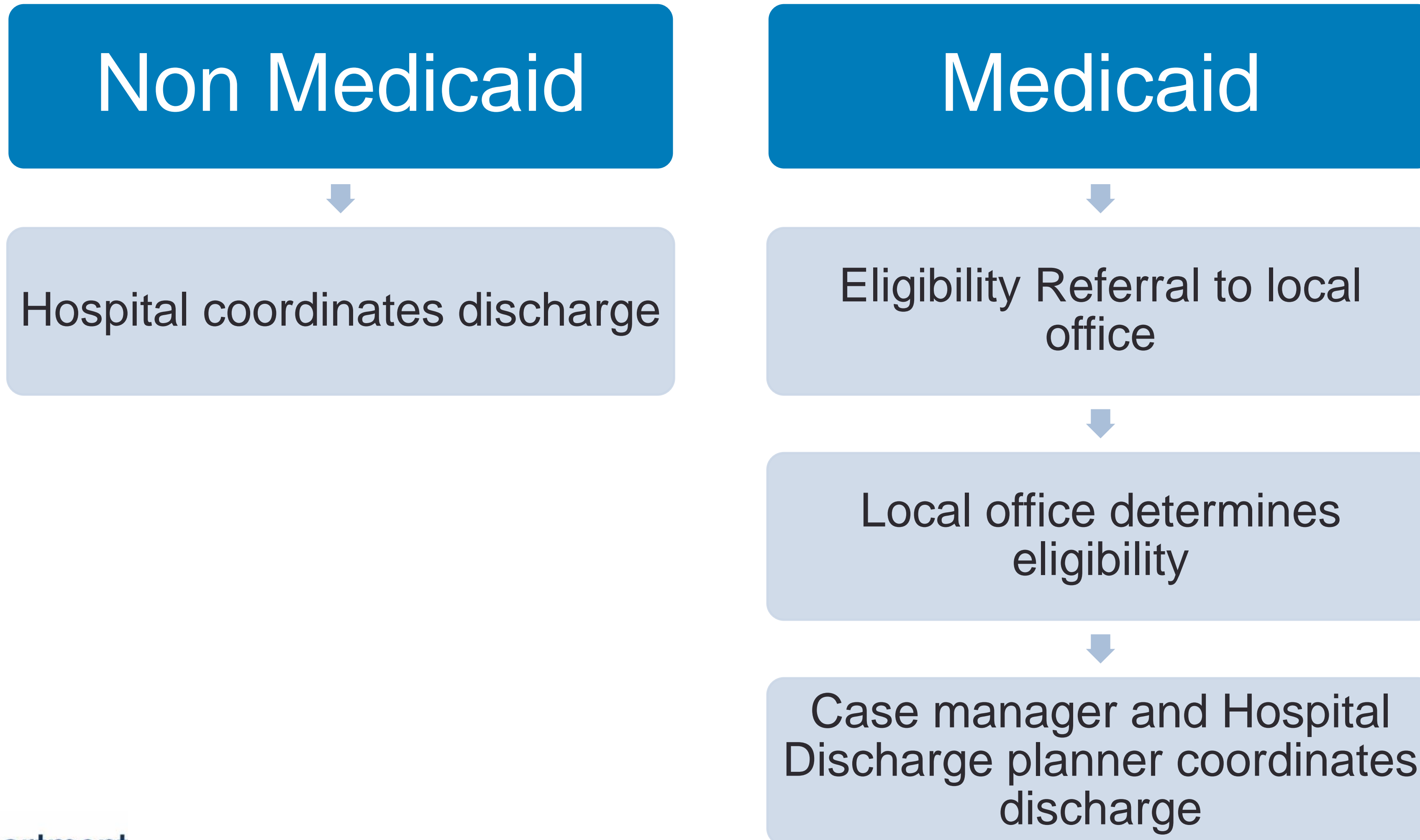
Office of Aging and People with Disabilities (APD)

Long-term care providers, and the direct-care workforce, are essential in providing services to older adults and people with disabilities.

Roughly 44,500 people, including Medicaid recipients and those who are private pay, reside in APD-licensed settings. Oregon currently licenses about:

- 130 nursing facilities;
- 560 assisted living and residential care facilities; and
- 1,400 adult foster homes.

Pre-Covid Discharge Flow



THE IMPACT OF THE PANDEMIC

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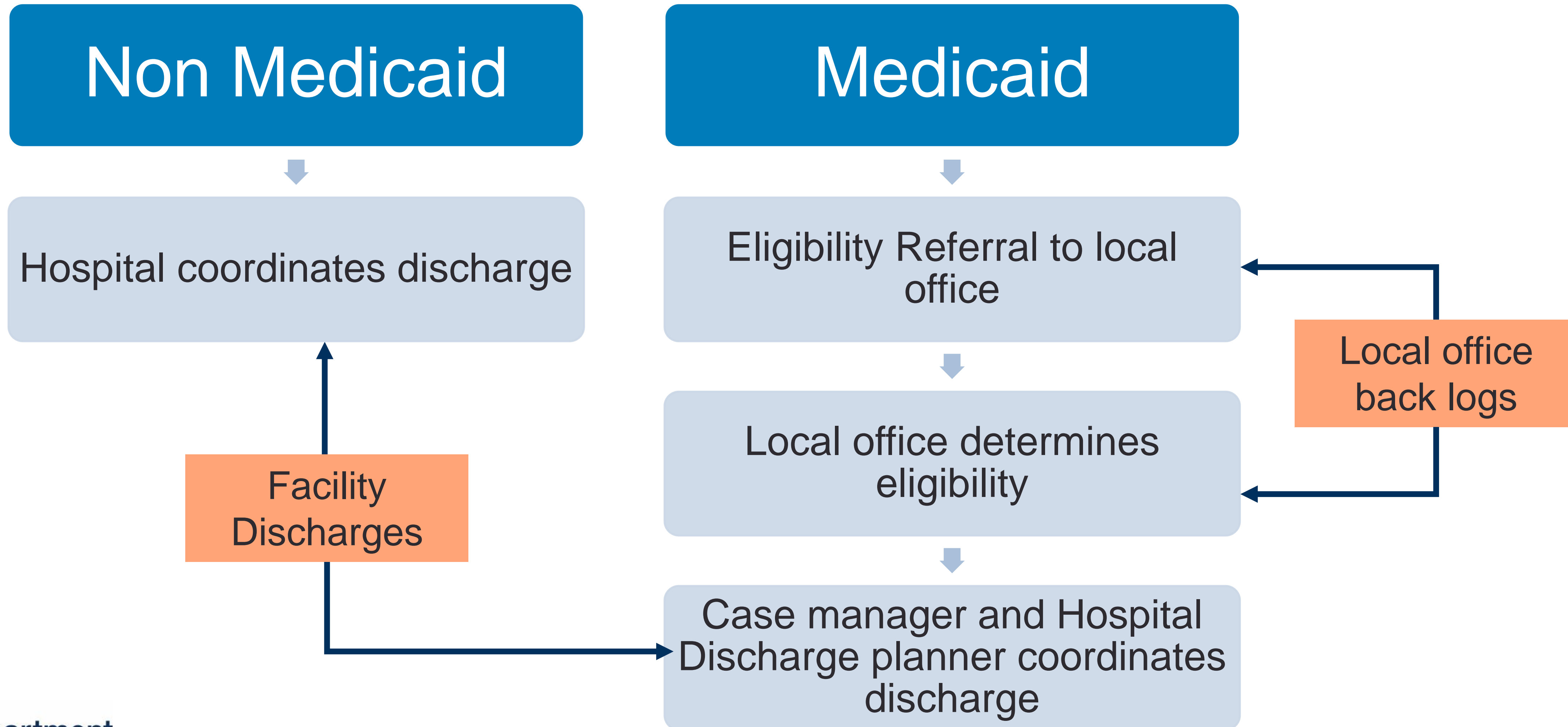
During/Post-Covid Discharge Flow



Crisis Response

	Covid Recovery Units & Hospital Decompression	ODHS & OHA Unified Command	Post-Crisis Stabilization Operations
Timeline	Phase 1: August 2021 – December 2021	Phase 2: January 2022 – March 2022	Phase 3: April 2022 – June 2023
Objective	An Incident Management Team was established at the direction of the Covid Response and Recovery Unit (CRRU) to respond to the surge of **Delta variant COVID-19** positive patients that caused hospital facilities to reach maximum capacity.	Cross-agency partnerships were expanded during the **Omicron variant COVID-19** surge response. Goal was to assist agencies by tracking medical staff needs and patient discharge across all regions in effort to increase hospital, LTCF, AFH, and behavioral health facilities' capacity.	**ODHS assumes NCT contract ownership.** NCT expanded response efforts to address challenges experienced by LTCF and the APD population including systemic workforce challenges, prolonged periods with COVID-19 outbreaks, and reduced bed capacity due to staffing shortages.
Long-Term Care Support	• Provided contract staffing to skilled NFs and AFH to increase bed space in these facilities to accept discharging patients from hospitals. • Omicron variant spread required extension of NCT contracts beyond December.	• Continued contract staffing provided to LTCFs for dedicated Covid units, safety staffing shortage needs, and bed capacity. • ~480 RNs, LPNs, and CNAs on-call from multiple staffing agencies.	• Continued safety/Covid response operations. • Workforce Support Programs developed and implemented. • Data was gathered to enable equitable use of NCT resources throughout Oregon counties.

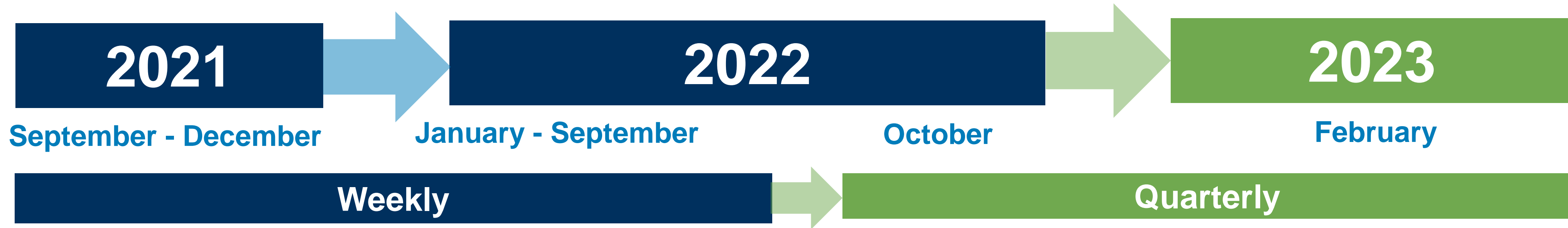
Initiatives to assist with Discharges

- Discharge Assistance Team (DAT)
  - APD pulled 35 staff with case management experience to assist with discharges
  - Other programs assisted on a case by case basis
  - Barriers faced by hospitals were shared by the DAT
- Discharge Incentive Program – Two Phases
  - Phase 1 provided an incentives to AFHs to take individuals from hospitals
  - Phase 2 lowered the incentive amount but included ALFs, RCFs, and IHCAs
- Distressed provider relief grants:
  - To ensure rural communities and communities with lower-than-average incomes have access to care options, ODHS has issued grants to 20 facilities licensed by APD to help prevent their closure.
- Clinical staffing support:
  - Clinical teams are available to support long-term care providers, and ensure availability of placements, in dedicated Covid Recovery and Decompression Units
  - To assist long-term care facilities coping with respiratory virus outbreaks that necessitate additional staffing. This is a safety net program to ensure residents care needs are met and facilities can safely operate.
  - Capacity building in long-term care to assist people who are ready for discharge from the hospital to ensure availability of hospital beds for those requiring that level of care.

Initiatives (continued)

- Support for Shelter Plus to provide post-acute respite sheltering with wraparound supports to support hospital decompression.
- Dedicated intake specialists embedded in local hospitals
- Updated infection control guidance and support
- Survey to find additional solutions:
  - ODHS partnered with Providence and Legacy hospitals on research to better understand reasons for discharge delays.
  - A Bed Census/Workforce Survey was sent to 702 nursing, assisted living and residential care facilities, along with those that have memory care endorsements, in October 2022 and February 2023.
  - The survey received an overall response rate of 85% and 98% respectively (including 100% from the state's 129 licensed nursing facilities).
  - This survey suggests that challenges with hospital decompression are multifactorial and not due to a lack of open beds.

Data evolution to test assumptions



	2021 (September - December)	2022 (January - September)	2022 (October)	2023 (February)
Survey Host Platform	ORRAI Alchemer	APD Qualtrics	APD Qualtrics	APD Qualtrics
Topic	Bed Census only	Bed Census/Workforce	Bed Census/Workforce- • Workforce questions (FTE vs position openings) • Detailed patient denial questions	Bed Census/Workforce • Referrals/Denials/Admission Barriers (+Medicaid) • Workforce Turnover • Nurse Experience • Infection Prevention • NCT/Transition Planning • Resilience/DEI
Driver	Hospital Decompression Covid Surge Response	Capacity Building Covid Surge Response	Workforce Support Bed Preservation	Care Continuum/Acuity Workforce Support/Sustainability Bed Preservation
Participation	~35%	NF ~44% CBC ~34%	NF 100% Overall 85%	NF 100% Overall 98%

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LTC Facilities February 2023 Survey Results

Bed Availability, Capacity & Workforce Challenges

June 29, 2023

Key Themes – February 2023

Bed Availability

- Open staffed beds were available in all regions
- Medicaid beds were available in all regions

New Placement

- 43% of admission referrals were denied
- Inappropriate referrals were received by 46% of LTCFs
  - Top inappropriate reasons: harmful behaviors, substance abuse, and (use of a) sitter
- Major barriers
  - Top clinical reasons: behaviors that needed excessive monitoring or intervention, lack of Behavioral (Health) resources, and chemical dependency
  - Top non-clinical reasons: staffing (19% of LTCFs) and lack of appropriate discharge

Key Themes – February 2023

Operational Levels

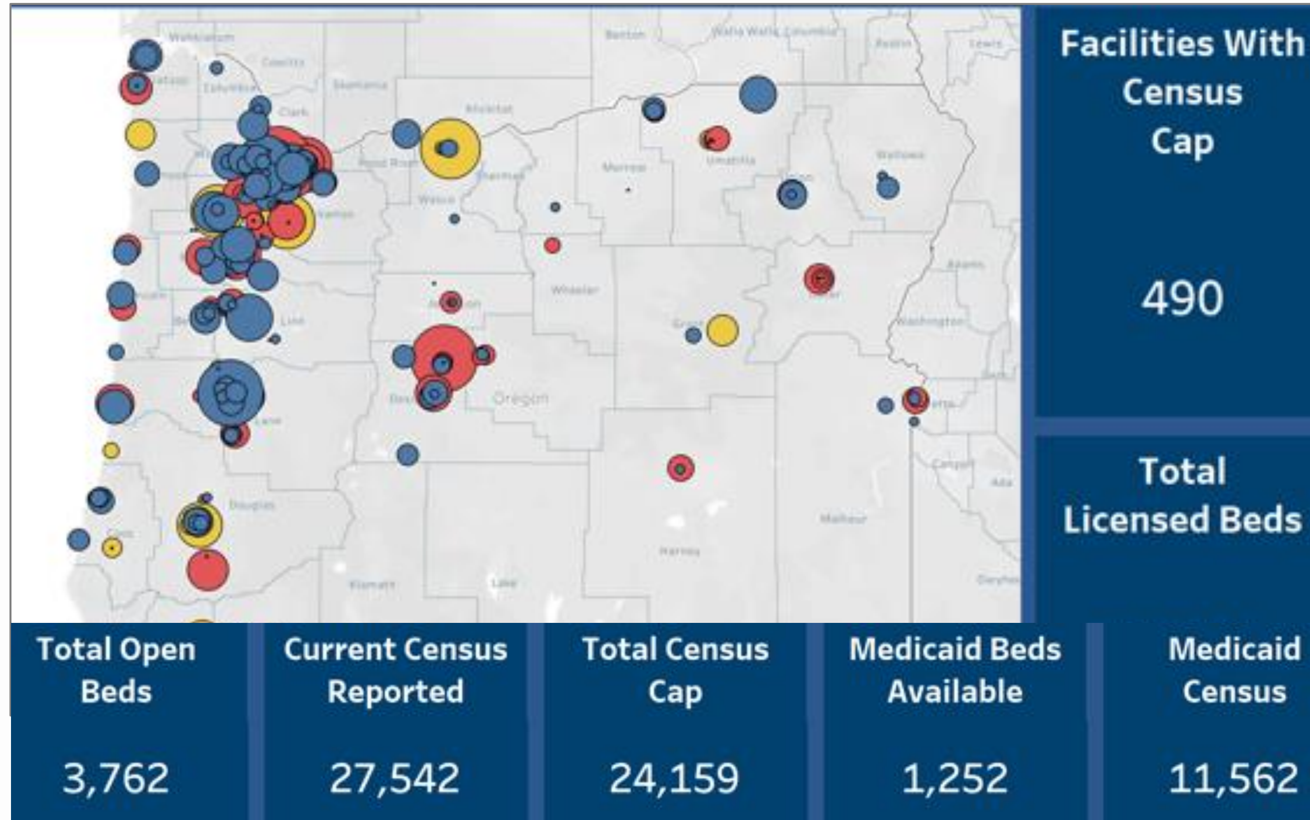
- Average Daily Census (ADC) for 66% of LTCFs was below budget
- Medicaid occupancy rate of 43% was higher than expected
- Risk for displacement of 500+ consumers
  - 17% of LTCFs sent a consumer to the hospital because the facility could no longer meet the consumer's needs
  - 10% of LTCFs that sent a consumer to the hospital said the consumer displayed behaviors that impacted the consumer's care and/or safety

Workforce Barriers

- Turnover is a major problem in 54% of LTCFs
- Direct care staff vacancies remain high
- Facility Nurse vacancy (19%) and turnover (27%) are problematic for CBC facilities
- Nurse with less than 1 year experience in 29% in CBC facilities
- Medication errors being one of the top SOQ survey tags, training needed

Bed Capacity & Availability

- There were open staffed beds in all LTC facility types in every region despite census capping
- Medicaid, Transitional Care and Memory Care beds were available in all regions



Bed Capacity & Availability

Region	NF	ALF	RCF	Transitional Care	Memory Care
1	282	560	790	68	449
2	129	272	295	76	243
3	112	212	170	19	135
5	34	151	196	21	132
6	56	22	1	2	1
7	29	84	190	9	118
9	24	56	75	21	43
Total	666	1357	1717	216	1121

* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

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Barrier to New Placement

- 43% of all hospital referrals for admission to an LTC facility were denied

Admission Denial Rates

Regions	NF	ALF	RCF
Region 1	54%	20%	31%
Region 2	66%	23%	26%
Region 3	50%	34%	45%
Region 5	54%	23%	44%
Region 6	64%	38%	27%
Region 7	43%	14%	48%
Region 9	52%	29%	50%
Total	**55%**	**22%**	**35%**

* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

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Inappropriate Referrals for Admission

46% of LTC facilities reported that they received inappropriate referrals given their offered services

- Note: Data collected during capacity building missions suggest that there is inconsistency with determining what should be considered an inappropriate referral versus a denied referral

% of Facilities Reporting Inappropriate Referrals (in the last 7 days)

	NF	ALF	RCF
Region 1	53%	43%	43%
Region 2	52%	44%	34%
Region 3	75%	43%	40%
Region 5	78%	55%	36%
Region 6	50%	43%	50%
Region 7	100%	36%	46%
Region 9	60%	47%	41%
Total	**62%**	**44%**	**41%**

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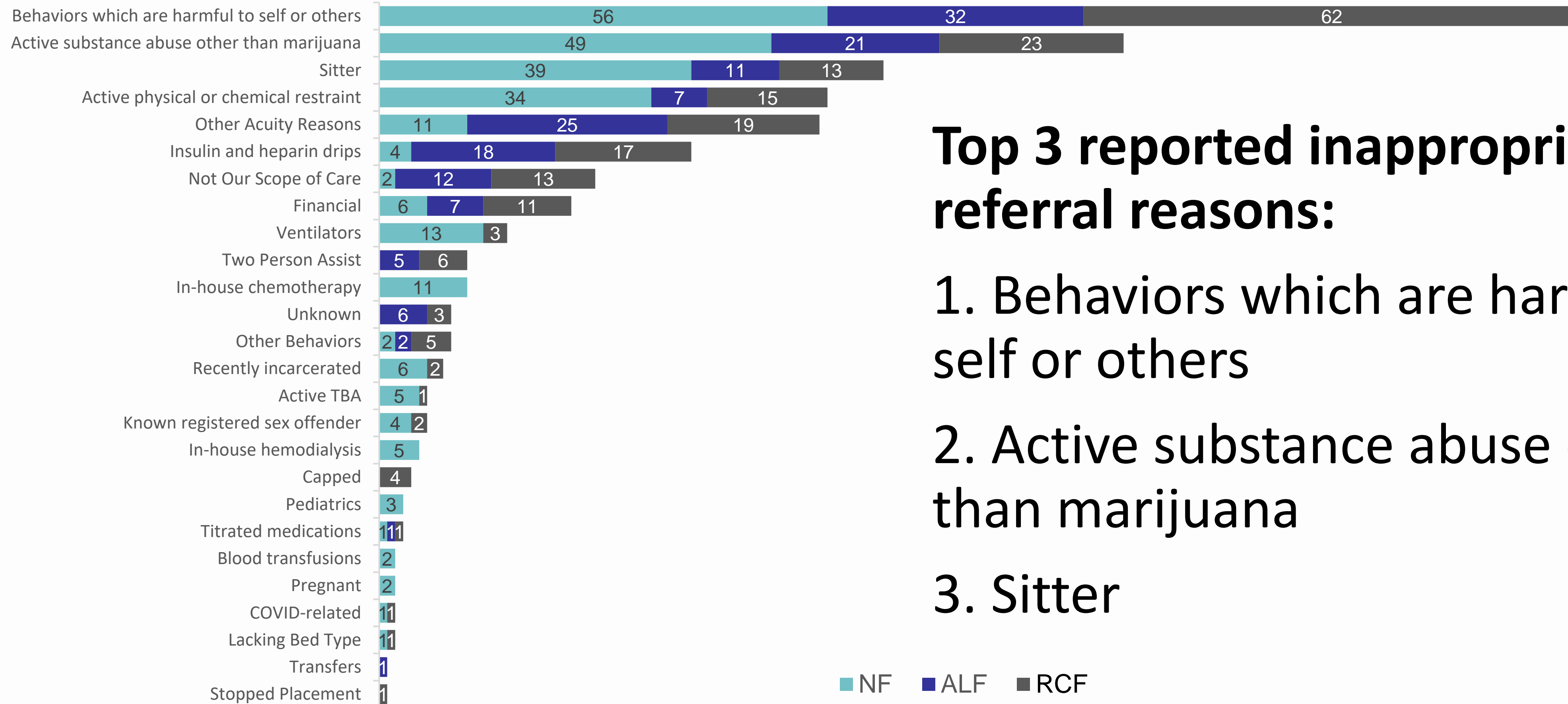
Inappropriate Admission Referral Reasons



Top 3 reported inappropriate referral reasons:

1. Behaviors which are harmful to self or others
2. Active substance abuse other than marijuana
3. Sitter

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Major Clinical Barriers

If facility responded that they had denied a referral, they were then asked:
"In the last 7 days, please rate the following clinical denial reasons from 1- Not a barrier, 2 - Sometimes a barrier, 3 - Major barrier" for each of the following:

% of facilities who responded "Major Barrier":		Requires excessive intervention to monitor and manage behaviors***	Behavioral health*** resources not available	Chemical dependency	Complex medical care	Requires Memory Care (Dementia/Alzheimer)	Specialized resident care (ex/ Traumatic brain injury)	High risk for hospital readmission	Diabetic Care	Vital Signs unstable/lab work abnormal	Other –Clinical
ALL	NF	43%	42%	48%	16%	30%	15%	8%	0%	3%	3%
	ALF	28%	29%	24%	39%	33%	21%	10%	14%	5%	6%
	RCF	28%	20%	19%	27%	6%	11%	8%	9%	4%	4%
MEDICAID	NF	21%	30%	43%	18%	30%	14%	9%	0%	2%	2%
	ALF	27%	31%	31%	32%	39%	27%	10%	17%	7%	13%
	RCF	31%	23%	23%	19%	12%	16%	10%	10%	6%	4%

* Referrals do not consider a unique consumer; ex. consumer A might have 10 referrals to multiple and/or the same facility
**Last 7 days from when facility filled out the survey
***Survey did not include the American Medical Association (AMA) definition for "behavioral health" when asking about behaviors. The American Medical Association (AMA) defines "behavioral health" as "[...]mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions." American Medical Association, www.ama-assn.org, accessed 4/12/2023.

Major Non-Clinical Barriers

If facility responded that they had denied a referral, they were then asked:
"In the last 7 days, please rate the following non-clinical denial reasons from 1- Not a barrier, 2 - Sometimes a barrier, 3 - Major barrier" for each of the following:

% of facilities who responded "Major Barrier":		Not enough staff	No appropriate discharge plan	Financial Risk	No insurance	Cost of Care exceeds insurance	Lack of surrogate decision maker	Other – Non-clinical	Diabetic Care - No RN for delegation s*	Facility issues (gender specific rooms, etc.)	Lack of proper training
ALL	NF	37%	22%	14%	16%	12%	3%	8%	1%	10%	0%
	ALF	6%	10%	6%	3%	7%	4%	9%	8%	2%	2%
	RCF	14%	8%	8%	4%	3%	12%	5%	8%	4%	4%
MEDICAID	NF	30%	9%	5%	14%	7%	5%	5%	0%	14%	4%
	ALF	5%	5%	12%	5%	5%	7%	15%	10%	2%	0%
	RCF	10%	8%	9%	4%	6%	10%	6%	13%	8%	6%

* Referrals do not consider a unique consumer; ex. consumer A might have 10 referrals to multiple and/or the same facility
**Last 7 days from when facility filled out the survey

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Operating Levels

- 66% of all facilities report that their Average Daily Census (ADC) was below their budget
  - Note: Sub-optimal volume was reported as a reason facilities were in financial distress (Distressed Provider Relief Fund)

Average Daily Census (ADC) relative to Budget

	ADC was *ON* Budget	ADC was *LOWER* than Budget	ADC was *HIGHER* than Budget	"Unsure"	Other
NF	7%	75%	18%	0%	0%
ALF	14%	67%	13%	2%	4%
RCF	16%	61%	13%	5%	5%
Total	13%	**66%**	14%	3%	3%

Census of Medicaid Consumers

- **55% of NF census were Medicaid**
  - Regions 1, 2, 3, and 9 report above 50% of their residents are on Medicaid
  - 14% reported having no Medicaid consumers

- **38% of CBC census were Medicaid**
  - 34% of the individuals in ALFs were Medicaid
  - 43% of the individuals in RCFs were Medicaid
  - 30% reported having no Medicaid consumers

Mean % of Census that are Medicaid Consumers

	NF	CBC	Total
Region 1	56%	34%	39%
Region 2	53%	36%	40%
Region 3	64%	45%	49%
Region 5	49%	47%	47%
Region 6	34%	32%	33%
Region 7	49%	39%	40%
Region 9	58%	54%	54%
Total	**55%**	**38%**	**43%**

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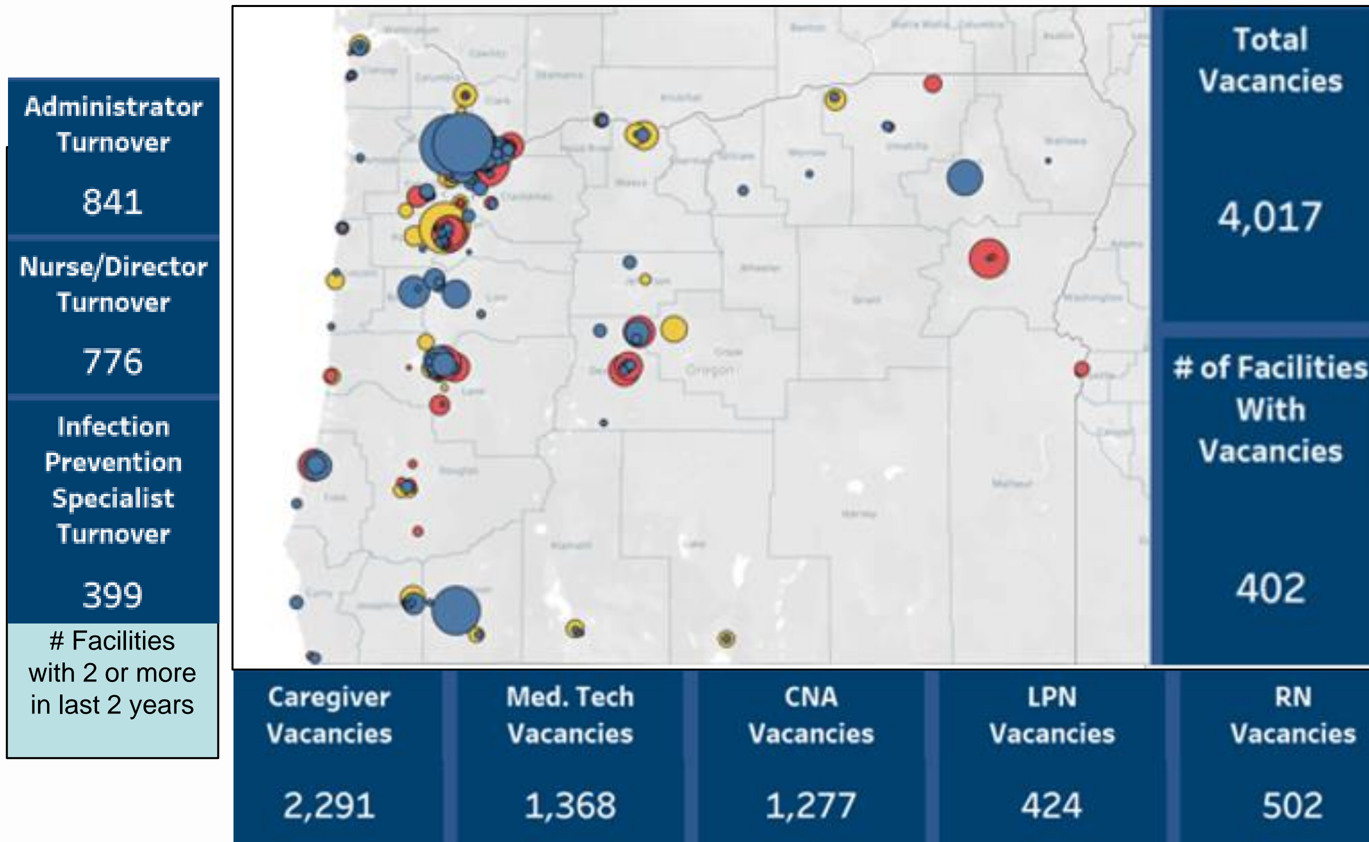
Risk for Displacement

In the last 90 days, how many patients/residents were sent to the hospital because the facility could no longer meet their needs? Of those that were sent, what percentage displayed behaviors that impacted their care and/or safety?

	NF	ALF	RCF	Total
# of Consumers Sent	428	112	45	**585**
% of Facilities that Sent Consumer (# of Facilities that Sent Consumers/ Total # of Facilities)	37% (47/128)	16% (37/234)	9% (29/320)	**17%** (113/682)
% of Facilities that Sent Consumers with behaviors that impacted their care (# of Facilities/Total # of Facilities)	16% (21/128)	11% (26/234)	6% (19/320)	**10%** (66/682)

- 585 of consumers were sent to the hospital in the last 90 days
- 17% of all facility types sent consumers to the hospital in the last 90 days
- 10% of facilities sent consumers because they displayed behaviors that impacted their care

Workforce Barriers



Reported vacancies in Full Time Equivalent (FTE)

- Turnover is a major problem in 54% of LTC facilities
- Direct care staff vacancies remain high

October 2022 Survey

Region	RN	LPN	CNA	Med Tech	Caregiver
1	160	147	414	344	556
2	55	73	221	104	207
3	51	42	204	112	225
5	14	19	45	55	95
6	8	7	45	29	39
7	14	16	47	46	80
9	11	6	33	30	60
Total	**313**	**310**	**1008**	**719**	**1261**

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CBC Facility Nurse

- 27% of CBCs reported that they turned over their Facility Nurse 2 or more times in the last 2 years
- 19% of CBCs reported a vacancy
- 29% of CBCs have a Facility Nurse with less than a year of experience in a CBC

Turnover, Vacancy, & Experience

CBC Facility Nurse	% of CBCs (RCFs & ALFs)
# of CBCs that have turned over 2 or more Facility Nurses in the last 2 years*	**27%** (149/553)
# of CBCs reporting a Facility Nurse Vacancy	**19%** (90/459)
# of CBCs reporting a Facility Nurse has less than 1 year of CBC experience	**29%** (113/389)

*One facility was removed for extreme values in "# of CBCs that have turned over 2 or more Facility Nurses in the last 2 years", they reported 40 facility nurse turnovers

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PROJECTS

2021-2023 Legislative Investments

SEIU Long Term CareWorks Workforce Trust	Expands RISE Partnership CNA Apprenticeship Training Model. Invests in workforce pipeline development by providing career coaching, wrap around services, stipends, and job placement and supports for newly trained CNAs.
Oregon Care Partners	Provides training, curriculum, and workforce navigator positions
OHCA	Gerontological nursing certification scholarship program and expansion of LTCF clinical sites for University of Portland nursing student trainees
Oregon Center for Nursing	Mini grants to improve mental health & well-being of staff
ECHO	Collaborative effort with Oregon Rural Practice-Based Research Network at OHSU to promote organizational change for employee well-being in long-term care facilities.
PHI	Policy research program related the direct care workforce in Oregon. Evidence-informed recommendations delivered to ODHS on 9/30/22.

2021-2023 Legislative Investments

NurseLearn	Community health nurse training model
Nurse Crisis Teams	Contracts with nurse staffing agencies to support the short-term staffing needs of hospitals and long-term care facilities.
Respite Shelters- Jackson and Marion Counties	Continue operations of two respite shelters in Jackson and Marion Counties, freeing up hospital beds for individuals requiring a higher level of care.
Discharge Incentive Program	Incentive program for adult foster homes, residential care facilities, and in-home care agencies accepting individuals who are ready to be discharged from the hospital.

2021-2023 Legislative Investments

Enhanced Care Facility Beds	Increase the number of available Enhanced Care Facility beds by recruiting additional facilities and increasing rates.
CBC Distressed Provider Relief Fund	Community Based Care Distressed Provider Relief Fund to support long-term care facilities in underserved areas at risk of closure.
Oregon Medical Coordination	Oregon Medical Coordination Center for the hiring of staff to track bed availability and coordinate patient transfers around the state, and for grants to six regional hospitals.
Support translators via Oregon Worker Relief Fund	Support licensed and indigenous health care translators with one-time payments through the Oregon Worker Relief Fund.

2021-2023 Legislative Investments

Connect to Care Jobs-	Invest in a national recruitment tool for long term care facilities and address the acute workforce shortage.
Wage and Cost Study - SB 703	Wage/cost study of CBCs conducted by PSU
Enhanced Wage Add On Rate Program- Implementation complete	Performance based contracting fund to incentivize AL/RC/MC facilities to achieve quality/ staffing/ compensation benchmarks jointly established via stakeholder process.

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APPENDIX

Survey Background & Research Methods

Background

The findings from the October 2022 Workforce Survey confirmed that hospital decompression challenges are caused by a range of factors, rather than a lack of available beds. Notably, staffed and open beds were present in all regions, including open Medicaid beds. However, a high denial rate was observed across all facility types with Medicaid referrals. Alongside staffing constraints, the causes of these denials were driven by various factors, such as acuity issues, complexity of consumer needs, insurance, and payor issues. Workforce shortages were also found to be prevalent across all regions and disciplines, with Caregivers and Med Tech workers having the highest vacancy rate.

Given these insights, new questions were identified. Specifically, these include exploring changes in LTCFs since October 2022, examining workforce and bed capacity, investigating the reasons for consumer denials related to acuity, analyzing barriers to consumer transitions from hospitals to LTCFs including inappropriate hospital referrals, examining how many consumers are being sent to the hospital, and the number of consumers sent to the hospital for behaviors.

*Last 90 days of when a facility took the survey which could be as early as November 2022 and as late as March 2023
**Average Daily Census within the last 4 weeks of reporting

Research Methods

Participants: The participants in this study were long-term care facilities located in Oregon. These facilities were identified through ODHS' CALMs database using "Active" facilities contact information accessed 03/06/23.

Data Collection: The survey started 02/06/2023 and was administered through an online Qualtrics form and sent to the facilities via email. The form included questions related to the facility's demographics, census, denials, referrals, staffing, and other relevant topics. Facilities that did not respond within a specific time frame were followed up with email and phone calls to encourage participation. The survey closed with a response rate of:

	Responded	Total	Response Rate
NF	129	129	100%
CBC	557	573	97%
Total	**686**	**702**	**98%**

Data Review and Correction: Once the data was collected, it was reviewed for incomplete responses and responses that exceeded defined thresholds. Responses that did not meet the threshold criteria were prioritized and those facilities contacted to correct their responses or provide clarification through both phone and/or email. Four facilities who had responded to the survey were removed from analysis because they were under construction (1), had temporary holds (2), and one had no census because they could not staff their facility (1).

Data Analysis: The data was analyzed using descriptive statistics, including means, medians, % change over time, standard deviations, and frequency distributions. Analysis sometimes uses Oregon's Hospital Preparedness Program Regions for geographic analysis, which have been used for state emergency response since pre-COVID times.***

Limitations: The limitations of this study include user error, potential for response bias and social desirability bias. Additionally, the use of self-report data may result in inaccuracies due to memory bias or misinterpretation of questions.

***More details on Oregon's Hospital Preparedness Program Regions can be found here: https://www.oregon.gov/oha/PH/PREPAREDNESS/PARTNERS/Pages/Regional-Support.aspx.

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OCS Hospital Discharge Delay Dataset

Description: The Oregon Capacity System (OCS) database managed by Apprise, under Oregon Association of Hospitals and Health Systems (OHAAS), is the new system used to track all patients whose discharge is delayed for lack of receiving facility as reported by hospitals. The field that hospitals fill out in OCS asks for the "census of all patients whose discharge is delayed for lack of receiving facility." Data can only be exported as recent as the previous day. Weekly meetings are held between OHA, Apprise, and hospitals, but the details of these discussions and ongoing improvements to the system are unknown.

Current Limitations:

- Discharge delay data are one of the only type of data in OCS that must still be collected and entered manually, which can result in limitations due to response bias
- There is currently no standardized definition for what qualifies as a "discharge delay" (ex. length of delay)
- Not all hospitals have entered data in this field
- There is no field that provides when the data entered was last updated and no notes sections. These fields were viewable in the older HOSCAP database

Other notes:

- Providence St. Vincent Children's Hospital now reports their data to OCS under Providence St. Vincent Hospital
- The Oregon State Psychiatric Hospital does not submit any data to OCS

Resources

CCMC Glossary | Commission for Case Manager Certification (CCMC) (ccmcertification.org)

Who Will Care for Us? Addressing the Long-Term Care Workforce Crisis

Best Practices for Managing Acuity Creep in Assisted Living