POST-ACUTE CARE SYSTEM OVERVIEW AND CAPACITY CONSIDERATIONS

Joint Task Force on Hospital Discharge Challenges

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SUMMARY OF LONG TERM CARE CONTINUUM

The Continuum of Long Term Care Services and Supports

In-Home Care

- Primarily state regulated services
- Non-medical supportive services that take place at home such as assistance with day-to-day tasks
- Family supports and community supports
- May be provided by a licensed in-home care agency or loved one

Assisted Living/Residential Care/Memory Care

- Primarily state regulated settings
- Assistance with activities of daily living and instrumental activities of daily living such as bathing and medication management
- Does not provide skilled nursing services or 24-hour skilled care or supervision
- appropriate for individuals who are relatively independent but no longer able to live alone

Skilled Nursing

- Primarily federally regulated settings
- 24-hur skilled care and post-acute rehabilitative and specialized medical care
- May be short-term stays following hospitalization or long term
- End of life care/hospice
- Care provided by professionally licensed personnel (RN, CNA, LPN)

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+

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

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.

GOVERNMENT OVERSIGHT BY LONG TERM CARE LICENSED SETTING IN OREGON

Long term care providers are subject to multiple forms of regulatory requirements and oversight at the federal and state levels.

	SKILLED NURSING	ASSISTED LIVING (ALF)	RESIDENTIAL CARE (RCF)	MEMORY CARE (MC)	ADULT FOSTER HOMES	IN-HOME CARE
US Centers for Medicare & Medicaid Services (CMS)	*	*	*	*	*	
DHS APD Safety, Oversight & Quality Unit	*	*	*	*	*	
DHS Adult Protective Service Investigators	*	*	*	*	*	
DHS Compliance Surveyors	*	*	*	*	*	
DHS Complaint Surveyors	*	*	*	*	*	
DHS/AAA Case Managers	*	*	*	*	*	*
DHS Criminal Background Check Unit	*	*	*	*	*	*
DHS/APD Contracting Requirements	*	*	*	*	*	*
Long Term Care Ombudsman	*	*	*	*	*	
Fire & Safety Officials	*	*	*	*	*	
OHA Licensing						*
OHA Certificate of Need	*					
TOTAL	**11**	**10**	**10**	**10**	**10**	**4**

RESIDENT RIGHTS & PROTECTIONS

Rights	Assisted Living/Residential Care (OAR 411-054-0027)	Skilled Nursing (OAR 411-085-0300 & 411-085-0310)
Freedom from Discrimination	• Free from discrimination • Be treated with dignity and respect • Free from abuse/neglect, financial exploitation, etc.	• Free from discrimination • Be treated with respect and dignity • Free from abuse/neglect, financial exploitation, etc.
Dignity & Respect	• Be treated with dignity and respect	• Be treated with consideration, respect and dignity
Self-Determination	• Exercise individual rights that do not infringe upon rights or safety of others • To be given informed choice • To extent possible, actively participate in development of service plan	• Encouraged to exercise right to make own decisions and participate in care • To be informed of care, including any changes in care and treatment • To extent possible, actively participate in care and care planning
Privacy & Confidentiality	• Receive services in a manner that protects privacy and dignity • Have records kept confidential • Associate and communicate privately with any individual of choice	• Assured complete privacy during treatment and personal care • Have records kept confidential • Provided privacy for visits when requested
Protection of Rights	• Encouraged and assisted to exercise rights • Be informed of rights (must be included in residency agreement) • Free from written contract/agreement that waives rights • Free of retaliation after exercising rights	• Encourage to exercise rights as citizen or resident of OR and US • Be informed of rights *in a language the resident understands* • Cannot be required to sign any contract/agreement that waives rights • Free of retaliation after exercising rights

SKILLED NURSING FACILITIES (SNF) OVERVIEW

QUALIFICATIONS FOR SNF CARE

Payor Eligibility:

Traditional Medicare

- Covers short-duration under limited circumstances following a qualified inpatient hospital stay. The average length-of-stay for a Medicare patient in a SNF is **25 days.**

Medicare Advantage/Managed Care

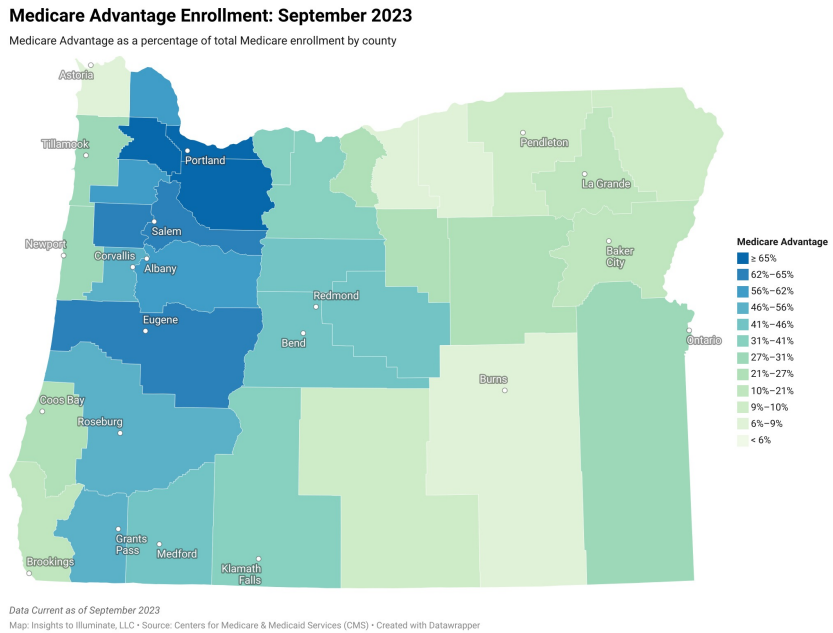
- More than half (53.5%) of all Medicare enrollment in Oregon is in managed care plans and more than 65% in the PDX Metro area.
- MA presents challenges of complex authorization process, payment issues, lower than Medicare FFS reimbursement, and audits.

Medicaid

- Provides a long-stay benefit only, income and disability criteria.
- Slow approval for Medicaid eligibility causes significant delay for admission for Medicaid-pending individuals.

Private Pay

- Private insurance (ESP) covers skilled nursing care depending on the carrier and plan.
- Private pay, out-of-pocket.



QUALIFICATIONS FOR SNF CARE

Regulatory & Licensure Eligibility:

- To ensure the safety of residents and workers, SNFs are legally obligated to only admit residents whose care needs they can meet.[1]
- SNFs are prohibited from admitting an individual with a primary diagnosis of mental health disorder or intellectual disability absent approval from the Department of Human Services.[2]
- Individuals must have the complexity and intensity for SNF-level care (e.g., rehabilitation, nursing services or PT/OT/Speech).

Pre-Admission Screening Requirements:

- Medicaid requires a Preadmission Screening (PAS) and may include a **Preadmission Screening and Resident Review (PASRR) Level I or II**, designed to evaluate applicants for serious mental illness (SMI) and/or intellectual disability (ID).

1 (OAR 411-086-0040(1)(a))
2 (OAR 411-086-0040(1)(e); 42 CFR 483.20(k)).

QUALIFICATIONS FOR SNF CARE

Other Assessments Prior to Admission Include[3]:

- Appropriate discharge plan
- The resident's specific care preferences and goals
- Specific equipment needs
- The nature and scope of services offered at that community
- Nature of physical plant
- The capabilities of the staff to care for the resident ***while considering the needs and safety of other residents***

3 (OAR 411-086-0040(1)

FACTORS THAT IMPACT SNF CAPACITY

Staffed Capacity/Workforce:

- SNFs must meet Oregon's staffing ratios and requirements. If qualified nurses or CNAs are not available, the SNF caps their capacity. Higher acuity also requires higher staffing levels than minimums.

Minimum Licensed Nurse Staffing [4]:

- No less than one RN hour per resident, per week
- Licensed charge nurse on each shift 24 hours per day

Minimum Certified Nursing Assistant Staffing [5]:

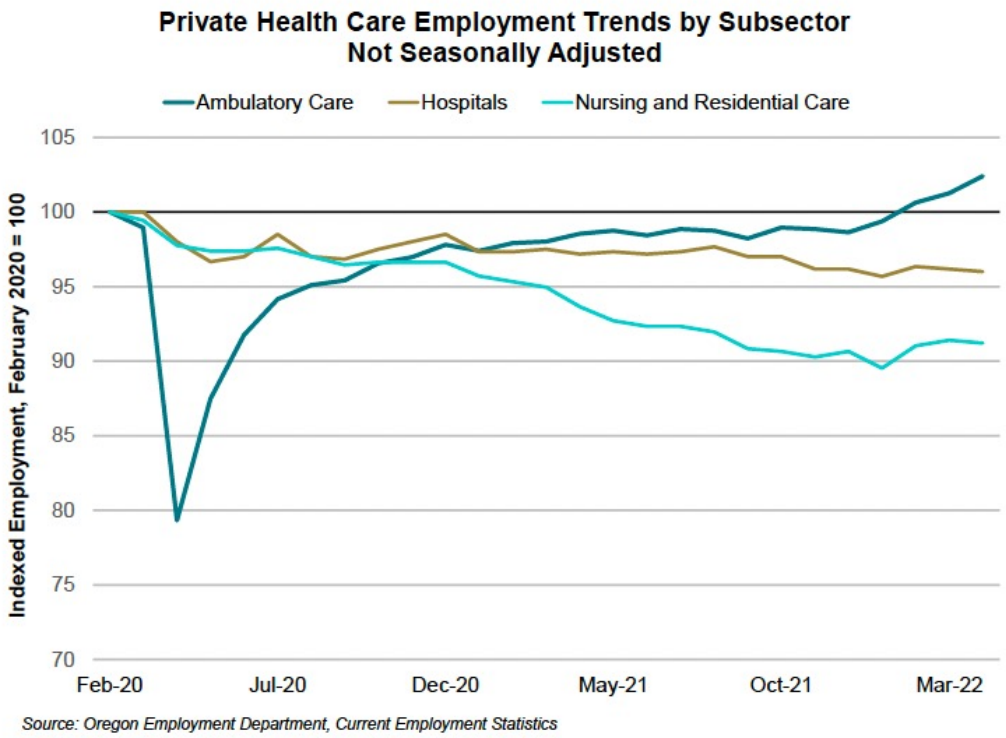
- 1 CNA per 7 residents on day shift
- 1 CNA per 9.5 residents on evening shift
- 1 CNA per 17 residents on night shift

4 (OAR 411-086-0100(4)
5 (OAR 411-086-0100(5)

FACTORS IMPACTING CAPACITY

Hiring and Qualified Workforce Challenges:

Employment Trends Varied Within Health Care



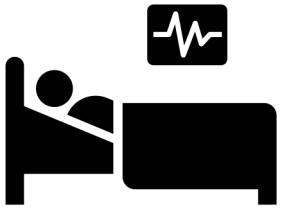
Source: Oregon Employment Department, Current Employment Statistics

PROVIDER EXAMPLE OF CAPACITY FACTORS

1,152
Licensed clinical staff (RN, LPN, CNAs) lost between March 2020 – Oct 2023

12 out of 14
SNFs currently limiting admissions due to staffing shortages

65%
Current occupancy across all NFs (based on licensed beds)

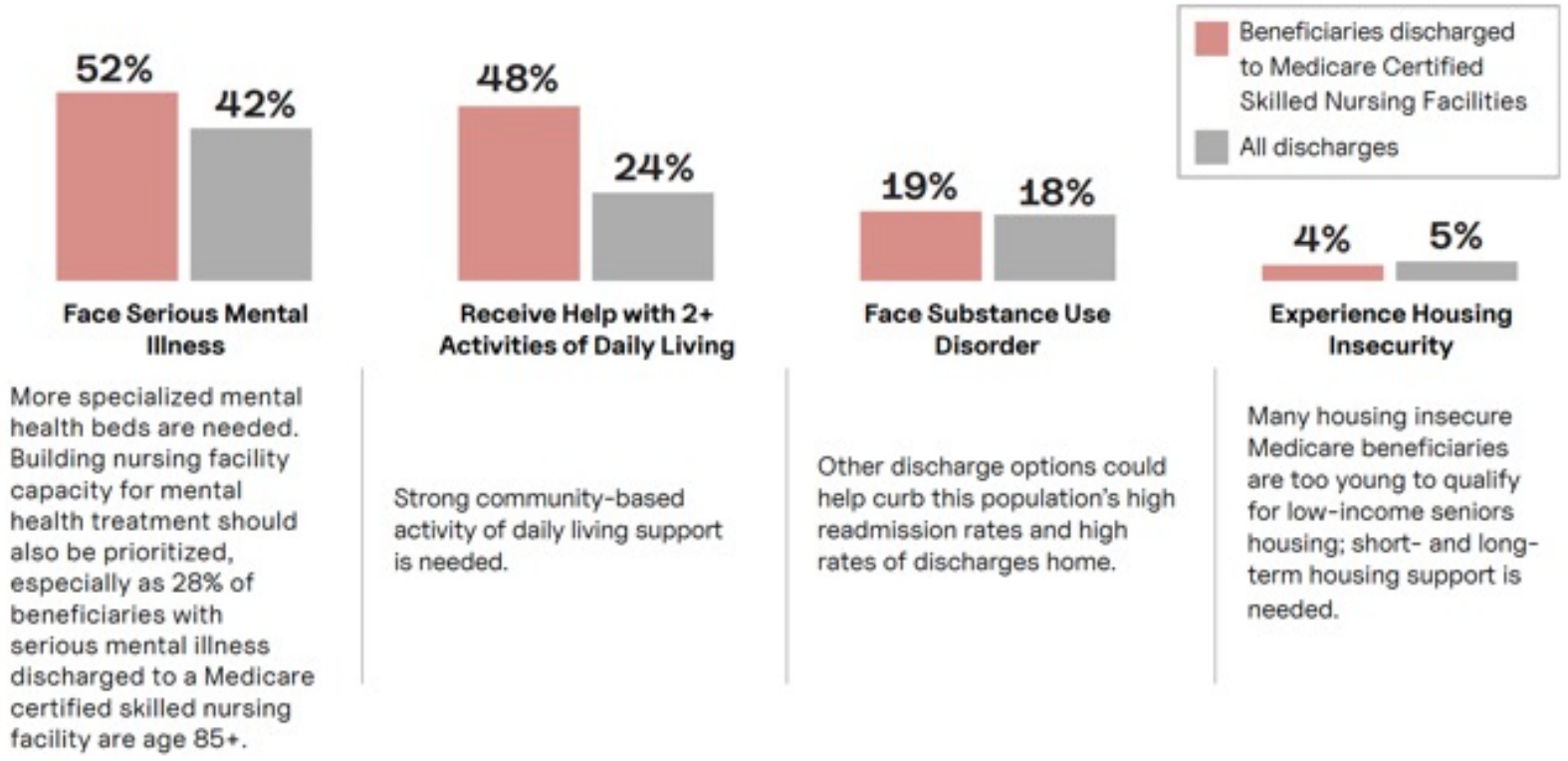


*Data sourced from one multi-facility provider with a Medicaid contract that operates 14 NFs in Oregon.

NATIONAL ANALYSIS OF HARD TO DISCHARGE PATIENTS

National Snapshot: Complexity Profile of Medicare Beneficiaries Discharged from the Hospital to Skilled Nursing Facilities

Beneficiaries discharged to Medicare certified skilled nursing facilities are likely to experience **longer hospitals stays**, have **higher risk scores**, and be **older** than those discharged to other settings.



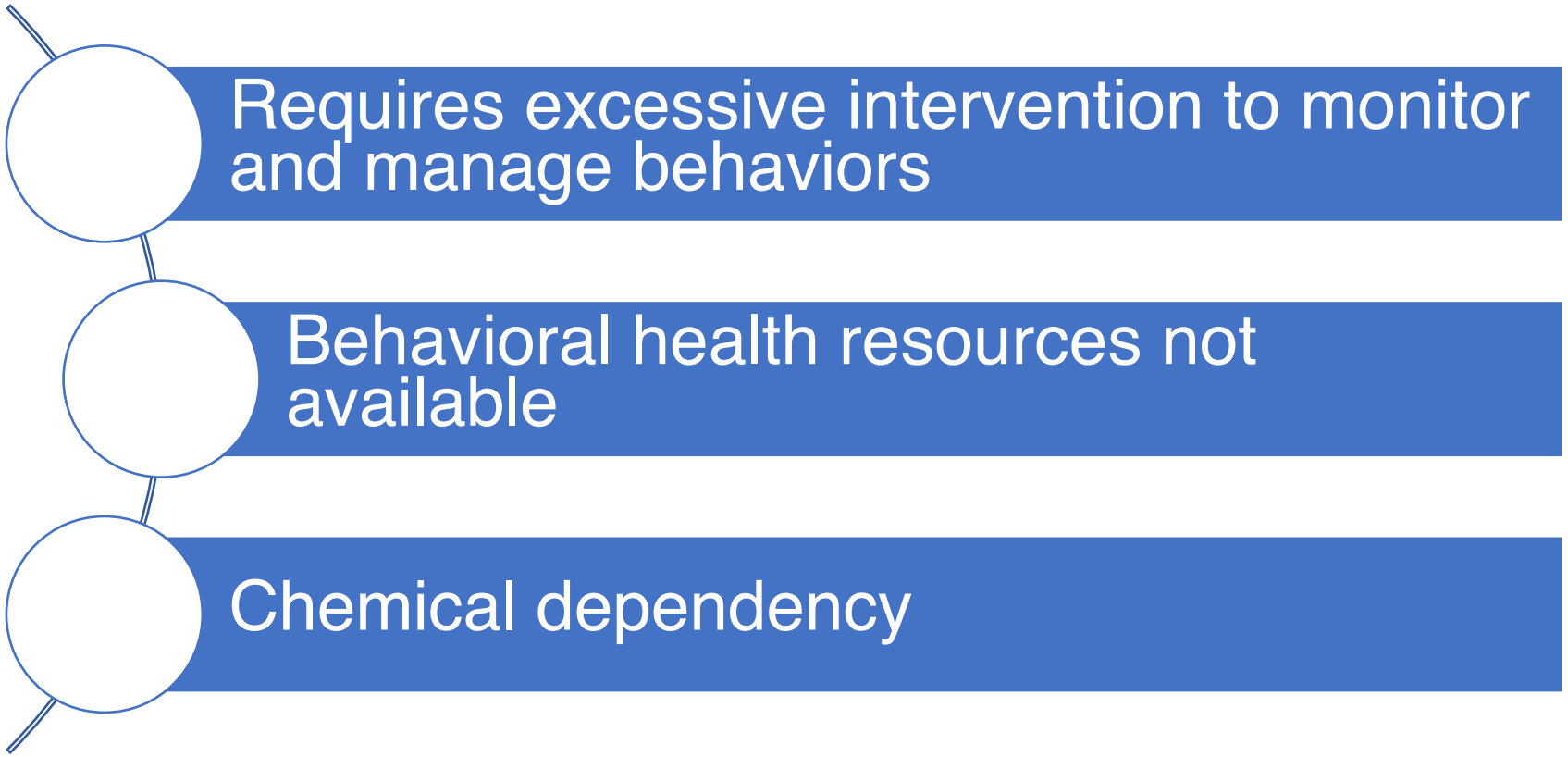
"Ensuring Timely Hospital Discharge and Access to Appropriate Services & Supports for Individuals with Complex Needs – A Policy Roadmap," ATI Advisory, February 2023.

INAPPROPRIATE REFERRALS IS LEADING CAUSE OF ADMISSION DENIAL IN OREGON

62% of LTC Facilities Reported Inappropriate Referrals

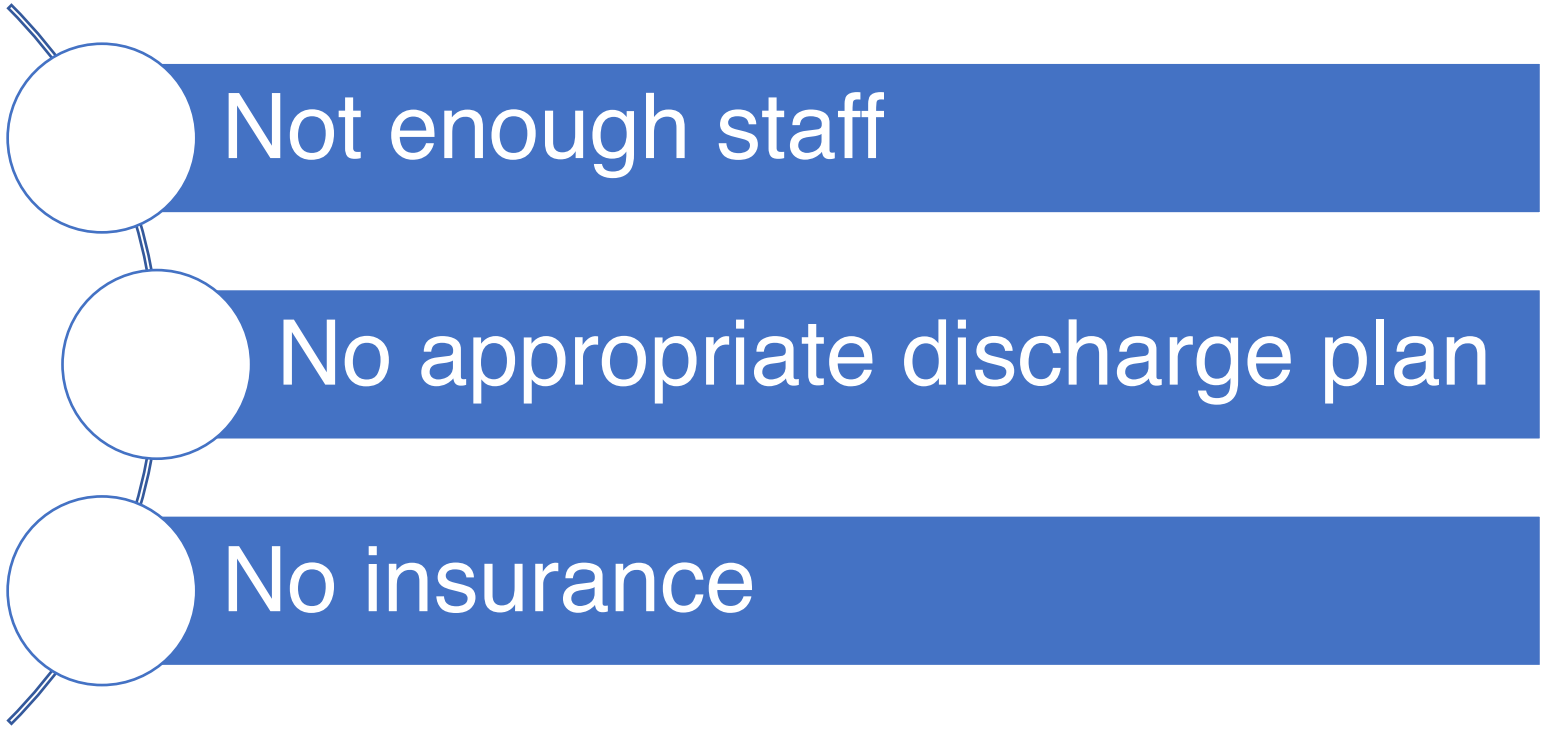
(ODHS, November 2022 – March 2023)

TOP CLINICAL BARRIERS FOR DENIED REFERRALS



(ODHS, November 2022 – March 2023); SNF response rate: 100%

TOP NON-CLINICAL BARRIERS FOR DENIED REFERRALS



(ODHS, November 2022 – March 2023); SNF response rate: 100%

PROVIDER EXAMPLE: SKILLED NURSING

Resident Health Status and Personal Situation:

- 49 year old male PMH, polysubstance use disorder, depression, anxiety, Hep C cirrhosis, and heart failure
- Unemployed, lives with friends in RV. Sister in stable living environment in same town.
- Admit to hospital after being found down wedged between toilet and wall with complex wounds, heart failure, malnutrition, severe weakness.
- Received high dose narcotics during hospital stay for pain control for wounds, tapered appropriately prior to discharge to SNF.
- SNF admission for IV antibiotics X 7 days, complex wound care, malnutrition, therapy for deconditioning.
- GLOS 14 days

Skilled Nursing Facility Experience and Treatment:

- First 3 days without events, received IV antibiotics, wound care, nutrition and initiation of PT/OT.
- As strength and cognition improved, steady stream of visitors , leaving facility in middle of the night
- Smoking meth and fentanyl at facility while locking himself in the facility bathroom, under covers in bed.
- Multiple staff impacted drug residue causing occupational illness and time off work.
- Patient was placed on strict supervision and monitoring while trying to complete his course of treatment and provide for a safe discharge. Wounds healing yet, patient refusing treatments and monitoring.
- Patient elected to leave facility despite being advised not to, eloped. Multiple staff driving streets at night to locate patient, after 7 patient called facility from hotel room.
- Refused to return to facility
- Facility attempted to arrange home health, food services and shelter at a hotel. Patient encouraged not to leave until stable plan in place
- Facility continued to check up on patient at hotel and offered patient opportunity to return which was refused

CITATION RECEIVED: FAILURE TO PROTECT FROM ABUSE

- Facility was cited for failure to protect from abuse.
  - “Facility failed to protect patient and provide for services resulting in immediate threat to health and safety (IJ) including treatment of pressure injury”
- Facility was put into stop placement
- Facility faced occupancy issues and significant financial impact
- Civil Money Penalties

Skilled nursing facilities cannot discharge a patient unless a SAFE LOCATION is identified (a homeless shelter or to the streets or car doesn’t qualify in most circumstances), and services are coordinated and implemented.

- In this case home health and nutritional services were arranged but delayed or not received by the patient due to referring home health agency delays in care in addition to patient refusal of services on home health on site.
- Despite the facility encouraging the patient not to leave the facility and encouraging him return, the facility was still cited. The facility attempted to arrange services and by doing so was thought to coerce or facilitate an unsafe discharge that was driven by the patient.

COMMUNITY-BASED CARE FACILITIES (CBC) OVERVIEW

CBC REGULATORY OVERVIEW

• **Assisted living and residential care facilities** are licensed settings providing housing and care services to six or more people. A registered nurse is on staff or under contract. The nurse does not have to be there all the time. Caregivers do not need to be licensed, but they receive comprehensive pre-service and in-service training.

•**Memory care communities** are environments where staff care for people with dementia who have needs that require a more *secure* setting. Each setting is licensed by the state as a residential care or assisted living. The state also requires memory care facilities to train staff to care for residents with dementia and provide specialized services.

•**Payment** for monthly housing, care and services may be made through private funds, long term care coverage, or if a community has a contract with the State, payment may come through the Medicaid system. PACE is an additional funding source if the community is contracted with the PACE program for those enrolled in that program.

CBC REGULATORY OVERVIEW

Resident Screening, Move-In, and Evaluation Process [7]

- The facility must determine through a screening whether a potential resident meets the facility's admission requirements, while considering the needs of the other residents and the facility's overall service capability.

Staffing Requirements and Training [8]

- Facilities must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Direct care staff provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision, and support.

- Facilities must use an **Acuity-Based Staffing Tool** that meets state requirements to determine resident needs and appropriate staffing levels.

7 OAR 411-054-0034
8 OAR 411-054-0070

FACTORS IMPACTING CAPACITY

- ✓ Staffing Challenges or Shortages preventing maximum capacity
- ✓ High acuity (e.g., two-person or mechanical lift transfers, insulin-dependent or sliding scale insulin, bariatric, unstable medical or mental health needs)
- ✓ Behavioral Issues
- ✓ Substance Issues
- ✓ No Payor Source/Pending Medicaid Approval
- ✓ Nurse Delegation Barriers (Division 47)
- ✓ Lack of Guardianship or Responsible Party
- ✓ Discharge Planning/Involuntary Move-out Barriers
- ✓ Suitable/Safe Roommate (RCF/MCU only)

SPECIFIC NEEDS CONTRACTS

Residential care facilities (RCF), assisted living facilities (ALF), and adult foster home license settings are eligible to have Specific Needs Contracts with the Oregon Department of Human Services.

Funded through Medicaid, Specific Needs Contracts offer a different model of care than a standard RCF/ALF.

Theses Program still fall into the same OAR, Complaint and Survey Process as a standard ALF/RCF/MCU.

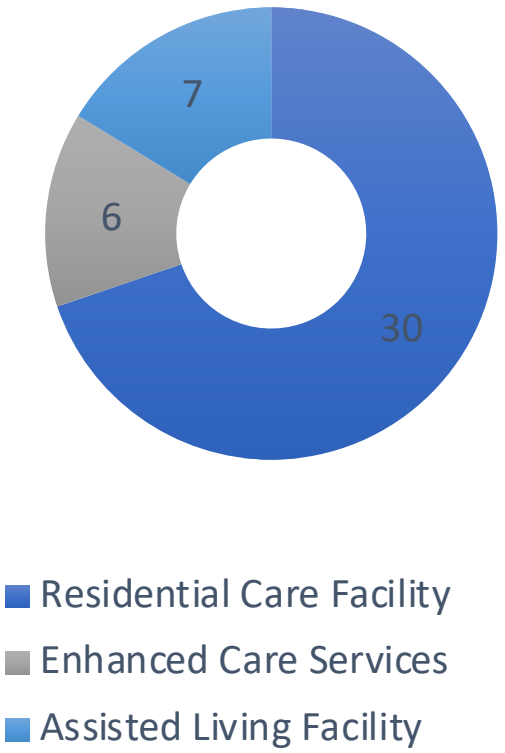
The contracts' Statements of Work outline resident eligibility, reimbursement rates, staffing levels and expertise, and more.

Examples of Contract Target Audience include:

- ❖ Complex Medical
- ❖ Behavioral
- ❖ Bariatric
- ❖ Traumatic Brain Injury
- ❖ Hearing Impaired
- ❖ Dementia
- ❖ HIV/AIDS
- ❖ Hospice
- ❖ Enhanced Care Services

SPECIFIC NEEDS CONTRACTS

Specific Needs Contracts By License



RCF/ALF Specific Needs Contracted Beds

1,056

Specific Needs contracted beds across RCF & ALF settings

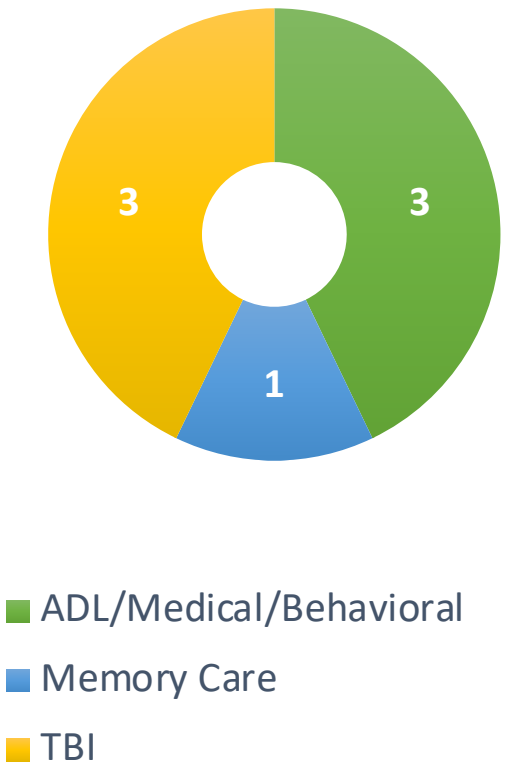
Regional Distribution of Specific Needs Contracts

Region	ALF Contracts	RCF Contracts
1	3	16
2	1	4
3	0	8
5	3	4
6	0	0
7	0	1
9	0	0

*Regions used are Oregon's Hospital Preparedness Program Regions

SAPPHIRE'S SPECIFIC NEEDS CONTRACTS

Community Target Group



Human Resource

Current Census	Employee Count
161	297

Resident Outcome

Rehospitalization 2022	Discharge to higher LOC 2022
4%	2 clients

PROVIDER EXAMPLE: SAPPHIRE AT LIBERTY POINTE

Located in Gresham, Oregon

- Specific Needs Contract Capacity: 35
- Team Count: 89
- Staffed with 24/7 nursing, certified drug and alcohol counselor, milieu counselor, LCSW, recreational therapists, in addition to the traditional ALF/RCF staffing plans
- Our clients have extremely complex medical and behavioral history

PROVIDER EXAMPLE: SAPPHIRE AT LIBERTY POINTE

"Complex Behavioral Needs" means the individual:
(1) Requires a behavior support plan
(2) Exhibits one of the following

- i. History of dangerous or criminal behavior which has resulted in hospitalization, criminal charges or which has caused injury to self or others; or
- ii. History of physical or sexual aggression to staff or other individuals; or
- iii. Disruptive or agitated behaviors which occur on a daily basis; or
- iv. Verbally abusive behaviors towards staff or other individuals which occur on daily basis; or
- v. Refuses medications or health care services, creating legal or healthcare risks to themselves or other individuals; or
- vi. Complex psychiatric medication regime, requiring On-site RN review of resident and medications at least twice per week; or
- vii. Addiction to prescription narcotics, alcohol or substances which are illegal at federal and/or state levels, requiring special care planning or staff training; or
- viii. Actual or threats of self-harm behaviors which require staff monitoring on a daily basis; or
- iv. Depressive symptoms resulting in social isolation, nonparticipation in activity, rehabilitation programs or decreased level of functioning.

"Complex Medical/ADL Needs" means that the person has at least one of the following:

1. Requires at least twice per week On-site licensed nursing for consultation, assessment or direct nursing services; or
2. Requires multi-person 'hands on' ADL care for transfers or personal care on a daily and unscheduled basis; or
3. Has an unscheduled nursing task that cannot be delegated; or
4. Has an unstable medical condition requiring weekly contact with physician on a continuing basis; or
5. Has a medical diagnosis or treatment requiring a multidisciplinary health care approach for complex care coordination; or
6. Is enrolled in Palliative or Hospice Care.

PROVIDER EXAMPLE: SAPPHIRE AT LIBERTY POINTE

Client Example:

- Referral for a 48-year-old quadriplegic
  - Injuries sustained at the age of 42 from a drinking and driving accident
  - Hospitalized, then went to skilled rehab
  - In-and-out of the hospital and post-acute settings; no longer appropriate for AL
  - No family/friend support

- After assessment, Liberty Pointe's Milieu Councilor changed Behavior Service Plans, the CADC works with him on his addiction issues, the rec therapist provide alternative ways to spend his time, and the nurses work with our rounding MDs on his physical health.

- Going on 5 years of living at Liberty Pointe and provided the most stable setting for him in the 12 years since his accident.

RECOMMENDATIONS

Short-Term Goals

- Streamline Medicaid eligibility process to reduce time-to-completion and move Medicaid-pending individuals to an appropriate post-acute setting faster.
- Invest in workforce supports and grow the RN pipeline for long term care to allow for full staffing and capacity in nursing facilities. Including expansion of clinical placements and nursing school admissions.
- Improve access to guardianship services.
- Analyze impact of survey process and regulatory climate that limits facilities to admit complex or special needs populations.