



February 16, 2024

Senate Committee on Human Services
Oregon State Capitol 900 Court St. NE
Salem, OR 97301

RE: Senate Bill 1591 Rebuttal

Chair Gelser Blouin, Vice Chair Robinson, and Members the Committee,

Thank you so much for taking the time to not only hear us yesterday, but to allow us to offer a rebuttal of some of the comments made at the hearing.

We would first challenge the statement of AARP that larger settings have a higher level of regulatory oversight since we have been told on several occasions that adult foster care homes are the most regulated model in Oregon. Here are some examples of that.

We are licensed every year, with another “drop in “check mid-year. These meetings look intensely at how we run our business and take care of our clients. The specifics of our licensing procedures can be found in OARS 411-049-0105.

The homes that initially house less than 5 clients, but want to increase, must reapply for their license. They must be able to demonstrate that they are able to meet fire and safety requirements, as well as space requirements in their homes.

Let us confirm too, that the Oregon Administrative Rules regarding the amount of personal, private space per resident applies regardless of the number of residents. Our current residents will retain their amount of personal, private space per the Oregon Administrative rule.

The same is true of staff training. Staff training that is currently in place for our five residents (which results in adult foster care homes having fewer falls, fewer emergency

room visits and better medical outcomes) is the same training regardless of the number of residents on site. Can you name another senior community setting in which a new hire is routinely one-on-one supervised by the owner of the facility? The staff hiring criteria for many AFH owners includes in-home or facility experience BEFORE they are trained/observed by the AFH owner. This gives the AFH owner the opportunity to correct any unwanted habits that were perhaps un-noticed in other care communities before new staff are entrusted with AFH residents on their own. Adult foster care homes' level of care is demonstrated in many different outcome measurements.

Our care levels and criteria are as follows:

Class 1 homes may only admit residents who require assistance in no more than three activities of daily living.

Class 2 homes may provide care for residents who require assistance in all activities of daily living but require full assistance in no more than three activities of daily living. There also needs to be proof that the licensee has performed 2 years of care at this level before they would be considered for this designation.

Class 3 homes may provide care for residents who require full assistance in four or more activities of daily living, but only one resident who requires bed care or full assistance with all activities of daily living. There also needs to be proof that the licensee has performed 3 years of care at this level before they would be considered for this designation.

The licensee also needs to submit a new licensing request to be approved by the department.

Quality of care was mentioned as well. Our ratio of clients to care givers would be 7 to 1. How is this not a better ratio than 10-20 to 1 in larger facilities? As stated above, it has been proven that we have less falls and less hospitalizations than the larger facilities.

Residential Care licensing was brought up as an option. However, we as providers would no longer be involved in our clients' lives 24/7 as we would not be able to live in the home with them. This also would entail state and local commercial building codes and restrictions, making this financially not a viable option. Our quality of care, even at 7, would still be better than a bigger facility.

And while funding is the other factor in this equation, unless Medicaid rates are brought closer or equal to private pay amounts, it may not help. Private pay homes are charging between \$5000-\$10000+. Between payroll and cost of living concerns, anything below this isn't viable. Our providers want to be able to accept Medicaid client, but unless rates can be raised significantly, we are right back to where we started.

The verbiage used by some of our opponents painted us as irresponsible for supporting this bill. It was suggested that we as providers were untrained and therefore incapable of making the correct decisions concerning the best care for our clients. We are capable, experienced caring people who excel in providing an environment in which our staff and residents can enjoy the company of others, be treated as extended family and enjoy life to the best of their ability.

One final aspect we'd like to emphasize is the necessity for a shift in the vision of Adult Foster Homes (AFH) from 40 years ago. Over time, there has been a significant transformation in population demographics, classroom sizes, high-density requirements, and other factors. When AFHs originated, there was no support from home health or hospice services, and the model primarily involved elderly roommates sharing a house with minimal medical needs.

Today, AFHs function as medical homes catering to individuals who were once residents of traditional "nursing homes." It's crucial to recognize that our current residents do not desire adoption. Increasing capacity will, in fact, enhance opportunities for socialization within the home. The landscape has evolved, and a reevaluation of the original vision is essential to adapt to the changing needs of our residents and the broader healthcare landscape.

While reimbursement considerations are undoubtedly important, our focus must extend beyond financial aspects, particularly as we confront an unprecedented demographic shift in American history. Presently, the median age of the United States population has reached its highest point, with projections indicating a continuous rise. By 2050, the number of Americans aged 65 and older is expected to soar from 58 million to 82 million, with their share of the total population climbing from 17% to 23%. This demographic trend underscores the imminent need for expanded care services.

Compounding this challenge is Oregon's unique predicament of facing substantial staff shortages within skilled nursing facilities and other long-term care centers. Reports indicate that these facilities have had to augment their staffing ratios to accommodate the growing number of individuals discharged from hospitals. With this trend set to intensify, Oregon finds itself inadequately equipped to meet the impending surge in demand.

Expanding the capacity of adult foster care homes to accommodate 6 or 7 residents could serve as a viable solution. By doing so, we could alleviate the strain on larger

institutions, thereby facilitating smoother transitions for discharged patients. This, in turn, would ease the burden on Oregon's overwhelmed emergency departments by freeing up space for patients requiring inpatient care. This proactive approach is essential to effectively address the impending challenges posed by our aging population and ensure that our healthcare system remains resilient in the face of growing demand.

We do not understand the unfounded assumption that additional residents will somehow harm the culture we work so hard to cultivate and support. We are ready to answer any questions and/or concerns you may have as we move forward on behalf of our residents, Oregon families, Oregon hospitals and adult foster care homeowners. Thank you for your support of SB 1591.

Sincerely,

Petronella Donovan
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Kim Omley
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