DHS
Oregon Department of Human Services

Portland State University
Institute on Aging

Oregon Community-Based Care

Characteristics of Medicaid Clients in Assisted Living, Residential Care, Memory Care, and Adult Foster Homes

2013-2014

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Special thanks to all of the Community-Based Care providers throughout the state of Oregon who contributed to this effort.

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Executive Summary

In collaboration with the Aging and People with Disabilities (APD) program of Oregon's Department of Human Services (DHS), Portland State University's Institute on Aging generated this report of Medicaid clients living in community-based care (CBC) settings in the state of Oregon. The Oregon legislature appropriated funds for DHS to collect information about these community-based care providers which will allow DHS, providers, and the public to better understand characteristics of Medicaid clients living in different CBC settings.

This report is based on an analysis of Medicaid data provided by DHS. The study goals were to:

- describe Medicaid clients' health-related needs, service use, and demographic characteristics;
- provide a baseline for future reports.

In addition, this information about Medicaid clients can be compared to the recently completed summary of assisted living facilities (ALF), residential care facilities (RCF), memory care communities (MCC), and adult foster homes (AFH) completed by Portland State University's Institute on Aging. All three CBC reports and a report recently completed by Oregon State University on nursing facilities in Oregon, provide an important overview of community-based and long-term care settings in Oregon that can be used by policymakers, providers, and consumers.

Data

This report is based on administrative data collected for 14,809 APD Medicaid clients whose last residence was an ALF, RCF, MCC, or AFH in fiscal year (FY) 2013-2014. Data included demographics, service priority level (SPL), activities of daily living (ADLs), and health service use including hospital admissions, emergency department visits, and hospice use.

Key findings

The following table summarizes the results from the study.

Key Findings

Fiscal Year 2013-2014

Distribution of Medicaid Clients in CBC Settings

- There were 14,809 Medicaid clients age 18 and over whose last residence in FY 2013-14 was a CBC setting. Of these, 38% lived in an ALF, 30% in an AFH, 21% in a MCC, and 10% in a RCF.

Demographics of Medicaid Clients

- The majority of all Medicaid clients were female (67%) and 75 or older (63%).
  - Of Medicaid clients age 18-89 92% were White.
  - Of Medicaid clients age 90 or older 97% were White.
- Residents age 18-89 were most likely to be single (widowed, divorced, separated, or never married), while 15% were married at the time of service.

Medicaid Client Care Needs

- Clients who had most recently lived in a MCC or an AFH required the highest level of ADL assistance.
- More than 50% of all Medicaid clients were assessed at the highest service level, which reflects the clients' need for assistance with daily activities (sometimes referred to as acuity level). The majority (96%) of clients in RCFs were assessed at the highest service level followed by AFHs (81%), MCCs (70%), and ALFs (51%).

The following information is for clients age 18-89:

- The majority (86%) of clients required assistance with bathing, with more MCC (93%) and AFH (88%) clients requiring bathing assistance.
- Most (81%) Medicaid clients required assistance with bowel and/or bladder care. This was common in AFHs (86%) and MCCs (85%), which were above average.
- The majority (92%) of Medicaid clients in MCCs required full assistance with cognition compared to 57% of clients in AFHs, 54% in RCFs, and 32% in ALFs.
- 77% of Medicaid clients required assistance with dressing and grooming while 24% were fully independent in this activity which was the highest rate of independence on all measures of acuity.

Health Service Use

- Of all CBC settings, a larger percentage of AFH Medicaid clients, 16%, were admitted to the hospital in the prior year, compared to 11% in ALFs, 13% in MCCs, and 7% in RCFs.
- Medicaid clients who were 90 years of age or older were admitted to the hospital at a lower rate (5%) than younger clients.
- MCCs had the lowest percentage of Medicaid clients who visited an emergency department (ED) in the prior year (35%) compared to 45% in RCFs, 44% in AFHs, and 42% in ALFs.
- Of clients who were age 90 or older, 31% had at least one ED visit during the past year.

Definitions

This report includes information about clients of four kinds of licensed **community-based care (CBC) settings:** assisted living, residential care, memory care communities, and adult foster homes. These settings serve older adults and persons with disabilities who need on-going assistance with daily activities such as personal care and medications, as well as supervision and health monitoring. CBC settings offer and coordinate supportive services on a 24-hour basis to meet the activities of daily living (ADL), health, and social needs of residents.

In Oregon, **assisted living facilities (ALFs)** and **residential care facilities (RCFs)** may be single buildings, complexes, or parts of a complex. They consist of fully self-contained individual living units where six or more seniors and persons with disabilities may reside (OAR 411-054). Assisted living facilities are distinguished from RCFs in that that they must provide private, single-occupancy apartments with a private bath and kitchenette. Residential care facilities may provide single- or double-occupancy rooms with shared bathrooms. **Memory Care Communities (MCCs)** are designated for residents with Alzheimer's disease or other types of dementia. These secured units may be located in an ALF, RCF, or a Nursing Facility (NF). Previously referred to as ACUs, or Alzheimer's Care Units, they are now called Memory Care Communities (or Units) to better reflect care provided to residents with a wider range of dementia types. **Adult Foster Homes (AFHs)** are licensed to provide room, board, and personal care services for one to five residents in a home-like setting, usually a house where the AFH owner resides. Like the other CBC settings, AFHs must be able to respond to residents with varying needs and preferences (Oregon HHS, 2015).

Service Priority Level (SPL) is an indicator system used by DHS and Area Agency on Aging (AAA) staff to identify individuals eligible for a nursing facility level of care, Oregon Project Independence, or Medicaid home and community-based services. A lower service priority level number indicates greater or more severe functional impairment. There are 18 SPLs that help with understanding and planning for care needs (DHS APD Oregon Administrative Rules, 2015).

Common Acronyms

CBC - Community-Based Care
ALF - Assisted Living Facility
RCF - Residential Care Facility
MCC - Memory Care Community
AFH - Adult Foster Home
APD - Division of Aging and People with Disabilities
DHS - Oregon's Department of Human Services

Background

Oregon uses Medicaid funds, authorized by a Centers for Medicare and Medicaid Services (CMS) 1915(c) waiver, to pay for services provided by CBC settings to low-income adults and people with disabilities. Clients must meet both income and medical eligibility criteria. This policy has allowed the state to expand access to CBC to persons who might otherwise be placed in a nursing facility.

This report summarizes DHS administrative data from fiscal year 2013-14 on 14,809 Aging and People with Disabilities Medicaid clients whose last residence was an ALF, RCF, MCC, or AFH. The 14,809 clients are unique and unduplicated. Data include client demographics, service priority level (SPL), ADLs, and health service use, including hospital admission, emergency department (ED) visits, and hospice use. Due to data confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), selected data on clients age 90 and older (total of 2,802 individuals) were provided, while more in-depth data on clients age 18-89 (total of 12,007 individuals) were provided.

According to a recent DHS report (Zuckerbraun et al., 2015), all long-term care providers (including nursing facilities and home health agencies) in Oregon served 45,858 current Medicaid clients during a 7-day period in 2014, and ALFs accounted for the largest number of those clients (22 percent). Eighty-two percent of ALFs and 37 percent of RCFs were found to be certified for Medicaid. In addition, 2,363 AFHs in Oregon were Medicaid-eligible.

Thus, Medicaid provides support to significant numbers of low-income adults who require long-term services and supports. This report provides an overview of clients recently served in one of four types of community-based care settings.

Medicaid Clients

Gender

Of all Medicaid clients, the highest concentration (38 percent) resided in ALFs, while the lowest percentage resided in RCFs (10 percent). The majority of all Medicaid clients were female (67 percent), though the percent varied by setting type (Table 1). Females outnumbered males in all CBC settings. Female Medicaid clients were most concentrated in ALFs (73 percent, followed by MCCs (69 percent), RCFs (62 percent) and AFHs (60 percent).

Table 1 – *Gender*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Male	40% (1,776)	27% (1,531)	38% (572)	31% (988)	33% (4,867)
Female	60% (2,656)	73% (4,165)	62% (938)	69% (2,183)	67% (9,942)
Total	30% (4,432)	38% (5,696)	10% (1,510)	21% (3,171)	14,809

**includes individuals 90 and over*

Ethnicity and Race

Of all residents receiving Medicaid in a CBC setting, a very small percentage identified with Hispanic ethnicity (2 percent). Of this small population, 41 percent had most recently resided in an AFH, followed by 12 percent in a MCC, 23 percent in an RCF, and 24 percent in an ALF.

The primary racial category among all Medicaid clients was White (92 percent), while 1 percent identified as Black/African American, 1 percent identified as Asian, 1 percent identified as Native American, and 4 percent were categorized as unknown. Other categories, such as Pacific Islander and Multi-racial accounted for less than 1 percent. These numbers did not vary widely across different community settings. However, a slightly higher percentage of Medicaid clients who identified as White lived in ALFs (94 percent) compared to RCFs (92 percent), MCCs (91 percent), and AFHs (91 percent). A slightly higher percentage of Medicaid clients who identified as Asian (2 percent), Black (2 percent), or Pacific Islander (<1 percent) resided in AFHs, as compared to other CBC settings. The highest percentage of Medicaid clients who identified as Native American or Alaskan Native lived in RCFs (2 percent).

Marital Status

Older persons who are not married or partnered are more likely than those who are partnered to use formal long-term services and supports. The majority of Medicaid clients across all types of community settings were not married or partnered (Table 2). Among the 15 percent of married

Medicaid clients age 18-89, the smallest percent were AFH residents (10 percent) and the largest percent were MCC residents (25 percent). Marital status of persons age 90 and older was not available.

Table 2 – *Marital Status*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Divorced	36% (1,375)	34% (1,502)	35% (435)	26% (632)	33% (3,944)
Married	10% (378)	13% (575)	14% (171)	25% (613)	15% (1,737)
Never Married	23% (886)	11% (510)	18% (230)	11% (260)	16% (1,886)
Separated	5% (195)	3% (130)	3% (36)	2% (53)	4% (414)
Widowed	25% (947)	39% (1,762)	31% (384)	37% (918)	33% (4,011)

Age

Just under one-third of Medicaid clients were between the ages of 75 and 84 (27 percent) (Table 3). The next largest age group was 65-74, making up 19 percent of the total population of Medicaid clients. Memory care had the oldest clients, with 76 percent of clients at age 75 or older. Adult foster homes served a younger population than other CBC settings, with 25 percent between the ages of 50 and 64. The highest proportion of residents age 90 and older were in MCC (22 percent) and ALF (21 percent) settings.

Table 3 – *Resident Age*

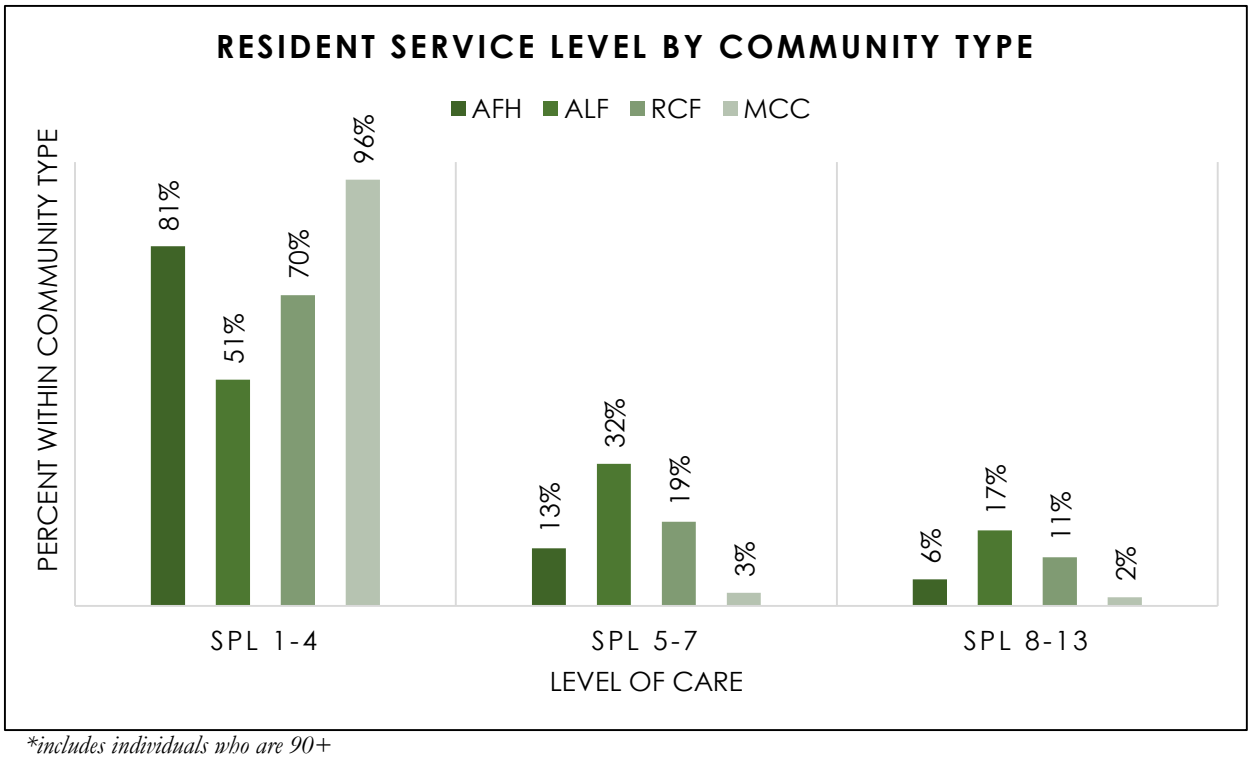
	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
18-49	7% (290)	1% (81)	2% (36)	1% (36)	3% (443)
50-64	25% (1,122)	12% (663)	17% (255)	9% (272)	16% (2312)
65-74	21% (948)	18% (1,041)	21% (321)	14% (456)	19% (2766)
75-84	21% (923)	28% (1,622)	27% (401)	32% (1,019)	27% (3965)
85-89	11% (504)	19% (1,075)	16% (245)	22% (697)	17% (2521)
90 +	15% (645)	21% (1214)	17% (252)	22% (691)	19% (2802)

Service Priority Levels by Most Recent Community Setting

To compare service priority levels across most recent community setting, we've collapsed the standard 13 levels into the three most commonly reported levels. In this analysis, SPL 1-4 combines

standard service priority levels one through four, SPL 5-7 combines levels five through seven, and SPL 8-13 combines levels eight through thirteen (Figure 1).

This analysis shows that across all CBC settings, more than 50 percent of all Medicaid clients have needs that meet SPL 1-4. Nearly all clients (96 percent) whose most recent community setting was a MCC required services at SPL 1-4. Clients whose most recent community setting was an ALF were more evenly distributed amongst SPL levels than other community settings, with 51 percent at SPL 1-4, 32 percent at SPL 5-7 and 17 percent at SPL 8-13. The relationship between SPL and most recent community setting was statistically significant.[1]



**includes individuals who are 90+*

Figure 1 – *Resident Service Level by Community Type*

Activities of Daily Living by Most Recent Community Setting

The following data on activities of daily living (ADLs) is for Medicaid clients age 18-89 only. Data for clients 90 years or older was not available. Most (86 percent) Medicaid clients required some level of assistance with bathing and hygiene (Table 4). Memory care clients (55 percent) had a similar proportion of residents as adult foster home settings (52 percent) who required full assistance. Those who had recently lived in assisted living communities were more likely to be independent in bathing and hygiene than other settings (19 percent).

[1] Chi-square test of independence, $\chi 2$ (6, N=11999)= 1796.869, $p < .001$.

Table 4 – *Resident Need for Assistance with Bathing and Hygiene*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Full Assist	52% (1,968)	31% (1,361)	38% (472)	55% (1,369)	43% (5,170)
Assist	36% (1,372)	51% (2,278)	48% (602)	38% (928)	43% (5,180)
Independent	12% (439)	19% (830)	14% (179)	7% (179)	14% (1,627)
Total	3,779	4,469	1,253	2,476	11,977

Most (81 percent) Medicaid clients age 18-89 in all CBC settings required some level of assistance with bowel and/or bladder care (Table 5). Slightly more MCC clients (52 percent) than AFH clients (48 percent) required full assistance. ALFs had the highest percentage of residents who required only partial assistance (55 percent). Of those clients who were independent in bowel and/or bladder care, the highest proportion were in an ALF (26 percent).

Table 5 – *Resident Need for Assistance with Bowel/Bladder Function*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Full Assist	48% (1,1816)	19% (862)	33% (419)	52% (1,280)	37% (4,377)
Assist	38% (1,422)	55% (2,438)	44% (552)	33% (820)	44% (5,232)
Independent	14% (541)	26% (1,169)	23% (282)	15% (376)	20% (2,368)
Total	3,779	4,469	1,253	2,476	11,977

Nearly all (92 percent) clients age 18-89 who had most recently resided in MCC required full assistance with cognition, as compared to 57 percent in AFH, 54 percent in RCF, and 32 percent in ALF (Table 6). The highest percentage of Medicaid clients who were independent in cognition was in ALFs (28 percent).

Table 6 – *Resident Need for Assistance with Cognition*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Full Assist	57% (2,141)	32% (1,425)	54% (673)	92% (2,284)	55% (6,523)
Assist	28% (1,045)	40% (1,807)	29% (367)	6% (144)	28% (3,363)
Independent	16% (593)	28% (1,237)	17% (213)	2% (48)	18% (2,091)
Total	3,779	4,469	1,253	2,476	11,977

More than three-quarters (77 percent) of all clients required some assistance with dressing and grooming, while 24 percent were independent in this activity (Table 7). Of clients who had most recently resided in MCCs, 43 percent required full assistance with dressing and grooming. For ALFs, 52 percent required some assistance, 17 percent required full assistance, while 31 percent were independent in dressing and grooming. AFH clients were most similar to MCC clients in their need for assistance, with 80 percent requiring some level of assistance, as compared to 85 percent in MCC.

Table 7 – *Resident Need for Assistance with Dressing and Grooming*

	AFH % (n)	ALF % (n)	RCF % (n)	MCC % (n)	Total % (n)
Full Assist	37% (1,406)	17% (753)	25% (320)	43% (1,066)	30% (3,545)
Assist	43% (1,640)	52% (2,329)	47% (591)	42% (1,027)	47% (5,587)
Independent	19% (733)	31% (1,387)	27% (342)	16% (383)	24% (2,845)
Total	3,779	4,469	1,253	2,476	11,977

Overall, clients who had most recently lived in MCC or AFH required the highest levels of assistance with ADLs. ALFs had the highest proportions of clients who required some but not full assistance. AFH had the highest variability in need with many residents requiring assistance but also many who were independent in some ADLs.

Health Service Use by Community Type

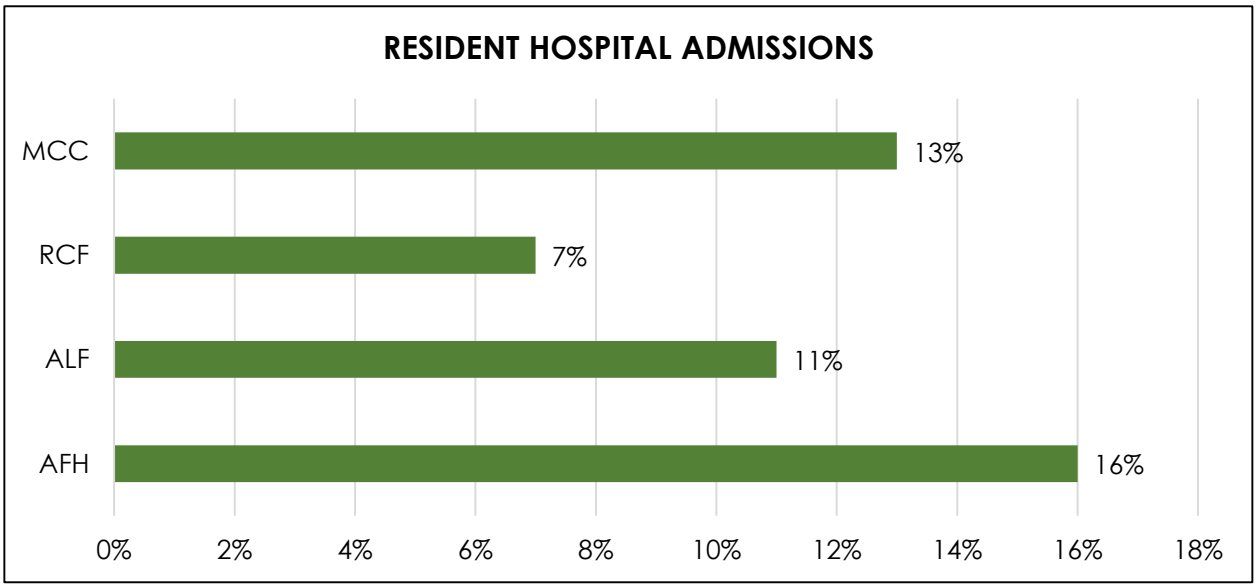


Figure 2 – *Resident Hospital Admissions*

Hospital use is an important health policy topic because the state has an interest in evaluating whether access to health services is available and equitable, of high quality, and cost effective. Of the

four types of Oregon CBC settings reviewed for this report, AFHs had the highest percent of residents who had been admitted to the hospital at 16 percent (Figure 2), while MCCs (13 percent), ALFs (11 percent), and RCFs (7 percent) had a lower proportion of hospital admissions in the prior year. This relationship between hospital admission and most recent community setting was statistically significant.[2] Medicaid clients who were 90 years of age or older were admitted to the hospital at a lower rate (5 percent) than younger clients.

MCCs were the least likely of all CBC settings to have Medicaid clients visit the emergency department with 35 percent of MCC residents visiting an emergency department in the last year (Figure 3). All other CBC settings had similar levels of emergency department visits. Of those who were 90 years old or older about 31 percent had at least one emergency department visit during the past year.

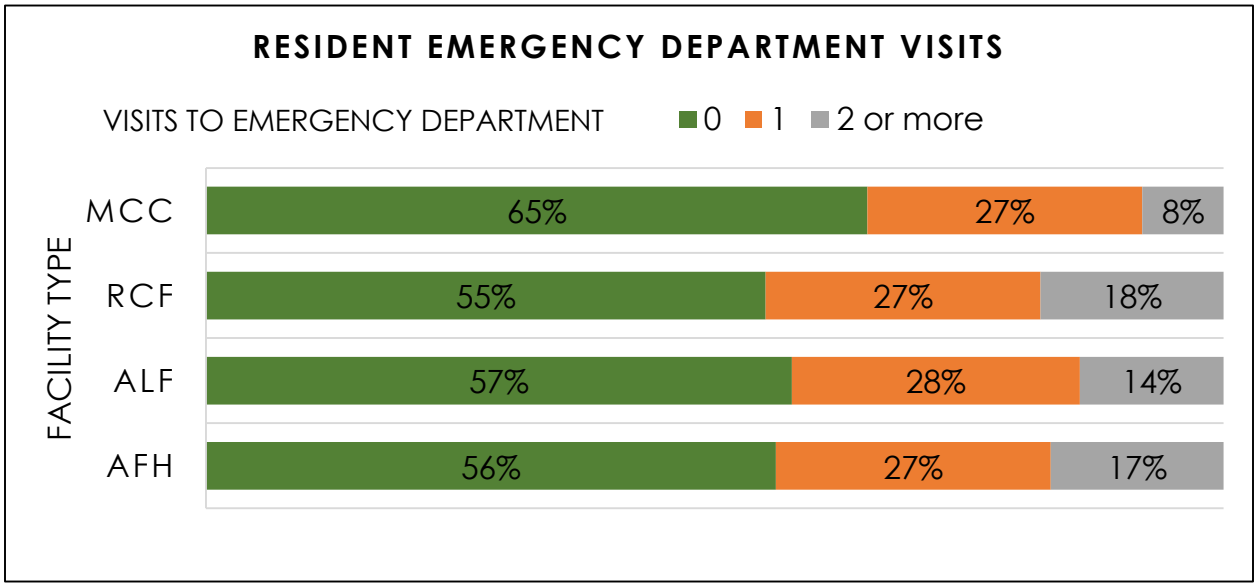


Figure 3 – *Emergency Department Use*

Hospice services may be provided by licensed hospice agencies to CBC residents who qualify for these services. AFHs had a statistically significantly higher proportion of clients receiving hospice services, at 41 percent, as compared to 34 percent in ALFs, 18 percent in MCCs, and 7 percent in RCFs.[3]

[2] Chi-square test of independence, χ^2 (3, N=12007) = 118.982, p< .001
[3] Chi-square test of independence, χ^2 (3, N=12007) = 9.313, p < .05.

Conclusions

This report summarized analyses of administrative records for 14,809 APD Medicaid clients whose last residence was an ALF, RCF, MCC, or AFH in fiscal year (FY) 2013-2014. These clients were similar in terms of demographics, such as age, race, ethnicity, and gender. The majority of Medicaid clients resided in an ALF, and the lowest percentage were in a RCF. Clients who had most recently lived in a MCC or an AFH were more commonly assessed at the highest service priority level based on the state's assessment process. A larger percent of ALF clients were assessed at the lowest service level.

Differences in rates of hospital and emergency department use are notable. A larger percent of AFH clients were admitted to the hospital (16 percent) in the prior year, compared to clients in other settings. However, over one-third of clients in all four setting types visited an emergency department in the prior year. Given the state's policy goal of reducing hospital use (OHA, 2015) and the potential for negative health outcomes associated with transitions in care (Coleman, 2003) these findings require additional study and will be analyzed further in the second year of this study.

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