

Oversight of Community Based Care Settings

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Long-term care settings

Oregon is a national leader in providing community-based, long-term care options for older adults and people with disabilities.

Of the 35,100 Oregonians who receive Medicaid-funded long term care services:

- ~ 19,000 live in their own homes;
- ~ 12,000 live in community-based care (residential care/ assisted living/ adult foster homes); and
- ~ 4,100 live in nursing facilities.

Licensed facilities statewide:

- **130** nursing facilities
- **558** residential care and assisted living facilities;
 - **217** have memory care endorsements
- **~1,400** adult foster homes.

Regulatory oversight and abuse investigation

Nursing facilities:

- Receive federal and state licensing oversight provided through the APD Safety, Oversight and Quality unit (SOQ). The nursing facility team within SOQ began conducting all abuse investigations at these facilities in October 2018;
- CMS requires nursing facility surveyors to have specialized Federal training and certification before conducting facility investigations.

Assisted living and residential care facilities (Memory Care):

- The community-based care unit within SOQ oversees state licensing compliance and includes a complaint division that also provides technical support;
- APD and Area Agency on Aging (AAA) Adult Protective Services (APS) employees investigate abuse allegations.

Adult foster homes:

- Licensing staff work in local APD or Area Agency on Aging (AAA) offices; Multnomah County licenses adult foster homes in its jurisdiction;
- APD and Area Agency on Aging (AAA) Adult Protective Services (APS) employees investigate abuse allegations.

In home services:

- Oregon Home Care Commission provides oversight of care providers serving consumers in their own homes;
- APD and Area Agency on Aging (AAA) Adult Protective Services (APS) employees investigate abuse allegations.

Regulatory philosophy and approach

Compliance framework adopted June 2018 from HB3359 (2017) requires preventive, positive and progressively restrictive measures as follows:

- Accurate and equitable assessment of substantial compliance;
- Employment of progressive and positive action to promote and achieve substantial compliance;
- Accurate and equitable imposition of corrective action; and
- Administration of Enhanced Oversight Program.

Techniques:

- Proactive communication;
- Technical support;
- Consultation with policy analysts to clarify regulatory requirements;
- Corrective action involving civil penalties;
- Imposition of sanctions, including but not limited to, conditions on a provider's license; and
- Suspension, non-renewal or revocation of license.

Enhanced oversight (Not Yet Implemented)

When facilities consistently demonstrate a lack of substantial compliance or perform substantially below statewide averages on quality metrics, the Department will:

- Increase the frequency of surveys; and
- Conduct surveys that focus on areas of consistent noncompliance.

Terminate the enhanced oversight and supervision of a facility after:

- 3 years, if the facility has shown substantial compliance
- 1 year, if the facility submits a written assertion of substantial compliance and the Department determines the facility no longer meets the criteria of the program.

Support/ monitoring during COVID pandemic

Combination of preventive and proactive COVID-19 policies were instituted in 2020 to support resident and staff safety including:

- Conducted statewide tour of all large facilities for on-site reviews of emergency plans in March 2020.
- Executive Orders (EOs) required for facilities with a suspected or confirmed case of COVID-19 in resident or staff member to put additional infection control protections in place.
 - **2,585 EOs** issued involving 819 facilities, as of March 21, 2021.
- Starting in April 2020, facilities with EOs in place received a focused infection control review.
 - **More than 3,000 total reviews** completed including **2,000** for community-based care settings.
- Interagency facility support teams provided wraparound services for more than 30 facilities with outbreaks including coordinated support from ODHS, OHA and the Local Public Health Authority.
- Set up a network of 7 COVID-19 Recovery Units statewide to help manage outbreaks at facilities.
- **ODHS and OHA collaborated to provide instructional infection control webinars for facilities.**

COVID-19 testing and vaccines

- Deployed routine COVID-19 testing policies that go beyond federal requirements.
 - Routine surveillance testing of staff who have NOT been fully vaccinated will continue to be required on a monthly basis
- Supported and supplemented CDC Pharmacy Partnership for Long-Term Care Program to ensure all of Oregon's nursing, assisted living and residential care facilities received vaccine clinic opportunities.
 - Highlights as of March 29:

Facilities with 1st Clinic Complete

99.7%

Facilities with 2nd Clinic Complete

97.4%

Facilities with 3rd Clinic Complete

85.3%

- APD and Area Agencies on Aging (AAA) district offices continue to survey adult foster homes to connect them with a vaccine clinic opportunity:
 - 878 APD-licensed adult foster homes statewide had received a vaccine opportunity for residents and staff, as of March 29.

Outcomes from COVID-19 activity

- **229** infection control tags (deficiencies) issued:
 - Nearly **\$500,000** in federal fines and civil penalties issued.
- More than **1,300 Oregonians served** by COVID-19 Recovery Units since April 2020.
 - As outbreaks decrease, number of COVID-19 Recovery Units will decrease from 7 statewide to 4.
- Performance rankings:
 - CMS ranks Oregon in the **lowest of 5 categories** for incidence of COVID-19 cases and deaths in nursing facilities;
 - Oregon had the **fourth fewest cases** and **fifth fewest deaths** per 100,000 residents among states, according to data from the COVID Tracking Project from January 20, 2021.

Regulatory highlights

With implementation of vaccine clinics, APD is normalizing its focus away from pandemic response:

- Hiring surveyors;
- Addressing backlog of licensing complaints;
- Returning to regular survey cycle;
- Completing implementation of HB3359.

Total fines imposed (between March 1, 2020 and February 28, 2021): 1,574.

- Assisted Living: **\$316,967**;
- Residential Care (dominated by those with Memory Care endorsements): **\$621,672**;
- Nursing Facilities: **\$92,179**.

HB3359 (2017) overview and progress

Completed projects

- Adopted progressive discipline policies and protocols;
- Published the *Regulatory Compliance Framework Guide*;
- Increased licensing fees and civil penalties along a progressive scale;
- Codified the corrective action process and timelines in administrative rule;
- Developed new dementia training program;
- Established the *Quality Measurement Council*;
- Produced *compliance guidelines* outlining standards of care for facilities to use;
- Developed requirements for prescription drug packaging in facilities; and
- Adopted rules for converting nursing facilities to residential care facilities and to create *Intensive Intervention Communities* for high-need residents.

HB3359 (2017) ongoing work

Projects in process

- Developing *Enhanced Oversight Program* to address non-compliant facilities.
- Creating online version of *Acuity-Based Staffing Tool* to calculate staffing needs.
- Drafting first annual report on quality metrics reporting.

Quality Measurement Council

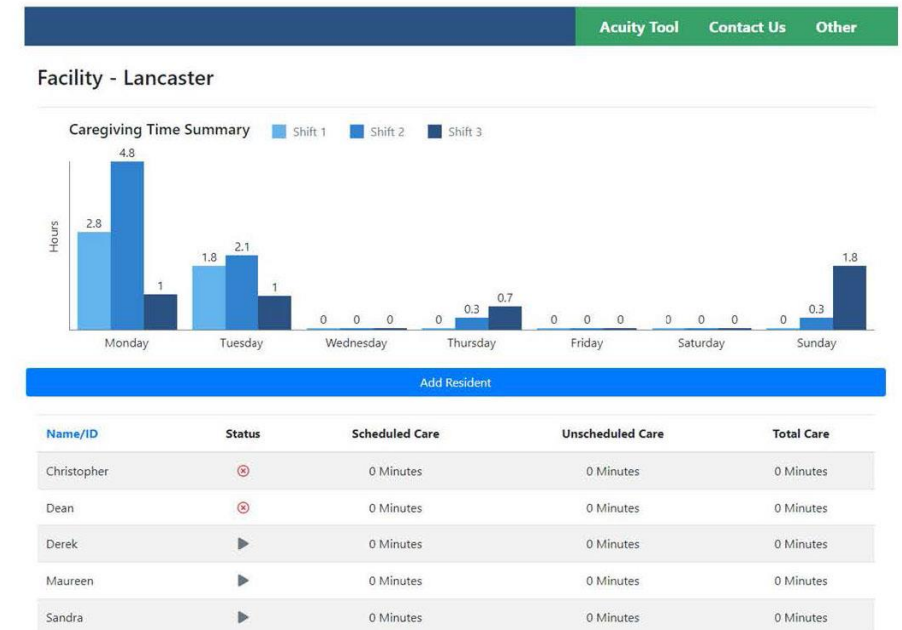
Help consumers by developing uniform quality metrics to measure and compare performance of residential care and assisted living facilities across the state.

- Made up of 8 individuals, appointed by the Governor.
- Metrics are intended to measure:
 - Retention of direct care staff;
 - Number of resident falls resulting in injury;
 - Use of antipsychotic medications for non-standard purposes;
 - Compliance with staff training requirements; and
 - Results of annual resident satisfaction survey conducted by an independent entity.
- Progress:
 - Developed the program;
 - Identified tracking requirements for each measure.
- QMC voted to require a simplified reporting process during the COVID-19 pandemic (2020 and 2021). APD will produce first quality metrics report by July 1, 2021.

Acuity based staffing tool

After HB3359 passed, APD launched a preliminary dashboard including the acuity-based staffing tool, a formula-based tool accessed via a spreadsheet.

- Facilities have the option to use the tool provided or develop their own using similar methodology.
- A web-based version of the acuity-based staffing tool is ready for pilot.
- Anticipate full implementation in early 2022.



HB2600 (2019)

Specific to Assisted Living/ Residential Care/ Memory Care

- Two major components:
 - Infection control; and
 - “Off-year” kitchen inspections.
- OAR will be final by July 1, 2021.
- By July 1, 2022, all providers must have:
 - Completed staff training;
 - Hired an infection control specialist;
 - Adopted infectious disease protocols.
- SOQ will begin conducting kitchen inspections by July 1, 2022.

Investments

Several initiatives are included in the Governor's Budget to enhance APD's capacity to respond to the pandemic including:

- Provides more incentives and supports to retain health care workers including access to health coverage benefits:
- Increased funding for virtual visit technology to combat social isolation for older adults in congregate living settings;
- Funding for six infectious disease specialist positions to provide technical assistance on infectious disease prevention and response; and
- Training and apprenticeship programs for Certified Nursing Assistants (CNAs).

SOS advisory report

Efforts to reduce infections in long-term care facilities from COVID-19 and other communicable diseases following Secretary of State advisory report in March 2021:

- Redirected some COVID-19 related facility reviews to resume routine survey activities in community-based care facilities.
- ODHS and Oregon Health Authority will explore and adopt the most efficient system to collect vaccination data on an ongoing basis, as needed to inform vaccination progress.
- Will dedicate time and resources to reflect on successes and challenges in responding to COVID-19 to apply lessons learned to our continuous improvement efforts.

Thank you

Questions?