



To: Senate Committee on Human Services, Mental Health, and Recovery
From: Oregon Health Care Association
Subject: Q&A on SB 703
Date: March 17, 2021

During the public hearing on SB 703 on March 16, committee members raised several important questions about the bill, and the background and status of the Residential Quality Measurement Program. OHCA answers several of those questions in this memo in an effort to provide comprehensive and helpful information to lawmakers about quality measures in community-based care.

Helpful Resources:

- [Purple Ribbon Commission Report, 2016](#) - The Purple Ribbon Commission was brought together by the Alzheimer's Association Oregon Chapter and the Oregon Health Care Association. It included legislative recommendations to advance quality care, which resulted in HB 3359. Among many other reforms, HB 3359 established the Resident Care Quality Measurement Program, the first of its kind in the nation.
- [HB 3359](#) (2017)
- [Community-Based Care Compliance Framework](#) - HB 3359 called for ODHS to develop a framework for assessing the substantial compliance of residential care facilities and assisted living facilities with regulatory requirements and for accurate and equitable corrective action.
- [Aging and Disability Resource Connection of Oregon \(ADRC\)](#) - A resource for consumers to view a facility's compliance, complaint and licensure history.

1. What information is currently available to consumers of long term care when choosing where to place themselves or a loved one?

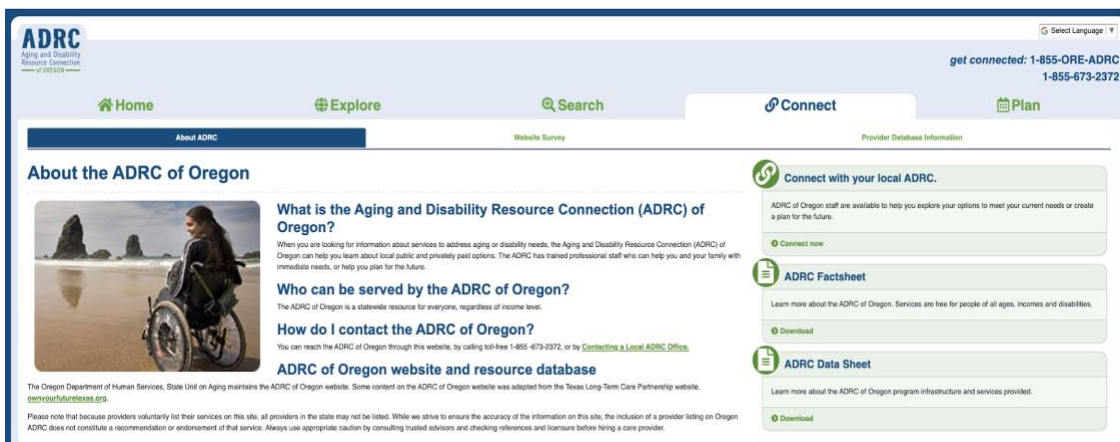
Access to quality-based, publicly reported information about a given facility helps consumers make decisions for themselves or a loved one before moving into a long term care community. That's why OHCA helped design and wants to protect the Quality Measurements Council for residential care.

Most prospective residents will solicit information about a long term care community from a variety of sources including facility tours, references from friends, and other generally available sources.

In addition, a consumer has access to publicly reported or primary source information such as regulatory compliance history, complaints and conditions on license. This information can be found through Aging and Disability Resource Connection of Oregon (ADRC), which is housed in the Oregon Department of Human Services (ODHS). Through this resource, consumers and families may work with trained professional “Options Counselors” to assist them in understanding public and private pay options and aging and disability services available to them.

It is within The Quality Measurement Council’s authority and has been a topic of discussion to add additional information to ADRC based on their work.

View ADRC website: https://www.adrcforegon.org/consumersite/connect/about_adrc/.



Additionally, specific disclosures are required to prospective residents/families. This includes a provision known as the Uniform Disclosure Statement, which is a form created by ODHS and a Residency Agreement that is reviewed by ODHS, as well as a consumer summary and admission agreement.

A facility must provide the following documents to potential residents before move-in ([OAR 411-054-0026](#)):

- UNIFORM DISCLOSURE STATEMENT. This is a Department-designated form to provide to each individual who requests information about the facility.
- RESIDENCY AGREEMENT. This is an agreement prepared by the facility and reviewed by the Department before distribution.
- CONSUMER SUMMARY. The facility must develop a Consumer Summary Statement specific to the facility. This form is separate from the residency agreement. Similar to

the residency agreement, this summary statement must be provided to a potential resident before move-in.

2. How would the information reported by facilities in SB 703 improve the quality of care for residents?

There isn't a direct link between reporting high-level financial information and quality care outcomes. If the public or policymakers have an interest in learning more about the ownership of a facility—down to even a 5% ownership share—that is information already reported to the state and accessible to the public.

Having public policies that support quality care is a priority for providers, however, as in most endeavors there is no silver bullet. What we know improves quality care for residents include: an organization's culture and how it invests in its people; professional development and training of staff; person-centered care plans that are tailored to the specific physical and behavioral needs of residents; Medicaid reimbursement rates that support quality care; an effective regulatory process that clearly holds providers accountable for state and federal regulations and doesn't unnecessarily drive up compliance costs that don't improve care; programs that offer resources and support for underperforming or struggling providers; family and resident engagement; and systems that support caregivers both in and outside of employment.

HB 3359 passed a set of quality measures and tools to evaluate education/training, consumer and workforce satisfaction, staff retention, and dementia-related safety or clinical indicators.

The state should want providers to compete on key quality metrics that were collaboratively determined and informed by sector experts and advocates. SB 703 changes the focus from quality metrics to finances with no benefit to consumers.

If the Legislature is interested in more information about determining the cost of long term care and workforce data, those would be worthy endeavors that can and should be accomplished in a more comprehensive fashion. SB 703 does not give the agency the tools and resources it needs to answer these key questions.

3. Since the passage of HB 3359, what can we say has been accomplished and/or improved?

The passage of HB 3359 was a major inflection point in reforming Oregon's long term care system, which prioritizes a person-centered, social model of care. The law requires that in regulating residential care and assisted living facilities, ODHS shall, whenever possible, use a progressive enforcement process that employs a series of actions to encourage and compel

substantial compliance with licensing regulations through the application of preventative, positive, and progressively more restrictive strategies.

Here's what's been accomplished and how long term care has improved since the passage of HB 3359:

- Higher civil monetary penalties and fines have been implemented on providers, including increasing citations and accountability on facilities that fail to comply with rule and law.
- A specific \$1,000 fine for not self-reporting abuse has been implemented.
- The ORS definition for "immediate jeopardy" and "substantial compliance" has been added to Oregon Administrative Rule and compliance frameworks.
- Increased provider licensing fees.
- The enhanced caregiver training requirement on dementia and Alzheimer's disease for providers has been implemented.
- Governor Brown appointed members to the Quality Measurement Council.
- The Quality Measurement Council defined the details of the quality measures.
- ODHS built a QM reporting portal, and the agency piloted that portal with providers.
- ODHS completed for training providers on QMs and use of the portal.
- The QM Council modified quality metrics data reporting requirements in May 2020 due to the pandemic.
- ODHS and stakeholder groups drafted the [CBC Compliance Framework](#) for assessing compliance and for corrective action that accurately and equitably measure compliance and the extent of noncompliance.
 - ODHS developed change of condition compliance guidelines
 - ODHS started, but has not completed, the acuity-based staffing tool
 - ODHS drafted rules requiring additional pre-service dementia training for all ALF/RCF direct care staff, defined competency and curriculum standards and continuing education for direct care staff
 - ODHS drafted rules requiring prescription medications be dispensed via unit dose or blister pack systems to reduce medication errors.