



# Oregon

Tina Kotek, Governor

## Department of Human Services

Office of Aging and People with Disabilities

Office of the Director  
500 Summer St. NE, E-10  
Salem, OR 97301

Date: March XX, 2025



TO: Senator Winsvey Campos, Co-Chair  
Representative Andrea Valderrama, Co-Chair  
Joint Ways and Means Subcommittee on Human Services

FROM: Dr. Nakeshia Knight-Coyle, Director  
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SUBJECT: Response to Committee Member Questions, March 24, 2025

Dear Co-Chairs Campos and Valderrama and Members of the Subcommittee,

At your informational hearing on March 24, 2025, during the Oregon Department of Human Services (ODHS) presentation on the overview of the Office of Aging and People with Disabilities (APD), Senator Gelser Blouin, Representative Nelson, and Co-Chair Valderrama asked several questions regarding the current and proposed Key Performance Measures (KPMs), and Senator Gelser Blouin and Representative Nelson asked questions about the proposed investment on the rate restructuring of adult foster homes licensed by APD. Below are follow up responses to these questions.

**Question 1: Regarding the new and revised KPMs, may a KPM be proposed that tracks the number or percentage of facilities that experience an infectious disease outbreak?**

During the pandemic, there was coordinated work with the Oregon Health Authority and other partner agencies to track COVID-19 outbreaks in licensed facilities. ODHS has not engaged in formalizing this work into a KPM, but APD created a team of epidemiologists in 2023 to look at outcomes of health-related issues in facilities, as well as other public health issues affecting older adults and people with disabilities for such issues as vaccination and fall prevention. Please note that outbreaks of infects diseases are reported to OHA not APD.

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**Question 2: Please explain how the previous KPMs have exceeded their measures. With the new, proposed KPMs, are there any data available to indicate how the department is currently performing, and can the department explain what the targets mean for these KPMs?**

The previous KPMs have exceeded their target measures in the previous year, and APD proposed three new KPMs and one modified KPM. Regarding the three previous KPMs:

- KPM #1 – Older Adults needing LTSS: This is a measure of the entire Oregon population at or above the age of 65, compared to the percentage of this population needing long term services and supports (LTSS). This does not measure work that APD can directly influence. The information and prevention services, such as Older American Act programs, may indirectly contribute to a low percentage of older adults needing LTSS services, but this would be difficult to establish a correlation. The KPM target was 5 percent, and then lowered to 3 percent after consistently exceeding the target, and in 2024, this target was exceeded with only 2.9 percent of older adults needing LTSS.
- KPM #2 – Long Term Care Recipients living outside of a Nursing Facility: This measure, like KPM #1, is largely something that APD cannot directly influence, as it measures all residents – regardless of Medicaid eligibility – in all licensed settings.
- KPM #3 -- Timely APD Abuse Investigations: APD exceeded its target of 95 percent for the first time since 2020, and the department believes that measuring the initiation of investigation would be better in terms of safety for older adults and people with disabilities.

APD is recommending these three new KPMs and one modified KPM as more meaningful measures of program performance.

- KPM 1: Timely eligibility determinations for APD long-term services and supports. This KPM is important as it measures a key goal – that older adults and people with disabilities have timely access to the services and supports that they need. This measure will also be an important component for compliance with the new federal Home and Community Services (HCBS) Access Rule. ODHS has recently developed a more efficient way of tracking these data but has not established a baseline. Once the baseline is established, APD will set the target at 90 percent of individuals obtaining timely eligibility determinations.
- KPM 2: Accessibility of APD long-term services and supports. This also ties directly to the HCBS Access rule, but this KPM is significant because several

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thousand individuals are eligible for Medicaid services but do not have a paid caregiver currently. APD tracks this number but will develop more robust data tracking systems to measure against the target of 90 percent of people accessing paid services, and the APD program is currently at 89.7 percent.

- KPM 3: Safety in Oregon’s long term care facilities. This KPM sets a target of facilities without a level 3, level 4, or Immediate Jeopardy violation at 90 percent of facilities. Safety of older adults and people with disabilities is the top priority of our program, through which the values of independence, choice and dignity can be realized by the people we serve. This KPM will track how safety is maintained by facilities and adult foster homes, and our work with adult protective services and regulatory oversight of licensed settings.
- KPM 4: Timely initiation of abuse investigations. This modified KPM, to have 95 percent or better of timely initiation of abuse investigations is significant because when the investigation commences, our staff are engaged with the older adult or person with a disability who may be facing abuse, exploitation, or neglect. Immediate steps may be taken to mitigate the risk to the individual while the investigation is conducted and reduce the likelihood of ongoing harm.

**Question 3: Please provide information on the proposed investment in the adult foster home rate restructure, and how the Rate and Wage Study informed this rate structure as it relates to other licensed adult foster homes and other providers.**

APD’s current rate model for Residential Care Facilities and Adult Foster Homes were developed in the 1980. The rate methodology for Assisted Living Facilities was created in the 1990s. APD no longer has the record of the underlying assumptions in the rate methodologies (e.g., how much should direct support professionals/direct care workers be paid.).

To address the budget note that led to the Rate and Wage Study, APD developed a proposal to move from the current models to an acuity-based model. APD carefully reviewed the Office of Developmental Disabilities Services Oregon Needs Assessment (ONA) and placement of individuals in the payment groups. From that analysis, APD created a new acuity model that uses the current assessment to determine the acuity of the individuals. From that model, Burns and Associates recommended appropriate rates for providers with underlying assumptions of base DSP/DCW wages and other cost factors.

The following was provided in Burns and Associates final report. The two charts demonstrate, by provider type, where providers fall within the acuity models adopted by ODDS and proposed by APD.

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**Figure 2-5: Distribution of Individuals in ONA-Based Service Groups, by Living Setting**

Setting	Group 1	Group 2	Group 3	Group 4	Group 5
Group Home	1%	7%	24%	16%	51%
Foster Care	1%	8%	34%	19%	38%
Supported Living	14%	39%	29%	7%	12%
Non-Residential	6%	20%	31%	24%	19%

**Figure 2-:7 Distribution of Individual Tier Assignments Based on APD’s Proposed Assessment Framework, by Living Setting**

Setting	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Assisted Living Facility	2%	19%	55%	20%	4%
Residential Care Facility, Standard	3%	12%	45%	28%	13%
Res. Care Facility, Specific Needs	1%	4%	26%	38%	32%
Memory Care (CBC)	0%	2%	25%	45%	28%
Adult Foster Home	1%	5%	20%	28%	47%
Non-Residential	3%	21%	41%	23%	12%

These charts show that:

- ODDS Group Homes typically serve ODDS’ most complex individuals.
- APD’s Adult Foster Homes typically serve APD’s most complex individuals.

While all setting serve individuals with high acuity, the reason that APD AFHs are serving APD’s most complex individuals is likely because APD does not have the small group homes that are available in ODDS’ delivery system.

We hope this satisfactorily answers the questions from the Sub Committee membership on day one of our Ways and Means Presentation.

Sincerely,

Dr. Nakeshia Knight-Coyle  
 Director, Office of Aging and People with Disabilities