Fall/Winter 2016

THE OREGON Caregiver

A Publication of the Oregon Health Care Association

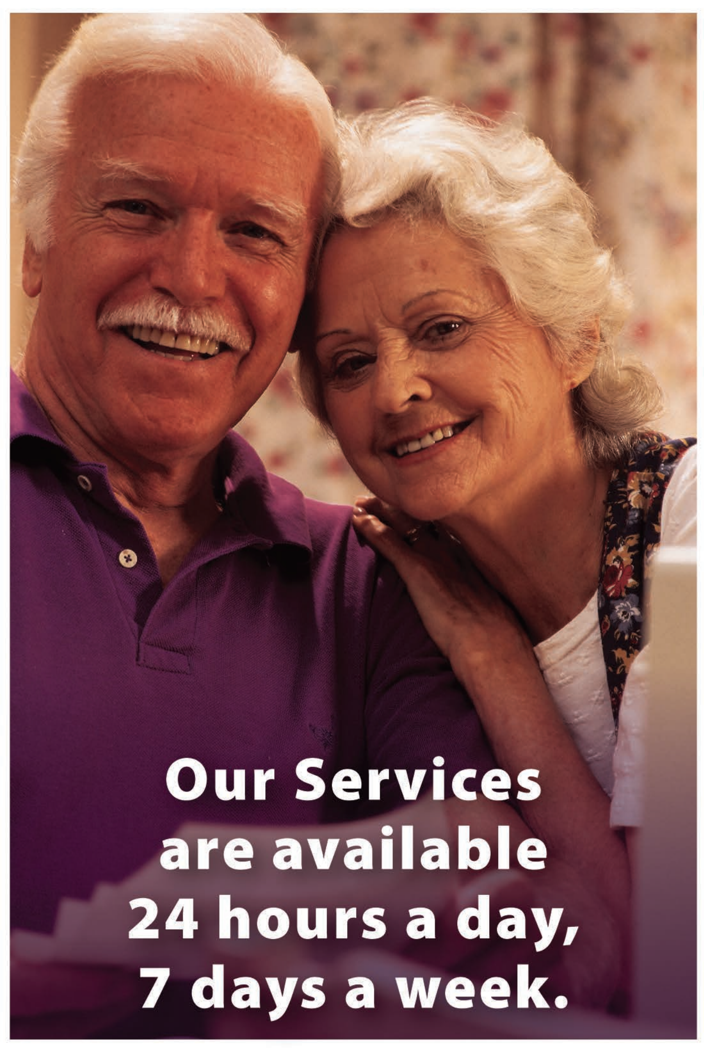
Responding to Community Needs

In this issue

The State Budget Landscape | CMS HCBS Standards | Q&A with Senators Courtney and Winters

Caring Heart
Health & Home Services, Inc.

"Experienced Service with a ***Caring Touch***"



Personal Care Services

- Bathing, grooming, dressing, toileting & incontinence care
- Mobility
- Assistance with eating
- Medication reminders

Homemaking and Other Services

- Meal preparation
- Housekeeping
- Laundry
- Other activities (as specified on service plan)

Nursing Services

- Nursing delegation or assignment, as allowed by law
- Nursing assessment and interventions

Medication Services

- Medication set up, reminders, assistance and administration

A+ rating with Better Business Bureau

Please let us know you saw us in the *Oregon Caregiver*

www.caringheartinc.com 1-503-848-7069

EFFICIENT CARE FOR QUALITY OUTCOMES

The Avamere Family of Companies has overcome the traditional barriers between skilled nursing centers, assisted living communities, rehabilitation services and home health care while strengthening our communication with regional hospital systems and post-acute providers in and outside of our network.

Our network approach promotes efficient and effective patient transitions throughout the episodes of care, fosters healthier communities and improves the overall experience and satisfaction of patients, residents and families.

The Avamere Family of Companies is a network working toward one mission: To enhance the life of every person we serve.

- INDEPENDENT LIVING
- ASSISTED LIVING
- SHORT-TERM CARE
- REHABILITATION
- LONG-TERM CARE
- HOME HEALTH
- HOSPICE
- HOME CARE

SIGNATURE hospice home health home care
Passionate about people
4signatureservice.com

AVAMERE
A FAMILY of COMPANIES
avamere.com

INFINITY REHAB
Reach further
infinityrehab.com

Attendance on Demand and
Time Equipment Company join forces to

Take the stress out of PBJ Reporting

Attendance on Demand software can dramatically reduce the cost of Payroll Based Journal (PBJ) reporting and improve the accuracy of mandatory reporting.

- Avoid manual entry errors
- Automatic file generation
- Seamless upload to CMS PBJ system

Time Equipment Company understands your long-term care facility needs. Contact us today so you can focus on providing the quality care your residents deserve.

www.timeequipment.com
800-997-8463

FALL/WINTER 2016

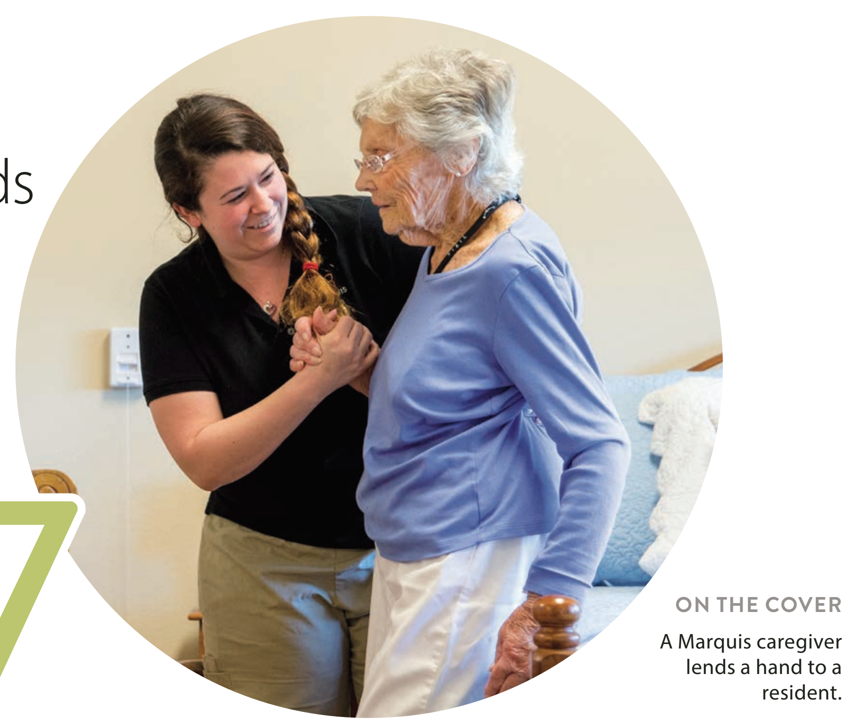
CONTENTS

FEATURE

Responding to Community Needs

Throughout the state, providers are valuable resources to the communities they serve and many face two common operational challenges: workforce and budget. Four communities share what they are doing to overcome these obstacles.

pg 7



ON THE COVER

A Marquis caregiver lends a hand to a resident.

12

22

26

04 LETTER FROM THE CEO

12 QUALITY
CareOregon and OHCA Partner to Bring Program That Shows How Culture Can Influence Care

14 PUBLIC POLICY
The State Budget Landscape

Remembering Senator Alan Bates

17 DATA & RESEARCH
Valuing the Valuable: Oregon's Long Term Care Service Sector

18 LEGAL & REGULATORY
Oregon Transitions to New CMS Home & Community Based Services (HCBS) Standards

New CMS Nursing Facility Rules Here

Developments in Opioid Law and Policy

22 PROFILES
Sen. Peter Courtney, *D-Salem*
Sen. Jackie Winters, *R-Salem*
Kelly Odegaard, *Executive Director of the Oregon Veterans' Home*

26 ANNUAL CONVENTION & TRADE SHOW

28 UPCOMING EVENTS

© 2016. The contents of this publication may not be reproduced or distributed electronically or mechanically, either in whole or in part, without the express written consent of the Oregon Health Care Association. The advertisers assume complete responsibility to use any or all brand names, trademarks, guarantees, and statements which appear in their advertisements.

How to Handle Changes to the Long Term Care Landscape

Over the past year, we've seen some significant changes in Oregon's long term care landscape. While our members work hard every day to provide high quality, person-centered care to Oregon's seniors and people with disabilities, this year has brought new challenges that many communities will be forced to confront and is the inspiration for this issue's "Responding to Community Needs" theme.

Here, you will read about the challenges of staffing in four different Oregon communities in Tillamook, Fossil, Eugene, and Portland. You will also read about the unique pilot program offered by CareOregon, that works with existing staff to change a facility's culture and in turn provide enhanced care to residents.

To learn more about the upcoming budget landscape in the legislature and how Ballot Measure 97 could affect the 2017 legislative session, read a public policy update from OHCA's Phil Bentley. In addition, we honor OHCA champion and our long time friend Senator Alan Bates who passed away this summer. OHCA's Walt Dawson writes about the significant economic impact the long term care sector has in Oregon.

On the regulatory front, we discuss Oregon's transition to the new Centers for Medicare & Medicaid Services (CMS) Home & Community Based Services (HCBS) standards and developments in opioid policy in Oregon and nationwide.

Two experienced legislators, Senators Peter Courtney and Jackie Winters, share their insights on aging, caregiving, and the long term care sector. Kelly Odegaard discusses some of the unique ways that the Veterans' Home in Lebanon serves the needs of our veterans and incorporates community interactions into the residents' lives.

Finally, take a look at the photos from our recent "Driving Quality" Annual Convention & Trade Show and learn about our upcoming events.

As more changes come into play over the next year, please use this magazine as well as OHCA staff and resources to help you navigate any challenges you may face or questions you may have at your own facility or organization.

James A. Carlson
President and CEO
Oregon Health Care Association

OREGON HEALTH CARE ASSOCIATION

Improving lives by advancing quality care in Oregon since 1950

11740 SW 68th Pkwy, Ste 250, Portland, OR 97223
Phone: (503) 726-5260 • Fax: (503) 726-5259
www.ohca.com

OHCA STAFF

James A. Carlson • *President & CEO*
Janienne Alexander, CPS • *Member Resource Specialist*
Philip Bentley, J.D. • *Senior VP of Government Relations*
Walter Dawson, D.Phil • *Director of Research & Analytics*
Gwen M. Dayton, J.D., CHC • *Executive VP & General Counsel*
Carol Grebin • *Office Manager*
Melodie King, CMP • *Director of Education*
Linda Kirschbaum • *Senior VP Quality Services*
Cynthia Maylath *Accounting Assistant & Events/Education Registrar*
Lori Mueller • *CFO*
Nanette Pyatt • *Staff Accountant*
Rosie Sontheimer • *Communications & Marketing Specialist*

BOARD OF DIRECTORS

CHAIR
Harold Delamarter, *Prestige Care, Inc.*

VICE-CHAIR
Mark Garber, *Pinnacle Healthcare, Inc.*

TREASURER
John Morgan, *Avamere Health Services*

IMMEDIATE PAST PRESIDENT
Steve Fogg, *Marquis Companies, Inc.*

NON-PROPRIETARY REPRESENTATIVE
JoAnn Vance, *Providence Child Center*

ALF REPRESENTATIVE
Mauro Hernandez, *Concepts in Community Living*

BUSINESS PARTNER MEMBER REPRESENTATIVE
Karri Bolman, *Metro West Ambulance, Inc.*

RCF REPRESENTATIVE
Mark Kinkade, *Gateway Living Residential Care*

AT-LARGE REPRESENTATIVE
Kathy Levee, *Marquis Companies, Inc.*

MULTI-FACILITY REPRESENTATIVE
Dale Patterson, *EmpRes Healthcare Management LLC*

NON-PROPRIETARY REPRESENTATIVE
Kathleen Parry, *Maryville Nursing Home*

BUSINESS PARTNER MEMBER REPRESENTATIVE
Scott Reese, *Alliance Insurance Group*

INDEPENDENT NURSING FACILITY REPRESENTATIVE
Mark Remley, *Aidan Health Services, Inc.*

IN-HOME/SENIOR HOUSING REPRESENTATIVE
Kevin Call, *Adeo In Home Care*

ALF/RCF REPRESENTATIVE
Fee Stubblefield, *The Springs Living*

ALF/RCF REPRESENTATIVE
Todd Woollard, *Woollard-Ipsen Management LLC*

OC EDITOR

Rosie Sontheimer • rosies@ohca.com

OC PUBLISHER

LLM Publications

Advertising Sales
David Gambill
(503) 445-2231 • davidg@llmpubs.com

Design & Layout • Juliette Miratsky

Stay connected with OHCA!
Contact Rosie Sontheimer, rosies@ohca.com, to be added to our email lists.

Experienced & Involved Management Services
for Senior Living Communities

Independent Living • Assisted Living • Memory Care

Proudly Serving
Ontario *at Dorian Place Assisted Living & Wellsprings Assisted Living*
Oregon City *at McLoughlin Place Senior Living*
The Dalles *at Flagstone Senior Living*

www.MilestoneRetirement.com

TRANSPORTATION SOLUTIONS For every situation

At Creative Bus Sales,

Our knowledgable sales staff will find you the perfect vehicle to satisfy any need, from capacity, wheelchair accessibility, storage, or alternative fuel.

Visit our website for brochures, eBooks, Videos and more!

Sales | Service | Parts | Financing | Alternative Fuel

CreativeBusSales.com | 800.326.2877

Responding to Community Needs and Operational Challenges

Across the state, long-term care providers give their best every day to take care of aging and disabled Oregonians. These providers are valuable resources to the communities they serve and while the work they do is incredibly rewarding, providers often have to overcome unique and sometimes difficult challenges in order to give the best care to their residents and patients. The specific needs and challenges of Oregon's communities vary widely and are affected greatly by their location, size, demographics, and facility type. For example, an assisted living facility on the coast likely has different concerns than a memory care facility in Eugene. Even with these differences, there are two common threads that challenge operations in communities across the state: workforce and budget. Four long term care organizations are working hard to overcome these obstacles.

Kilchis House/ Nehalem Bay House

Community Action Resource Enterprises, Inc. (CARE) is a non-profit social service agency in Tillamook County that has been working to reduce the impact of poverty in their community since 1991. CARE operates two assisted living communities in Tillamook county, Kilchis House in Tillamook and Nehalem Bay House in Nehalem. With 30 units and 34 units respectively, these smaller sized communities are a good fit for the less populated coastal county.

"Even though it's a small county, it's a very poor county. We have a lot of folks who live in poverty and we have a lot of people in the county who leave once they need more care," said Erin Skaar, executive director of CARE.

CONTINUES »

» KILCHIS HOUSE/NEHALEM BAY HOUSE, CONT.

Because many people move to the Oregon coast to retire, Skaar says that there is a false perception that coastal retirees are well-off and can afford to pay for their care needs. In fact, most of the CARE residents are low income and have lived on the coast the majority of their lives. Those who do have sufficient funds often move back to their pre-retirement home cities. "They spend their retirement years on the coast until they need assisted living and then they move back to Portland, or wherever their children have located. They're not really from here, so they don't stay here," she said.

Those who do stay in the area once they need care typically rely on Medicaid to fund their care, but Skaar says that regardless of their financial situation, residents are well cared for and loved by the assisted living staff.

"We become their family," she said. "It's crucial that we love our residents, because in many cases we're the only ones who see them most days."

Staffing the communities is a difficult task, and, ideally, each of these two communities would have 20–22 employees depending on current resident acuity levels. But in a small tourist-centric town many potential employees find that working at local restaurants and hotels pays more than working as a caregiver for a mostly Medicaid-funded assisted living community.

Currently, the recruiting process is an uphill battle. Skaar said they try to focus recruitment on the work environment instead of the monetary compensation, and their current recruitment campaign features the tag line "Feels like family. Come work with us and be one of the family." She said, "We're always advertising in all the media that exists out here. We have at times offered recruiting bonuses to staff that are in the building if they can bring someone in who will stay."

To maintain the employees they have, Kilchis House offers training and opportunities for advancement. Skaar said, "They start as a caregiver on the floor and we do our in-house training.

Two Kilchis House residents.

Assuming they do well, enjoy it, and are interested in more responsibility, they can then be trained to administer medications. Typically, those who excel at medication administration go on to be a resident care coordinator."

Another challenge is funding. Skaar estimates that 80 percent of the residents at Nehalem Bay House and 90 percent of the residents at Kilchis House are Medicaid funded. "At this time, we break even, on a good year," she said.

With the recently passed minimum wage increases coming over the next six years, Skaar is questioning how they will continue to make it work. "The challenge is that foundations and private grants don't see it as a non-profit you would make a donation to, because they see it as a business that people pay to be served. They don't realize it costs a lot to provide 24/7 care," Skaar said.

With such a high percentage of Medicaid residents, CARE sees firsthand how Medicaid rates haven't kept up with the rising costs of care. "During the recession, from 2008 to 2013, we were flat funded. They did not give us a rate increase for five years. Now they're giving us a rate increase of 2.5 percent for the last three years, so we're way behind in terms of what the state pays for compared with the true cost," she said.

> "We're way behind in terms of what the state pays for compared with the true cost." — Erin Skaar, Executive Director of CARE

Being a non-profit helps reduce this burden. The CARE properties are exempt from property taxes and income taxes. "That does put us in a better position than most to run the communities the way that we do, but we've now hit that mark," she said.

Skaar said the funding challenges have led to conversations with their legislators, and she is hoping to get the attention of the state legislature in the upcoming session. "If we were in Portland and could choose to have a smaller percentage of Medicaid residents, then those people paying the market rate could help make up the difference," she said.

"It's a big challenge and it's one we're looking at right now," said Skaar. "How do we preserve these communities? We don't know if we can."

Haven House

Another long term care community in Oregon facing workforce and budget challenges is Haven House located 20 miles outside of Fossil, Oregon. News of Haven House's challenges recently reached national audiences when the *Atlantic* magazine published an article on aging in rural America that featured the facility.

Wheeler County has one of the highest percentages of seniors in the state. Fossil's population is roughly 450 people. Haven House Administrator Marj Sharp said that with the town's limited population and lack of proximity to big city resources, finding caregivers and other staff is increasingly challenging. Sharp says that due to their remote location, their registered nurse actually works at OHSU online and contracts with Haven House part-time. Licensed nursing is not optional in assisted living and the hours must be appropriate to meet the clinical needs of the residents in the building.

"Staffing is always a problem. I have more residents here now, so I'm trying to hire another part-time person; there's just hardly anybody to hire," she said. "The starting wage is low, so [prospective employees] really can't afford to come back and forth that 20 miles."

Sharp said it's also true that Fossil's younger residents often move to larger cities, leaving behind a mostly older, non-working population. The town natives that return are middle aged and usually work remotely or bring their existing jobs with them, limiting the potential employment pool further.

If the need arises for transport to a hospital or to the closest trauma center in Bend—100 miles away—Haven House relies on ambulance services and sometimes airlifts. Sharp says that the community support for transportation is great. "The ambulance service is volunteer and they've been really good to us. They've come and actually assessed folks who didn't need to be transported. Volunteers in this community are just unbelievable," she said.

And it's not just the ambulance service that helps out, it's the entire community. Haven House recently knew they had a $10,000 expense coming up to upgrade their fire suppression system. But Sharp says these were funds that they just didn't have. On July 4, the local fire department collected donations and held a yard-sale fundraiser to raise funds for Haven House to help pay for their new system so that it could be upgraded on time. Sharp said, "One of the community members came by and looked at the yard sale and said, 'I don't see anything that I need,' and then handed them $100. They knew it was for Haven House."

With a Medicaid to private pay ratio of about 50/50, Haven House's low operating budget means that they still need additional monetary support to maintain their operations and quality care and services. Sharp said that grants from Bank of Eastern Oregon and the Oregon Community Foundation along with private donations helped them secure a new HVAC system.

The Bank of Eastern Oregon donates $5,000 to Haven House to help the community purchase a new HVAC system.

Haven House hosts a "Mothers Tea" with members of the Fossil Baptist Church.

Marquis Company

Marquis operates assisted living communities and post-acute care facilities in Oregon, California, and Nevada. Kathy LeVee, vice president of operations at Marquis, recognizes the key challenges facing all of Marquis' facilities.

"There's no doubt that staffing is an issue," said LeVee. "In my opinion, staffing is going to become the leading crisis in our profession," she said.

A Marquis caregiver lends a hand to a resident.

LeVee cites that there aren't enough well trained health care workers even in Oregon's urban areas. "There just aren't enough workers in the workforce, and of those workers, we just can't get them trained fast enough," she said. LeVee said that while she faces problems with the shortages of licensed nurses, she also sees a big need for therapists, administrators, pharmacists, and just about every position in the long term care service sector. "It's the whole gamut," she said.

According to LeVee, Marquis has employed many tactics for training so that they can expand their recruitment efforts. "From an entry level perspective, we offer our own CNA classes. We have the Marquis University and we teach one class [of recruits] every six weeks. We train caregivers in our environment; we do the clinicals right in our sites, which makes for a nice easy transition. When we hire people for our classes, we hire them with the intention that they are going to continue to work for Marquis," she said.

LeVee also said another resource for recruiting is partnerships with local community colleges and other caregiving institutions and that for dietary staff, they partner with culinary institutes. These partnerships and a partnership with Job Corps helps Marquis fill their entry level positions she said.

"When it comes to licensed nurses, we have a lot of collaborations with the universities. Both for the two-year RN and the four-year RN," LeVee said. "This collaboration includes creating curriculum, performing clinicals, and providing facility space to perform the long-term care portions of the clinical rotations. We're trying to get creative with them about their curriculum and making sure they're focused on the long-term care sector."

LeVee says she really sees an importance and an urgency for training the workforce for the future because of the large number of baby-boomers that are retiring and heading towards long-term care.

"If you don't have staff to support your clinical structure, you won't be able to accept and care for those residents and patients," she said.

With facilities in rural and urban markets, LeVee says there just aren't enough CNAs wherever you go. "Rural areas just don't have the people and in the metro areas every employer is competing for that person," she said. In a metro area, she said, "You've got one CNA and probably 10 facilities trying to hire that caregiver, or more."

"They can graduate from their class, leave the facility they're working at, and then have a job in an hour," she said.

In order to retain staff, Marquis faces the same challenges as everyone else. "You're seeing increased wages, the effects of the minimum wage, market pressure, and the need to offer more benefits," she said. LeVee also noted that they're seeing higher acuity, which takes more staff to support.

All of these things add to increased expenses. "The revenue side just hasn't always kept pace in the long term care market with the current formula," she said.

At a Marquis University CNA training, students are taught effective ways to work with residents.

Gateway Living

Mark Kincaid co-owns several long-term care communities that specialize in assisting residents with memory care and dementia and is the administrator for the Gateway Living campuses located in the Eugene/Springfield area. One of these facilities specializes in memory care and houses 70 residents with Alzheimer's and dementia.

Because of their flexibility in placing residents, Kincaid said they are able to accept residents with dementia that other communities have struggled to care for. He said that these are often private pay residents who are able to spend more for their care, which affords Gateway to have extra staff on hand to help care for residents who may have challenging behavioral issues.

Being properly staffed is critical to identifying these behavioral triggers and discovering how to best manage them and support the resident.

"We need more one-on-one care approaches, so we can better identify and figure out the triggers, what sets them off, and the best interventions to avoid and calm the person down," he said.

Kincaid said it's important to try to avoid the triggers after they've been discovered. For example, sometimes a trigger for a dementia resident can be as simple as there being more than five people in a room talking at once. "All of the sudden [the resident] says, 'You guys shut up,' or maybe he doesn't even say that. Maybe he just gets mad and goes over and slaps somebody because he had the inability, due to cognitive disability, to actually identify what's making him upset. He just reacts to it," said Kincaid. By doing one-on-ones, Kincaid said they can start to realize, in this example, that it's larger groups that upset this person. "Maybe they need to eat in the room by themselves. Maybe they don't participate in large group activities but are a part of smaller group activities with two or three people," he said.

By having several buildings, Kincaid and his staff can reposition clients to find the best fit for their needs. Kincaid said, "With five or six buildings on a campus, that all provide memory care, I may have a resident with specific issues in a building; maybe the one resident likes to sing church hymns and another can't stand to listen to church hymns. Maybe I can move one of them to a different building." He also said that moves like these are discussed with the residents' family members before action is taken.

Their memory care community is currently about 40 percent Medicaid and 60 percent private pay. Kincaid said this is a sustainable level where they can provide the necessary care for their residents and also provide competitive compensation for the staff.

Even in a larger community like Eugene/Springfield, Gateway Living is experiencing similar challenges as those facilities in the less populated areas of the state: a low number of applications and an even lower number of viable candidates. Kincaid said that less than 10 percent of applicants will be a good fit. "We've added, between McKenzie Living and Gateway Living, about 40 positions in 18 months. That means I need at least 500 applicants to fill those 40 spots; that's a lot of people," he said.

Offering a diverse range of services helps Kincaid attract applicants. "If you have a cross-section of residents, then you have a cross-section of offerings for staff. It makes it easier to hire. I have people who want to work in mental health care, so if I don't have mental health care work opportunities then they're never going to be an employee," he said.

Kincaid also recognizes there will be new challenges on the horizon, such as the minimum wage increase. "There's other things that come at you too, like the Affordable Care Act and mandatory paid time off. There's nothing that's come across my desk in the last 20 years that's lowered our costs," he said. ○

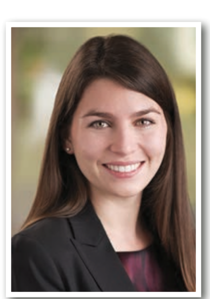
Full-Service Laboratory
- Joint Commission Accredited
- Extensive Test Menu
- Stat & Routine Phlebotomy
- EMR/EHR Interface Ready

Mobile Imaging Services
- Digital HD X-Ray
- Ultrasound & Doppler
- Electrocardiogram

Online Ordering & Reporting

888-418-9555 or www.schryvermedical.com

Serving long-term and post-acute care patients for nearly 25 years



CareOregon and OHCA Partner to Bring Program That Shows How Culture Can Influence Care

By Rosie Sontheimer, Oregon Health Care Association

Oregon's population is aging at a record pace. In 2015, 645,031 Oregonians were 65 years of age or older, and 84,668 Oregonians were 85 or older. With these numbers expected to rise significantly over the next 10 years, it is more important than ever for Oregon's long term care facilities to be ready and available to provide quality, efficient, and effective care to our aging population.

CareOregon, a nonprofit involved in health plan services and healthcare reforms and innovations, has recently piloted a program that aims to do just that through strengthening the cultures within facilities.

In 2014, CareOregon was awarded a grant from Oregon DHS Seniors and People with Disabilities to develop and test a training program designed to establish a methodology of staff-directed change management. The program, referred to as CareHomes Wellbeing™, was created by England's National Health Service Institute for Innovation and Improvement (NHS) in 2013 and was designed specifically for caregivers in long-term care settings. CareOregon's CareHomes Wellbeing™ program launched in January of last year for six months in 10 assisted living and residential care facilities throughout the state and resulted in a variety of outcomes and benefits derived from changes made through the training process and culture-centric curriculum.

"We had terrific success implementing a similar program from England's NHS in hospital settings and realized how critical it was to focus on the caregivers to improve patients' recoveries," said CareOregon's Senior Business Leader for Learning and Innovation Barbara Kohnen Adriance. "So when a similar program for the long term care sector came out we knew we wanted to test to see if using the methodology would bring about improvements in quality of life for residents and satisfaction for the staff."

The program consisted of five primary components—training, site visits, sharing events, data collection, and analysis—and program training focused on several key ideas: bringing a team of caregivers within facilities together

Caitlin Vanderschaf (left), Prestige Summerplace, and Sarah Silva, The Springs Living, study some of the staff collaborative boards from the program.

Phil Haynes from England's NHS and staff from Our House map out their vision for the program.

as equals, allowing informal leaders to implement changes within their own teams, delegating management, and allowing all staff to step in as needed.

“The engagement and involvement from every member of the team is so incredible to see and to allow people to be free with their ideas,” said Sarah Silva, regional director of operations at The Springs Living who helped oversee the pilot program at an Avamere building where she previously worked. “Some of our staff may not have had a way to express their opinions or have their voices heard before so it really brought the team together.”

During and following the implementation of the program, several key changes took place at the pilot facilities including improved internal communications; increased instances of staff taking initiative and sharing responsibilities, collaboration, and transparency and accountability; and, most importantly, an enhanced focus on the residents. CareOregon staff also studied the staff turnover at the facilities in the program. Turnover dropped an average 20 percent in pilot facilities over the course of the pilot program although CareOregon reviewers were unable to determine whether facility staff turnover rates declined specifically due to the pilot program.

“The information and training leaders and staff gained from this program will take Oregon’s assisted living facilities and other long term care providers to the next level for supports and services so they are better poised to work with the emerging care models and CCOs, and are more fully informed of quality measures and resident outcomes,” said OHCA Senior VP Quality Services Linda Kirschbaum.

Now, CareOregon is getting ready to launch another, two-year, second phase of their program called Live Well™.

“The first six months of this two-year program are about creating a new

Angela Miles, Marys Woods, participates in the poster session at the final celebration event for CareHomes Wellbeing.

curriculum that will use what we learned from the CareHomes Wellbeing™ pilot to develop an Oregon methodology for QAPI, the Quality Assurance & Performance Improvement,” said Kohnen Adriance. “The state asked us to build on what we learned from the pilot and to integrate a number of other training opportunities including ones that OHCA is involved in, like Oregon Care Partners’ Geriatric Medication training, to create a comprehensive how-to quality improvement program for all types of long term care facilities.”

The second phase program will consist of six months of curriculum development, followed by six months of testing and training within 20 assisted living facilities and residential care facilities and another year of extended training in those facilities and in 40 additional assisted living, residential care, skilled nursing, and adult foster home facilities.

CareOregon is encouraging long term care facilities to apply now to participate in the program.

“Staff need to have a supportive environment to deliver quality care. They need to help each other, have each other’s backs, and know that their ideas are heard, and they need to have a voice,” said Kohnen Adriance. “This training is a great way for facilities to build these types of cultures.” ○

Rosie Sontheimer is the Communications and Marketing Specialist at OHCA.

Be a Part of CareOregon’s Live Well Program

Any assisted living, residential care, skilled nursing, or adult foster care facility in Oregon can apply to be a part of this innovative training program. Contact CareOregon’s Barbara Kohnen Adriance at kohnenb@careoregon.org to apply.

The State Budget Landscape

By Phil Bentley, Oregon Health Care Association

The Oregon Legislature will face either feast or famine when the 2017 legislative session convenes in January to write the state budget for the upcoming 2017–19 biennium. The current projection is for general fund revenues to be approximately $1.5 billion less than the cost of continuing existing state-funded programs and services.

However, if Oregon voters approve Ballot Measure 97 this November, the state general fund could see an estimated $6 billion in additional revenue—a roughly 30 percent increase in state general fund revenues. Ballot Measure 97 would impose a 2.5 percent tax on all goods or services sold in Oregon by companies registered as C corporations. The first $25 million of Oregon sales would be exempt from the tax.

Any measure that raises such a large amount of new revenue is bound to be controversial, and Measure 97 is no exception. The measure was crafted and put on the ballot primarily by labor unions. They argue that the tax will be paid by large, out of state corporations who are not currently paying their fair share of state taxes. They also argue that the additional revenue will help fund, and will keep the state from defunding, public services such as education, health care, and senior services.

Opponents of the measure counter that the tax is regressive because it will be passed on to consumers in the form of higher prices for food, clothes, consumer goods, utilities, prescription drugs, insurance, etc. They also argue that the measure will stifle investment and make Oregon a less desirable state to locate a business.

Both sides are spending millions of dollars to convince voters that their arguments are correct. The OHCA Board of Directors heard a presentation from the Legislative Revenue Office, a nonpartisan office who recently conducted an analysis of the measure's impact. After the presentation, the Board chose to remain neutral on the measure.

The projected deficit in the state budget is largely a result of two cost drivers: the exploding cost of the Public Employee Retirement System (PERS) and Medicaid expansion under the Affordable Care Act. PERS is now underfunded by $21.5 billion. For now, the state's solution to this has been to require public employers to pay more into the system, which reduces the funds available to support current programs and services.

Some lawmakers are calling on the Legislature to enact a new round of PERS reforms. This seems unlikely, however, because there are few, if any, options that are legal, politically viable, and could save significant amounts of money in the near future.

The Affordable Care Act requires states to pick up an increasing share of the cost of Medicaid expansion. The state match will grow to 7 percent this biennium. Combined with the loss of one time Federal funds, the state will have an increased obligation of 100's of millions of dollars.

The Legislature also passed a new minimum wage law in 2015 that will increase labor costs for the state and those who contract with the state to provide essential services. OHCA will be asking the Legislature to make good on its commitment to fund this raise for caregivers and other workers through increased Medicaid reimbursement rates.

These budget challenges become much more manageable if Ballot Measure 97 passes. However, there could also be increased costs in the form of higher prices for the goods (food, medical supplies, utilities, construction, etc) and services (insurance) that long term care providers purchase every day. ○

Phil Bentley, J.D., is the Senior VP for Government Relations at OHCA.

Remembering Senator Alan Bates

On August 5, Oregon lost a dedicated public servant, a leader in health care, and a dear friend to many of us at OHCA. Senator Alan Bates, 71, from Medford passed away suddenly on a day he spent fly fishing on the Rogue River with his son. Memorial services were held in Ashland on August 20 and at the State Capitol on September 20.

Senator Bates, a primary care physician, was affectionately called "Doc Bates" in the Legislature and was renowned for his warmth and generosity. In his more than fifteen years of legislative service, Doc Bates was a passionate leader and supporter of important issues including health care reform, care for seniors and people with disabilities, foster care and vulnerable children, and environmental issues.

"Doc Bates will be deeply missed in the Legislature and in his community," said Jim Carlson. "I have had the pleasure to know and work with Doc Bates since before he was even elected, when he was appointed to the Health Services Commission in 1993. We have all benefited from his steadfast support for seniors and people in need. He was respected by members across the political spectrum and was a truly wonderful person."

Senator Bates speaks on the Oregon Senate floor.

OHCA extends our heartfelt condolences to his wife, Laurie, and the entire Bates family.

Lane Powell offers a full spectrum of legal services to providers of skilled nursing, assisted living, independent living, and home health and home care agencies. We advise on regulatory compliance, rate reimbursement, certificate of need, defense of license conditions and revocations, defense against findings of abuse and civil monetary penalties, HIPAA compliance, risk management, resident transfers, labor and employment, and real estate.

Learn more at lanepowell.com.

METRO WEST AMBULANCE

We're a 9-1-1 Ambulance provider and so much more!

One call
503-648-6656
for the
medical transportation
service you need.

www.metrowest.fm

Emergency Restoration Services.

Rapid Recovery Starts with One Call

WATER DAMAGE RESPONSE

- Immediate action
- Moisture Detection w/ Infrared
- Temporary power distribution
- Water extraction & pumping
- Monitored structural drying
- Sewage clean-up & sanitation
- Disinfection and ordor neutralization

FIRE DAMAGE RESPONSE

- Immediate action
- Emergency board up
- Temporary roof cover
- Structural shoring & bracing
- Temporary power distribution
- Fast track demolition & clean-up
- Smoke & soot removal
- Total reconstruction

ENVIRONMENTAL RESPONSE

- Mold abatement, clean-up
- 24-hour air quality monitoring
- Lead and asbestos removal
- Total Reconstruction

Emergency Services & Restoration

24/7/365 EMERGENCY SERVICE Line: 800.266.5677

CARE is our best selling product!

- Pharmacy
- Supplies
- Equipment

There's no place like Healthy®

PCAD082016

"There's No Place Like Healthy"... it's more than just a slogan. It represents who we are, what we believe, and how we run our company. For more than 30 years, our goal has been to keep our patients healthy. We believe that delivering care is more than passing medication across a counter. It's about creating a continuum of care that enables independence, good health and informed decisions, delivered to you.

GenevaWoods
PHARMACY · HEALTH · HOME
genevawoods.com

Valuing the Valuable

Oregon's Long Term Care Service Sector

By Walt Dawson, Oregon Health Care Association

Data released earlier this year by the American Health Care Association (AHCA) confirms the long term care service sector is a vital component of the Oregon economy. The new data estimates the total economic footprint of Oregon's long term care service sector at nearly $7 billion (note: this figure includes direct, indirect, and what economists call the 'induced' impact of the sector). This $7 billion figure represents an increase of over $2 billion since 2011, when the last economic analysis of this sector was generated for the Oregon Health Care Association (OHCA). This year, for the first time, the analysis included in-home care and home health agencies, while previous estimates looked only at nursing facilities and assisted living and residential care communities. Simply put, nearly 3.5 percent of all economic activity in Oregon can be attributed to the long term care service sector.

Perhaps the most striking feature of the data is the sheer number of jobs in the sector. In 2014, more than 80,000 Oregonians were employed in long term care services. The long term care service sector also produces significant tax revenue for both the federal government and the State of Oregon. In 2014, the federal government collected over $552 million from the sector while the state netted $289 million. This revenue is important to the funding of vital public services such as public transportation, schools, and safety net services for the most vulnerable members of society.

In 2016, the legislature mandated a minimum wage increase that will be phased in over the next six years. The first wage increase went into effect July 1. Increasing wages will create uncertainty for the sector as rising labor costs may pose a challenge to many providers who must operate on thin margins. Meanwhile, Oregon providers are largely constrained by their dependence on public funding, primarily Medicare and Medicaid. An increase in Medicaid reimbursement rates would be one way to help offset the uncertainty of the higher labor costs. Keep in mind that for every Medicaid dollar that Oregon spends on long-term care services, the state receives an additional 66 cent match from the federal government for nursing facilities and a 70 cent match for all other services.

Total Economic Footprint of Oregon's Long Term Care Service

$7 BILLION

That's nearly 3.5% of all economic activity in Oregon

The significance of the long term care service sector to the Oregon economy is difficult to overstate. As Oregon's population grows older with each passing year, this sector will also likely see increased growth. The sector already provides jobs to more than 80,000 Oregonians. Moreover, the sector generates nearly $1 billion each year in combined federal and state tax revenue and accounts for nearly 3.5 percent of all economic activity in the state. Both the jobs and economic activity of this sector are felt by nearly all Oregon communities —not just one town, county, or region. The value of the employees who work in this sector as well as the providers who employ them should be recognized by all. ○

Dr. Dawson, D.Phil, is the Director of Research & Analytics at OHCA.

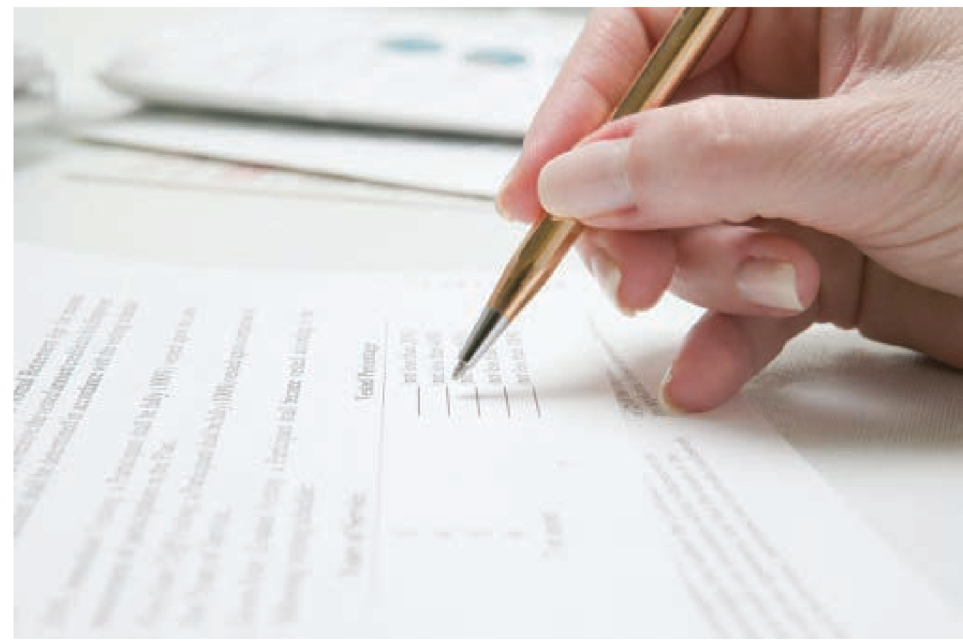
Sources: AHCA/NCAL. Economic Impact of Long Term Care Facilities Oregon. January 2011. AHCA/NCAL Research Division. Nursing, Residential Care, Personal Care Aides and Home Health Care Impact for Oregon, 2014. March 2016.

Oregon Transitions to New CMS Home & Community Based Services (HCBS) Standards

By Linda Kirschbaum and Gwen Dayton, J.D., Oregon Health Care Association

In January 2014, the Centers for Medicare and Medicaid Services (CMS) adopted regulations that define settings where it is permissible for states to cover Medicaid Home and Community-Based Services (HCBS). In Oregon, aging service programs subject to the federal regulations are: adult day programs, adult foster homes, assisted living (ALF), residential care (RCF), and ALF or RCF memory care.

The purpose of these additional federal standards is to ensure individuals who receive HCBS are integrated into and have full access to the greater community. This includes opportunities to work, if applicable, engage in community life, control personal resources, and receive services in the community to the same degree as anyone in society.



Oregon was required to submit a HCBS Transition Plan to CMS. The Transition Plan outlines how the Department of Human Services and Oregon Health Authority will align HCBS systems with the new federal regulations. The transition is not overly onerous for Oregon due to the state's three decades of experience in providing community based services. However, the transition plan is robust and includes five phases:

- **Phase I** – Initial Regulatory Assessment
- **Phase II** – Statewide Training and Education Efforts
- **Phase III** – Provider Self-Assessment and Individual Experience Assessment
- **Phase IV** – Heightened Scrutiny Process
- **Phase V** – Remediation Activities
- **Phase VI** – Ongoing Compliance and Oversight

As Oregon presses forward to meet plan benchmarks, the rollout of the "Phase IV – Heightened Scrutiny Process" is still relatively vague for memory care providers, and additional guidance from CMS is anticipated to better understand how to apply the process to this specialized area of care. As we know, quality memory care is a balance of upholding federal and state resident rights to person centered principles such as dignity, respect, independence, autonomy and choice while assuring the health, safety and welfare of the individual. We expect CMS to take this view of memory care into consideration as it begins to work out more details of the Phase IV process.

In addition, the Center for Excellence in Assisted Living (CEAL) has engaged with CMS on two areas that needed additional clarification for assisted living and residential care providers: setting location and secured assisted living and residential care communities designed to serve people with dementia, both areas of which are related to the concept of heightened scrutiny. CEAL is a collaborative assisted living organization with a focus on promoting quality practice, public policy, technical expertise, and research. The national organization is comprised of eleven organizations including AARP, the Alzheimer's Association, Assisted Living Nurses Association, National Center for

Assisted Living, and Pioneer Network. CEAL has been engaged with CMS throughout their development of the new HCBS standards.

CMS has informed CEAL that additional guidance on dementia care as it relates to the HCBS Final Rule will be forthcoming.

Additional information on Oregon's plan can be found on the DHS website. http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx. ○

Linda Kirschbaum is the Senior VP Quality Services at OHCA.
Gwen Dayton, J.D., is the Executive VP & General Counsel at OHCA.

New CMS Nursing Facility Rules Here

After an extensive comment period, CMS has released sweeping new nursing facility Conditions of Participation rules. In the first major revisions to the rules since 1991, CMS hopes to reduce unnecessary hospital readmissions, reduce infections, and increase quality and safety in the care of nursing facility residents. The changes include requiring facility and resident assessments that drive other compliance requirements, ensuring staff training in care for residents with dementia and staff competency to provide person-centered care, requiring greater food choice for residents, requiring an infection prevention and control officer, and strengthening the rights of residents. Notably, the rules also include a prohibition on pre-dispute arbitration agreements for facilities that accept Medicaid or Medicare funds.

Implementation of these comprehensive new rules is phased in. The first implementation date is November 28, 2016, followed by a new wave in November, 2017, and then November, 2018. Among the rules subject to compliance by November 28, 2016, are:

- The prohibition on pre-dispute arbitration agreements. Agreements entered into prior to November 28 remain effective.
- Expanded resident rights.
- Resident assessments.

In partnership with ACHA, OHCA is developing guidelines for compliance with these imminent requirements. Expect that soon. If you have any questions, please contact Gwen Dayton, J.D., OHCA general counsel at gdayton@ohca.com. ○

Helping You Hire the Best!

Hiring assessments designed specifically for the senior living industry.

- Reduce turnover and hiring expenses
- Help ensure the safety of your residents
- Hire job candidates with the highest potential for success

1-888-314-8908 | www.insightww.com | info@insightww.com

An Extension of Your Team

Experts in insurance and risk transfer solutions for Senior Living Communities

Custom Insurance Solutions at Your Service

We represent **50 experts and more than $80 million in premiums across the country**. We're passionate about crafting custom insurance solutions for senior living communities.

130
SENIOR LIVING CLIENTS NATIONWIDE

73,000
BEDS

881
COMMUNITIES

Services

RISK MANAGEMENT: We'll review your potential risks holistically, ultimately driving down your total cost of risk.

CLAIMS MANAGEMENT: We have an in-house claims management team proactively monitoring your loss experience.

LITIGATION MANAGEMENT: If you do encounter a claim, our in-house counsel will analyze and review all the options available, working with the carrier, your team, and any other potential third parties. Those days of, "What is that adjuster doing?" are gone.

INSURANCE AND RISK TRANSFER SOLUTIONS: We offer a variety of insurance and risk transfer solutions, including comprehensive PL/GL packages, Employee Health Benefits plans, and Workers' Compensation programs.

Visit alliancеinsgrp.com to view our extensive offerings.

AFFILIATIONS:

AHCA, OHCA, THCA, NVHCA, NCAL, ALFA, ASHA, NIC, RIMS, TALA, AZHCA, IHCA, CAHF

© 2016 Alliance Insurance Group.

Developments in Opioid Law and Policy

By Gwen Dayton, J.D., Oregon Health Care Association

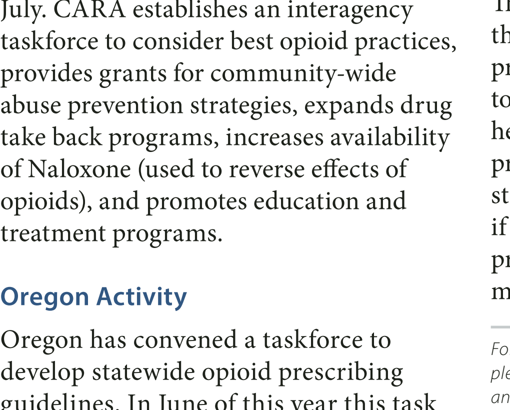
According to the U.S. Center for Disease Control and Prevention (CDC), opioid analgesics, such as oxycodone, hydrocodone, and methadone, are involved in three of every four pharmaceutical overdose deaths. Concern about opioid use has resulted in action on both the national and state level. As both Congress and the Oregon legislature look for ways to prevent opioid abuse, it is worthy of note that a recent study by the journal *JAMA Surgery* found that only 0.5 percent of seniors who were given opioids after surgery abused the drugs.

CDC Guideline for Prescribing Opioids for Chronic Pain

In March of this year, the CDC developed and published guidelines that provide recommendations for prescribing opioid pain medication for patients 18 and older in primary care settings. The recommendations address clinical practice and focus on determining when to initiate or continue opioids, opioid selection, dosage, duration, follow up and discontinuation, and assessing risk and addressing harms of opioids use. Notably, the guidelines apply to primary care and do not include opioid prescribing for active cancer treatment, palliative care, and end of life care. To view the complete guidelines, visit www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

New Federal Law

After congressional consideration, the President signed the Comprehensive Addiction and Recovery Act (CARA) in July. CARA establishes an interagency taskforce to consider best opioid practices, provides grants for community-wide abuse prevention strategies, expands drug take back programs, increases availability of Naloxone (used to reverse effects of opioids), and promotes education and treatment programs.



Oregon Activity

Oregon has convened a taskforce to develop statewide opioid prescribing guidelines. In June of this year this task force, the Oregon Opioid Prescribing Guidelines Task Force, adopted the CDC guidelines referenced above. While not mandatory, the CDC guidelines now serve as the foundation for opioid prescribing in Oregon.

> A recent study by *JAMA Surgery* found that only **0.5%** of seniors who were given opioids after surgery abused the drugs.

Earlier this year, the Oregon legislature also passed HB 4124, which allows information from the Prescription Drug Monitoring Database to be seen in the prescriber's existing health information technology system without additional logins. The bill also allows pharmacists to prescribe and dispense naloxone.

Since 2011, Oregon has offered the Oregon Prescription Drug Monitoring Program. This program is a web-based system that contains information on narcotic prescriptions dispensed by pharmacies to patients or residents. It is accessible by healthcare providers who are licensed to prescribe drugs pharmacists and their staff and is a useful tool to determine if a patient or resident has an existing prescription for opioids and to better manage their prescriptions. ○

For more information on opioid regulatory and policy issues, please contact Gwen Dayton, J.D., OHCA General Counsel and Exec. VP. at gdayton@ohca.com; 503-726-5229.

Your company laptop was just stolen. What now?

Recreation
Senior Living
Real Estate
Construction
Education
Banking
Manufacturing
Transportation
Employee Benefits

It was all right there: confidential customer information, proprietary business data, social security numbers and more. Then it was gone, just like that. With Propel's CyberSmart™ Coverage, we'll be there almost as fast—helping your business manage the potentially devastating consequences of exposing or losing sensitive information. From making sure all your company's legal obligations are met—to helping keep your business running as usual.

Work smarter with CyberSmart™ Coverage

Find your momentum.

1-800-499-0933
www.propelinsurance.com

POLICY MAKERS

Senators Peter Courtney (D-Salem) & Jackie Winters (R-Salem)

Senate President Peter Courtney (D-Salem) is the longest-serving member of the Oregon Legislature and Senate President, now in his seventh term as the Senate leader. Senator Jackie Winters (R-Salem) has been an elected official since 1998 and was the first African-American Republican elected to the Oregon Legislature. Together, they form a formidable pair of veteran legislators who are from different political parties but share a common mission of helping the most vulnerable Oregonians.

Q With long tenures in the legislature can you talk about your histories of working on senior and healthcare issues?

A Senator Winters (SW): I was the ombudsman for Governor Victor Atiyeh and prior to that my husband was the ombudsman for Governor Tom McCall, and it was during his term that the long term care ombudsman was created under the Older Americans Act. So my involvement with seniors has stretched a lot of years. When I was elected to the legislature in 1999 I did not envision that I'd be sitting so soon on the ways and means committee. And human services was the budget that I became responsible for. That first year was interesting for me from the policy perspective for a few reasons. In Oregon, we always prided ourselves in having a continuous system from independent living to assisted living to nursing homes. That year, when I was chair, the issue came up of whether we were going to be able to fund them at the same level, continue the private/public relationship, and some other issues. I was a always a strong supporter of the graduated care system that we have and we plan to keep.

A Senator Courtney (SC): Back in 1969 is when I first came to Oregon. Right away, I knew that I wanted to get involved with policymaking. So I ran for the Salem city council in 1974. In the legislature, I've been interested in helping vulnerable Oregonians. I was there when we created the Oregon Health Plan and Project Independence in the 90's. More recently, I've been focused on improving our mental health system and support for veterans.

Q How have your perspectives on senior issues changed over time?

A SC: I can definitely relate more to aging because I've been there. I've had health issues that many Oregonian's are facing including cancer and joint replacements. Frankly, the older I get, the more I don't like aging. I'm trying to run Hood to Coast again and it's certainly harder to train for something like that. I've also seen friends and colleagues go through health challenges and visited them in nursing facilities and hospitals. I have tremendous respect for the nurses and caregivers who help people in those moments of need.

A SW: What I see is that now people live longer and have other issues related to longevity, so many places are instituting memory care and things like that which are so important. We're evolving, I believe, our continuum of care, from the place of Project Independence, where one can stay in their home, to where one goes to another facility. I've visited quite a few assisted living facilities and they are a community in and of themselves. I find that assisted living facilities have a very positive place in our society.

Q What experiences have you had with caregiving and long term care?

A SC: I was raised by my mother who had Parkinson's disease for 39 years. When she was diagnosed I was two years' old so I have a long history of dealing with this type of care. We didn't have a caregiver for my mom at the time. I was her caregiver, along with my father and brothers. We washed her; we bathed her. You didn't have nurses, you didn't have home care, you didn't have anyone come in. Finally, someone came in to help take care of my mother, and we loved that caretaker.

A SW: My husband was in a skilled nursing facility. Unlike my parents and their parents' times where they called places "the old folks homes", where you went when you didn't have anyone to take care of you, that's just not the way communities are constructed today, to think in terms of an individual who doesn't have any life left. On the contrary I see it as a place where someone has much life since you've got social interactions, movie theaters, and recreational facilities. So the image has really changed from what it was 40 or 50 years ago. I encourage everyone to visit communities. They are so vibrant and alive.

Q Senator Winters, do you have a sense for what budget challenges long term care is facing today?

A SW: Budget is always a challenge. There are competing pieces. Budget includes three major components: education, human services, and public safety. And these are all competing interests, and it's always a challenge to make sure you are able to provide

Senator Bates (left) and Senator Courtney.

Senator Jackie Winters speaks on the Senate floor.

funding for seniors. I don't know any session I've been in where that isn't a challenge and an issue for us. Also for me, it's trying to make certain that we don't put in policies or regulations that strangle innovation and development of growth in long term care. I always worry that sometimes we here in this building get caught up in micromanaging and that we overprescribe.

Q Senator Courtney, we know you spoke at the ground-breaking at the Oregon Veterans' Home in Lebanon. What was that experience like?

A SC: I was astounded by the facility and I couldn't believe how great it was. I said, "This is what they deserve." I was very proud of Oregon that day and so proud to be an Oregonian.

Q Despite being in different political parties, it's well known that you respect each other. What is your working relationship like?

A SW: My colleague, Peter, seems to have a lot of trust in what I do, and I, too, have a high regard and respect for him and his desire to be fair, his care and feeding of this institution that we care so much about. So as a result he knows that if I say I'm going to do something, I'm going to do it. I haven't had a policy that I've wanted to do where he's questioned as to why I'm doing it. Peter is just a tad bit younger than me so we are both a part of the chronologically advantaged group and we've both seen and been involved in a lot of policy-making in this state. So we both have a heart for seniors and the most vulnerable in our society. And I think that existed before we both became chronologically advantaged. It's the recognition that we know we have a responsibility to those that have come before us to make certain that they are taken care of.

A SC: I'm always amazed with Senator Winters with how profound she is and how well she knows the issues. She has so much wisdom. There's nothing you can talk with her about that she can't speak volumes on in a very caring, compassionate, and learned way. Everyone else is playing catchup with Jackie Winters and she has been here, executing her vision, since long before many people.

Q What should younger legislators and young people in general know about being successful in their work?

A SW: If they don't build relationships and trust they won't be able to get things done. Another important thing is that if you don't care who gets the credit you'll get a lot more accomplished.

A SC: Listen. You're probably not going to know much, even though you think you are, for quite a few sessions. Try to really respect the role of the public policy maker. You are making policies that affect people's lives every day. It's the greatest professional calling in the world. You have an obligation to make it work and to meet other people half way. ○

LEADER

Kelly Odegaard

Executive Director of the Oregon Veterans' Home

Kelly Odegaard has been a nursing home administrator for over 25 years and brings his extensive experience in long term care to the Lebanon veterans' home.

Q What brought you to the Oregon Veterans' Home (OVH) in Lebanon?

A This is my second career. When I came out of college I worked for the Navy.

I was recruited for this position for a couple reasons. I had experience in managing construction and design and opening facilities. Also, I've been very active in culture change since 1997 when I was part of the group that started MOVE, and this facility is the epitome of culture change starting from the building design up.

Q Could you share your insights on the development of the OVH and how the new complex was designed specifically for the residents?

A The facility is modeled after what is called a "green house" concept from the early 1990's. Out of that came the "small house" model that the Federal VA bought into as being an excellent design to enhance the quality of lives of the residents and veterans. All new VA financed Nursing Facilities built since 2011 must be either a small home or neighborhood model. The project followed the design-build model where changes were incorporated throughout the entire construction cycle.

Q What role does the local community play in the OVH?

A The VA paid for 65 percent of the facility; 35 percent came from state and local match and there was a huge community effort to attract this project here. To support it, Linn County residents actually voted for a property tax increase to fund their share of that 35 percent. When we are at full capacity, we will return about $7.6 million in annual payroll to our staff that live in this area. And that's going right back into this local economy and into the state of Oregon.

Across the street from us is Western University of Health Sciences. We work very closely with them and they have several students who volunteer with us. We also have an elementary school on our border and they bring the students in here to volunteer and we hope to bring the veterans into the school. So we have a very close collaboration with all of these communities. There is also a community college nearby, with nursing, CNA, med techs, etc., who come here for clinical rotations.

Q How do you provide unique service plans to each of your residents?

A The veterans have unique needs and we are still working on addressing their mental health issues with partners in the area. One unique training program we follow is called "Meaningful Life" which is based on the premise that we all want to feel unique, important, and useful. Just because you're a resident, that need doesn't go away. We are rolling this program out to identify the unique needs of our residents and design our activities programs around these needs.

We had a group of veterans go out to the shooting range and they loved it. We had one veteran who was legally blind and severely disabled and we had to help him hold the gun but when he got it in his hands he shot every single target. People

were going nuts and cheering for him. He was in his 90s and could barely hold the gun, but he was a sniper in World War II. We love creating opportunities like this for our residents.

Q How does the "universal worker model" you use with your staff work?

A Our state regulations prohibit cross over tasks for CNAs. They don't want someone providing direct care for someone and then doing food care or laundry. But we requested and received a waiver from those rules that allows our CNAs to provide great care, but in addition to that they cook, plate, and serve food; do laundry service; they lead and participate in activities; and they do light housekeeping in the dining room and kitchens. In addition, we use self-directed work teams and a self-scheduling model which allows our staff to be more autonomous. All these combined provide a more holistic work environment.

Q What's different about OVH compared to other nursing homes you've worked in?

A We are so fortunate that we have the opportunity to have the latest and greatest building, campus, and equipment and some of the best, most experienced staff, and we want to be following the best practices of anything that we are aware of. We are constantly working on better systems and procedures. For example, we are constantly working to eliminate artifacts of institutional settings. For instance, we do not have any medication or treatment carts on our campus.

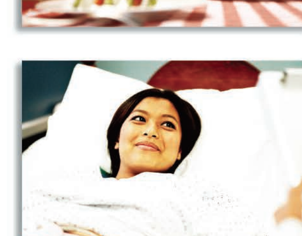
Having the small house model with only 14 veterans and staff that stay within those homes helps the staff know the residents and families better. It's such a welcoming environment for families to visit that they generally stay much longer.

It's such an honor to have this innovative campus be able to serve our veterans and to create a community where our veterans can thrive. ○

Being prepared is a life choice, how you prepare is up to you.

Assisting facilities in determining their emergency food and water supply needs. In the business of meeting the emergency needs of facilities and families. Dedicated to providing the highest quality and best value in the industry. We provide access to...

- Nutritional Facts and Calorie Counts
- Meat, Vegetarian and Gluten Free Products
- Independent Studies of Time Tested Shelf Life
- Samples Available



Oregon rules, section 411-054-0093 Emergency and Disaster Planning requires a minimum of three days food supply for all assisted living and residential care facilities. We can help you meet this state requirement.

"We're here to serve"
JOHN H. KNAUF
WWW.FOOD4ASSETS.COM

Keynote speaker Christine Cashen encourages attendees to use their time efficiently, to recharge, and to stay positive.

Annual Convention & Trade Show 2016

In September, over 1,400 OHCA members and vendors "drove quality" at the Route 66-themed OHCA Annual Convention & Trade Show in Portland.

The 2-day event was packed with thoughtful education sessions and opened with a keynote address from Christine Holten Cashen, a best-selling author and speaker, on strategies long term care professionals can use to make the most of limited time and resources.

OHCA members were able to earn continuing education units and learn about a variety of different care topics including memory care, leadership, quality improvement, clinical, recruitment and retention, and life enrichment.

On the second day of the event, members from facilities across the state were honored at the OHCA Awards Ceremony Luncheon. ○

Cole Chatterton speaks to a packed room about reacting to and approaching critical conversations.

Allen James engages the audience regarding leadership and recruitment.

Administrators and caregivers learn about the new home and community based care rule updates.

Professionals earn CEUs for attending education sessions.

Christy Turner presents on ways to support and communicate with family members of residents with dementia.

A conference attendee plays the Knowledge Hunt at the Trade Show.

SERVEPRO exhibits at the Trade Show.

"Gratitude is Magical" — Heidi Begeot shares her story of overcoming obstacles and being grateful at the Gratitude Luncheon.

Kindred hospice representatives talk with an attendee in the Trade Show.

Caregiver of the Year Award recipient Caroline Aldan accepts her award.

Clark Anderson accepts the Above and Beyond Award at the OHCA Awards Ceremony.

2016–17 EVENTS

COMING UP...

NOVEMBER 9

LIFE ENRICHMENT AND ACTIVITIES CONFERENCE

This event is for activities directors and enables attendees to plan quality life enrichment programs that engage residents on spiritual, intellectual, physical, emotional, social, and purposeful levels.

DECEMBER 8

POST ACUTE CARE CONFERENCE

OHCA provides this full day event for post-acute care and nursing facility providers to receive educational training and networking opportunities.

JANUARY 31

ANNUAL QUALITY SUMMIT

This year's Annual Quality Summit will focus on best practices for providing quality and dynamic memory care services. Stay tuned for more details!

MARCH 8–9

SPRING EXPO

Join caregivers from across the state for this two-day event filled with engaging education sessions, a trade show, and fun collaborate activities.

SEPTEMBER 18–19

CONVENTION

With the theme "Racing Toward Quality," OHCA's largest event of the year will once again be held at the Oregon Convention Center in Portland. More details about this one-of-a-kind, Kentucky derby-themed event will be available this Spring.

Sysco Portland serves the Northwest with quality assured food service products & business resources.

Sysco values your dedication and hard work preparing great meals for the resident population you serve.

THANK YOU!

Your Sysco Contact:
Dave Turnbull / 503.682.6575

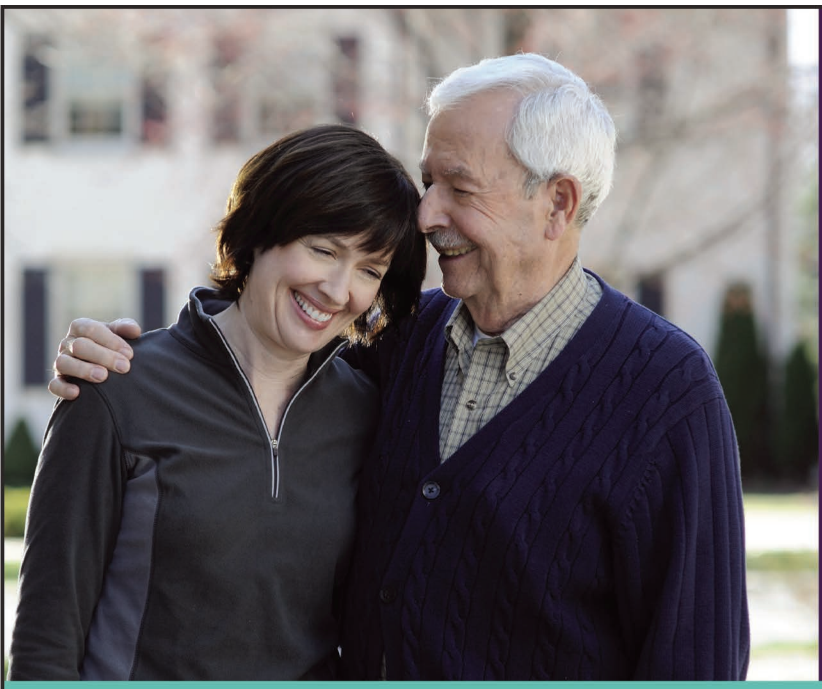
Sysco Portland / 503.682.8700
www.syscoportland.com

Sysco Portland is your exclusive Food Service Partner.

The Oregon Caregiver
Fall/Winter 2016

11740 SW 68th Pkwy, Ste 250
Portland, OR 97223

PRSRT STD
U.S.POSTAGE
PAID
Jefferson City, MO
PERMIT 210



alzheimer's association®

Because of your generous support, the Alzheimer's Association Oregon Chapter provided more than

152,000

service interactions last year through our classes, support groups, 24/7 Helpline and website.

We're here for you day or night — *whenever* you need us.

24/7 helpline

800.272.3900 | alz.org®

Alzheimer's Navigator • Community Resource Finder • Dementia Caregiver Center

Resources for you and your family:

Education • Support Groups • Early-Stage Programs • Advocacy • Research

Support our services by participating in one of our six Walks across the state of Oregon.
Start a Team. Join a Team. Donate Today.
www.alz.org/walk