

Targeting Nursing Home Residents: What We Need to Know

The Hilltop Institute Symposium
Home and Community Based Services:
Examining the Evidence Base for State Policymakers
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Main Points of Talk

- Data sources, characteristics of NF population.
- Identification only one part of Rebalancing.
- Methods used to identify residents:
 - Visiting nursing homes i.e., Trolling.
 - Targeting specific groups.
 - MDS – RUGS scores and Section Q.
 - Other assessment tools e.g. state NF LOC tool.
- What we Need to Know.

Some Data Sources on Nursing Homes

- CMS Annual Statistics and NH Compendia.
- 1999 and 2004 National Nursing Home Surveys.
- Minimum Data Set –CMS Website.
- OSCAR:
 - Individual homes in Nursing Home Compare.
 - State-level data on AHCA website.
- Nursing Home Building and Operations - NIC.
- Thomson Reuters data CMS-64 Expenditures.

How Many are Coming to Nursing Homes

- From 1997 to 2006, there was a 30 percent increase (from 4 million to 5 million) in the rate of patients discharged to nursing homes or rehabilitation facilities during the same period.
- Hospital Discharges up from 10.5 m. in 1985 to 13 m. in 2005.
- Hospital ALOS drop from 8.7 days to 5.7 days.

Coming to Nursing Homes with More ADL Impairments

Percentage of Nursing Home Residents						
	Number of ADL Impairments					
	0	1	2	3	4	5
2003	34.0%	9.0%	8.4%	9.6%	20.2%	18.8%
2004	33.3%	8.8%	8.2%	9.4%	21.8%	18.6%
2005	32.3%	8.6%	7.9%	9.2%	23.5%	18.5%
2006	30.3%	8.3%	7.6%	9.0%	26.4%	18.5%
2007	28.9%	8.1%	7.2%	8.8%	28.6%	18.4%

CMS Annual Nursing Home Compendia

Size of Nursing Home Population Snapshots and Unduplicated Count

- Snapshots for December 2001 and 2008 show

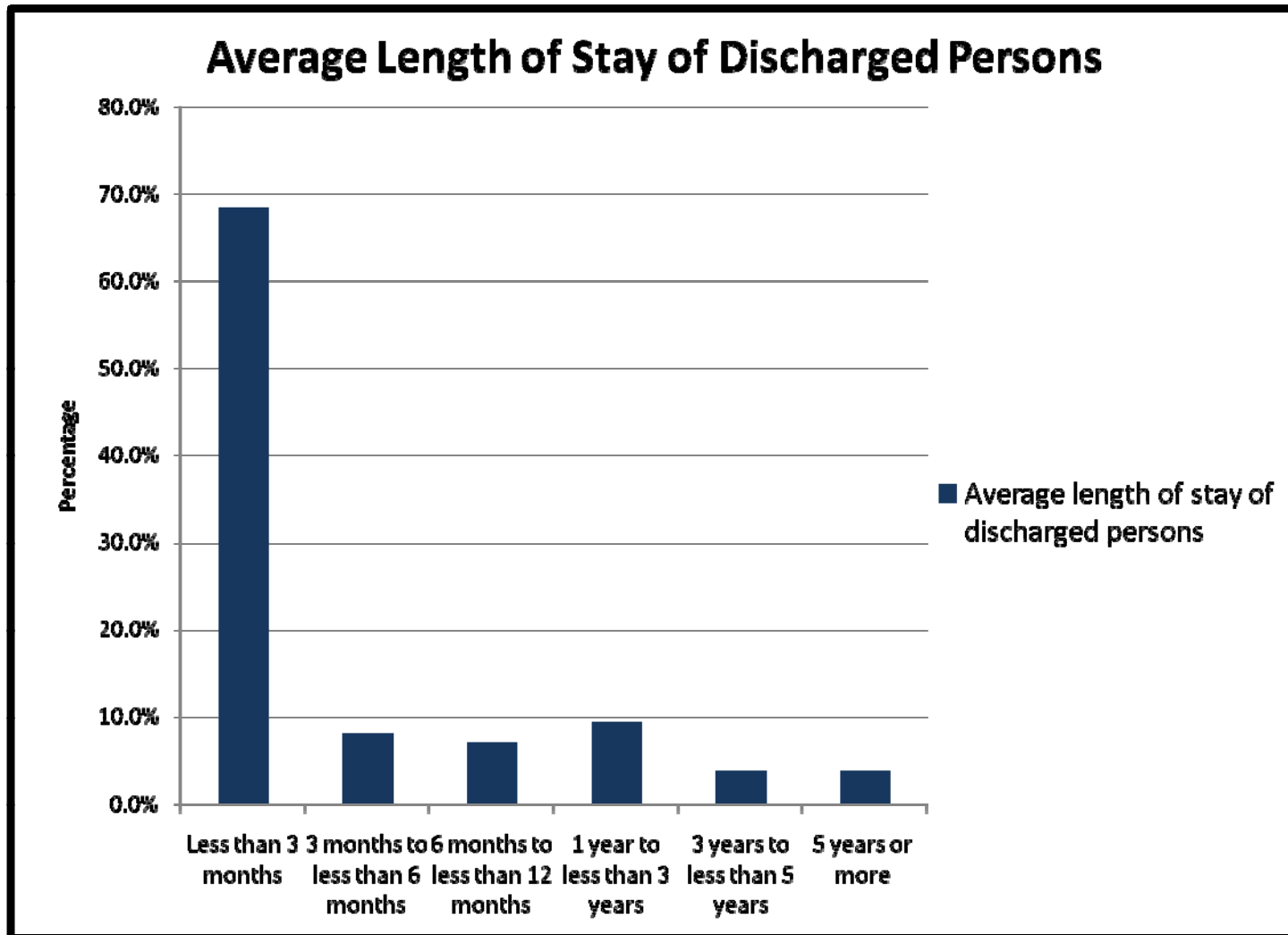
Number of Residents	Total	Medicare	Medicaid	Other
December 2001	1,455,571	10.5%	66.7%	22.8%
December 2008	1,412,414	14.0%	63.5%	22.5%

- Annual Data

Number of Residents	Total
2003	3,070,744
2005	3,168,741
2007	3,196,310

- Variable by state, private pay down in CA up in TX and NY.

Length of Stay of Discharged Persons 1999

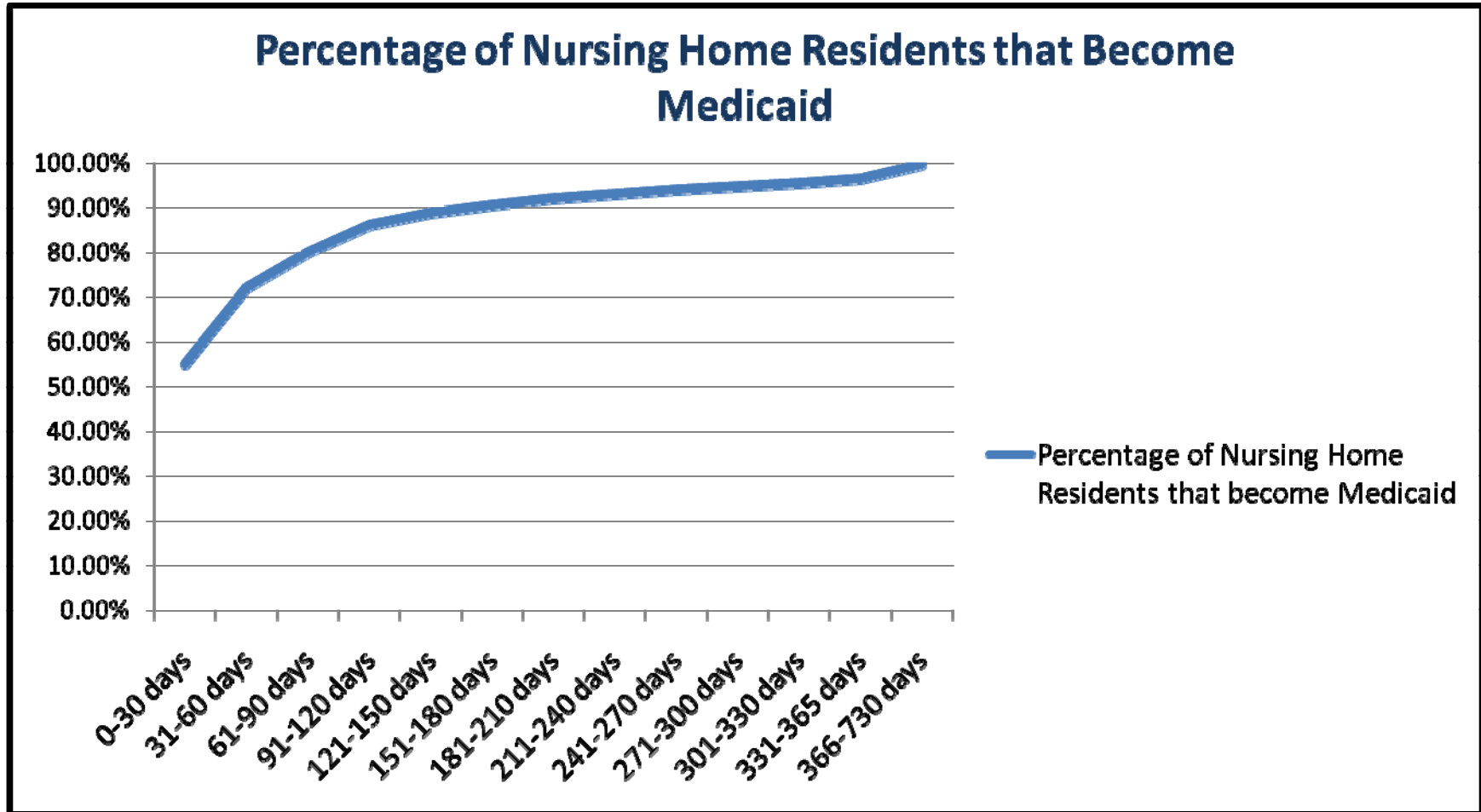


Length of Stay Before Becoming Medicaid Eligible

Number of Days	Resident Count	Percent of Total	Cumulative Percent
0-30 days	24,954	54.80%	54.80%
31-60 days	7,852	17.20%	72.00%
61-90 days	3,699	8.10%	80.10%
91-120 days	2,784	6.10%	86.20%
121-150 days	1,152	2.50%	88.80%
151-180 days	785	1.70%	90.50%
181-210 days	636	1.40%	91.90%
211-240 days	488	1.10%	93.00%
241-270 days	424	0.90%	93.90%
271-300 days	374	0.80%	94.70%
301-330 days	356	0.80%	95.50%
331-365 days	350	0.80%	96.30%
366-730 days	1,513	3.30%	99.60%
Greater Than 2 Years	186	0.40%	100.00%

Pennsylvania Department of Aging

Length of Stay Before Becoming Medicaid Eligible



Pennsylvania Department of Aging, 2003

Identification Only One Part of Helping Persons out of Institutions

- Reorganization of state agencies.
- Maximum use of local agencies.
- Talk to nursing homes- D.C., NE, AK, TX, PA.
- Preadmission counseling, e.g. AK Act 516.
- Change in regulations, e.g. home maintenance allowance, MN, size of transition allowances.
- More housing, residential waiver options.
- Public ownership of NFs.

Identification Methods

- Systematic or Casual Trolling – go to nursing homes, word of mouth, calls from persons. Done by most, but not all MFP programs.
- Still work in homes, but also:
 - Target specific nursing homes or specific groups, e.g. younger persons w/ disabilities.
 - Use MDS, RUGS scores and Section Q, lists.
 - State assessment tools, other state data.

Most States do not use Systematic Methods to Select Residents

- Sixteen described only visits to nursing homes and educational work.
- Rely on marketing, referrals from LTC Ombudsman, agency staff that visit home.
- Follow up from transition coordinators.
- Maryland says it will contact all nursing home residents every six months. Delaware putting on educational sessions in all 50 or so homes.

Okay Not to Use a Method

- New Jersey, ASPE MEDSTAT study in 2003:
 - 3,400 persons transitioned between 1998 and 2001.
 - Nursing home population declined 5%.
 - Initial focus on newly admitted, shifted to longer term stayers.
- Average ALOS of persons transitioned:
 - First six months 30 days.
 - At end of first year 70 days.
 - At end of second year 119 days.

Targeting specific homes or specific groups

- Oregon currently using both MDS and state assessment to identifying homes with lower ages and lower ADLs.
- Washington D. C. looking at younger persons, low RUGs scores, and persons with mental health problems.

Arkansas Passages

- A: Under age 65, in facility 60 days-2 years, cognitively intact.
- B: Under age 65, in facility 60 days-2 years, minimally cognitively impaired.
- C: Under age 65, in facility >2 years, with hemiplegia, quadriplegia, or paraplegia.
- D: Under age 65, in facility 60 days-2 years, mildly cognitively impaired.
- E: Age 65+, in facility 60 days-2 years, cognitively intact.
- Sent 2,500 letters out, 2-3% response rate.

Use of MDS

- Ten states mentioned using MDS in some way.
- Illinois using low RUGs Scores and over six months in home lists.
- Pennsylvania focusing on persons who have been in nursing homes for 90 days.
- Current version of Section Q generally seen as not useful. 15-45 day time delay, reliability.
- Perception that all residents say yes if asked if they want to leave and most leave anyway.

MDS Section Q and Lists

- North Dakota using both Section Q and mental status questions.
- IN, NE, NY, WA making some use of or starting to use Section Q.
- OK will use Q answers to send mailing.
- Lists useful for Preadmission Counseling.
- Very useful for beginning work. List establishes authority to talk with residents and staff e.g. IN, IL report this.

MDS and Transitioning 1

Agency 1		
Transition Statistics	Number of Persons	Percent of Counseled
Number Counseled	1,500	100.00%
Number Referred for Transition	200	13.33%
Number Transitioned from MDS List	20	1.33%

Agency 2		
Transition Statistics	Number of Persons	Percent of Counseled
Number Counseled	345	100.00%
Number Referred for Transition	131	37.97%
Number Worked With	39	11.30%
Number Transitioned from MDS List	8	2.32%

MDS and Transitioning 2

Agency 3			
Transition Statistics	Number of Persons	Percent of Uncertains	Percent of Counseled
No. of "uncertains" on MDS	844	100.00%	
Number Counseled	496	58.77%	100.00%
Number Worked With	147	17.42%	29.64%
Number Transitioned from MDS List	22	2.61%	4.44%

Agency 4			
Transition Statistics	Number of Persons	Percent of Uncertains	Percent of Counseled
No. of "uncertains" on MDS	804	100.00%	
Number Counseled	385	47.89%	100.00%
Number Referred for Transition	125	15.55%	32.47%
Number Transitioned from MDS List	31	3.83%	8.00%

MDS and Transitioning 3

Agency 5			
Transition Statistics	Number of Persons	Percent of Uncertains	Percent of Counseled
No. of "uncertains" on MDS List	1,569	100.00%	
Number Still There When Called	897	57.20%	
Number Counseled	434	27.66%	100.00%
Number Transitioned from MDS List	24	1.53%	5.53%

State Assessment Tools, Other State Data

- LA using its NF assessment LOCET tool to identify persons who qualified for NF because of low ADL needs, no cognition problems and had projected short term rehabilitation stays.
- California Pathways project focus on preference. Acosta and Hendrickson paper has material on CA Pathways, is on HCBS.org.

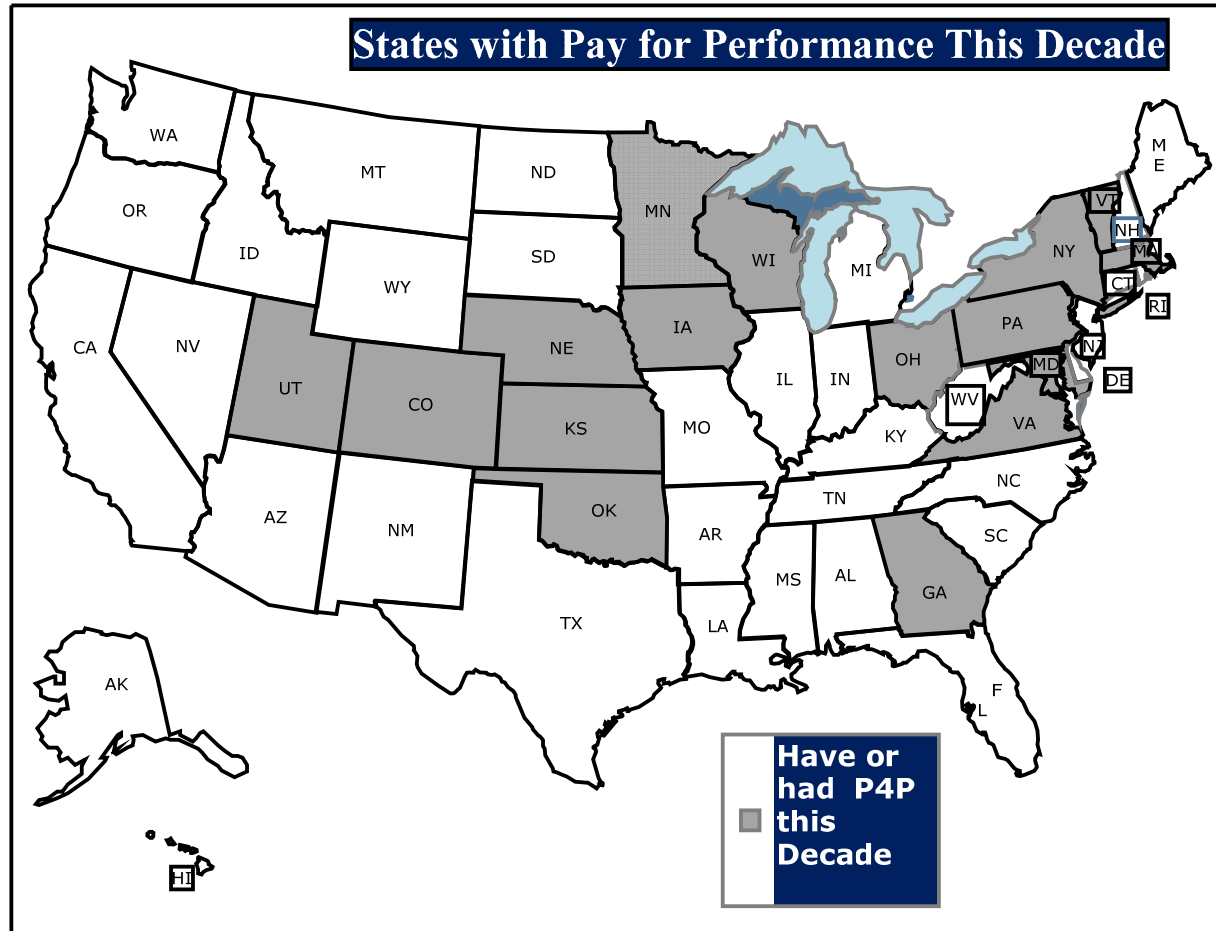
What We Need to Know as National Policy

- Learn from success, e.g. PA, 5,000 since 2007.
- Make larger transition efforts. 29 states targeting aged persons, most target less than 1% of MFP eligibles. Mathematica data.
- Bring cost-effectiveness issue to an end. Festered too long. May 2009 CA cuts \$1.3 B. in IHSS and ADHC, \$130 m. in NF.
- Make good outcome studies of state transition techniques.

What We Need to Know as States

- How to find persons who want to move
Persons with will to move. CA Preference work
- How to build transition efforts that work with everybody.
- How to work with nursing homes.
- Strengthen NF discharge planners.
- Develop training on new MDS Section Q.
- Integrate culture change with transition.

Pay for Performance



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