

# 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

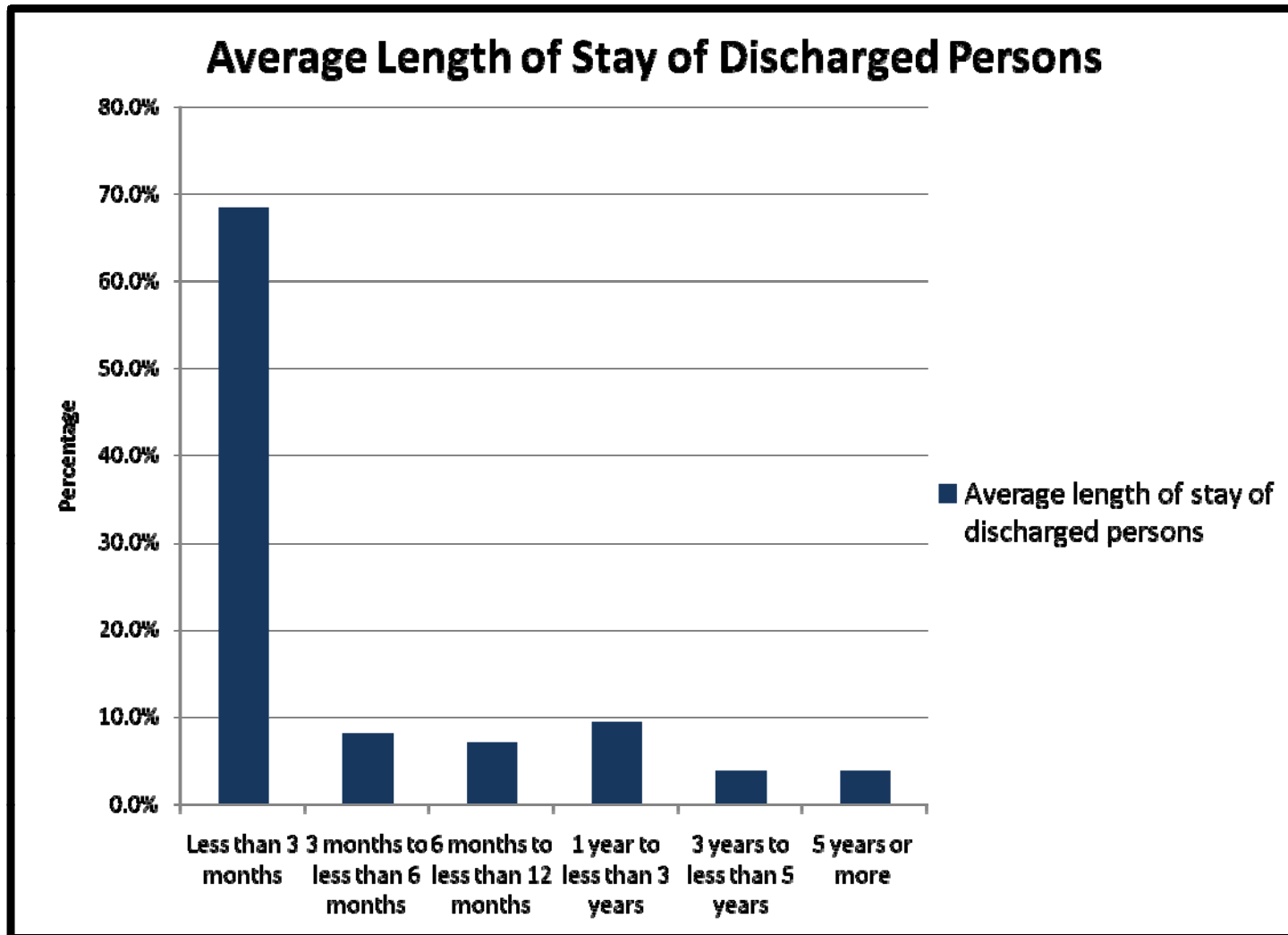
Number of Residents	Total	Medicare	Medicaid	Other
December 2001	1,455,571	10.5%	66.7%	22.8%
December 2008	1,412,414	14.0%	63.5%	22.5%

- 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

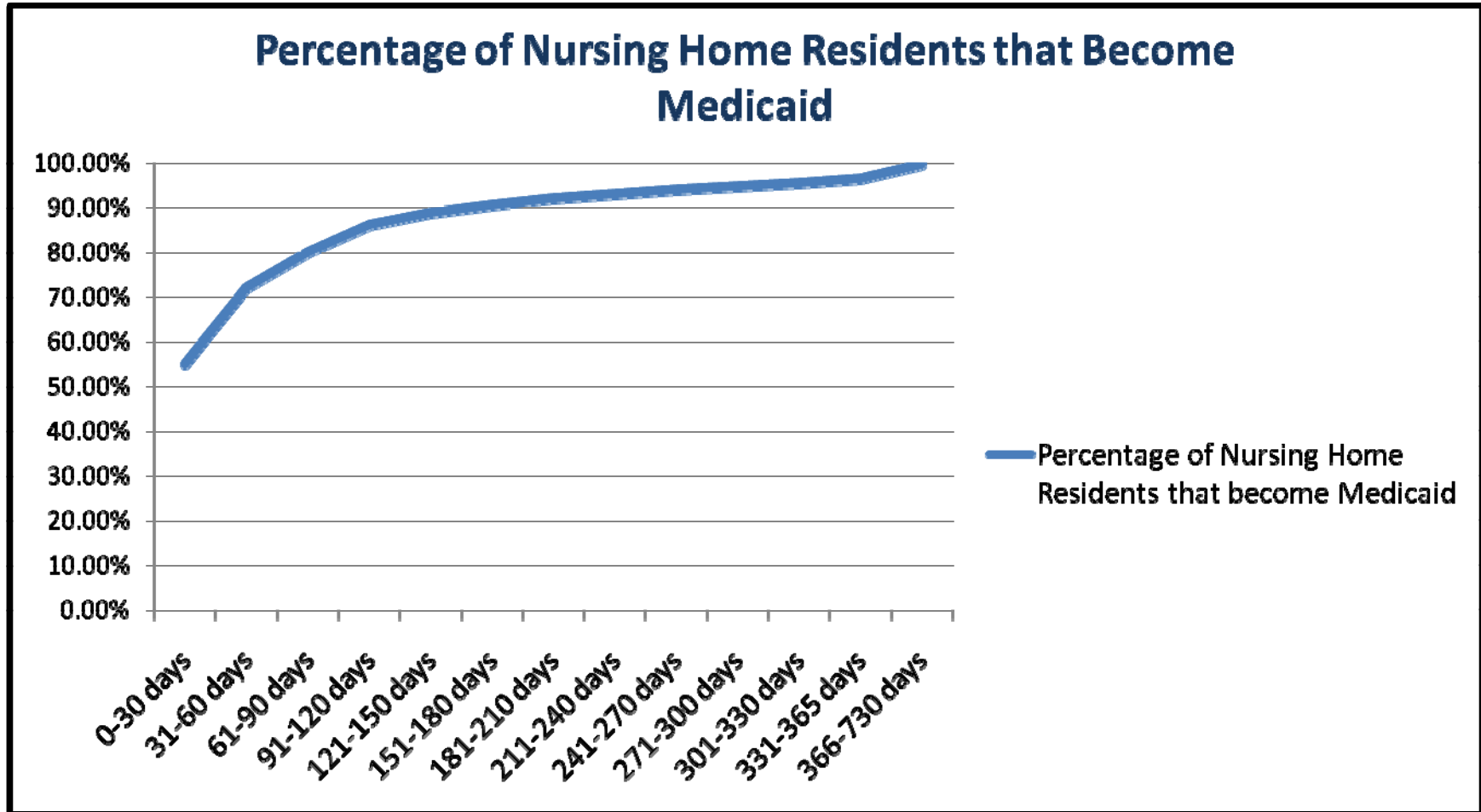


# Length of Stay Before Becoming Medicaid Eligible

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

<b>Agency 1</b>		
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%

<b>Agency 2</b>		
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

<b>Agency 3</b>			
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%

<b>Agency 4</b>			
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.

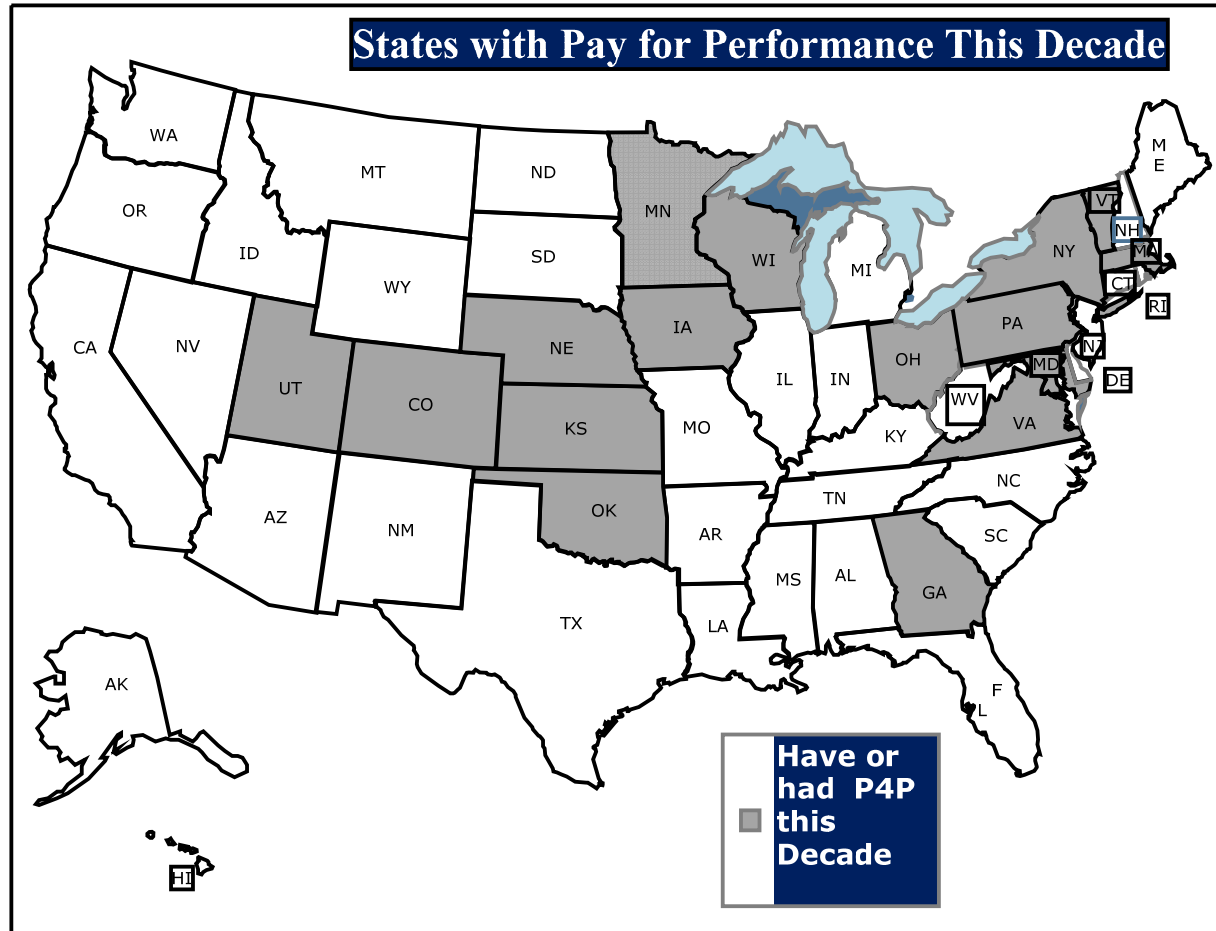
# What We Need to Know as National Policy

- 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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