



Older Adult Services Advisory Committee Nursing Home Conversion Work Group

Date: June 3, 2008, 1029 S. Fourth Street, Springfield
Attending: Myrtle Klauer (co-chair), Phyllis Mitzen (co-chair), Sally Petrone (IDoA Staff), Bill Bell (IDPH), Maria Schmidt, Bonnie Lockhart, Matt Hartman, Kevin Taylor, Bill Dart (HCFS), and Steve Wolf.
By phone: Janice Cichowlas and Rene Razzo.

Benchmarks for OASAC:

The group reviewed the five draft benchmarks outlined by OASAC.

Benchmark 1:

Regarding quality they advised that the benchmarks need to be simple and that you are measuring things that are measurable. CMS quality measures are very specific.

Bonnie Lockhart raised two quality campaigns that are active in Illinois: 1) a national campaign sponsored by the Illinois Foundation for Quality Health Care — “Advancing Excellence” (www.nhqualitycampaign.org); and 2) an Illinois campaign sponsored by IHCA, ICLTC, and LSN — “Road to Excellence” (www.roadtoexcellence.org).

There were questions about the number of homes that are participating, discussion about the campaign to recruit participation in Road to Excellence, and the wealth of information available regarding nursing homes on the web. However, it was noted that much of it regarding quality is not accurate, and that it is difficult to find information when you need it.

Work is being done on an assisted living questionnaire. “Pioneer Network” is working on culture change in nursing homes and assisted living. CMS posts a self reported national nursing home survey for all Medicaid funded facilities. Google “Nursing Home Compare” to find it.

ACTION: We will have presentations for “Advancing Excellence” and “Road to Excellence” at our next meeting

Benchmark 2:

The group commented that the statement should focus on reducing low need residents, but understood that it is more positive to say “increase percentage of high need residents in nursing homes.”

Kevin pointed out that IL always shows a high proportion of nursing home residents with low ADLs due to the fact that they include IMD (Institutions for Mental Disease). People with SMI (Serious Mental Illness) will lower the mean because they are physically well. Kevin reported that the number of people with serious mental illness is close to 20,000. 63,087 nursing home residents are 65+. There are 805 licensed SNF and IDS. 80% of residents are 65+.

After reviewing the five benchmarks, the group agreed that the first four benchmarks are all measuring variations of the same thing.

There was a discussion about the DON which is administered for everyone going into a nursing home. A score of 29 points indicates that you are eligible to go into a nursing home, but that you are also eligible to receive community services. The group asked, "How do we pinpoint who needs to be in a nursing home?"

Subcommittee Reports

Maria Schmidt:

The group brainstormed how N.H. can help address caregiver issues:

- Phone conference calls
- Support groups
- Training people on what to do besides calling 9-1-1
- Congregate meal sites where people can socialize together
- Respite Care.
- LTC facility become the central resource for health care where there is no nearby hospital

We were cautioned that the nursing home is the resident's home and that needs to be taken into consideration as plans develop to bring people from the community into the facility.

Maria will make revisions of the draft recommendations based on the two conference calls. Members volunteered to share additional materials that may be incorporated.

Kevin Taylor:

Kevin and Bill Bell reported that occupied bed numbers are going down.

Bed reduction/Offering Other Services: Two conference calls were held. Bed buyback program is probably the best way to stabilize the capital rate of a single bed room. Single floor conversion was discussed where a whole floor would be converted to a single room bed rooms. Concern was expressed about getting federal match for single bed rooms. They will also look at OR and WA.

The group discussed converting N.H. beds to assisted living, but there is concern that it will still be perceived as a N.H. and people won't want to live there. In Illinois, most SLFs are either newly build or totally remodeled. In rural areas, such as Nebraska, they built extra wings onto the N.H. where there was a lot of land in the rural areas. Nebraska, at the time they did their conversions, did not have an assisted living program in the state.

Inpatient dialysis was mentioned as a possibility. Bill cited the need for special rooms, cost of equipment and a critical mass of people to justify the cost.

Bill Bell suggested that in order for the state to understand the array of facilities available across the state a recommendation could be taken to the Task Force on Health Planning Reform to report the openings/closures of Nursing Homes, SLF's, Assisted Living, etc to the Health Facilities Planning Board.. The recommendation is NOT to place these facilities under the jurisdiction of the HFPB but to use this Board as a place to collect info on openings/closures of such facilities.

Bill Bell reported on nursing home facility openings and closings

LTC Facility	2000	2001	2002	2003	2004	2005	2006	2007	2008
Closings	12	19	25	12	16		7	8	4 to date
Openings	8	10	2	5	8	3	4	2	1 to date

Some of the closures may be in hospitals. Hospitals can have a whole unit, or just “swing beds”. This is a certification issue. Their licensing is a hospital license.

We need to be aware that facilities are closing without any incentives to do so. Also, how many SNFs are swing beds? SNF beds are a great profit center; they can bill whatever they want for these beds?? It is like a “floating unit” in Assisted Living.

ACTION: Maria will submit draft report for conversion potential. Kevin, Bill and Bill will submit report on bed buyback, bed lay away programs. Besides MN, they will look at Oregon and Washington State.

Report to OASAC

Jan to check on deadline dates from Shelly.

(update: Our report is due prior to the August 25 Executive Committee Meeting. Recommendations will be discussed with the full OASAC Committee at the September 8 meeting, We will have time to consider feedback from OASAC in September/October. Final report will be approved by OASAC in November and distributed at the Governors Conference in December)

Discussion Regarding Benchmark on Quality Measures

During the lunch break, the group reviewed two documents provided by Amy Waitr (AoA) to Jan Cichowlas:

- 1) CMS HCBS Quality Matrix & Framework
- 2) WI member satisfaction survey

Adjournment

The next meeting is scheduled for June 24, 10:30 – 2:00, at the Illinois Healthcare Association. Future meetings will alternate between IHCA and LSN.