

The Northern Virginia Long-Term Care Ombudsman Program presents this
“Long-Term Care News & Tips Online”

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Inside this issue you will find:

Ombudsman Issues

1. AARP highlights role of Ombudsman
2. Congress Should Use Budget Savings to Help Seniors
3. Congressional Research Service Issues OAA Report
4. More elder housing needed
5. Money Follows the Person grants awarded to 17 states
6. Use of money penalties from nursing homes varies across the country

Care Issues

7. Norovirus striking nursing home residents nationwide
8. Fall Prevention in the Elderly: Maintaining Balance
9. Antidepressants linked to fracture risks in the elderly
10. Do benzodiazepines lead to hip fractures?
11. Prepare Your Staff to Properly Manage Bariatric Cases Live Feb. 8

Staff Issues

12. Focus needed on reducing staff turnover

Reimbursement Issues

13. Associations disappointed with MedPAC
14. The minimum wage increase: AHCA’s view
15. Medicare to be scrutinized by Congressional subcommittee

Assisted Living Facility Issues

16. ALF administrator salary trends
17. Concerns raised about explosive mix of residents in NC adult care homes

Culture Change Issues

18. CMS provides information on culture change and compliance
19. CMS presents internet series on culture change

Ombudsman Issues

1. AARP highlights role of ombudsman

AARP’s website features an article on ombudsman services titled “A Long-Term Care Ombudsman on Your Side.” The article informs caregivers about the role of the ombudsman including how to find an ombudsman and describing how ombudsmen handle long-term care complaints. Several AARP resources are highlighted including fact sheets on handling nursing home complaints, choosing a nursing home or assisted living facility, and assessing quality in assisted living facilities. To read the article go to

www.aarp.org/families/caregiving/caring_help/a2004-11-30-ombudsman.html.

Source: E-mail from Janet Wells, NCCNHR, January 23, 2007.

National Issues

2. Congress Should Use Budget Savings to Help Seniors

The National Council on Aging (NCOA) has issued an Action Alert asking advocates to urge their Representatives and Senators to pursue two goals in the fiscal year 2007 appropriations bill, which Congress will wrap up in early February:

- Add \$70 million to Older Americans Act (OAA) spending (that's one percent of the total amount of earmarked funds that will be stripped from the original bill) and
- Provide \$4 million in funding to support the National Center on Senior Benefits Outreach and Enrollment. The center helps low-income seniors and people with disabilities access needs-based public benefits.

NCOA is urging Congress to take these steps because OAA funding has been frozen for years, and millions of needy Medicare beneficiaries have not signed up for the Medicare Part D Low-Income Subsidy (LIS, or Extra Help), even though they're eligible for the program. You can read the Action Alert (including more in-depth information about these issues and send e-mails to Congress) at <http://capwiz.com/ncoa/issues>.

Source: Public Policy Update, National Council on Aging email, January 26, 2007.

3. Congressional Research Service Issues OAA Report

The Congressional Research Service issued a lengthy report on the recently reauthorized Older Americans Act. It's full of valuable information and is easier to read than the legislation itself. You can read the 47-page report online. Additional information will be available soon in future editions of the *Public Policy Update* and on NCOA's Web site.

Source: Public Policy Update, National Council on Aging email, January 26, 2007.

4. More elder housing needed

AARP and the American Association of Homes and Services for the Aging have challenged the Administration and Congress to reverse alarming trends in housing for low income older Americans. A report released at the beginning of this year by AARP found that waiting lists average 50 people for Section (Sec) 202 subsidized low income rental housing for the elderly; the wait for a unit averages more than a year; and one in ten property managers have totally closed their waiting lists. According to John Rother, AARP Policy Director, "Most older Americans who need low cost rental housing today are left out in the cold because demand so far outstrips supply." Subsidized housing also provides seniors with a place to get services like meals, transportation and home health care. As a result, Rother notes that subsidized housing can "eliminate some of the physical shortcomings that can force people to enter nursing homes prematurely or needlessly." "America's investment in Sec. 202 can save individuals the loss of their independence and governments the cost of long-term care; it's a wise investment," he said.

Source: www.prnewswire.com/, January 9, 2007

5. Money Follows the Person grants awarded to 17 states

Seventeen (17) states will receive more than \$23 million this year and up to \$900 million over five years for the "Money Follows the Person" (MFP) initiative being implemented by the Centers for Medicare & Medicaid Services (CMS). These awards are designed to help states

shift Medicaid's traditional emphasis on institutional care to a system offering greater choices for individuals and a full range of home- and community-based services. States receiving grants will design programs with these major objectives: 1) eliminate barriers or mechanisms that prevent Medicaid-eligible individuals from receiving support for long term services in the settings of their choice; 2) increase the ability of state Medicaid programs to assure continued provision of services to individuals who choose to move into the community; and 3) ensure that procedures are in place to provide quality assurance and continuous quality improvement in home- and community-based services. The 17 states may be eligible to receive a higher percentage of federal matching dollars to help cover the costs for people moving out of institutions. The higher matching rate would be applied to certain services provided to an individual for a one-year period after the person moves out of an institution. The state must continue to provide community services after that period as long as the person needs community services and is Medicaid eligible.

Source: www.seniorjournal.com/, January 17, 2007

6. Use of money penalties from nursing homes varies across the country

A study published in *The Gerontologist* examines federal and state civil money penalties and fines collected from nursing homes and how states use these funds. The study found that in 2004, 43 states collected a total of \$21 million from more than 3,000 federal and state penalties and fines. Forty-two states had \$60.5 million in fund accounts from penalties and fines available in 2005, and 32 states spent \$28 million on a wide range of projects. Fifteen states spent \$17.9 million on survey and certification activities, 19 states spent \$5.6 million on provider projects, 6 states spent \$1.3 million on advocacy projects, and 12 states spent \$2.7 million for other projects. In addition, most states did not provide information to the public about issuing penalties and fines, did not have formal procedures to inform stakeholders and allocate funds, and did not involve stakeholder groups in the decision-making process. The study concluded that these funds are a resource for improving the quality of nursing home care and policy makers and stakeholder groups need to give these funds more attention.

Source: Abstract from *The Gerontologist*, 46:759-771 (2006)

Care Issues

7. Norovirus striking nursing home residents nationwide

Norovirus - the bug that causes a nasty stomach ailment - appears to be hitting nursing home residents across the country. According to a spokeswoman for the U.S. Centers for Disease Control and Prevention (CDC), "It appears that there is an upswing." Last week CDC asked state health officials to provide information on outbreaks for a report to be issued in the next few weeks. Norovirus typically strikes nursing homes, day care centers, hospitals and other group settings in the winter, and cruise ships all year round. The virus is highly contagious and can be transmitted through close contact with infected people or by eating contaminated food.

Symptoms include nausea, vomiting, diarrhea, stomach cramps and low-grade fever. There is no treatment, but some people require fluids for dehydration. Handwashing and good sanitation are recommended to prevent the virus from spreading.

Source: *Contra Costa Times*, January 12, 2007

8. Fall Prevention in the Elderly: Maintaining Balance

Fairfax County Government Department of Family Services is holding a training on February 22 from 9:00 – 11:00 am at the South County government building in Room 221C. The address is 8350 Richmond Highway, Alexandria, VA 22309. Presentations will be given on common causes of falls, how medications contribute to falls, benefits of exercise, and home safety/ environmental modifications. To register or for more information, contact 703-324-7210 or 703-704-6068.

9. Antidepressants linked to fracture risks in the elderly

Selective serotonin reuptake inhibitors (SSRIs) may increase the risk of fractures in older adults, according to a Canadian study published in the January 22 issue of *Archives of Internal Medicine*. Daily use of SSRIs doubled the risk of a minimal trauma fracture, said David Goltzman, MD and colleagues of Royal Victoria Hospital and McGill University in an *Archives of Internal Medicine* study.

These findings may have important public health relevance since approximately 10% of older adults in the United States suffer from depression, and SSRIs are considered first-line therapy for these patients.

"Clinical fragility fractures," i.e. minimal trauma fractures caused by falls, for 137 patients 50 years of age and older were clinically reported and radiographically confirmed over a five-year period. Daily SSRI use was associated with a substantially increased risk of minimal trauma fracture, along with increased odds of falling, lower bone mineral density at the hip, and a trend toward lower bone mineral density at the spine. A doubling of the starting dose increased fracture risk 1.5-fold, the investigators report. The abstract is available at <http://archinte.amaassn.org/cgi/content/abstract/167/2/188>

10. Do benzodiazepines lead to hip fractures?

A dramatic reduction in benzodiazepine use in New York State elderly did not lead to an expected decrease in hip fracture incidence in a recent study. Harvard Medical School investigators writing in the January 16, 2007 issue of *Annals of Internal Medicine* used a formulary restriction imposed by the state in 1989 to test the benzodiazepine/hip fracture connection found in previously published studies. They examined hip fracture rates among more than 50,000 Medicaid recipients over age 65 before and after access to the drugs (which are sedatives, such as Valium) was restricted. They also looked at hip fracture rates in neighboring New Jersey, where no such restriction has been imposed. The hip fracture rate in neither state decreased, and may have even increased somewhat in New York, according to study coauthor Anita Wagner, PharmD.

This raised the question whether previous studies documenting a drug-fracture connection were statistically valid, or instead had failed to account sufficiently for other possible factors, the study authors noted. To view an abstract of the study, visit www.annals.org/cgi/content/abstract/146/2/96

Source: Nursing Homes Long Term Care Management Online, January 19, 2007.

11. Prepare Your Staff to Properly Manage Bariatric Cases Live Feb. 8

Is your long-term facility considering providing, or already providing, services to bariatric residents? Given the epidemic of obesity in the United States, most long-term care facilities will have little choice about providing bariatric services. But the challenge is how to properly care for these special-need residents in a way that gives them the care they need and the respect that all residents deserve. Specialists in long-term care quality, risk, and safety management coupled with its equipment and facility design specialists address essential information you need to know for providing services to this population. This presentation will provide strategies for addressing clinical, cultural, equipment, and facility design issues for providing safe, respectful, quality care for bariatric residents.

Slots for this event are limited. Please register promptly. If you have questions, contact Richard Jarvis at Vendome Group (rjarvis@vendomegrp.com) or by calling 212-812-1413. We look forward to your participation in this must-attend live event!

Source: Email from Vendome's Webinars, Feb. 2007

Staff Issues:

12. Focus needed on reducing staff turnover

While it has long been argued that staffing levels affect staff turnover, the authors of an article published in the October 2006 issue of *The Gerontologist* contend that the reverse is equally true: staff turnover affects staff levels. The authors state that more research and policy need to be devoted to reducing turnover, not just implementing staffing level requirements. "Because public policy has yet to achieve adequate staffing levels and lower turnover rates," argues the article, "it is important to explore methods other than staffing standards to address the question." The article, "Effect of Staff Turnover on Staffing: A closer look at registered nurses, licensed vocational nurses, and certified nursing assistants" can be accessed at: <http://gerontologist.gerontologyjournals.org/cgi/content/full/46/5/609>. (Note: readers must have an online subscription or pay for the article.)

Source: Quality Jobs/Quality Care, November 21, 2006

Reimbursement Issues

13. Associations disappointed with MedPAC

The Medicare Payment Advisory Commission (MedPAC) opposes a normal inflation adjustment for SNFs and is for a freeze of FY 2008 payments to SNFs. The American Health Care Association (AHCA) and the Alliance for Quality Nursing Home Care expressed disappointment with MedPAC's recommendations. AHCA said consistent, long-term care sector stability and appropriately updated funding are the best means by which to sustain quality gains in nursing homes, and the Alliance said the recommendations undermine SNFs' efforts to improve quality of care and provide a fair wage to caregivers.

"Particularly during a time when new federal minimum wage laws will soon become law, which will clearly impact staffing costs, it will be essential for federal policymakers to recognize this reality and act upon the need to address it," said Bruce Yarwood, president and CEO of AHCA. In addition, minimum wage increases will have a cost impact that varies by state and by urban and rural differentiation.

MedPAC also adopted a continuing recommendation to implement a site-neutral post-acute payment system, which the Alliance supports. But Alliance President Alan Rosenbloom is concerned that the freeze recommendation is inconsistent with this. "By undercutting the ability of skilled nursing facilities to manage higher acuity patients in a very cost-effective setting, the proposed freeze would curtail the movement toward site-neutral payment to Medicare's overall costs," he said.

Both AHCA and the Alliance noted that rising labor costs, increased litigation, and escalating drug prices are driving up the cost of delivering quality care. For more information, visit www.ahca.org and www.aqnhc.org.

14. The minimum wage increase: AHCA's view

The American Health Care Association (AHCA) has urged Congress to include provisions in the minimum wage bill to account for increased labor costs. In testimony to the Senate Finance Committee on January 10, AHCA said it supports an increase in the minimum wage. However, the association also supports efforts to ensure any increase in labor costs does not result in compromised quality standards. It believes these efforts could be achieved through Medicare and Medicaid reimbursement adjustments, tax relief initiatives, or both.

AHCA recommended recalibrating Medicare and Medicaid reimbursements. While Medicare reimbursement rates do account for wage increases, such change is not seen for as long as two years. The organization noted that LTC facilities do not have their own Medicare wage index—they share a wage index with hospitals. The grouping of dissimilar care settings into a single index causes staff recruiting and retention difficulties for LTC, and changing wage rates have different effects on LTC facilities and hospitals, AHCA said. Medicaid reimbursement rates do not account for wage increases, and states are not obligated to adjust their Medicaid reimbursement even though the federal government mandates higher wages.

AHCA also recommended establishing a statutory 10-year recovery period for LTC facilities' property expenses. Currently, the cost of residential commercial real property has a 27-year recovery period, but because improvements and renovations to facilities are needed more often than every 27 years, the tax law penalizes these, the association said. The tax savings derived from a shorter recovery period for properties will improve cash flow, promote timely renovation of aging physical plants, and assist in absorbing the cost of a minimum wage increase, AHCA said.

Source: Nursing Homes Long Term Care Management Online, January 19, 2007.

15. Medicare to be scrutinized by Congressional subcommittee

The chairman of the U.S. House Ways and Means Health Subcommittee, Charles Rangel, has stated in a letter to lawmakers that the health subcommittee will conduct oversight on nearly every aspect of Medicare. The aim of this oversight is to ensure "efficient use of resources, quality and access for Medicare beneficiaries." Included in this oversight are Medicare Parts A, B, C and D; Medicare entitlement; CMS administration; health insurance coverage; health savings accounts (HSAs); and executive orders. Under examination will be Part D drug prices, proposals to establish a "Medicare-sponsored drug option" and "negotiated price mechanisms."

Also under examination will be the relationship between Medicare reimbursement and workforce concerns, adequacy of benefits, and competitive bidding for durable medical equipment.

Source: www.myziva.info, January 23, 2007

Assisted Living Facility Issues

16. ALF administrator salary trends

The national median salary for an assisted living administrator is \$65,000, according to the Assisted Living Salary & Benefits Report. The 2006 report, published by Hospital & Healthcare Compensation Services (HCS), is based on data from 560 ALFs.

For administrators at facilities with up to 74 units, the national median salary was \$57,678, compared with \$72,696 for those at facilities with 75 units or more. Of the 103 facilities reporting bonuses for administrators, the average salary was \$70,175, with an average bonus of \$14,217, or 20.26% of salary.

The report covers 16 management and 23 nonmanagement positions. Data are reported according to for-profit or not-for-profit status, revenue size, unit size, geographic region, and state. Also covered are 22 fringe benefits, turnover rates by department, and projected salary increases for 2007. The study comprised 759 ALFs (671 for-profit and 88 not-for-profit) that provided compensation data on more than 35,000 employees nationwide.

HCS publishes the Assisted Living Salary & Benefits Report in cooperation with the American Association of Homes and Services for the Aging, and it is supported by the National Center for Assisted Living. For more information, visit www.hhcsinc.com.

Source: Nursing Homes Long Term Care Management Online, January 19, 2007.

17. Concerns raised about explosive mix of residents in NC adult care homes

The number of people with mental illness in North Carolina adult care homes has grown by 15% since 2002, and state figures show that 20-50% of residents in adult care homes have a mental illness. The increase is due in part to the fact that state mental hospitals have drastically reduced their capacity, leaving those who are mentally ill with limited choices for housing and treatment. An article in the *News & Observer* reports that a lack of options has made some adult care homes “dumping grounds” for mentally ill adults. However, the problem is that adult care homes are designed and staffed to meet the needs of frail elderly individuals and not those with a mental illness. According to the *News & Observer*, mixing the two populations not only can be dangerous to the elderly, it can result in people with mental illness not getting the kind of treatment their conditions require. Individuals who are mentally ill need more privacy, structured daily activities and better monitoring of their illness, yet adult care homes are not tailored to provide this level of care. The issue of mixing diverse populations in adult care homes has the attention of state legislators and policymakers, but the needs and cost are daunting. A state legislative subcommittee has recommended: providing more housing choices for people with mental illness, including transitional housing, 12-16 bed centers, and special residential treatment programs for people with behavioral problems; writing new regulations for when older people and younger people with mental illness are housed together; and creating a system for screening residents before admission.

Source: *The News & Observer*, January 7, 2007

Culture Change Issues

18. CMS provides information on culture change and compliance

Last month, the Center for Medicare & Medicaid Services (CMS) issued a memo about culture change to all state survey agency directors. The memo provides the state agencies and CMS regional offices with 1) responses to regulatory questions that had been submitted from culture change organizations from 2004 to the present; 2) a summary of questions and answers from a June 2006 conference with leaders of the Green House Project; and 3) information about a November 3, 2006 CMS culture change satellite webcast. To access the memo, go to: www.lsn.org/whatsnew/CMSSCCultureChange.pdf.

Source: CMS letter to State Survey Agency directors, December 21, 2006

19. CMS presents internet series on culture change

The Centers for Medicare & Medicaid Services (CMS) is broadcasting via satellite and internet a four-part series called "From Institutional to Individualized Care." The first of the series, "Integrating Individualized Care and Quality Improvement" aired on November 3, 2006. It provides a framework and practical examples to help surveyors, providers, and consumers support individualized care. The broadcast is available to be viewed through the CMS website (<http://cms.internetstreaming.com/>) for up to one year following November 3, 2006 or can be purchased from National Technical Information Services (703-605-6186). The second broadcast in the series, "Transforming Systems to Achieve Better Clinical Outcomes," is scheduled for February 24, 2007 from 1:00 – 2:30 p.m. EST. Using case studies, this broadcast will trace how individualized care leads to better clinical outcomes and how interdisciplinary collaborative problem-solving can support homes in focusing their resources more effectively to meet residents' needs. Both the first and second broadcasts come with a training guide. The third and fourth parts of the series will be shown in April and September.

Source: CMS Strategy Statement; CMS Nursing Home Improvement Satellite Broadcast information; Email from Barbara Frank, December 12, 2006

Some information has been obtained from the National Ombudsman Resource Center.

Please note that the items are included for informational purposes only and do not imply endorsement by the Northern Virginia Long-Term Care Ombudsman Program or any governmental agency.

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