REPORT OF THE
SECRETARY OF
HUMAN RESOURCES ON

Admission and Discharge Policies of Nursing Homes Providing Services Under the State Plan for Medical Assistance

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

Senate Document No. 6

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA

Office of the Governor

Richmond 23219

Eva S. Teig
Secretary of Human Resources

To The Members of the General Assembly:

It is with pleasure that I present to you the study report prepared in response to Senate Joint Resolution 52 approved by the 1986 session of the General Assembly. This report, which provides information on the admission and discharge practices of nursing homes, concludes that the practice by nursing homes of providing preferential admission to private pay patients over Medicaid patients creates serious problems for Medicaid eligible individuals attempting to access nursing home care.

The study makes recommendations in four general subject areas which I believe impact on the admission and discharge policies of nursing homes. These areas are the certificate of public need program, the method by which nursing homes are reimbursed for patient care, disclosure of admission and discharge policies, and the level of certification or participation by an individual nursing home in the Medicaid program.

I would be happy to discuss this report with you and stand ready to assist you in any way possible.

Respectfully submitted,

Eva S. Teig

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EXECUTIVE SUMMARY
SENATE JOINT RESOLUTION 52

STUDY OF ADMISSION AND DISCHARGE POLICIES OF NURSING HOMES PROVIDING SERVICES UNDER THE STATE PLAN FOR MEDICAL ASSISTANCE

Persistent complaints regarding the difficulty of admitting Medicaid eligible residents to nursing homes prompted the General Assembly to request the Secretary of Human Resources to study whether there is discrimination by those nursing homes which participate in the Medicaid program in their admission and discharge policies based on the source of payment. This report is, therefore, submitted to the General Assembly in response to Senate Joint Resolution 52 passed by the 1986 Virginia General Assembly.

The Study found that there are practices throughout the Commonwealth which give preferential treatment to private pay patients in the admission of patients to nursing homes. Such practices are not prohibited by law unless those practices violate the Civil Rights Act or discriminate on the basis of age or handicapping condition. The Study Group found, however, that the practice of preferential admission of private payors over Medicaid patients is occurring to such an extent that it has caused serious inconvenience to Medicaid eligible patients attempting to access nursing home care, often resulting in long delays in admission and traumatic separation from family and community.

The study's recommendations follow:

1. **The Department of Health should expedite its study of the methodology by which it determines the need for nursing home bed construction, and by which it allocates those beds among the localities in order to ensure that the study is completed no later than the spring of 1987.**

2. **The Department of Medical Assistance Services should proceed to examine the feasibility of implementing a case mix reimbursement system which would recognize the higher costs of caring for heavy care patients or patients with special nursing care needs.**

3. **Nursing homes should be required to fully disclose the homes' admission policies. The numbers of persons on waiting lists should also be disclosed. However, due to the need to safeguard personal privacy, waiting lists should not be disclosed.**

4. **The Indigent Care Task Force should study the revision of Medicaid participation requirements to require 100% certification of Medicaid participating nursing homes or to require commitment to some minimum level of Medicaid participation as a condition of contracting to receive Medicaid payments. The Certificate of Public Need Law should be studied to determine whether such mandatory certification or participation should be a requirement for obtaining a certificate of public need.**

5. **A first come, first serve admission policy is not recommended at this time. However, if less stringent measures fail to assure that Medicaid patients have fair access to nursing home care the Commonwealth should consider requiring nursing homes to admit patients on a first come, first serve basis without regard to payment source.**

I. PURPOSE OF STUDY

Persistent complaints regarding the difficulty of admitting Medicaid eligible residents to nursing homes prompted the General Assembly to request the Secretary of Human Resources to complete this study.

This report is, therefore, submitted to the General Assembly in response to Senate Joint Resolution 52 passed by the 1986 Virginia General Assembly.

> WHEREAS, there are indications in some states that admission and discharge policies of nursing homes providing services under a state plan for medical assistance are related to the source of payment; and
>
> WHEREAS, consequently, discrimination has resulted against patients who may become or have become recipients of medical assistance payments; and
>
> WHEREAS, the members of the General Assembly wish to ascertain whether such remedial measures if any should be taken; now therefore, be it
>
> RESOLVED by the Senate, the House of Delegates concurring, That the Secretary of Human Resources is requested to study the admission and discharge policies of nursing homes providing services under the state plan for medical assistance.
>
> The Secretary shall consider the issue of admission and discharge policies of nursing homes with particular emphasis on:
>
> 1. Whether there is discrimination by nursing homes in their admission and discharge policies based on the source of payment where such nursing homes provide services under the Virginia plan for medical assistance.
>
> 2. The extent of any such discrimination, if found; and
>
> 3. The possible remedial measures which would alleviate this discrimination, if found; and
>
> The Secretary shall complete this study prior to November 15, 1986, and report his findings soon thereafter.

II. BACKGROUND

Through Medicaid, the Commonwealth helps needy Virginians purchase health care. An individual who is aged, blind or disabled, or who is a needy child or parent may establish Medicaid eligibility if his income and resources are within established limits. Many people become Medicaid eligible after they have exhausted their accumulated resources such as savings or property and their income is insufficient to pay the cost of their medical care.

Medicaid covers a broad range of inpatient and outpatient services. The majority of Medicaid funds are expended for nursing home care. These expenditures help aged or disabled individuals to obtain nursing home care when they can no longer be cared for in their own homes or in lower intensity domiciliary facilities, and when their financial resources are insufficient to cover the cost of this needed care.

Many individuals who do not need the assistance of the Commonwealth while living at home, quickly exhaust their resources when they enter a nursing home. A recent Medicaid study found that 88.9 percent of all Virginians who entered nursing homes as private payors, and later converted to Medicaid, had expended all private resources in less than three years.[1]

Medicaid makes payments to any licensed nursing home which is certified as qualified to render skilled or intermediate nursing care and which has signed an agreement to be a Medicaid approved provider. There are 22,448 licensed nursing home beds in Virginia; 20,854 are certified to meet the standards to participate in Medicaid and are covered by Medicaid agreements.[2] On any given day, 67 percent of licensed nursing home beds are occupied by Medicaid patients.[3]

During Federal fiscal year 1985 Medicaid paid $183,262,810 to Virginia's nursing homes to care for 2,291 skilled care and 18,950 intermediate care nursing home patients.[4]

When a nursing home enters into an agreement with the Department of Medical Assistance Services, which administers Medicaid, it agrees to abide by Federal and state regulations. Federal law provides that a nursing home participating in Medicaid may not require a cash deposit or impose a period of private pay as a condition of admission or continued stay. Such practice constitutes a felony punishable by five years in prison or fines up to $25,000.

The Department of Medical Assistance Services receives complaints from patients and their families, and from the Nursing Home Ombudsman or social service agencies, about the difficulties experienced by Medicaid eligible or potentially eligible individuals who seek to be admitted to nursing homes. When nursing home actions occur which violate Medicaid regulations, the Department intervenes on behalf of the patient to assure that the Medicaid provider conforms to the provisions of its agreement. When prohibited practices occur, the requirements of the law are communicated to the nursing homes. The nursing homes then correct the prohibited policies and practices and reimburse families for any funds wrongfully collected from them.

Many complaints have been received, however, concerning a number of admission and discharge practices which are currently not prohibited by law or regulation. This report examines the nature and extent of Medicaid admission and discharge problems, and sets forth a variety of possible solutions.

III. STUDY PROCESS

The Secretary of Human Resources appointed a Study Group headed by Maston T. Jacks, Esquire, Deputy Secretary of Human Resources. Members included Ann E. Cook, Director of the Division of Medical Social Services; Cynthia Bowling, Manager of the Long Term Care Information System of the Department of Medical Assistance Services; William Peterson, Special Projects Manager, Department for the Aging; Saundra Rollins, Director of the Office of Geriatric Services for the Department of Mental Health and Mental Retardation; and Bonnie Robinson, Director of the Virginia Council on the Status of Women.

To assure ample opportunity for both public and professional input into the issues surrounding admission and discharge policies, the Study Group:

- Mailed questionnaires to all hospitals and local departments of social services, and to a sample of families of Medicaid nursing home patients;
- examined the data bases maintained by the Departments of Health and Medical Assistance Services; and
- held four public hearings around the Commonwealth.

A. Surveys

Data on nursing home accessibility and utilization was collected from three sources to document the patterns of nursing home utilization and the degree of difficulty patients were experiencing when seeking admission. Mail surveys were sent to all hospital discharge planners, all local departments of social services, and to a sample of family members who had recently admitted a Medicaid eligible relative to a nursing home.

1. Hospital Discharge Planner Survey

A questionnaire was sent to the discharge planners at 89 acute care hospitals and 17 State Mental Health and Mental Retardation facilities to document problems the discharge planner may haved experienced trying to place a Medicaid patient in a nursing home. Discharge planners daily attempt to place Medicaid as well as private pay patients in nursing homes. Seventy-eight percent of all hospitals responded to the questionnaire (83). Sixty-six percent of the 10,000 Nursing Home Pre-Admission Screenings of prospective Medicaid patients in Fiscal Year 1986 were completed by this group.

2. Local Departments of Social Services Survey

Questionnaires were sent to the Directors of the 134 local departments of social services. One hundred eleven agencies (83%) responded to the questionnaire. The questions asked were similar to those on the hospital discharge planner survey. (Local departments of social services rarely attempt to place private pay patients, however.)

3. Family Survey

One hundred fifteen families of Medicaid patients who had recently been admitted to nursing homes were sent a questionnaire regarding their experiences in having their relatives admitted to a nursing home. Forty-nine percent (49%) of the families responded.

B. Data Base Analyses

The Department of Medical Assistance Services' Long Term Care Information System (LTCIS) contains extensive data on all Medicaid recipients from the time they reside in the community throughout their nursing home stay. The Department of Health conducted a survey of nursing home patients in 1985. The Study Group obtained and analyzed both sets of data. The findings from each source will be described later in the report.

C. Public Hearings

The Study Group conducted four public hearings as follows:

- August 14, 1986 — Fairfax, Virginia
- August 20, 1986 — Richmond, Virginia
- August 21, 1986 — Norfolk, Virginia
- August 26, 1986 — Roanoke, Virginia

Notices of public hearings and the opportunity to provide comment were placed in the Virginia Register and the following newspapers: The Washington Post, the Richmond Times Dispatch, the Virginian Pilot and Ledger Star, the Richmond Afro American, and the Roanoke Times and World News. These notices advised citizens of the opportunity to provide comments during a local public hearing as well as an address to which written comments could be sent. Additionally, notices were also mailed to over 500 agencies, associations, and organizations throughout the Commowealth including:

- all hospitals;
- all nursing homes;
- local Departments of Social Services;
- local Departments of Health;
- local Area Agencies on Aging;
- local community service boards;
- local chapters of the Virginia Friends and Relatives of Nursing Home Residents Association;
- local Long-Term Care Coordinating Committees; and
- members of the Virginia General Assembly; and
- State Mental Health Facilities.

The hearings were chaired by the Deputy Secretary of Human Resources, with representatives of the agencies on the Study Group in attendance. A transcript of each hearing was made to record the various comments which were received. The hearings were attended by over 150 individuals with Fairfax drawing the largest crowd (75+ individuals). A total of 44 individuals spoke at the hearings and an additional 19 submitted written comments.

IV. SUMMARY OF SURVEY RESULTS

A. Hospital Discharge Planner Survey

Hospital Discharge planners from 83 hospitals responded to the questionnaires describing their experience in placing patients in nursing homes. (See Appendix B for a copy of the survey and complete statistics.)

Results:

- o 92% had greater difficulty placing Medicaid patients requiring discharge to a nursing home for the first time than they had placing private pay patients.

- o 42% experienced more difficulty placing a Medicaid patient seeking readmission to a nursing than they had in placing a private pay patient seeking first time admission.

- o 47% reported that some Medicaid certified nursing homes had refused to admit any Medicaid patients. 92% said nursing homes had expressed reluctance to take Medicaid patients, but had admitted them.

- Over 80% of the responding discharge planners felt nursing homes would admit a private pay patient in preference to a Medicaid patient regardless of the comparative condition of patients, proximity of the patient's home to the facility, or length of time on the waiting list.

- 96% had experienced difficulty placing a patient because there was no one who would agree to be the "responsible party" (someone who agrees to accept financial responsibility for payment if Medicaid does not pay).

Each respondent also provided additional comments. Those most common and the frequency with which they were mentioned, follow:

- State Mental Health and Retardation facilities indicated that many homes do not wish to admit patients with a diagnosis of mental illness (71%). (12% of the acute care hospital discharge planners listed this as a concern.)

- Private pay patients are admitted in preference to Medicaid patients. Nursing homes will make room or hold beds for private pay patients. The length of time on a waiting list does not determine which patient is admitted first. A quota system may be in effect. (60%)

- The Medicaid patients hardest to place include those with total care, ventilation, female, obese, or behavioral problems; those whose residence is not the same as the one in which the home is located; patients who have an unwanted medical condition; persons without "responsible party"; or patients whose families did not pay to hold a bed during hospitalization. (25%)

- Delayed eligibility processing by local departments of social services is a problem. Nursing homes want a clear cut decision on financial eligibility prior to admission. They do not want "Medicaid pending" patients. Hospitals feel the eligibility resource criteria exacerbates the problem. (14%)

- The Medicaid reimbursement rate is the cause of the difficulty in placing Medicaid patients. (13%)

- The requirement that a patient must have a "responsible party" causes difficulty in placing patients if there is no one who will agree to accept responsibility. (12%)

- The insufficient number of certified Medicaid beds contributes to the difficulty hospitals experience in placing Medicaid patients. (11%)

- Nursing homes discharge Medicaid patients they no longer want to care for. They may blackball patients and alert other nursing homes not to take them. Patients are sent to the hospital unnecessarily and then the nursing home fills the bed. Nursing homes will not take the patient back unless the family pays to hold the bed. (10%)

B. Local Departments of Social Services Survey

One hundred eleven local departments of social services (83%) responded to the questionnaire requesting information about their experiences in securing nursing home placements for clients. (See Appendix C for a copy of the survey and complete statistics.)

RESULTS:

- 52% of the local departments of social services responded that they thought that nursing homes regard the source of payment as the most important factor when admitting patients on awaiting list.
- 56% felt the comparative condition of the patient was the second most important admission criterion.
- 26% reported that some Medicaid certified nursing homes had refused to admit any Medicaid patients. 51% indicated that nursing homes had expressed reluctance to take Medicaid patients, but had admitted them.
- 78% experienced difficulty placing a patient because there was no "responsible party".

These respondents also provided additional comments on the subject of admission, transfer, or discharge policies of nursing homes. The most frequent comments follow:

- Private pay patients are preferred over Medicaid patients. Medicaid patients are on long lists, private pay patients are on short ones. A quota system is in effect. Nursing homes will always choose private pay over Medicaid. (27%)
- Overall, local social services departments work well with nursing homes and pending Medicaid patients. They experience no problems. (15%)
- There is a shortage of Medicaid certified beds. (14%)
- Medicaid patients who are hard to handle or who have difficult medical conditions are hard to place. This is especially true for: Alzheimer patients, young adults, total care patients, patients with mental problems, and those with oxygen needs. (10%)

C. Family Survey

One hundred fifteen families of Medicaid patients recently admitted to nursing homes were contacted by mail and asked questions about their experience. Forty-nine percent (49%) responded. (See Appendix D for a copy of the survey and complete statistics.)

RESULTS:

- o 68% indicated their family member was on a waiting list for a nursing home bed less than a month. 66% contacted three or less homes attempting to admit their relative, and 61% were put on three or less waiting lists. The most common reasons given for any delay were the lack of available beds and the length of the waiting lists (68%).

- o 96% responded that no nursing homes had solicited extra funds from Medicaid patients in the form of contributions or additional equipment needs.

- o 88% of patients who recently transferred from another home were transferred for legitimate reasons such as personal preference (50%) or to obtain another level of care (38%).

Families were given the opportunity to comment about the admission process. Few responded, and their observations varied. Although some mentioned how hard it was to place a loved one in a home, or how far the nursing home was to visit, the two most common comments were:

- o Satisfaction with the nursing home and praise for its care. No problems were experienced with admission (30%).

- o Complaints about discrimination against Medicaid patients in admission policies. Respondents reported that nursing homes are courteous until they learn that the patient is Medicaid eligible. At this point, they give a variety of reasons why the patient cannot be admitted (16%).

V. SUMMARY OF DATA BASE ANALYSES

A. The Long Term Care Information System Data

Since August, 1983, the Department of Medical Assistance Services has had a large, in-house database on its Medicaid patients, the Long Term Care Information System (LTCIS). This database can track the use of Medicaid covered long term care services from the initial Nursing Home Pre-Admission Screening throughout a patient's nursing home stay. This data base was used to answer several questions related to the issues raised by SJR 52.

The first two questions were "How many patients enter nursing homes as private pay patients and when do they become Medicaid eligible?" There were 5681 nursing home admissions (nonduplicated count) to the Medicaid program during calendar year 1985. Seventeen percent (963) of these patients originally entered as private pay.

The table below gives the time frame between these private pay admissions and the date of Medicaid eligibility. 57.3% of the private pay patients became Medicaid eligible within a year of admission to a nursing home, and 89.5% of the private pay patients became Medicaid eligible within three years of admission to a nursing home.

TABLE 1

DURATION OF PRIVATE PAY STATUS BEFORE CONVERSION TO MEDICAID
in CALENDAR YEAR 1985

TIME FRAME	NO. OF PATIENTS	PERCENT
0 - 3 months	189	21.0%
4 - 6 months	128	14.3%
7 - 9 months	129	14.4%
10 - 12 months	69	7.6%
13 - 24 months	180	20.1%
25 - 36 months	100	11.1%
Over 36 months	102	11.5%
	898*	100%

*65 cases dropped because dates missing.

The third question was "What is the time frame between Nursing Home Pre-Admission Screening and admission to a nursing home?" Pre-Admission Screening is the preauthorization for nursing home placement required of all patients who are in need of nursing home care and who are Medicaid eligible or may become so within six months of admission to a nursing home. The following table gives the various time frames between the completion of screening and nursing home admission. 57.2% of all patients enter nursing homes within two weeks of the screening, 71.4% within a month.

TABLE 2

LENGTH OF TIME BETWEEN

NURSING HOME PRE-ADMISSION SCREENING AND NURSING HOME ADMISSION*

TIME	NUMBER OF PATIENTS	PERCENT
1 to 7 days	4326	43.2%
8 to 14 days	1397	14.0%
15 to 31 days	1446	14.5%
32 to 62 days	935	9.3%
63 to 93 days	511	5.1%
Over 3 months to 6 months	596	6.0%
6 months to 1 year	451	4.5%
Over 1 year	341	3.4%
	10,003 patients	100%

AVERAGE	RANGE
50.6 days	1 day (Low) to 923 days (High)

*Data consists of all patients who have been screened since August, 1983 who had both a screening and nursing home assessment on LTCIS.

B. Virginia Department of Health Data

Another data source for this study was the 1985 Virginia Department of Health Nursing Home Patient Survey, a questionnaire to which 90% of all 194 nursing homes in the Commonwealth responded. This data was used to determine the regional variations in nursing home occupancy rates.

The statewide nursing home occupancy rate on June 19, 1985, was 96.7%. It ranged from a low of 94.1% in the Northern Region to a high of 98.2% in the Southwest Region. A summary of the regional occupancy rates follows:

TABLE 3

VIRGINIA DEPARTMENT OF HEALTH NURSING HOME PATIENT SURVEY:
Occupancy Rate as of June 19, 1985

Health Systems Area	Number of Nursing Homes	Occupancy Rate
HSA I (Northwest)	31	98.1%
HSA II (Northern)	20	94.1%
HSA III (Southwest)	48	98.2%
HSA IV (Central)	34	94.2%
HSA V (Eastern)	42	97.5%
Total:	175	96.7%

Data was also used to determine whether Medicaid patients have to leave their communities more frequently than private pay patients in order to obtain nursing home care. For purposes of this narrative, regional data will be analyzed but individual planning district statistics are available in Appendix E. The findings indicate that Medicaid patients have greatest access to nursing home care in the Southwest Region, HSA III, (86.2% are admitted to nursing homes in their own planning district) and least access in the Central Region, HSA IV, (71.8% are admitted to nursing homes in their own planning district). Private pay patients, on the other hand, have greatest access to nursing home care in the Northern Region,HSA II, (92% are admitted to nursing homes in their own planning district) and least access in the Central Region, HSA IV, (79.2% are admitted to nursing homes in their own planning district). Nursing home care is more accessible to private pay patients than Medicaid patients in every region except the Southwest. The following table summarizes the regional statistics.

TABLE 4

PERCENT OF NURSING HOME PATIENTS WHO RESIDE IN HOMES WITHIN THEIR PLANNING DISTRICTS:

A REGIONAL SUMMARY BY PAYMENT SOURCE*

	PAYMENT SOURCE			
HEALTH SYSTEMS AREA	MEDICAID	MEDICARE	PRIVATE PAY	AVERAGE
HSA I (Northwest)	72.4%	76.8%	82.6%	75.0%
HSA II (Northern)	79.0%	88.0%	92.0%	85.0%
HSA III (Southwest)	86.2%	88.4%	84.3%	86.2%
HSA IV (Central)	71.8%	77.0%	79.2%	74.0%
HSA V (Eastern)	77.0%	97.7%	85.8%	79.2%

*Virginia Department of Health 1985 Nursing Home Patient Survey

VI. SUMMARY OF PUBLIC HEARINGS TESTIMONY

Three common themes surfaced at all four public hearings.

- o There is great difficulty faced by families, hospital discharge planners, and social workers in locating nursing home beds for those patients whose care will be paid for by Medicaid, particularly if those patients require special care (obese, feeding tubes, ventilators, Alzheimer's disease, advanced cancer, AIDS, etc.);

- o There is great difficulty faced by nursing homes in providing adequate care to "heavy care" Medicaid patients under the current rate of Medicaid reimbursement; and

- o Virginia's current certificate of public need process and related appeals mechanism is not able to adequately assure the availability of nursing home beds throughout the Commonwealth.

Regional differences in testimony were not apparent except in Northern Virginia. Speakers in Fairfax expressed concern about the apparent lack of nursing home beds to serve the Northern Region, HSA II, which includes Fairfax, Alexandria, Falls Church, Arlington, Prince William and Loudoun. Delegate Mary Marshall stated that there were 300 Medicaid patients, former residents of HSA II, who were placed in nursing homes in other areas of the Commonwealth because beds were unavailable. She indicated that this problem was not limited to Medicaid patients but affected private pay patients as well. Delegate Marshall further stated that Virginia ranks 38th in the ratio of nursing home beds to every 1000 individuals, and that the number of days a prospective patient in Northern Virginia must wait for a vacant bed ranges from an average high of 33 days to an average low of 23 days.

A variety of speakers in Northern Virginia described families who, when finally able to locate a nursing home bed, discovered that the facility was located in Richmond, Roanoke, or the far Southwestern region of the State. They expressed concern for those individual patients who lost contact with family, friends, and familiar surroundings when placed in beds located hundreds of miles from their former homes.

Actual charges of discrimination against Medicaid patients rarely surfaced at any of the four public hearings. Testimony, however, documented many instances of preferential treatment in the admission of private pay patients and "light care" patients regardless of their payment source.

Various policies and practices employed by nursing homes to promote preference for private pay patients also became evident. Some facilities were said to maintain dual waiting lists - one for private pay patients and a second for Medicaid patients. Other speakers stated that nursing homes admit Medicaid patients but require families to pay the skilled care rate while waiting for a Medicaid intermediate bed to come available. Still others were said to provide inadequate, confusing, or inaccurate information regarding admission policies to prospective Medicaid patients and their families.

A summary of additional comments pertaining to preferential treatment of private pay patients follows:

- Some speakers indicated that the disparity between the low Medicaid reimbursement rate for nursing home residents and the higher rate charged for private pay patients encouraged preferential treatment. Other speakers felt that if Medicaid reimbursement rates were raised, it would only serve to drive-up the fees charged to private pay patients.

- Some speakers believed that Medicaid policy should require nursing homes to certify all their beds under the Medicaid program. These speakers felt that such a policy would discourage homes from restricting the number of Medicaid patients who could be served in the facility.

- Some speakers believed that nursing homes should not be allowed to maintain waiting lists which distinguish between private pay patients and Medicaid patients.

- Many speakers believed that a "first come first serve" policy would help eliminate preferential treatment. Others felt that such a policy would be an "administrative nightmare" for nursing homes as they struggle to maintain an optimum patient mix and balance.

- Some speakers stated that diagnostic related groups (DRGs) of the Federal Medicare Program forced hospitals to discharge patients "sicker and quicker", thus increasing the already stiff competition for vacant Medicaid beds.

- Some speakers believed that the nursing home industry's policy of requiring a "responsible party" to co-sign the patient's admission contract makes it difficult for Medicaid patients and their families to obtain admission. Many Medicaid patients do not have family or friends. Many others find it difficult to obtain a co-signer because of the possible financial burden the contract places upon the co-signer.

- Some speakers advocated an end to state control of the availability of nursing home beds through the certificate of public need process. They believe that the certificate of need does not adequately predict the need for nursing home beds, and that increased competition among nursing homes will encourage lower private pay rates, resulting in more beds available for Medicaid patients.

- Some speakers believed that the recent revision of the Medicaid plan which eliminated the "bed hold days" encourages nursing homes to discharge Medicaid patients who enter the hospital for a short-term stay. As a result of the revision, nursing homes now receive no reimbursement for holding a bed for a Medicaid patient who enters the hospital. Many facilities are unwilling to hold these beds and will attempt to admit another patient to fill the vacant bed while the first patient is hospitalized.

- o Some speakers suggested that the Commonwealth lacks specialized transitional facilities for the treatment of young adults suffering from mental retardation, spinal cord injuries, cerebral palsy, and other developmental disabilities or injuries. Conventional nursing homes are not appropriate for these young individuals who are capable of independent living if provided with supportive services and short-term institutional care. These speakers encouraged the Commonwealth to free-up nursing home beds by diverting younger patients to alternative programs and facilities.

- o Some speakers encouraged the Commonwealth to intensify its review of patients already certified for intermediate or skilled care under the Medicaid program to determine if they still require nursing home care. By moving these individuals into independent living arrangements, additional beds would be available for waiting Medicaid patients.

- o Some speakers indicated that hospitals should be encouraged to convert underutilized acute care beds into Medicaid certified intermediate or skilled care nursing home beds. This would also make more beds available to Medicaid patients.

- o Some speakers complained that many nursing homes refused admission to "heavy care" patients, that is, those whose personal needs and level of care require considerable staff time. Hospitals indicated that virtually all nursing homes refused to accept Medicaid eligible pediatric ventilator-dependent cases. As a result, such children are forced to remain hospitalized for months or years.

- o Some speakers stated that other "heavy care" Medicaid patients such as terminal cancer patients, Alzheimer's disease patients, AIDS patients, and those dependent upon feeding tubes, or ventilators are very difficult to place. These individuals often remain in hospitals for months (one hospital cited a case where a patient waited 10 months for a nursing home bed). These speakers encouraged the Commonwealth to study the possibility of a "case mix reimbursement" system - a payment system where Medicaid would pay a higher rate for heavy care patients.

A list of individuals who presented testimony at the four hearings is included in Appendix F.

VII. FINDINGS

Upon review and evaluation of all the comments and data available, the Study found that:

1. - Throughout the state, it is a standard practice in the nursing home industry to give preferential treatment to private pay patients when approving admissions.

2. - The Commonwealth has placed legal limits on the availability of nursing home beds, based on estimates of public need through the Certificate of Need process. This limitation on beds has exacerbated the preferential admission of patients based upon their abiliity to pay, not their medical need.

3. - The Certificate of Need process has worsened the difficulty Medicaid patients experience in obtaining access to a nursing home bed by under allocating the number of nursing home beds available in some portions of the State.

4. - Medicaid patients are less likely than private pay patients to be admitted to the nursing home of their choice or to one near their home.

5. - Medicaid patients wait a longer period of time to be admitted to a nursing home than private pay patients.

6. - Medicaid patients requiring "heavy care" experience the greatest difficulty in being admitted to any nursing home.

7. - Federal and state Medicaid statutes and regulations prohibit nursing homes from requiring a period of private pay as a condition of admission or of continued stay, but do not prohibit a nursing home from giving preferential treatment in admission to private pay patients.

8. - Patients and their families, as well as hospital discharge planners and local social service agencies are often unable to learn what a nursing home's admission policies are. The waiting lists, and a patient's position on these lists are not published and are often unavailable to families and agencies seeking to assist with nursing home admission.

9. - While some Medicaid patients may wait a long time to be admitted to a nursing home, the majority of patients enter a nursing home within 14 days of the completion of nursing home pre-admission screening. This delay can be significant, however, if the patient is ready for discharge from a hospital and Medicare or Medicaid payment has stopped, or when the patient can no longer be safely cared for at home.

A. Analysis and Discussion of Findings

Ninety-two percent (92%) of the hospitals responding to the survey and all hospital representatives testifying at the public hearings told of great difficulties in placing Medicaid patients who needed post-hospital nursing home placements. These same representatives testified that they rarely had a problem placing private pay patients. The hospital discharge planners related that private pay patients could nearly always be admitted to the nursing home of their choice while Medicaid patients had no choice but to take the placement in whichever nursing home would be willing to admit them. Often this vacancy was in a nursing home far away from home and family.

Statistics from the Virginia Department of Health 1985 Nursing Home Patient Survey have shown that Medicaid patients are more likely to have to leave their planning district to find nursing home placements than private pay patients. This occurs most frequently in Northern Virginia where accessibility for Medicaid nursing home patients is especially difficult.[5]

The time that a Medicaid patient spends awaiting a nursing home placement is much longer that that of a private pay patient. Hospital statistics indicate that Medicaid patients often wait two to three times longer for a bed than private pay patients.

Several hospitals have documented the differences in the time they must spend to place Medicaid and private pay patients in nursing homes. One Northern Virginia hospital reported that, during the six-month period ending in July, 1986, there were 21 Medicaid patients who needed an intermediate care bed. These patients waited an average of 17 days before obtaining nursing home admission. The average waiting time for private pay patients during this same time period was 5 days. Another Northern Virginia hospital reported that the average waiting time for a Medicaid patient was 36 days while private pay patients waited only 16 days for admission. A southside Virginia hospital reported that between January 1, 1986 and August 28, 1986, Medicaid patients waited an average of 34.9 days for a nursing home placement while private pay patients waited only 23.1 days.

Hospital social workers told of the worry and frustration experienced by Medicaid patients when nursing homes refused to admit them, but admitted their private pay roommates who required the same type of nursing home care. Hospital social workers and local agencies serving the aged testified to situations where nursing homes reported no vacancies for Medicaid patients, but admitted private pay patients when contacted later the same day.

Medicaid patients are hampered in their efforts to obtain admission to nursing homes near their homes for a variety of reasons. In Planning Districts 2 and 14 (Tazewell, Russell, Dickenson, Buchanan; Charlotte, Lunenberg, Prince Edward, Buckingham, Cumberland, Amelia and Nottoway Counties) an inadequate supply of nursing home beds (280 in PD2 and 475 in PD14) prevents residents from staying in their local areas. In the Northern region, however, where there is a more plentiful supply of beds (2,968), Medicaid patients cannot locate a nursing home bed near their homes because nursing homes prefer to admit private pay patients.[6]

The placement problems in the Northern Region (HSA II) spill over to the Northwest Region (HSA I). Seventy-three percent (73%) of the Northern Region's Medicaid patients who could not achieve admission to a nursing home in that area are eventually placed in the Northwest Region.[7] Consequently, the Medicaid patients from the Northwest Region of Virginia are forced to go outside of their communities to find a nursing home bed. For example, 38% of Medicaid patients who originated in Planning District 9 (Fauquier, Rappahanock, Culpepper, Madison and Orange Counties) had to leave their district to find a nursing home bed. This domino effect is evident in other planning districts within the Northwest Region.[8]

It is noteworthy that the Northern Region had one of the lowest nursing home occupancy rates in the Commonwealth (94.1% average), at the same time that Medicaid patients were forced to leave the region to obtain a nursing home bed.[9] The Health Department's 1985 Nursing Home Patient Survey shows that Northern Region nursing homes reported beds vacant but not available. In some cases these beds were deliberately left vacant to enable private pay patients to have private rooms. The empty beds in the same rooms were simply not filled. Such practices adversely affect the Certificate of Need process by making it appear that there are more beds available for patients than actually exist.

Data from a case mix study of Medicaid patients in the Long Term Care Information System shows that Medicaid patients in the Northern Virginia area who are considered heavy care are much less likely to find placement within the Northern Virginia area than light care patients.[10] Social workers and discharge planners indicated that they experience their greatest difficulty in placing a Medicaid patient requiring heavy care. They can place any private pay patient, regardless of the intensity of services required, more easily than they can place a Medicaid patient.

It appears that the most significant obstacle to placing a Medicaid patient requiring heavy care in the Northern Region's nursing homes is the relatively low intensity of services they offer to Medicaid patients. Data from the case mix study shows that 75 percent of the nursing homes in Northern Virginia which accept Medicaid patients accept primarily light care patients. Only one home in the Northern Virginia area was ranked as predominantly heavy care.[11] It is apparent that the Medicaid patient who requires heavy care will almost certainly have to go outside the Northern Virginia area to obtain it.

Some nursing homes testified that they must maintain a mix of private pay and Medicaid patients in order to maintain fiscally sound operations. Other nursing home representatives testified that nursing homes can be a viable business while maintaining a high percentage of Medicaid patients. Statistics of the State Department of Health estimate that, on any given day, Medicaid patients comprise 67 percent of the total patient census statewide.[12]

Some nursing homes routinely maintain a high Medicaid census while others participate to a much lesser extent. Those which participate minimally usually admit Medicaid patients when they find it impossible to obtain private payors, or when their long term residents who have spent all private funds convert to Medicaid. Some homes carefully screen the financial status of all applicants to determine the amount of time that the individual will be able to maintain private pay status.

VIII. POSSIBLE SOLUTIONS CONSIDERED BY STUDY GROUP AND RECOMMENDATIONS

The problems associated with the admission and discharge practices of nursing homes are part of the larger picture of health care policy. Issues of Certificate of Need, Medicaid institutional reimbursement methodology and health care regulation have broad implications. The accessibility of nursing home care for Virginia's Medicaid patients is a compelling issue, however, which must be addressed. The problems discussed throughout this report are real ones. The individuals affected are among the oldest and most helpless of all of Virginia's citizens.

Possible solutions which were identified during the study and which were considered are summarized below. The recommendations of this study follow each solution which was considered.

1. Possible Solution:

Revise Certificate of Need Requirements - The study evaluated whether the State Department of Health should revise the methodology by which it allocates beds in particular planning districts. In addition, the study considered whether the appeal procedures for settling disputes in the granting of Certificates of Need should be revised to eliminate the excessively long delays in the construction of approved beds that are now occurring.

RECOMMENDATION:

The Department of Health should expedite its study of the methodology by which it determines the need for nursing home bed construction, and by which it allocates those beds among the localities in order to ensure that the study is completed no later than the spring of 1987.

2. Possible Solution:

Case-Mix Reimbursement - The study evaluated whether the Medicaid reimbursement system should be amended to base the amount of payment on the services a particular patient requires. Under such a system, Medicaid would pay a nursing home more to care for patients requiring heavy or specialized care than the program would pay for patients requiring average or light care.

RECOMMENDATION:

The Department of Medical Assistance Services should examine the feasibility of implementing a case mix reimbursement system which would recognize the higher costs of caring for heavy care patients or patients with special nursing care needs.

3. Possible Solution:

Require Public Disclosure of Nursing Home Admission Policies: The study considered whether the Commonwealth should require nursing homes to fully disclose their admission policies and waiting lists so that prospective patients and their families may be fully informed of the policies under which their applications for admission will be considered.

RECOMMENDATION:

Nursing homes should be required to fully disclose the homes' admission policies. Numbers of persons on waiting lists should also be disclosed. However, due to the need to safeguard personal privacy, the names of persons on waiting lists should not be disclosed.

4. Possible Solution:

Require 100% Medicaid Certification - The study evaluated whether the Commonwealth should require that any facility desiring to participate in the Medicaid program should be required to have all its beds certified for Medicaid.

or

Minimum Participation in Medicaid: The study considered whether the Commonwealth should require that a facility agree to maintain some state-established level of minimum participation in Medicaid as a condition to being granted a Certificate of Need or a Medicaid provider agreement.

RECOMMENDATION:

The Indigent Care Task Force should study the revision of Medicaid participation requirements to require 100% certification of Medicaid participating nursing homes or to require commitment to some minimum level of Medicaid participation as a condition of contracting to receive Medicaid payments. The Certificate of Public Need law should be studied to determine whether such mandatory certification or participation should be a requirement for obtaining a certificate of public need.

5. Possible Solution:

First Come First Serve - The study evaluated whether the Commonwealth should enact laws or regulations to require that patients be admitted to a nursing home without regard to the source of payment for nursing home care.

RECOMMENDATION:

A first come, first serve admission policy is not recommended at this time. However, if less stringent measures fail to assure that Medicaid patients have fair access to nursing home care, the Commonwealth should consider requiring nursing homes to admit patients on a first come first serve basis without regard to payment source.

FOOTNOTES

[1]Virginia Department of Medical Assistance Services, Long Term Care Information System, special analysis on Medicaid admissions to nursing homes in 1985.

[2]Virginia Department of Health, Division of Licensure and Certification, Monthly Statistical Report, July 1986.

[3]Virginia Department of Health, Division of Health Planning

[4]Virginia Department of Medical Assistance Program Statistical Report on Medical Care: Eligibles, Recipient Payments and Services, Fiscal Year 1985.

[5]Virginia Department of Health Annual Nursing Home Patient Survey, June 19, 1985.

[6]Ibid.

[7]Virginia Department of Medical Assistance Services, Long Term Care Information System, special analysis on nursing home placement of Northern Virginia Medicaid Recipients, December, 1984.

[8]Virginia Department of Health Annual Nursing Home Patient Survey, June 19, 1985.

[9]Ibid.

[10]Virginia Center on Aging Study of the Virginia Medicaid Nursing Home Reimbursement System, April 1, 1986. Special case mix analysis by nursing home provider.

[11]Ibid.

[12]Virginia Department Department of Health, Division of Health Planning.

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SENATE JOINT RESOLUTION NO. 52

Requesting the Secretary of Human Resources to study the admission and discharge policies of nursing homes providing services under the state plan for medical assistance.

Agreed to by the Senate, March 3, 1986
Agreed to by the House of Delegates, February 27, 1986

WHEREAS, there are indications in some states that admission and discharge policies of nursing homes providing services under a state plan for medical assistance are related to the source of payment; and

WHEREAS, consequently, discrimination has resulted against patients who may become or have become recipients of medical assistance payments; and

WHEREAS, the members of the General Assembly wish to ascertain whether such practices are occurring in Virginia and, if so, the nature and extent thereof, and what remedial measures if any should be taken; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Secretary of Human Resources is requested to study the admission and discharge policies of nursing homes providing services under the state plan for medical assistance.

The Secretary shall consider the issue of admission and discharge policies of nursing homes with particular emphasis on:

1. Whether there is discrimination by nursing homes in their admission and discharge policies based on the source of payment where such nursing homes provide services under the Virginia plan for medical assistance;
2. The extent of any such discrimination, if found; and
3. The possible remedial measures which would alleviate this discrimination.

The Secretary shall complete this study prior to November 15, 1986, and report his findings soon thereafter.

Hospital Discharge Planner Survey RESULTS

DIRECTIONS: Please answer each question. Feel free to write notes or comments on the questionnaire.

1. While working with patients requiring discharge to a nursing home for the first time, do you experience differences in difficulty in placing patients in nursing homes because of source of payment? Please check one answer:

#	(%)	
76	(92)	Greater difficulty placing Medicaid patients
0	(0)	Greater difficulty placing private pay patients
6	(7)	No difference
1	Unknown	

Any comments? INCORPORATED WITH QUESTION 8.

2. Do you experience nursing homes that refuse to admit any Medicaid patients? (Do not include nursing homes that do not participate in the Medicaid program.)

2	(2)	All nursing homes
5	(6)	Most nursing homes
32	(39)	Some nursing homes
43	(52)	No nursing homes
1	(1)	Unknown

3. Do nursing homes you contact express reluctance to take Medicaid patients, but admit them anyway?

5	(6)	All of the time
15	(18)	Most of the time
56	(68)	Some of the time
7	(8)	None of the time

4. If you have more than one patient to place, do nursing homes select among these patients because of:

READ ACROSS FOR DATA	All of the time	Most of the time	Some of the time	None of the time	Unknown
Source of payment	35 (42)	24 (29)	14 (17)	3 (4)	7 (8)
Condition of patient	24 (29)	38 (46)	16 (19)	1 (1)	4 (5)
Other (Explain: SEE ATTACHED TABLE 1 FOR OTHER REASONS.					

5. In your opinion, would the nursing homes with whom you work admit a private pay patient first regardless of the following:

READ ACROSS FOR DATA	Yes	No	Unknown
Comparative condition of patients	70 (84)	11 (13)	2 (2)
Proximity of patient's/family's home to facility	69 (83)	11 (13)	3 (4)
Length of time on waiting list	70 (84)	10 (12)	3 (4)

6. Based on your experience, if you have more than one patient to place and one is a Medicaid patient seeking readmission and another is a private pay patient seeking nursing home admission for the first time, how often would the nursing home choose the private pay patient?

18	(22)	All of the time
17	(20)	Most of the time
25	(30)	Some of the time
15	(18)	None of the time
8	(10)	Unknown

7. How often do you experience difficulty placing a patient because there is no responsible party?

28	(34)	All of the time
14	(17)	Most of the time
37	(45)	Some of the time
2	(2)	None of the time
2	(2)	Unknown

8. Please write any additional comments you may have on the placing of Medicaid patients in nursing homes. If you need more space, attach additional sheets.

Comments SEE ATTACHED TABLE 2 FOR COMMENTS.

Thank you for your cooperation! Please return your questionnaire in the enclosed envelope by August 16, 1986.

HEALTH REGION BREAKDOWN

	#	(%)
Northwest	13	(16)
Northern	9	(11)
Southwest	24	(29)
Central	15	(18)
Eastern	15	(18)
Unknown	7	(8)

TABLE 1

Additional Reasons for Nursing Home's Selection Criteria
(Question 4)

	#	(%)
Responsible Party available	3	(4)
Length of time patient can pay privately	1	(1)
Amount of interest shown by family	3	(4)
If nursing home expects a problem with the family	1	(1)
If patients' needs match what facility can provide	1	(1)
Nursing home will not take MR patients	3	(4)
No other reason given	71	(86)

TABLE 2

COMMENTS ON SJR 52 FROM HOSPITALS*

	No.	%
Private pay patients are taken over Medicaid patients. Nursing homes may make room or hold beds for private pay. Length on waiting list does not matter. Quota system may be in effect.	50	60
The Medicaid reimbursement rate is the problem.	11	13
The lack of skilled care beds is a problem.	5	6
Certain Medicaid patients are harder to place: total care, ventilators, female, obese, behavioral problems, ones whose residence is not the same as the nursing home, unwanted medical condition, no responsible party, patients whose family did not pay to hold the bed during hospitalization.	21	25
The hospital praised their local nursing home(s) and said they had a good working relationship with them taking patients.	3	4
The nursing home's distance from families is a real problem. Patients are either being placed a great distance or families refuse to accept this placement.	6	7
Nursing homes discharge Medicaid patients they no longer want to care for. They may blackball patients and alert other nursing homes not to take them. Patients are sent to the hospital unnecessarily and then the nursing home fills the bed. Nursing home will not take the patient back unless the family paid to hold the bed.	8	10
The requirement of a responsible party is a real problem.	10	12
Medicaid patients who are on waiting lists longer are placed first over private pay. This is especially true if the Medicaid patient: is ready today and the private pay patient is not. The hospital does not have a problem with admission of Medicaid patients.	3	4
Some nursing homes do not accept Medicaid patients at all.	6	7
Delayed eligibility processing by DSS a problem. Nursing homes want a clear cut decision on financial eligibility prior to admission. They do not want Medicaid pending patients. Hospitals feel eligibility resource criteria a problem.	12	14
Not enough certified Medicaid beds is the problem.	9	11

	No.	%
The State should require nursing homes to take a higher percent of Medicaid patients.	2	2
The hospital feels the quality of care Medicaid patients receive once they are admitted is equal.	1	1
The hospital cannot offer families option on which nursing home, they must take what they can get.	4	5
There is a problem with agreement on what is skilled care between hospital and nursing homes.	3	4
Nursing home staff told to give better care to private pay patients - hoping private pay will stay.	1	1
Problems with placement from home due to timeliness of the Nursing Home Pre-Admission Screening Committees. Therefore, patients go to hospitals inappropriately to speed up the process.	2	2
Feels Medicaid policies discriminates against senior citizens in favor of children.	1	1
Nursing homes do not want patients with a mental retardation diagnoses.	10	12
The State needs to develop regulations for equitable access.	1	1

*Hospitals made up to six comments, so the total will exceed 100%.

Local Department of Social Services
Survey
RESULTS

DIRECTIONS: Please answer each question. Feel free to write notes or comments on the questionnaire.

1. Which of the following do you think the nursing home regards as most important when deciding which patient on the waiting list to admit? Check only one answer.

#	(%)	
20	(18)	Comparative condition of the patient
1	(1)	Proximity of patient's/family's home to facility
27	(24)	Length of time on waiting list
58	(52)	Source of payment (i.e., Medicaid, private pay)
2	(2)	Other (Explain:_____
3	(3)	- Unknown

2. Which of the following do you think the nursing home regards as the second most important? Check only one answer.

62	(56)	Comparative condition of the patient
0	(0)	Proximity of patient's/family's home to facility
22	(20)	Length of time on waiting list
19	(17)	Source of payment
1	(1)	Other (Explain:_____
7	(6)	- Unknown

3. **Do you experience nursing homes that refuse to admit any Medicaid patients? (Do not include nursing homes that do not participate in the Medicaid program.)**

0	(0)	**All nursing homes**
1	(1)	**Most nursing homes**
28	(25)	**Some nursing homes**
78	(70)	**No nursing homes**
4	(4)	Unknown

4. **Do nursing homes you contact express reluctance to take Medicaid patients, but admit them anyway?**

2	(2)	**All of the time**
5	(4)	**Most of the time**
50	(45)	**Some of the time**
48	(43)	**None of the time**
6	(5)	Unknown

5. **Which patient is easier to place?**

45	(40)	**Medicaid eligible at admission**
0	(0)	**Medicaid pending at admission**
59	(53)	**Private pay until resources are reduced to Medicaid level**
7	(6)	Unknown

6. **How often do you experience difficulty placing a patient because there is no responsible party?**

11	(10)	**All of the time**
14	(13)	**Most of the time**
62	(56)	**Some of the time**
22	(20)	**None of the time**
2	(2)	Unknown

ontacted by a nursing home regarding alternative placement or ge for a Medicaid patient, how often are the following reasons Please check an answer for each reason.

ROSS	All of the time	Most of the time	Some of the time	None of the time	Unknow
ient is now Medicaid	3 (3)	0 (0)	14 (13)	79 (71)	15 (14
no longer care for atient	1 (1)	7 (6)	52 (47)	36 (32)	15 (14
lly/patient has not the co-payment nsibility	1 (1)	5 (4)	46 (41)	44 (40)	15 (14
no longer needs ng home care	6 (5)	25 (22)	52 (47)	15 (4)	13 (12
'family preference	2 (2)	9 (8)	69 (62)	16 (14)	15 (14
a different level of i.e., skilled or ediate)	7 (6)	19 (17)	54 (49)	18 (16)	13 (12
Explain:_____					
E 1 FOR REASONS GIVEN.					
	0 (0)	2 (2)	4 (4)	0 (0)	105 (94

rite any additional comments you may have on the placing of patients in nursing homes. If you need more space attach al sheets.

SEE ATTACHED TABLE 2 FOR COMMENTS.

Thank you for your cooperation! Please return your questionnaire in the enclosed envelope by August 15, 1986.

HEALTH REGION BREAKDOWN

Regions	#	(%)
Northwest	25	(22)
Northern	7	(6)
Southwest	29	(26)
Central	25	(22)
Eastern	21	(19)
Unknown	4	(4)
Total -	111 - DSS	

TABLE 1

Additional Reasons for Discharge from Nursing Homes
(Question 7)

	#	(%)
DSS only contacted when Utilization Review Committee says patient no longer needs care.	1	(1)
Patient discharged because of objectionable behavior.	7	(6)
Patient no longer eligible for Medicaid, but cannot pay privately.	1	(1)
Family filed adult protective services complaint and nursing home wanted patient discharged.	1	(1)
No other reason given.	101	(91)

TABLE 2

COMMENTS ON SJR 52
FROM LOCAL DEPARTMENT OF SOCIAL SERVICE AGENCIES*

	No.	%
Private pay patients are taken over Medicaid patients. Medicaid patients are on long lists, private pay patients are on short ones. Quota system is in effect. Feels nursing homes will always choose private pay over Medicaid.	30	27
The problem is the shortage of Medicaid certified beds.	15	14
A Medicaid patient is more desirable than an empty bed.	4	4
A patient was discharged as "hard to handle" and family given ten days to remove from nursing home. There is a liberal interpretation of Medicaid discharge policies.	2	2
DSS concerned when hospitals discharge patients home because eligibility has not been determined and the nursing home will not take for the same reason. Patient may receive Community-Based care in the interim, which may not be sufficient.	3	3
Community-Based Care alternatives should be emphasized, but that costs the locality, not Medicaid, which creates a conflict of the patient's best interest and fiscal impact.	1	1
Overall, work well with nursing homes and pending Medicaid patients. No problems experienced.	17	15
Do not deal with nursing home placement, primarily done by hospitals or families.	4	4
Medicaid patients that are hard to handle or have difficult medical conditions are hard to place. Examples given are: alzheimer patients, young adults, total care patients, patients with mental problems, and ones with oxygen needs.	11	10
The Medicaid reimbursement rate is the problem.	8	7
DSS experiences difficulty placing patients outside of their locality.	1	1
The only problem experienced is when a nursing home will not take a patient with property which makes them ineligible for Medicaid.	2	2

	No.	%
Nursing homes will not take patients without Medicaid numbers. DSS cannot process the application that quickly because of the income verification requirements. Some nursing homes threaten to discharge private pay patients who become Medicaid if their number does not come through by a certain date. They may require the families to make a deposit in these instances and are not quick to refund this money.	7	6
Hospital patients get priority for nursing home admission.	4	4
Medicaid patients have to go to lesser quality homes or are put in the less desirable area of the facility. Many of their belongings end up lost and DSS must adjust their co-pay to buy new medical supplies.	4	4
Medicaid patients have to be placed farther from home.	4	4
Some nursing homes with limited Medicaid certified beds mislead families. They admit patients to a noncertified bed and charge the family privately until a Medicaid bed is available. Family may not know only 10% of the beds are certified for Medicaid.	1	1
The degree of family support is a factor in who gets admitted first. They can continue calling nursing homes to look for a vacancy and provide social and economic support.	2	2
Medicaid patients are having difficulty getting back to their nursing home after hospitalization because they did not hold the bed. This is traumatic for the patients and their families. Nursing homes may imply they have to pay to hold the bed without mentioning Medicaid policy.	4	4
Feels the problem is with profit homes not the nonprofit ones.	1	1
The requirement of a responsible party is a problem.	4	4
Need provisions for emergency placement of patients in nursing homes.	3	3
Supports the First Come, First Serve requirement.	1	1

*The local Department of Social Services made up to nine comments, so the total will exceed 100%.

Family Survey
RESULTS

DIRECTIONS: Please answer each question. Feel free to write notes or comments on the questionnaire.

1. How long was your family member on a waiting list prior to admission to the nursing home?

#	(%)	
38	(68)	0 - 1 month
7	(12)	1+ - 3 months
3	(5)	3+ - 6 months
4	(9)	Greater than six months
3	(5)	Unknown

2. How many nursing homes did you contact when you were trying to place your family member?

_____ Contacted nursing homes SEE ATTACHED TABLE 1.

How many nursing home waiting lists was your family member on?

_____ Waiting lists SEE ATTACHED TABLE 1.

3. What was the main reason the nursing home(s) gave you for any delay in admitting your relative? Check only one answer.

0	(0)	Unable to obtain information needed to process the admission
25	(45)	No beds available
5	(9)	No Medicaid beds available
1	(2)	Nursing home said they could not care for the patient
8	(14)	Long waiting list
10	(18)	No delay experienced
		Other (Explain: INCORPORATED WITH QUESTION #6.
7	(12)	- Unknown

)

4. If your relative was Medicaid eligible when you sought nursing home admission, were you asked to pay or contribute any money to the nursing home or purchase additional items for his/her care (for example, a wheelchair, a walker, etc.?) (These costs would be in addition to your relative's income).

2 (4) Yes

47 (84) No

6 (11) Not Medicaid eligible at admission

1 (2) - Unknown

IF YES, please explain the situation: SEE TABLE 2.

5. Was your relative moved directly from another nursing home to the present one?

8 (14) Yes

47 (84) No

1 (2) Unknown

IF YES: Why was your relative moved?

4 (7) Personal preference

1 (2) Became Medicaid eligible

3 (5) Needed a higher or lower type of care

_____ Other (Explain: INCORPORATED WITH QUESTION #6.

48 (86) - NOT APPLICABLE.

)

6. Please write any additional comments you may have on the placement of your relative into a nursing home. If you need more space, attach additional sheets.

Comments: SEE TABLE 3.

Thank you for your help! Please return this questionnaire in the enclosed envelope by August 15, 1986.

HEALTH REGION BREAKDOWN

Region	#	(%)
Northwest	11	(20)
Northern	3	(5)
Southwest	17	(30)
Central	10	(18)
Eastern	13	(23)
Out of State	2	(4)
	56	(100%)

TABLE 1

Number of Nursing Homes Contacted
(Question 2)

	No.	(%)
One contacted	12	(21)
Two contacted	9	(16)
Three contacted	16	(29)
Four contacted	6	(11)
Seven contacted	7	(12)
Nine contacted	1	(2)
Unknown	2	(4)
	56	

TABLE 2

Number of Waiting Lists (Question 2)

No waiting lists	11	(20)
One waiting list	12	(21)
Two waiting lists	11	(20)
Three waiting lists	11	(20)
Four waiting lists	2	(4)
Five waiting lists	3	(5)
Six waiting lists	1	(2)
Ten waiting lists	1	(2)
Unknown	4	(7)
	56	

TABLE 3

Reasons Families Paid Nursing Homes
(Question 4)

	No.	(%)
Payment requested for a period of time until Medicaid determined or to hold bed.	4	(7)
Pay requested for ambulance to move one patient from one nursing home to another.	1	(2)
Payment made to replace mattress, which was unacceptable.	1	(2)

TABLE 4

COMMENTS MADE BY FAMILIES ON SJR 52*

	No.	(%)
Felt the nursing home treated the family the same after became Medicaid. No difficulty placing patient because private pay for a short time.	2	(4)
Satisfied with the nursing home and praised their care. No problems experienced with admission.	17	(30)
Hard to place a loved one in the nursing home.	4	(7)
Felt received little help with placement from hospital social worker.	1	(2)
Does not like the nursing home their relative is in.	2	(4)
Feels Medicaid patients are discriminated against for admission. Nursing homes courteous until they say they are Medicaid. No one answer given.	9	(16)
Not happy about holding the bed during hospitalization or prior to admission.	2	(4)
Wheelchairs may be available, but not adequate. There was no footrest, so paralyzed patients could not use.	1	(2)
Moved relative because not happy with care at first home.	3	(5)
Nursing home made family give five day notice before moving.	2	(4)
Satisfied with second nursing home and care.	3	(5)
Had to travel too far to nursing home where relative originally placed. On a waiting list to bring relative closer to home.	3	(5)
Patients' condition made them difficult to place.	1	(2)
Patient transferred to nursing home from a state hospital against the family's wishes.	1	(2)
The amount of money that Medicaid allows the noninstitutionalized spouse to live on is too little.	1	(2)

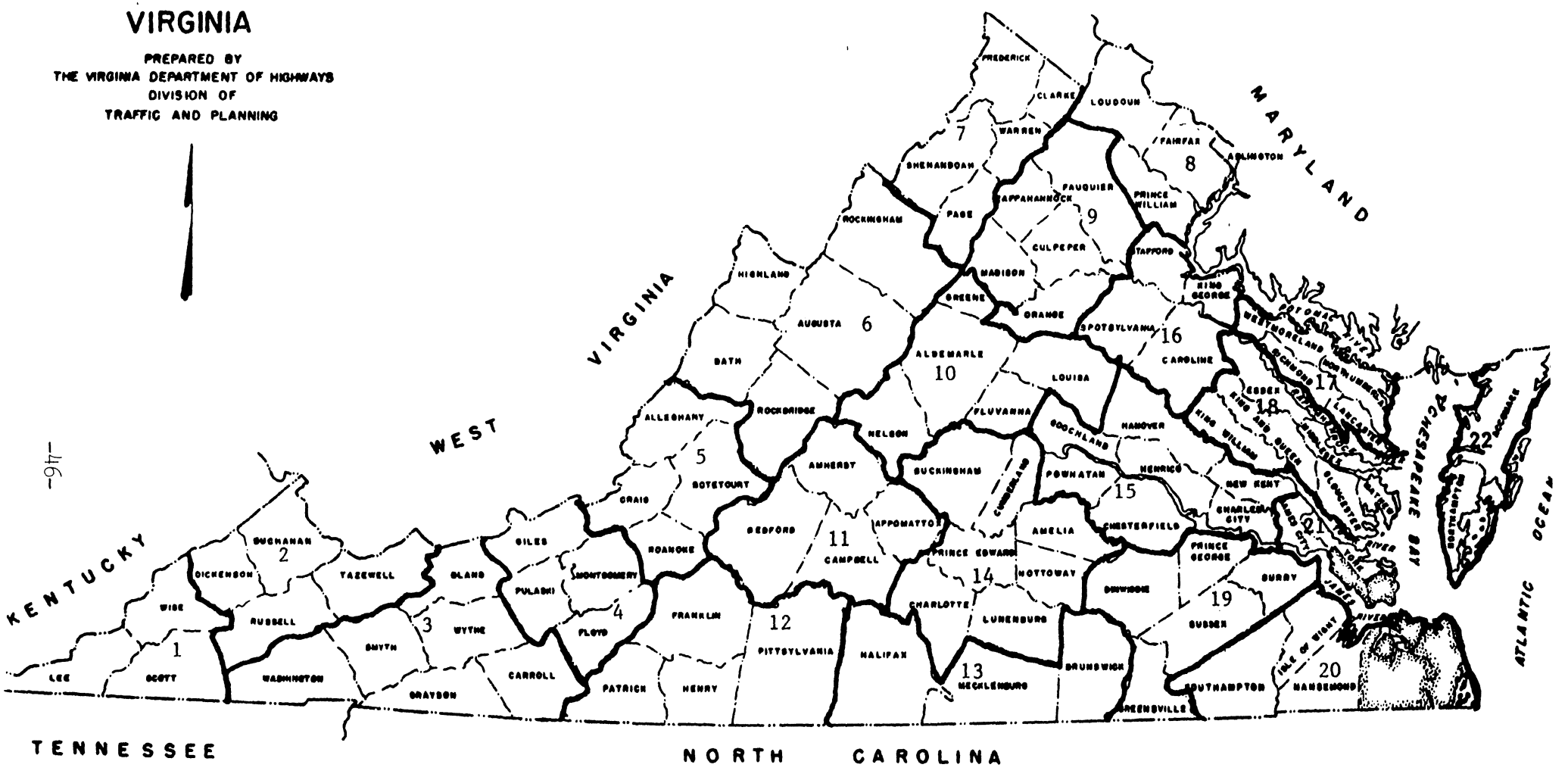
*Totals may exceed 100% because families made up to seven comments.

APPENDIX E

CURRENT RESIDENTS IN VIRGINIA NURSING HOMES ON JUNE 19, 1985*

Number of Residents by Facility Planning District and Number of Residents who Go to Facilities Within Their Planning District

*Virginia Department of Health Nursing Home Patient Survey



REGION	PLANNING DISTRICTS
I. NORTHWEST	6,7,9,10,16
II. NORTHERN	8
III. SOUTHWEST	1,2,3,4,5,11,12
IV. CENTRAL	13,14,15,19
V. EASTERN	17,18,20,21,22

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
REGION 1: Northwest					
Planning District 6					
	MEDICAID	667	(69)	486	(73)
	MEDICARE	19	(2)	16	(84)
	OTHER	283	(29)	251	(89)
	Total:	969	100%	753	77%
Planning District 7					
	MEDICAID	439	(73)	384	(87)
	MEDICARE	18	(3)	14	(78)
	OTHER	141	(24)	129	(91)
	Total:	598	100%	527	88%
Planning District 9					
	MEDICAID	265	(69)	165	(62)
	MEDICARE	1	(.3)	0	(0)
	OTHER	116	(30)	89	(77)
	Total:	382	100%	254	66%
Planning District 10					
	MEDICAID	352	(60)	245	(70)
	MEDICARE	17	(3)	11	(65)
	OTHER	224	(38)	174	(78)
	Total:	593	100%	430	72%

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
Planning District 16					
	MEDICAID	239	(69)	167	(70)
	MEDICARE	5	(1)	4	(80)
	OTHER	101	(29)	79	(78)
	Total:	345	100%	250	72%
REGION 2: Northern					
Planning District 8					
	MEDICAID	1422	(52)	1118	(79)
	MEDICARE	41	(2)	36	(88)
	OTHER	1263	(46)	1158	(92)
	Total:	2726	100%	2312	85%
REGION 3: Southwest					
Planning District 1					
	MEDICAID	232	(87)	218	(94)
	MEDICARE	2	(1)	2	(100)
	OTHER	32	(32)	22	(69)
	Total:	266	100%	242	91%
Planning District 2					
	MEDICAID	137	(72)	96	(70)
	MEDICARE	2	(1)	0	(0)
	OTHER	51	(27)	10	(20)
	Total:	190	100%	106	56%

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
Planning District 3					
	MEDICAID	551	(74)	438	(79)
	MEDICARE	17	(2)	12	(71)
	OTHER	176	(24)	167	(95)
	Total:	744	100%	617	83%
Planning District 4					
	MEDICAID	375	(72)	302	(81)
	MEDICARE	2	(.4)	0	(0)
	OTHER	147	(28)	114	(78)
	Total:	524	100%	416	79%
Planning District 5					
	MEDICAID	964	(58)	835	(87)
	MEDICARE	27	(2)	26	(96)
	OTHER	666	(40)	573	(86)
	Total:	1657	100%	1434	87%
Planning District 11					
	MEDICAID	571	(63)	494	(87)
	MEDICARE	39	(4)	37	(95)
	OTHER	302	(33)	268	(89)
	Total:	912	100%	799	88%

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
Planning District 12					
	MEDICAID	671	(72)	598	(89)
	MEDICARE	20	(2)	16	(80)
	OTHER	243	(26)	217	(89)
	Total:	934	100%	831	89%
REGION 4: Central					
Planning District 13					
	MEDICAID	308	(75)	231	(75)
	MEDICARE	7	(2)	3	(43)
	OTHER	97	(24)	78	(80)
	Total:	412	100%	312	76%
Planning District 14					
	MEDICAID	219	(62)	117	(53)
	MEDICARE	9	(3)	0	(0)
	OTHER	124	(35)	90	(73)
	Total:	352	100%	207	59%
Planning District 15					
	MEDICAID	1498	(57)	1325	(88)
	MEDICARE	69	(3)	67	(97)
	OTHER	1075	(41)	995	(93)
	Total:	2642	100%	2387	90%

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
Planning District 19					
	MEDICAID	515	(78)	365	(71)
	MEDICARE	11	(2)	10	(91)
	OTHER	136	(21)	97	(71)
	Total:	662	100%	472	71%
REGION 5: Eastern					
Planning District 17					
	MEDICAID	192	(69)	108	(56)
	MEDICARE	6	(2)	6	(100)
	OTHER	81	(29)	65	(80)
	Total:	279	100%	179	64%
Planning District 18					
	MEDICAID	262	(68)	164	(63)
	MEDICARE	5	(1)	0	(0)
	OTHER	119	(31)	96	(81)
	Total:	386	100%	260	67%
Planning District 20					
	MEDICAID	1955	(73)	1816	(93)
	MEDICARE	73	(3)	68	(93)
	OTHER	665	(25)	620	(93)
	Total:	2693	100%	2504	93%

		Patients by Principal Payment Source in Nursing Homes		Patients Who Reside in Nursing Homes Within Their Own Planning District	
		Number	Percent %	Number	Percent %
Planning District 21					
	MEDICAID	768	(70)	637	(83)
	MEDICARE	6	(1)	6	(100)
	OTHER	330	(30)	267	(81)
	Total:	1104	100%	910	82%
Planning District 22					
	MEDICAID	235	(83)	211	(90)
	MEDICARE	1	(.4)	0	(0)
	OTHER	48	(17)	45	(94)
	Total:	284	100%	256	90%

FACILITIES NOT REPRESENTED IN THESE TABLES
DUE TO NONRESPONSE

HSA/PD	Facility Name
I/6	District Home
I/6	Staunton Manor
I/9	Virginia Baptist - Culpeper
III/1	Heritage Hall II
III/2	Heritage Hall VIII
III/5	Liberty House - Roanoke
III/12	Martinsville
III/12	Riverside Health Care
IV/13	Twin Oaks
IV/14	Eldercare of Farmville
IV/15	Via Health Care Center
IV/15	Elizabeth Adam Crump
IV/19	Avis B. Adams
IV/19	Battlefield Park
V/20	Hillhaven
V/20	Nansemond
V/20	William T. Hall
V/21	Coliseum Park
V/22	Bi-County Clinic

SPEAKERS - Public Hearings *

NORTHERN VIRGINIA

Name	Organization	Address/Phone Number
Louis Wagner	Commission on Aging	(Home) 7205 Homestead Place Springfield, Virginia 22151 256-6210
Barbara Fenton	Arlington Commission on Aging	524-3855
Terri Lynch	Arlington Agency on Aging	558-2341
Katherine Morrison	Alexandria Office on Aging	838-0920
Peg Moss, Director of Social Services	Northern Virginia Doctor's Hospital	671-1200
Susan Harris	American Health Care Association	833-2050
Anne Showalter, Director of Social Services	Fairfax Hospital Assoc.	3300 Gallows Road Falls Church, VA 22046
Barbara Favola	Arlington Health Center Commission	422-2943
George Barker	Health Systems Agency of Northern Virginia	7245 Arlington Boulevard #1300 - Falls Church, VA 22042 — phone 573-3100
Harley Tabak	Virginia Health Care Association	7064 Raleigh Tavern Drive Manassas, Virginia 22111
Karen Tyner	Representing her own personal experience	2100 Mayflower Drive Woodbridge, Virginia 22192 690-3629
T. J. Sullivan	Alexandria Commission on Aging	2525 Mt. Vernon Avenue Unit 5 Alexandria, Virginia 22301 838-0920
Verdia L. Haywood Deputy County Exec.	Fairfax County Govern.	691-2425
Mary Marshall	House of Delegate 48th District	2256 North Wakefield Street Arlington, Virginia 22207 (804) 786-6894

SPEAKERS - Public Hearings*

NORTHERN VIRGINIA (continued)

Name	Organization	Address/Phone Number
M. Garey Eakes	Legal Services of Northern Virginia	841-0304 (Arlington)
Peter C. Clendenin Would like a list of speakers	Virginia Health Care Association	2112 W. Laburnum Avenue #206 Richmond, Virginia 23227 (804) 353-9101

RICHMOND

Name	Organization	Address/Phone Number
Virginia Dize	Department of Aging	225-2271
Katherine Webb	Virginia Hospital Assoc.	747-8600
G. Carlton Stevens	Berry Hill Nursing Home	(804) 572-8901
Jill Hanken	Virginia Poverty Law Center	782-9430
Mary Payne	Capital Area Agency on Aging	648-8381
Ed Kassab	Forest Hill Convalescent Center	231-0231
Larry Ferguson	MCV (Dept. of Social Work)	786-0212
Ruth McGoff	Arlington Hospital (Director of Social Services)	(703) 558-6275
William Vantiel	Virginia Health Care	1-800-552-3402

NORFOLK

Name	Organization	Address/Phone Number
Nancy Moncure	Maryview Hospital	3636 High Street Portsmouth Virginia 23707
Susan Chapman	Norfolk Social Services	220 W. Brambleton Avenue Norfolk, Virginia 23510
George P. Phillips Administrator	Lake Taylor City Hosp.	1309 Kempsville Road Norfolk, Virginia 23502
Agatha Jenkins	Norfolk Health Dept.	4A Colley Avenue Norfolk, Virginia 23507 446-4786

SPEAKERS - Public Hearings*

NORFOLK (continued)

Name	Organization	Address/Phone Number
Beatrice Johnson	Northampton-Accomac Hospital	Nassawadox, Virginia
Frances Weaver	Department of Norfolk Social Services	220 Brambleton Avenue Norfolk, Virginia 23510
Naomia Warder Director of Social Services	DePaul Hospital	150 Kingsley Lane Norfolk, Virginia 23505
Louise Swell	Autumn Care of Chesapeake	2701 Border Road Chesapeake, Virginia 23324
Raymond Franz	Hampton Conval. Ctr. Tidewater Chapter VHCA	414 Algonquin Road Hampton, Virginia 23661 722-9881
Douglas Finney	Lake Taylor City Hosp.	1309 Kempsville Road Norfolk, Virginia 23502 461-5000
Martha Ryan	Independence Center	100 W. Plume Street Norfolk, Virginia 23510
Peggy Frizzell	Mary Immaculate Hosp.	800 Denbigh Boulevard NN Virginia 23602 (804) 872-0100

ROANOKE

Name	Organization	Address/Phone Number
Bill Anglim	Medical Facilities of America	3130 Chaparrell Drive Roanoke, Virginia
Rod Eller	District 3 Governmental CO-OP	305 South Part Street Marion, Virginia
Delores Hoffman	Catawba Hospital	Catawba, Virginia
Billie K. Louthian	League of Older Americans	
Doug Elgin	Danville Memorial Hosp.	Danville, Virginia
Frank Peck	VA Health Care Assoc.	Richmond, Virginina
Fred Hall Administration	Shenandoah Manor	Clifton Forge, Virginia

*COPIES OF TRANSCRIPTS OF ALL PUBLIC HEARINGS AND WRITTEN COMMENTS ARE AVAILABLE.

WRITTEN REQUESTS SHOULD BE SENT TO:

MISS ANN COOK
VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES
600 E. BROAD STREET, SUITE 1300
RICHMOND, VIRGINIA 23219