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Long-Term Care Needs and Availability by PASSPORT Administrative Agency

(Region 9)

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In 1995 the Scripps Gerontology Center at Miami University was awarded a grant by the Ohio Department of Aging to evaluate long-term care in Ohio. As part of that project we monitored the volume of pre-admission reviews, examined the demographic and functional characteristics of PASSPORT clients, Residential State Supplement (RSS) participants, and nursing home residents. We also monitored nursing home occupancy rates for the state for the years 1992-1995. The time period covers the year prior to enactment of the pre-admission review process and subsequent years. The findings are summarized in a report entitled A Study of Home Care and Nursing Home Use Patterns in Ohio, available from the Scripps Gerontology Center.

As we prepared the state report we recognized that nursing home bed availability and occupancy rates differed for each PASSPORT Administrative Agency (PAA) area. We also found that PASSPORT client characteristics differed by site. These findings led to our presentation of long-term care needs and availability by PAA for 1995.

In the following sections we present: 1) the projected older population, and the projected older population with disability; 2) nursing home bed availability, occupancy rate, number of admissions and discharges; 3) volume of pre-admission reviews for 1994-1996; and 4) number and characteristics of the PASSPORT clients in the PAA.

Table 1 presents the projected older population of PAA #9 for the next 15 years. In 1995 there were 73,560 persons age 65 or older residing in the area. Between 1995 and 2010, the older population of the region is expected to decrease by 6.7 percent. During the same time period, however, the 75+ population will remain the same, changing percent from 32,430 to 32,479. The population designated as severely disabled, those meeting nursing

Table 1

Projection of Older Population
by Age and by Levels of Disability, 1995-2010

	PAA #9					
Year	Age <u>Categories</u>	Total <u>Population</u>	Population with No Disability	Population with Disability		
1995	65-74 75-84 85 + Total	41,130 25,320 	30,349 16,136 	Moderate ^a 7,852 6,168 2,033 16,053	Severe ^b 2,929 3,016 2,174 8,119	
<u>Year</u>	Age <u>Categories</u>	Total <u>Population</u>	Population with No Disability	Populatio <u>Disability</u>		
2000	65-74 75-84 85 + Total	37,140 25,880 <u>8,229</u> 71,249	27,350 16,488 3,356 47,194	Moderate 7,114 6,298 2,353 15,765	Severe 2,676 3,094 2,520 8,290	
Year	Age <u>Categories</u>	Total <u>Population</u>	Population with No Disability	Populatio <u>Disability</u>		
2005	65-74 75-84 85 + Total	34,940 26,030 <u>8,342</u> 69,312	25,804 16,558 3,385 45,747	Moderate 6,658 6,332 2,381 15,371	Severe 2,478 3,140 2,576 8,194	
Year	Age <u>Categories</u>	Total <u>Population</u>	Population with No Disability	Populatio <u>Disability</u>		
2010	65-74 75-84 85+ Total	36,180 23,490 8,989 68,659	26,748 14,919 <u>3,628</u> 45,295	Moderate 6,881 5,712 2,552 15,145	Severe 2,551 2,859 2.809 8,219	

^a Moderate disability is defined as experiencing limitations in at least one of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, bathing, remaining continent; or in at least two of the following instrumental activities of daily living: walking, shopping, meal preparation, housekeeping, or using transportation.

^b Severe disability is defined as experiencing limitations in at least two of the following activities of daily living: eating, transferring in or out of bed or chair, getting to the toilet, dressing, remaining continent, or having cognitive impairment.

home level of care, will increase slightly percent from 8,119 to 8,219. The moderately disabled population will decrease by 5.7 percent.

In 1995 there were 5,156 nursing home beds in PAA #9 (table 2). The ratio of the number of nursing home beds to the 65 and older population was 70 per 1,000, higher than the state ratio of 65 per 1,000. There were 64 Medicaid beds for every 1,000 older persons and 580 for every 1,000 severely disabled older persons. The majority of the beds were Medicaid, Medicare or dually certified. With 7 percent of the beds not certified, PAA #9 has an average proportion of uncertified beds. There were 5,796 new admissions to nursing facilities, 65 percent of the admissions were from hospitals with Medicare as the payer source. As expected, a considerable number of discharges were from the residents with Medicare as payer. The total nursing home occupancy rate for the PAA was 90.6, higher than the state overall occupancy rate of 88.1 percent. The Medicaid occupancy rate was 69.4 percent, higher than the state Medicaid occupancy rate of 64.7 percent.

To examine the effectiveness of pre-admission review we compared the volume of long-term care applications and their referral setting in each of the 3 years following enactment of the pre-admission review procedure. Table 3 shows that the number of Medicaid community applications for long-term care remained stable. However, Medicaid applications from hospitals, and those from nursing homes requesting change of payment from Medicare or private pay to Medicaid declined gradually. Non-Medicaid applications from the community remained stable, while those from hospitals increased, a phenomena observed across the state.

The number of PASSPORT clients has increased by 51.6 percent, from 682 in October 1994 to 1,034 in June 1996. Demographic characteristics of PASSPORT clients have

Table 2
Nursing Facility Capacity, Admissions, Discharges and Occupancy Rates, 1995

	PAA #9		State of Ohio	
Adjusted Nursing Facility		Percent		Percent
Total beds	5,156		95,255	
Medicaid certified	3,442	66.8	51,380	53.9
Medicare certified	84	1.6	2,096	2.2
Medicare/Medicaid	1,270	24.6	34,188	35.9
Private Pay Beds	360	7.0	7,591	8.0
Number of Admissions				
Total	5,796		102,006	
Medicaid	928		18,321	
Medicare	3,762		60,704	
Number of Discharges				
Total	5,619		99,383	
Medicaid	1,273		26,334	
Medicare	3,304		47,318	
Occupancy Rate (Percent)				
Total	90.6		88.1	
Medicaid	69.4		64.7	
Medicare	21.4		16.3	

Total beds include private, Medicaid and Medicare certified beds.

Source: Annual Survey of Long-Term Care Facilities. Ohio Department of Health 1995.

Table 3
Volume of Pre-Admission Reviews, by Location of Applicant and Payment Status

PAA #9 Payment Status Medicaid Non-Medicaid **Total** 1994 1995 1996 1994 1995 1996 1994 1995 1996 **Community Referral Setting:** Volume $1,742^{1}$ 1,265 $1,390^{2}$ 400 596 514 2,256 1,665 1,986 52.4 49.2 Percentage 49.9 21.6 20.8 23.0 39.6 37.1 37.0 **Hospital Referral Setting:** Volume 421 318 320 1.844 1,520 2,265 1,838 1.972 2,292 Percentage 12.6 12.4 11.5 39.7 77.7 79.1 76.2 40.9 42.7 **Nursing Facility Referral Setting:** Volume 1,164 1,074 987 17 2 20 1,181 989 1,094 35.0 38.4 Percentage 38.6 0.7 0.1 0.8 20.7 22.0 20.3 **Total** Volume 3,327 2,570 2,784 2,375 1,922 2,588 5,702 4,492 5,372

100.0

100.0

100.0

100.0

100.0

100.0

100.0

100.0

100.0

Percentage

Source: PAR system, the Pre-admission Review Database.

¹ PASSPORT clients are required to complete a pre-admission review at reassessment. In 1994 reassessment was required every six months, subsequently it was changed to annually.

² Data for 1996 are estimated for the final two quarters.

remained relatively stable over the 18-month period. As table 4 shows, except for race and living arrangement, the demographic characteristics of this population mirror that of the state as a whole.

In terms of functional characteristics, PAA #9's PASSPORT population has slightly lower impairment level compared to 1994 and resembles state averages with some differences in ADL impairments (see table 5).

Although the older population of PAA #9 is projected to remain relatively constant, the projected disabled older population will increase gradually and then drops by the year 2010. By the year 2000 the number of severely disabled older people will increase to 8,290. If no new nursing home beds are added during this time period, the ratio of nursing home beds to severely disabled older persons declines to 622 beds per 1,000 in the year 2000; and then increase to 627 per 1,000 in the year 2010. As shown in the overall state study, the number of PASSPORT clients 85 and older per 1,000 persons 85 and older in the population has been increasing since 1993, while the use of nursing homes by the same age group has declined.

Table 4
Demographic Characteristics of PASSPORT Clients:
June 30, 1996

	PAA #9	State of Ohio (Percentage) ^a	
Characteristic	(Percentage) ^a		
Age			
60-65	10.2	10.9	
66-74	27.6	27.9	
75-84	39.2	37.5	
85-90	15.7	16.3	
91+	7.3	7.4	
Average Age	77.5	77.3	
Gender			
Female	80.6	80.8	
Race			
White	94.3	70.9	
Marital Status			
Never married	6.7	5.5	
Widowed/divorced/separated	74.4	76.2	
Married	18.9	18.3	
Current Living Arrangement			
Own home/apartment	82.5	74.3	
Relative or friend	11.5	20.8	
Congregate housing/elderly	0.4	0.8	
Group home	0.2	0.1	
Nursing facility	3.6	2.9	
Other	1.8	1.1	
Population	1,034	11,777	

^a Percentages are adjusted to reflect only those clients for whom information was available on each variable.

Source: PASSPORT MIS database.

Table 5 **Functional Characteristics of PASSPORT Clients:** June 1996

	PAA #9	State of Ohio
	(Percentage) ^a	(Percentage) ^a
Percentage with Impairment/Needing Hands-On Assistance,	-	-
Activities of Daily Living (ADLs) ^b		
Bathing	98.6	97.3
Dressing	63.8	70.1
Transferring	26.6	46.8
Toileting	20.2	30.7
Eating	6.0	9.8
Grooming	81.8	62.5
Number of ADL Impairments ^c		
0	0.4	0.9
1	2.1	2.6
2	40.9	31.5
3	31.5	32.7
4 or more	25.1	32.3
Average Number of ADL Impairments ^c	3.0	3.2
Percentage with Impairment in Instrumental Activities of		
Daily Living (IADLs)		
Phoning	21.6	29.4
Transportation	88.5	86.5
Shopping	96.1	97.8
Meal preparation	84.2	87.3
Housecleaning or laundry	95.9	98.4
Heavy chores	99.8	99.7
Legal and financial	63.8	74.5
Medication administration	37.5	44.5
Number of IADL Impairments		
0	0.0	0.0
1	0.0	0.0
2	0.4	0.2
3	3.2	2.5
4 or more	96.4	97.3
Average Number of IADL Impairments ^c	5.9	6.2
•		

Percentages are adjusted to reflect only those clients for whom information was available on each variable.
 Impairment includes all who could not perform the activity by themselves.
 From list above.