

HCBS Needs Boost, Report Says

Experts Suggest FMAP Enhancement, Eligibility Expansion

An increase in federal Medicaid funding would help states provide home- and community-based services (HCBS) to serve people's long term care needs, but other changes would also need to be made to help shift Medicaid's focus from institutional settings, according to the Kaiser Family Foundation.

The foundation's Commission on Medicaid and the Uninsured released two issue briefs looking at how to increase access to HCBS and efforts already under way in states that offer such services to seniors or others that require long term care.

Beyond additional federal funds, experts, federal and state officials, and health care advocates found that there needs to be a simpler process for states to be able to provide HCBS.

Increasing the Medicaid income-eligibility and resource limits for HCBS and speeding up program eligibility determinations would also improve access, according to the report.

Long term care workforce development also needs to be a priority, with greater attention paid to wages, training, and benefits, the report says.

"Over the last 20 years, states have made great progress in shifting the delivery setting for long-term services and supports toward more home-based care, but since most HCBS are provided through waivers, wide variation in spending patterns and financial and need eligibility standards exists across the states," according to the report.

Right now, 2.8 million individuals receive Medicaid HCBS services and an additional 300,000 individuals are on a

waiting list for services, an 18 percent increase over the previous year, according to the report. But as the demand for HCBS grows, states face tough financial conditions that make it hard to expand existing programs.

"Additional federal support in the form of an enhanced federal matching rate for HCBS could provide the necessary incentives for states to expand access to Medicaid HCBS and potentially reduce the cost of providing long-term services and supports over time," the report says.

One key area of concern was that HCBS rules can vary from state to state. "Differences in state policies can have serious consequences for people who need long-term services and supports," according to the report. "A person who is financially eligible for ➤

Goals Revised For Advancing Excellence

As Advancing Excellence in America's Nursing Homes moves into Phase II of the campaign, the eight goals have been revised with new objectives and definitions. The updates are the first since 2006 and include three clinical improvement goals and five operational improvement goals.

The order of the goals has been changed to better reflect that staffing issues are clearly drivers of overall quality improvement in a nursing facility, Advancing Excellence officials said.

Following are descriptions of the newly revised goals:

1. Staff Turnover: Nursing facilities

will be expected to take steps to minimize staff turnover among registered nurses, licensed practical nurses, certified nurse assistants, and other essential staff.

2. Consistent Assignment: Nursing facilities will practice consistent assignment in accordance with the definition established by Advancing Excellence.

3. Restraints: Nursing facility residents are independent to the best of their ability and rarely experience daily physical restraints.

4. Pressure Ulcers: Nursing facility residents receive appropriate care to prevent and treat pressure ulcers.

5. Pain: This will be a two-part goal with objectives for long-stay and short-stay differing slightly.

6. Advance Care Planning: All nursing facility residents will have the opportunity to discuss their goals for care—including their preferences for advance care planning—with an appropriate member of the health care team.

7. Resident/Family Satisfaction: Almost all nursing facilities will assess resident and family experience of care and incorporate this information into quality improvement activities.

8. Staff Satisfaction: Almost all nursing facilities will assess staff satisfaction at least annually, and upon separation, and incorporate this information into their quality improvement activities.

—Tom Burke



Medicaid in one state might not be in another state, or might be eligible for Medicaid but not for Medicaid HCBS.”

The working group participants suggested raising the income eligibility level to 300 percent of Supplemental Security Income for the Medicaid HCBS state plan option and extending spousal protections to align with spousal impoverishment rules for beneficiaries in nursing facilities.

Meanwhile, the brief looking at lessons learned from states already offering HCBS programs found that those

at the “forefront” of the HCBS movement have common characteristics, including a philosophical commitment, sometimes accompanied by legislative direction, to provide more options for consumers; a single administrative agency; and global budgeting for the provision of all long-term services and supports rather than separate budgets for institutional and community-based services.

The report says states might be wary of taking on a new HCBS initiative, particularly during tough financial

times, but “structural or procedural changes can be accomplished with minimal or no additional cost.”

There is evidence from states that providing services in the community can be less expensive than providing institutional care, according to the report. “Additional federal support to states, provided under certain conditions, could provide a strong incentive for a shift to increase the availability and accessibility of community-based services financed by Medicaid.”

—Suzanne Struglinski

In-Depth Report

LISA GELHAUS

Preparation Eases Move-Out

Assisted Living Guidance Calls For Constant Communication

When the 91-year-old woman resident of Shard Villa in Salisbury, Vt., had a stroke, Deb Choma, the assisted living community’s registered nurse and administrator, swung into action. She called the resident’s physician to begin diagnosing and determining the medical conditions that would trigger transferring the resident to a hospital.

After speaking with the resident’s physician, Choma called her two adult children about the change in their mother’s condition and invited them to come for a visit and conference that night.

Choma waited until the children arrived before explaining to the resident what had happened and the potential necessity for a transfer to a hospital, nursing facility, or rehabilitation center. With everyone in the resident’s room, she called the physician and put him on a speaker phone so everyone heard at the same time what happened medically and the conditions that would require moving the resident.

“I have a team approach. Everyone

is involved together as we care for the resident,” says Choma.

Preparing Residents In Advance

This holistic approach is one of several practices advocated by the National Center for Assisted Living (NCAL) in

‘The goal is to keep the resident as comfortable as possible.’

its new pamphlet, titled “Practices in Excellence: Preparing Residents For Moving Out.”

But before an emergency situation arises, providers should prepare residents and their family members for the potential of a move-out even before the resident moves in. It is also recommended that providers review move-out criteria with the resident and family periodically during the resident’s stay.

No matter the reason for residents

moving out, assisted living operators interviewed understand the importance of providing information, support, and coordination to residents and their families during a transition out of the community.

The goal is to keep the resident as comfortable as possible while transitioning out of the community, says Nancy Andrews, director of housing and assisted living of Valley Memorial Homes in Bismarck, N.D. “Staff can relieve residents’ anxiety associated with move-outs by setting realistic expectations when they move in. Another key piece is continuous communication with the resident and their family of any noted changes in the resident’s condition.

“When it is time for a change in the level of care, it is not as devastating when the communication has been in place all along. We must communicate the possibility that is always there—at some point in time the resident may need to move out of the assisted living community,” she says.

“We review the medical condi-