REPORT

PURSUANT to HF582 of the 1994 SESSION --

PRE-ADMISSION SCREENING and ASSESSMENT PILOT PROJECT

to the **HONORABLE TERRY E. BRANSTAD**

and the **SEVENTY-SIXTH GENERAL ASSEMBLY -**

SECOND SESSION

from the **Iowa Department of Elder Affairs**

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PRE-ADMISSION SCREENING and ASSESSMENT PILOT PROJECT WORK GROUP

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REPORT

on the **PRE-ADMISSION SCREENING and ASSESSMENT PILOT PROJECT**

Pursuant to HF582 of the 1994 Session

to the **HONORABLE TERRY E. BRANSTAD**

and the **SEVENTY-SIXTH GENERAL ASSEMBLY - SECOND SESSION**

Background:

In 1993, the General Assembly considered House File 582, a bill relating to the establishment of a pre-admission program for elders considering admission into a nursing facility. The bill was intended to provide individuals considering nursing facility placement with the same screening, assessment and inter-agency care planning as is provided by the Case Management Program for Frail Elderly (CMPFE). Bill language created uncertainty about the number of counties that would implement pre-admission assessments and the cost involved.

Experience in other states indicated the following advantages to implementing pre-admission assessments:

- Long-range cost savings for the state by reducing the amount of over-service; and
- Consumer satisfaction increased by having more information when selecting long-term care options.

These potential benefits to the state prompted the Long-Term Care Work Group called by the Department of Management to study the concept further. The Interim Report issued in December 1993 recommended that a pre-admission screening and assessment program be piloted in a few counties to test its value in Iowa. Other suggestions included exempting hospital transfers and using the state's Peer Review Organization to do the screens.

In response to these recommendations, the 1994 General Assembly incorporated changes in the language of HF 582. The bill subsequently passed and was signed into Iowa Code in April 1994. No funds were appropriated for the pilot program.

A work group (with representatives from the entities that can expect to be affected by the pre-admission screening and assessment pilot) has been meeting since July, 1994. Through the work of several sub-groups, the Pre-admission Screening and Assessment (PASA) Work Group has developed the parameters for the pilot program. The goal and objectives used to focus work group activity were as follows.

GOAL: To assist elder in making informed decisions concerning long-term NF placement.

OBJECTIVES:

- To insure that persons entering a nursing facility are doing so as a result of making an informed choice/ decision;

- Reduce the number of persons entering nursing facilities who have the capability (i.e., caregivers, insurance/ finances, etc.) and desire to reside in a more independent setting;
- Collect data on persons considering admission to a nursing facility in order to identify existing access, care, or resource issues;
- Reduce expenditures for institutional long-term care services by developing and expanding utilization of cost-effective community-based alternatives, thus delaying the need for Medicaid coverage.

Outcomes, 1994

Ten counties volunteered and were selected for participation in the pilot program. Those counties are: Black Hawk, Cerro Gordo, Hamilton, Hancock, Jasper, Johnson, Keokuk, Linn, Scott and Van Buren.

The following determinations were made by the Pre-admission Screening and Assessment (PASA) Work Group:

- The pre-admission process will parallel the screening and assessment process(es) already in place in order to reduce confusion and overlap.
- The screening tools currently completed by the Iowa Foundation for Medical Care (IFMC) on all Medicaid clients entering a nursing facility will be adequate for the pilot's purposes with a few questions added to identify those elders who could not possibly be supported by community-based services. All others who are not exempted by HF 582 will be referred to the area agency on aging for a comprehensive assessment through the Case Management Program for the Frail Elderly (CMPFE). The screen will be completed within 24 hours of the referral from the nursing facility.
- The assessment and discussion of options with the elder will be conducted through the regular Case Management Program for Frail Elderly (CMPFE), following the regular process and using the designated tools. The exception will be in the timing (no more than 2-5 days from referral to service delivery.)
- The nursing facilities will be urged to refer elders on their waiting lists to the CMPFE program. This will assure that those individuals are having their needs met while waiting for a nursing bed to open as well as allowing them to avoid any delays when a bed is available by being exempt due to the recent CMPFE assessment.
- Hospital discharge planners will be encouraged to be a part of the CMPFE team. This will allow the discharge planning process to serve as the CMPFE assessment. Elders admitted to a nursing facility from a CMPFE-participating hospital would not face an additional assessment thirty days into their nursing home stay, thus avoiding the difficulties that an abbreviated stay usually presents for both the elder and the nursing facility.
- Evaluation is expected to take three forms, two focusing on outcomes. Providers (area agencies on aging, hospitals, nursing facilities, community-based services agencies and IFMC) will report difficulties encountered with the process itself. As patterns in the complaints develop, the PASA Work Group will assess the patterns and make adjustments in the process. A customer satisfaction survey will be conducted with three samples: elders

who were diverted to community services and remained home, elders who were diverted to community services and were later admitted to the nursing facility, and elders who participated in the process but entered a nursing facility immediately. Data on the pilot's impact on state long-term care costs, program timeliness, and service provision will be tracked through the entities that currently monitor those indicators.

- Education regarding the pilot project will not only be provided to those entities directly involved in the process, but will also be made available to the general public and those entities who are secondarily involved in the process.

Training was conducted by the Iowa Foundation for Medical Care (IFMC), the Iowa Department of Elder Affairs, and the participating area agencies on aging at six field sites in November. The day-long sessions were attended by over 300 nursing home administrators and admission staff, home care service providers, hospital discharge planners, case managers and legislators.

A brochure highlighting the most frequently asked questions was developed for public information. Copies are being distributed through area agencies on aging and nursing facilities in the ten participating counties.

The Client Satisfaction Survey was designed to measure the target audience's reaction to the pilot.

Outcomes, 1995

Early in the project, Work Group members identified the need for a procedure that recognizes the needs and stressors impacting burned-out, primary caregivers (e.g., the spouse or adult daughter) when they approach a nursing facility. A procedure which allowed the Case Management Program for Frail Elderly (CMPFE) Coordinator to contact the caregiver by phone and use professional judgment regarding the caregiver's need for immediate respite was developed. The Coordinators also let the caregiver know that community-based services may be able to assist with home care if that option is of interest at some point in the future.

A procedure was approved to provide assessment outcome information to the affected nursing facility. In instances where the elder's informed decision was to go ahead and enter the nursing facility, a procedure for providing the IOWA assessment tool to the nursing facility was created. This allows the facility staff to have a clearer picture of the client's needs and potential for return to the community.

The pilot generated an average of seven pre-admission assessments of individuals with potential for community-based support out of an average of 220 pilot screens each month over the first six months of pilot project activity. The low referral rate (3%) to the Case Management Program for Frail Elderly (CMPFE) has been attributed primarily to the following two factors.

1. The large numbers of nursing facility admissions from the acute hospital setting were exempt from the pre-admission pilot. Transfers from acute care represented an average of 61 percent of nursing facility admissions. A total of 79 percent of nursing facility admissions were

exempted from the Pre-admission Screening and Assessment (PASA) Pilot Program in compliance with the provisions of HF 582.

2. Nursing facilities heeded the Work Group's recommendation to refer elders to the case management program at first contact. This had the two-fold benefit of assuring that potential residents had their needs met while waiting for a nursing bed to open and of allowing them to avoid any delays when a bed is available by being exempt from the PASA due to the recent CMPFE assessment. A reported, indirect outcome of this activity has been the enhanced perception of the participating facilities as nursing homes who care about the elders of their communities.

Due to using an expanded version of the pre-existing nursing facility review system, Iowa Foundation for Medical Care (IFMC) review staff estimate that the appended screening items added no more than ten minutes to the normal process. However, PASA did incorporate 1,022 more 20-minute reviews for private pay individuals than would otherwise have been conducted. Time spent on training, technical assistance, data collection and reporting was more extensive than anticipated.

Design flaws in the CMPFE cost assessment instrument prevented collection of reliable cost data. However, the cost to the case management program (outside of expenses associated with providing service to clients who would have been entitled to services through some other referral source) is expected to be minimal. The instrument is being revised to collect the necessary, reliable data. Information from this reporting mechanism will be considered along with final cost data from other pilot participants and identified savings in long-term care expenses for individuals who delay nursing facility admission to determine whether or not nursing facility pre-admission screening and assessment is cost-effective.

A total of six elderly Iowans were admitted to Case Management Program for Frail Elderly (CMPFE) during the first six months of the Pre-admission Screening and Assessment (PASA) Pilot Program. One possible factor for the low impact on nursing facility admissions is the program's basic requirement that the Pilot be conducted only in counties where the CMPFE already was operational. The Work Group has hypothesized that the general public in Case Management counties is already aware to a great extent of their home-based services options. Persons applying for admission in these counties, therefore, would be more likely to have made an informed decision. A second factor is the high exemption rate (79%) which severely decreased the number of elders participating in the Pilot.

On the whole, once training was completed, feedback from providers (both community-based and nursing facility) has been positive. Reports from area agencies on aging and nursing facilities alike stress the positive *indirect benefits* of the Pilot Project. These include:

a) clients are in better physical condition when admitted to the nursing facility from the Case Management Program for the Frail Elderly (CMPFE) and community-based services network;
b) the nursing facility discharge planning process is enhanced; and
c) clients entering the nursing facility following assessment display a more positive attitude toward admission.

Enhanced discharge planning was attributed to the greatly-improved communication between facility-based and community-based providers and to nursing facility staff familiarity with the one-referral-point for all home- and community-based services. Improved client attitude was credited to both the client and the client's family knowing about long-term care options and having participated in choosing the nursing facility as the most appropriate setting at that time.

Activities Planned for 1996

Face-to-face interviews with impartial, trained volunteers will collect data throughout the final six months of the pilot (January 1, 1996 to June 30, 1996).

Statistical data on cost effectiveness, numbers served, the time frame for referral and assessment process as well as the number of individuals seeking nursing facility admission who are successfully referred to community-based services will continue to be collected and evaluated at six-month intervals. A method to identify how many elders bypass pre-admission screening by being referred to the case management program at an earlier, and more beneficial, time in the process (i.e., when first seeking information on nursing home admission) will be added to the data collection system.

A mechanism to separate the impact of the Case Management Program from the impact of the Pre-admission Screening and Assessment Pilot will be devised. The resulting information will be analyzed for reliability and evaluated.

Ongoing evaluation of the screening and assessment processes will continue to be conducted.

An Internal Customer Satisfaction Survey will be designed to measure the effectiveness of the program from the viewpoint of the professionals involved.

ADDENDUM

Iowa Nursing Facility

Pre-Admission Screening and Assessment (PASA)

Pilot Project

January - June, 1995

PASA - Ten Pilot Counties - 1995		6 mo. Total	Monthly Avg.
Total Number of Pilot Pre-Screenings		**1321**	220
Total Exemptions		**1040**	173
	% of Pilot Pre-Screenings	79%	79%
	Exempted for transfer from hospital acute care	804	134
	% of Pilot Pre-Screenings	61%	61%
Total Number of Screenings (PACE)		**281**	47
	Triggered into NF*: Needs intensity of care inappropriate for hcbs**	211	35
	Triggered into NF: Caregiver unwilling/unable and Case Management Coordinator agrees	25	4
Admitted Immediately to NF (Includes Exempt & Trigger)		1276	213
Total Referred to CMPFE* for assessment**		**44**	7
	% of Pilot Pre-Screenings	3%	3%
	% of Pilot Screenings	16%	16%
	Assessment shows client needs services not available through hcbs***	38	6
Total Pilot Clients Admitted to NF		1314	219
Admitted to CMPFE		**6**	1
	% of Pilot Pre-Screenings	0.45%	0.45%
	% of Pilot Screenings	2.14%	2.14%
Level of Care	Skilled	236	39
	Intermediate	1085	181
Average time from IFMC referral to admit to NF or CMPFE		N/A	1.4 days
Pay Source	Title 19	299	50
	Private Pay	1022	170
Gender	Female	922	154
	Male	399	67
Continued Stay Review	Referred to CMPFE	26	4
	Admitted to CMPFE	2	0.33

* Nursing Facility
** Home- and community-based services
*** Case Management Program for Frail Elderly

prepared by Iowa Department of Elder Affairs