

Trends in Post-Acute & Long-Term Care

October 21, 2023

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Welcome to Florida:

By 2030, 57% of new residents will be 65+


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Aging Demographics: USA & FL

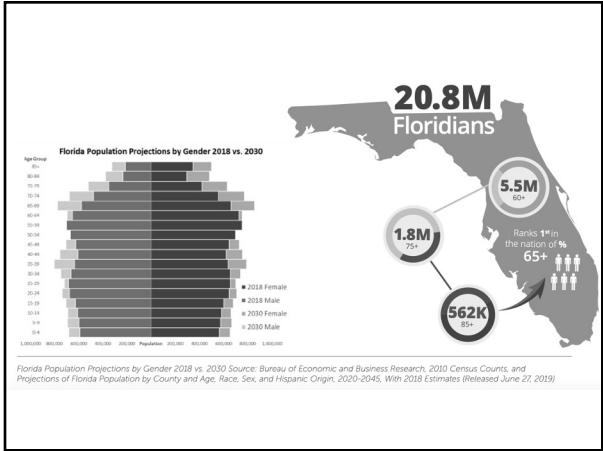
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Which US State is currently home to the largest % of people over the Age of 65?

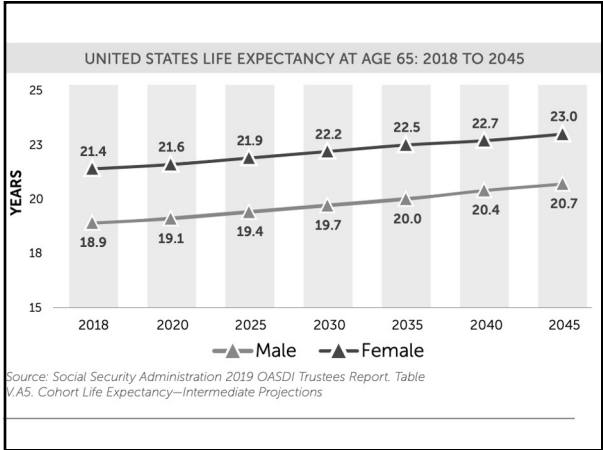
A) Florida
B) Maine
C) Vermont
D) West Virginia



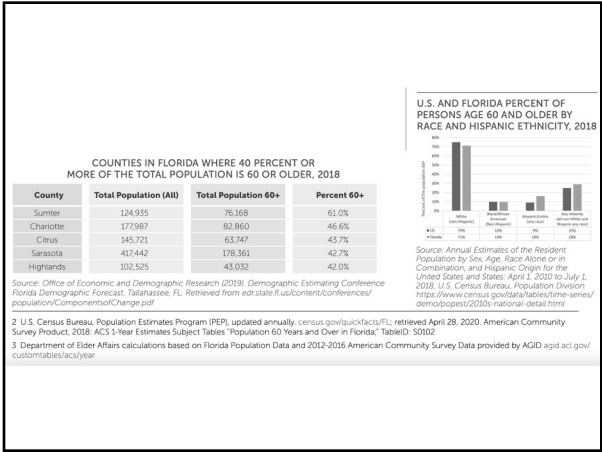
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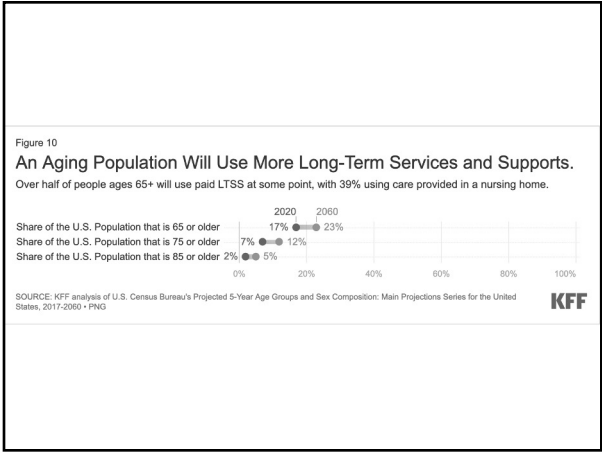
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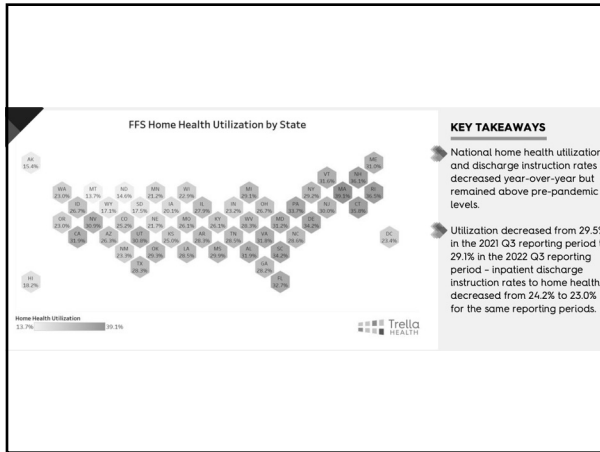
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International PALTC

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Which OCED Nation has the highest% of people living in a Nursing Home?

- A) USA
- B) Iceland
- C) UK
- D) Denmark
- E) Japan

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U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork



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Table 1.
Government regulations and public policies for medical services in NHs.

Level and type	Level of detail	NHs covered
Norway Federal authority allocates responsibility and oversight to local municipalities	Unspecified/framework act/interpretive	All NHs
Germany Federal authority allocates responsibilities to district jurisdictions	Unspecified/interpretive	All NHs with public funding (provision contracts)
US Federal regulations and state licensing regulations	Specified (for instance, type and frequency of visits and documentation/prescriptive. Requirements have increased over time)	All NHs who receive federal funds (96%). State regulations cover all other NHs
Manitoba Provincial	Provincial standards ensure that each resident's medical care is supervised by a physician, that residents are seen by a physician as often as their condition requires, and that both professional NH staff and residents have access to a physician for advice and input 24 h a day	All licensed NHs
British Columbia Provincial	General standard that a resident needs to be attached to an MD to be admitted to an NH. Some variation in credentialing of MDs who work in private (contracted nonprofit and for-profit vs public facilities)	All licensed NHs

Abbreviation: MDs, Medical Directors; NHs, nursing homes.

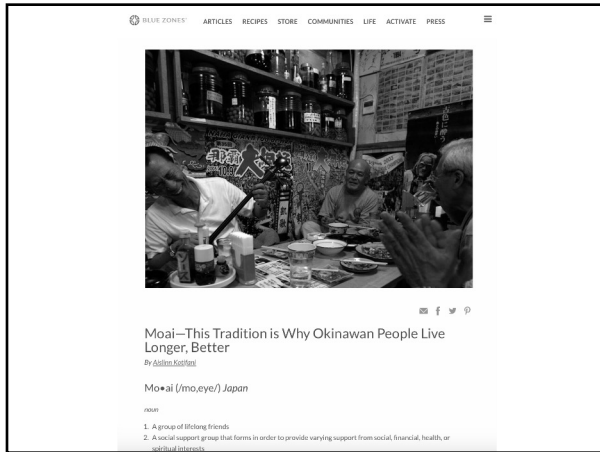
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Table 3. Percentage of people ≥ 65 years living at home and in institutions (prevalence data; different years in the early 1990s)

	Country								
Place of residence	USA	Japan	Iceland ^a	Sweden	Denmark	Netherlands	UK	France	Italy
Own home, independently or with informal and/or formal care (including domestic help and home nursing)	-	94.0	87.0	94.0	85.0	90.0	93.0	94.0	96.0
Residential homes, homes for the aged, old people's homes (low levels of care)	1.5 ^b	0.5	5.0	3.0	10.5 ^c	6.5	3.5 ^d	4.0	1.0
Nursing homes (high levels of care)	5.0	1.5	8.0	2.0	4.0	2.5	2.0	- ^e	<2.0
Hospitals (intensive medical care)	-	4.0	-	<1.0	<1.0	<1.0	1.5	-	1.0

Source: Postal questionnaires to RAI-study participants; NIVEL report; fact sheets on Sweden [6, 7].
^aIncluding only elderly of ≥ 67 years.
^bIncluding only residential care homes and not group facilities such as board and care homes.
^cIncluding some sheltered housing and other special dwellings for elderly.
^dIncluding some young disabled.
^eNo facilities described as nursing homes; 2% of elderly reside in nursing-home-like facilities.

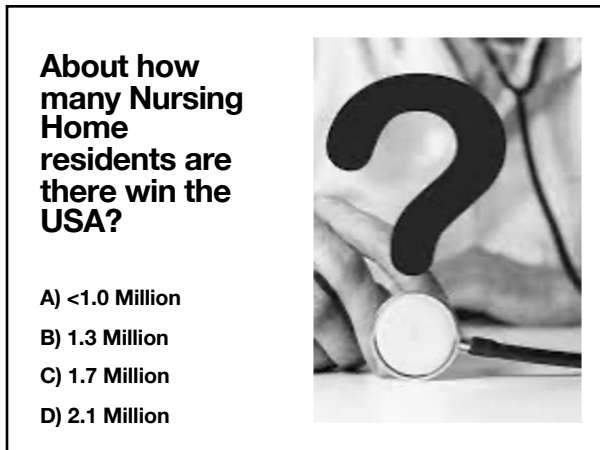
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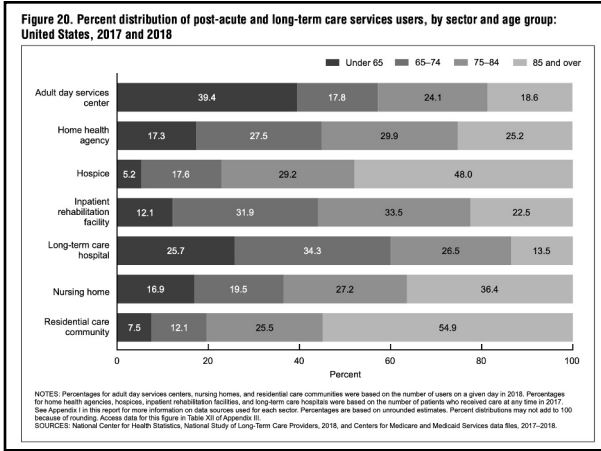
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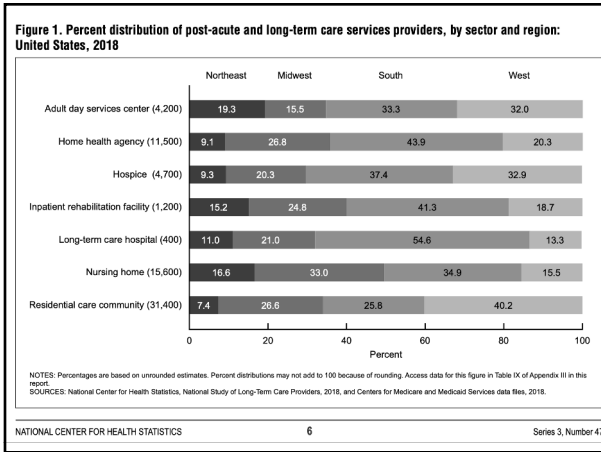
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Table XII. Post-acute and long-term care users, by selected characteristics and sector: United States, 2017-2018														
Characteristic ¹	Adult day services center		Home health agency		Hospice		Inpatient rehabilitation facility		Long-term care hospital		Nursing home		Residential care community	
	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE	SE
Users ²	251,100	7,080	4,940,276	---	1,582,524	47,670	380,409	10,950	115,820	4,448	1,321,290	6,640	918,706	33,620
Age	Percent distribution													
Under 65	39.4	2.1	17.3	0.0	5.2	0.1	12.1	0.2	25.7	0.5	16.9	0.0	7.5	1.2
65 and over	60.6	2.1	82.7	0.0	94.8	0.1	87.9	0.2	74.3	0.5	83.1	0.0	92.5	1.3
Sex	Percent distribution													
Male	43.5	1.9	30.4	0.1	41.6	0.1	45.8	0.2	51.8	0.3	36.7	0.0	32.6	2.1
Female	56.5	1.9	69.6	0.1	58.4	0.1	54.2	0.2	48.2	0.3	63.3	0.0	67.4	2.1
Race and ethnicity	Percent distribution													
Hispanic	22.2	1.9	7.0	0.2	6.5	0.4	5.8	0.4	9.7	0.9	5.7	0.0	5.9	0.6
Non-Hispanic White	44.8	2.1	76.8	0.3	82.3	0.5	79.9	0.6	66.3	1.1	73.8	0.0	84.4	1.8
Non-Hispanic Black	18.8	1.4	12.1	0.2	8.3	0.2	10.8	0.4	19.8	0.9	14.9	0.0	5.9	1.4
Other ³	16.3	1.8	4.1	0.1	3.0	0.2	3.5	0.2	4.1	0.3	5.5	0.0	2.8	0.9
Medicaid payer source	72.3	1.9	6.1	0.0	---	---	---	---	---	---	62.0	0.2	18.1	2.3
Diagnoses ⁴	Percent													
Alzheimer disease or other dementias	27.8	1.8	35.5	0.2	46.3	0.3	35.8	0.4	45.5	0.7	49.1	0.0	33.7	2.8
Arthritis	18.5	1.6	61.7	0.2	29.6	0.2	62.8	0.3	52.6	0.6	27.6	0.0	25.5	2.1
Asthma	5.6	0.5	11.8	0.1	3.7	0.0	12.0	0.1	13.9	0.2	---	---	2.9	0.5
Chronic kidney disease	5.7	0.9	54.7	0.1	39.2	0.2	61.2	0.3	81.4	0.5	---	---	6.5	1.1
Chronic obstructive pulmonary disease	6.8	0.5	32.0	0.2	25.1	0.2	35.1	0.3	35.4	0.8	---	---	10.6	1.9
Depression	21.8	1.7	40.5	0.1	23.7	0.2	49.2	0.4	51.8	0.5	48.8	0.0	27.5	2.5
Diabetes	25.7	1.7	45.2	0.2	26.6	0.2	46.2	0.3	64.2	0.6	34.8	0.0	20.4	2.3
Heart disease ⁵	13.3	1.4	54.4	0.2	37.9	0.3	58.8	0.4	68.3	0.8	26.1	0.0	17.3	1.9
High blood pressure or hypertension	51.1	2.0	89.2	0.1	95.3	0.3	95.6	0.1	93.5	0.3	76.9	0.0	55.2	2.7
Osteoporosis	12.7	1.6	15.0	0.1	6.4	0.1	17.4	0.2	10.5	0.2	11.4	0.0	12.0	1.5
Need assistance in physical functioning	Percent													
Bathing	74.8	1.9	98.3	0.0	---	---	99.7	0.0	---	---	96.5	0.1	77.3	2.2
Dressing	64.2	2.0	95.6	0.0	---	---	99.9	0.0	---	---	92.7	0.1	61.7	2.5
Transferring	52.7	2.1	95.2	0.0	---	---	99.4	0.0	---	---	89.8	0.1	48.7	2.9
Walking or locomotion	57.7	2.0	97.2	0.0	---	---	99.8	0.0	---	---	92.4	0.1	68.0	2.8
Transferring in and out of a chair or bed	53.6	2.1	95.4	0.0	---	---	99.9	0.0	---	---	87.3	0.1	51.0	2.8
Eating	41.4	2.0	96.8	0.0	---	---	93.9	0.1	---	---	69.2	0.3	38.3	2.5

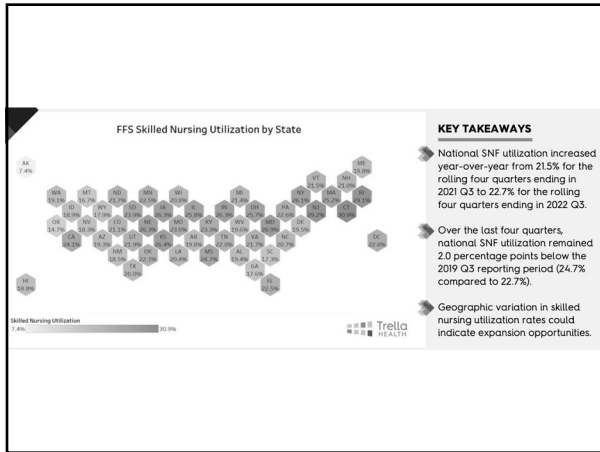
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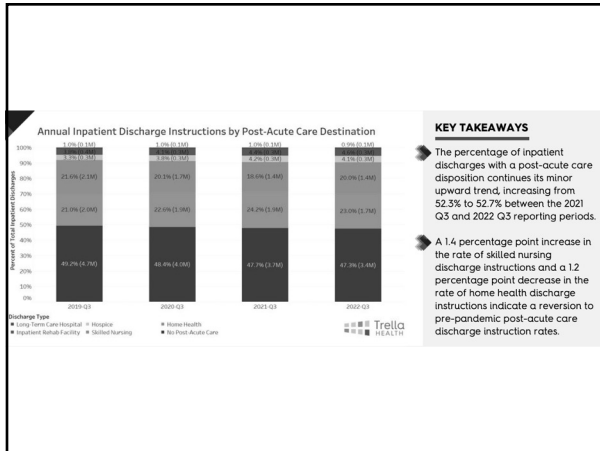
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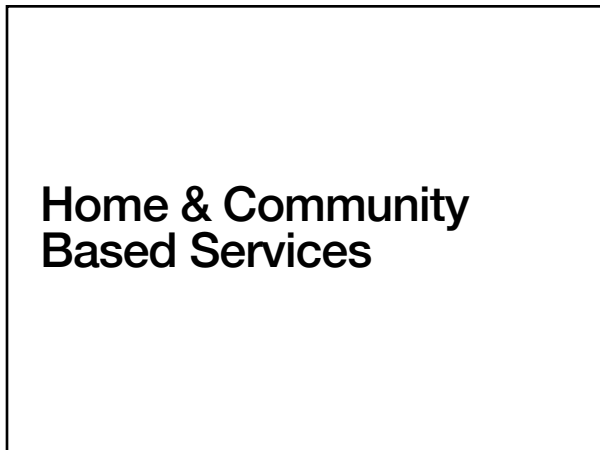
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What % of FL's LTSS budget is spent on HCBCS?

A) 17%

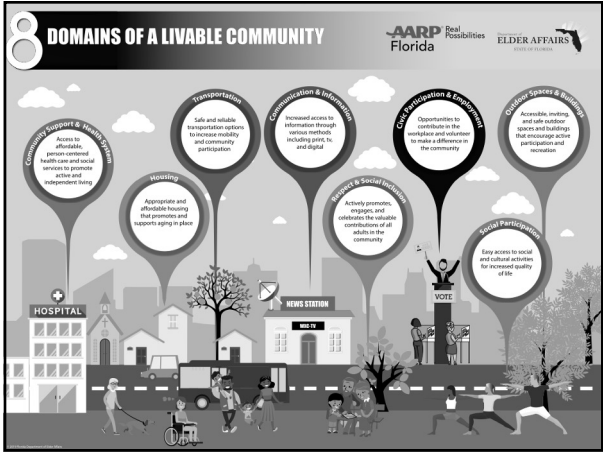
B) 27%

C) 37%

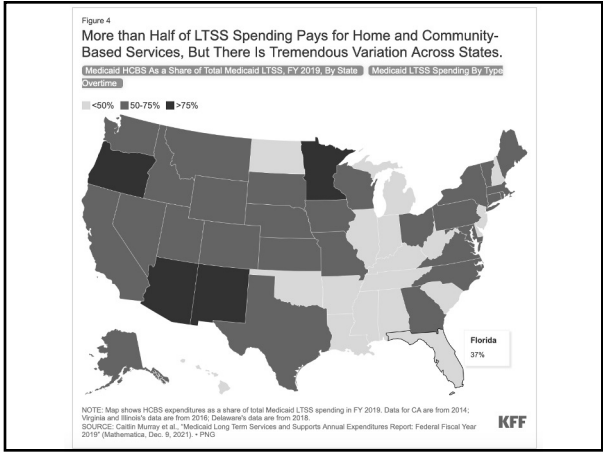
D) 47%



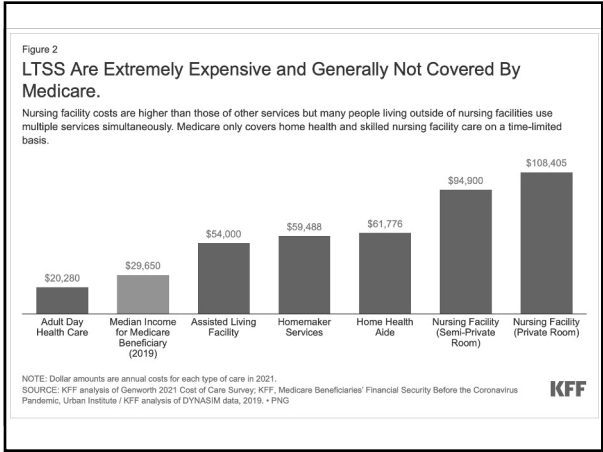
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**STATEWIDE MEDICAID MANAGED CARE
LONG-TERM CARE PROGRAM**

Providing Long-Term Care (LTC) services to Florida's most vulnerable citizens is a multi-agency effort. The Agency for Health Care Administration (AHCA) administers the Statewide Medicaid Managed Care (SMMC) Long-Term Care program, sets coverage policy, and gets those eligible for services enrolled in a LTC plan. The Department of Children and Families (DCF) is responsible for determining financial eligibility for services. The Department of Elder Affairs (DOEA) is responsible for determining medical eligibility and level of care needed.

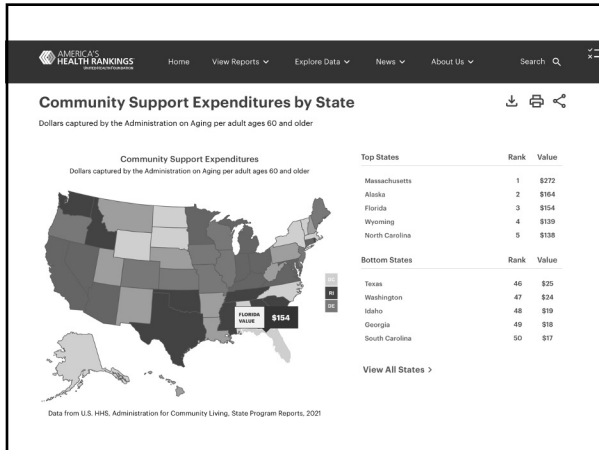
AGENCY FOR HEALTH CARE
ADMINISTRATION

FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
NOT TO FAMILIES COME

DEPARTMENT OF
ELDER AFFAIRS
BORN TO SERVE

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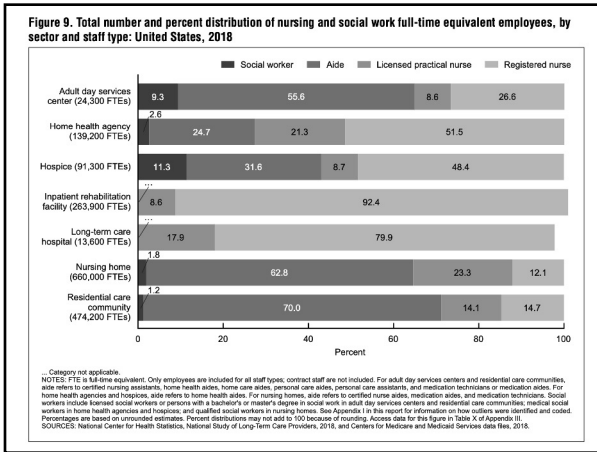
PALTC Workforce

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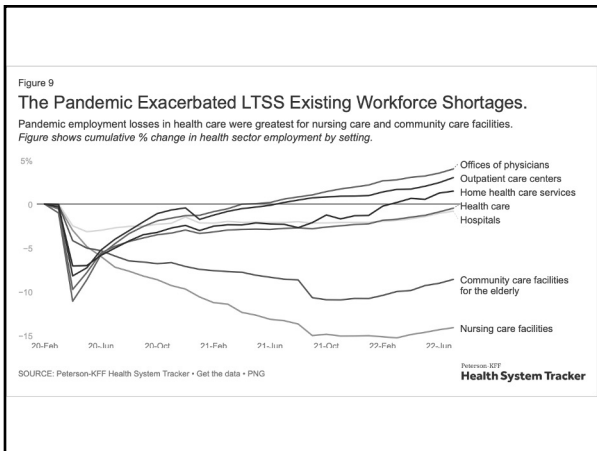
The site of LTC that experienced the greatest impact on workforce following the pandemic is?

- A) Nursing Homes
- B) Home Health
- C) Outpatient Offices
- D) Hospitals

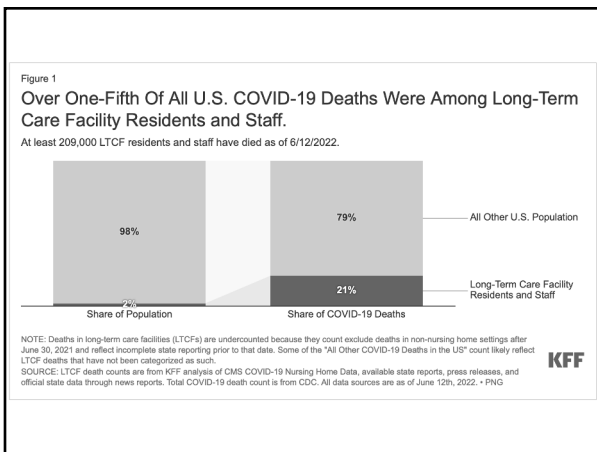
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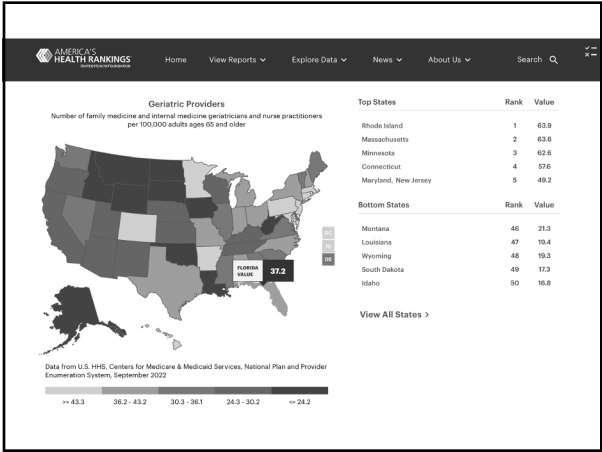
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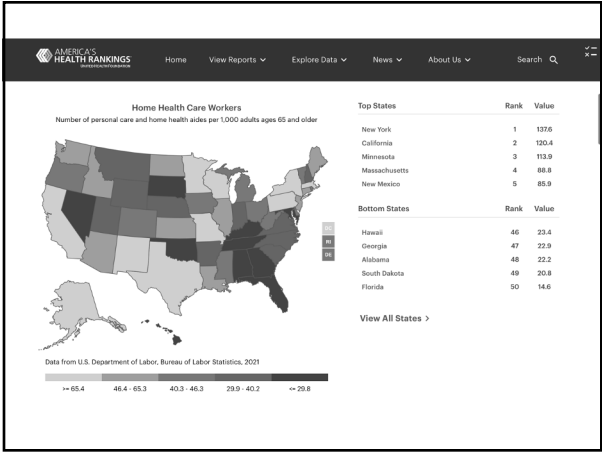
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**LTC Facilities:
Staffing Ratios**

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The projected annual cost of recently proposed minimum staffing ratios is?

A) \$3.8B


B) \$4.8B

C) \$5.8B

D) \$6.8B



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This document is scheduled to be published in the Federal Register on 09/06/2023 and available online at <https://federalregister.gov/2023-08786>, and on <https://govinfo.gov>.
4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 438, 442, and 483

[CMS-3442-P]

RIN 0938-AV25

Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Proposed rule.

SUMMARY: This proposed rule would establish minimum staffing standards for long-term care facilities, as part of the Biden-Harris Administration's Nursing Home Reform initiative to ensure safe and quality care in long-term care facilities. In addition, this rule proposes to require States to report the percent of Medicaid payments for certain Medicaid-covered institutional services that are spent on compensation for direct care workers and support staff.

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Florida Health Care Association

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FOR IMMEDIATE RELEASE

October 10, 2023

Proposed Federal Nursing Home Mandates Undermine Progress in Florida, Exacerbate Workforce Shortage According to New Study

Unfunded federal mandates will cost Florida an additional \$166 million, despite existing state staffing requirements.

Tallahassee, Fla. – A new analysis reveals the harmful and costly impacts the Biden administration's recently announced federal staffing mandates will have on Florida nursing centers and their residents. According to the study by professional services firm C.A. Olson-Ankenkeller, LLP, the federal Centers for Medicare and Medicaid Services (CMS) proposed staffing mandate will cost Florida nursing centers an additional \$166 million, despite Florida already having comprehensive staffing standards. In many categories, Florida standards already exceed what is required by the federal mandate.

Florida's staffing standards recognize the different needs of each resident and provide flexibility for centers to staff according to those unique needs. Along with required nursing hours, Florida's standards also recognize the important role of social workers, activity staff, and therapists in delivering quality care. The CMS proposed rule would require 2.45 nurse aide hours per resident per day (NPRD) and 0.55 registered nurse (RN) NPRD compared to Florida's current requirement of 2.0 certified nursing assistant (CNA) hours, an additional 4 hour of direct care provided by specialty staff (may include a CNA) and 1 hour of licensed nursing services that are provided by a combined use of RNs and Licensed Practical Nurses (LPN). Under the CMS proposal, Florida centers would need to hire an additional 3,487 full time employees to meet the mandate.

"Florida is a proud leader when it comes to high-quality long-term care. We recognize the importance of minimum staffing requirements, which is why Florida nursing centers already abide by a stringent set of standards to ensure residents receive the highest quality of care," said Emmett Reed, CEO of the Florida Health Care Association (FHCA). "At a time when Florida's long-term care profession is facing workforce shortage challenges, these arbitrary and unfunded mandates will make it harder to recruit, train and retain long-term care workers."

The federal staffing mandate undermines the Florida staffing standards already in place, in particular the licensed nursing services that Florida residents receive. Moreover, the CMS proposal offers no place for Licensed Practical Nurses (LPNs) to be counted in the care for residents. LPNs, which is the next stage in the career ladder for certified nursing assistants, currently make up over 61% of the workforce that is helping to meet the licensed nursing requirement in Florida nursing centers.

"Out-of-touch federal mandates undercut the progress we are making in Florida and eliminate a career path for many of our frontline caregivers," said Deborah Franklin, FHCA Senior Director of Quality Improvement. "None of our nursing center residents are living with complex chronic conditions and need skilled nursing care. With an aging population that is seeking more specialized and person-centered services, what we need are common sense solutions to help attract, advance, and retain caregivers who can meet the needs of our residents, not more red tape."

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Summary of Findings and Conclusions

The following table summarizes the potential impact of the proposed staffing mandate on the skilled nursing facility industry.


	Nurse Aide (2.25 HPRD)	RN 24/7 Coverage	RN (0.55 HPRD)	All/Total
Facilities that met criteria	4,079 (28%)	2,970 (20%)	7,642 (52%)	896 (6%)
Facilities that did NOT meet criteria	10,532 (72%)	11,729 (80%)	7,057 (48%)	13,803 (94%)
Estimated Annual Cost (\$ in Millions)	\$ 4,794	\$ 610	\$ 1,455	\$ 6,860
Estimated FTEs to Meet Criteria	80,077	6,897	15,180	102,154
Potential Census Impacted	186,920 (16%)	96,528 (8%)	147,167 (12%)	287,524 (24%)

The additional cost and FTEs for 24/7 RN coverage does allow some facilities to meet the RN HPRD requirement. The RN HPRD estimated annual cost and additional FTEs to meet the 0.55 HPRD is in excess of the RN 24/7 coverage.

The estimated \$6.8 billion annual cost exceeds the CMS estimated annual cost of \$4 billion dollars primarily due to the fiscal year cost reports utilized in the calculation. CLA utilized the most currently available reports, including some FYE 2022 reports, which represent higher compensation costs than FY 2021.

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THE SOCIETY
FOR HEALTH FACILITY AND
LONG-TERM
CARE MEDICINE

SEARCHABOUTPUBPOLICYLINKSJOINCONTACTUS

RESOURCES | EDUCATION (JHE/MC) | PUBLIC POLICY | MEMBERSHIP | STATE CHAPTERS | PRACTICE MANAGEMENT | CAREER CENTER

POSITION ON STAFFING STANDARDS IN LONG TERM CARE

Date: 2022-08-10 12:00:00

This updates HCO Resolution of 2000 and AMDA Staffing Statement of 2002

Abdominalists: Centers for Medicare and Medicaid (CMS), Practitioners, Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Medical Health Professionals, Nurse Practitioner (NP), Physician's Assistant (PA), Physician

Summary

The primary focus of this statement is to:

- Expand upon AMDA's 2000 position on minimum staffing standards in nursing homes (AMDA House of Delegates Resolution AGO and AMDA's 2002 position on direct care staffing in nursing homes (Statement H02)
- Encourage a systems approach to establishing appropriate staffing standards
- Encourage ongoing active engagement with both medical directors and adjust provider levels in establishing appropriate staffing recommendations

Background

Despite intense interest over several decades from clinical professionals, resident advocates, and state and federal regulators, a systematic, evidence-based approach to determine the appropriate level of staffing to meet the needs of residents remains frustratingly elusive.

Skilled nursing facilities (SNFs) and long-term care (LTC) facilities (also referred to as nursing homes or nursing facilities) are the primary providers of care for vulnerable populations. As such, they are responsible for

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PALTC Financing

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- A) Medicare**
B) Medicaid
C) Out-of-Pocket
D) Private Insurance

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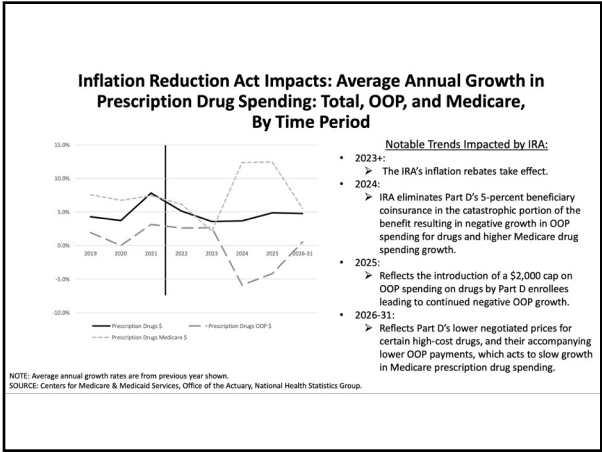
New government projections estimate significant increases in both overall and out-of-pocket costs for home care, nursing facilities, and continuing care communities (CCRCs) through this decade. The projected steep rise in costs will lead to tough decisions for both consumers and government.

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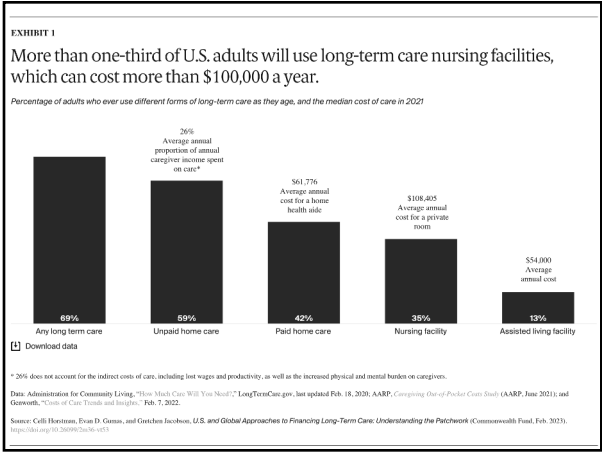
SOURCES: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group; Bureau of Economic Analysis, and National Bureau of Economic Research.

NOTES: Shaded areas represent recession periods.

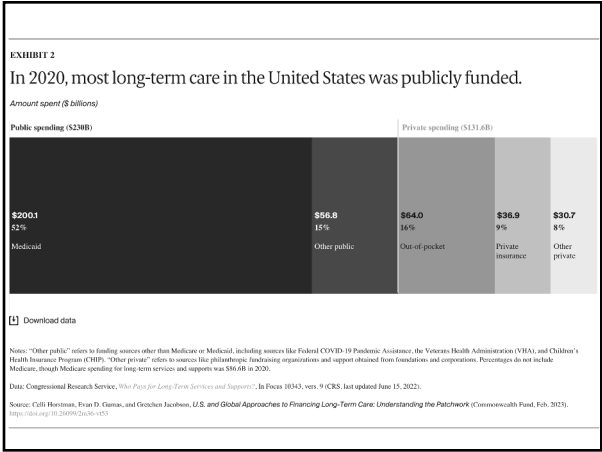
** During 2020 there was a short economic recession in March and April.



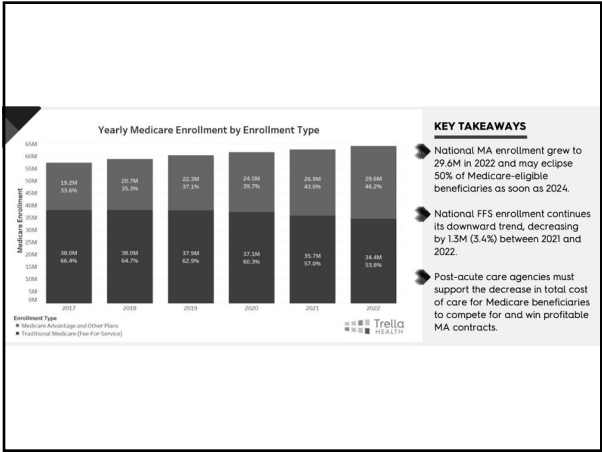
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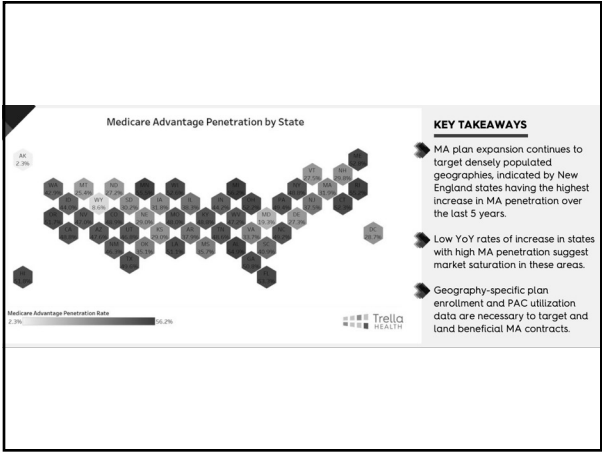
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NH Quality

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Which US State reports the highest % of 4 & 5 Star NH's?

A) Alaska

B) Florida

C) Hawaii

C) North Dakota



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Disparities in PALTC

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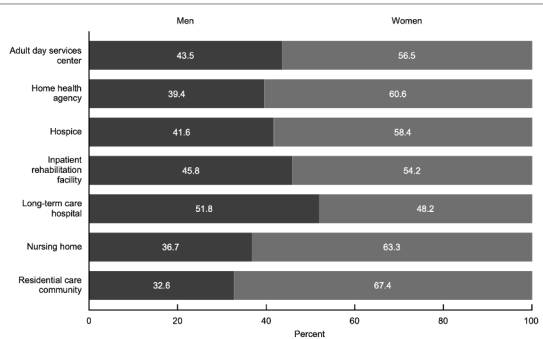
Which PALTC setting in the USA has the higher utilization by men (vs women)?

- A) Home Health
- B) Hospice
- C) Long-Term Hospital
- D) Nursing Home



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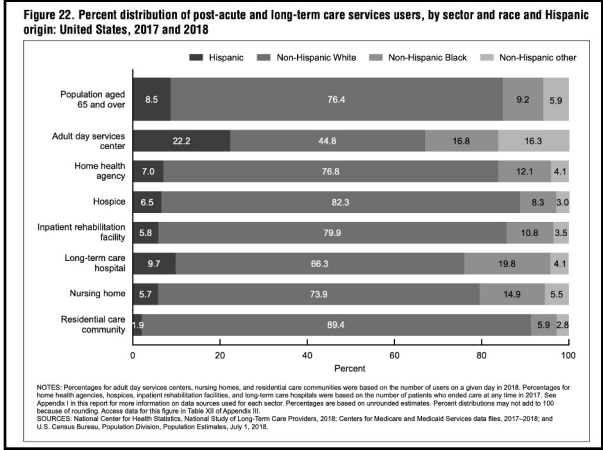
Figure 21. Percent distribution of post-acute and long-term care services users, by sector and sex: United States, 2017 and 2018



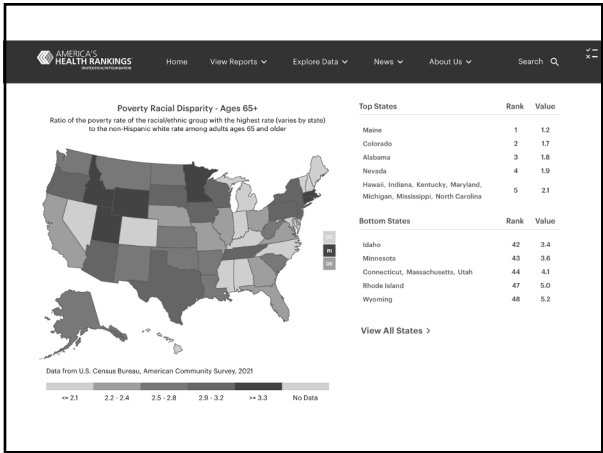
NOTES: Percentages for adult day services centers, nursing homes, and residential care communities were based on the number of users on a given day in 2018. Percentages for home health agencies, hospices, inpatient rehabilitation facilities, and long-term care hospitals were based on the number of patients who ended care at any time in 2017. See Appendix 1 in this report for more information on data sources used for each sector. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding. Access data for this figure in Table XI of Appendix II.

SOURCES: National Center for Health Statistics, National Study of Long-Term Care Providers, 2016, and Centers for Medicare and Medicaid Services data files, 2017–2018.

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The Future is Now! Technology in PALTC

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**Are you using
Telehealth in
your PALTC
setting?**

- A) Yes
- B) No



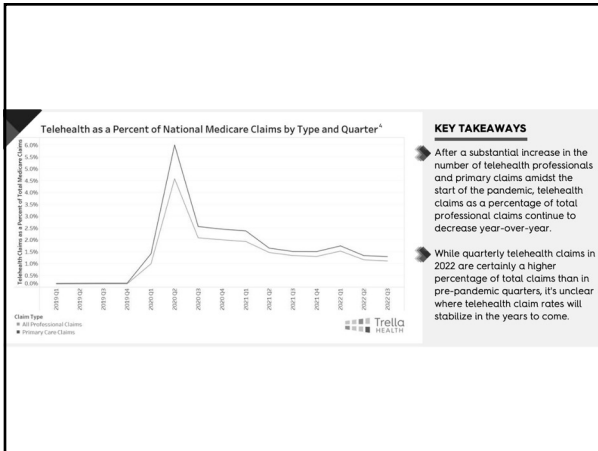
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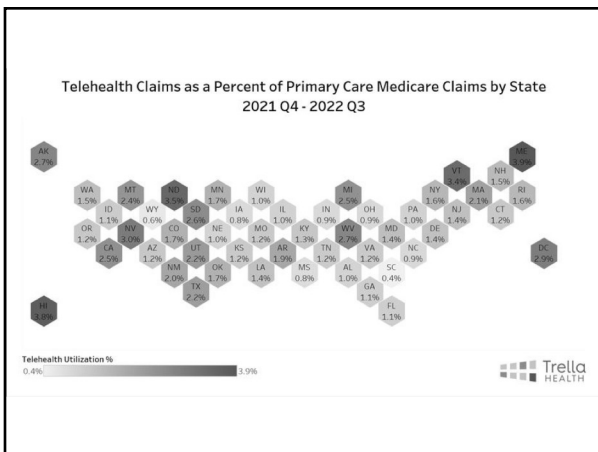
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