



Legislative Committee on Aging Part 1

Department of Aging and Disability Services

Commissioner Chris Traylor

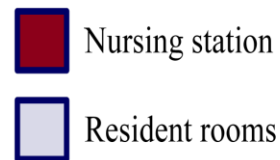
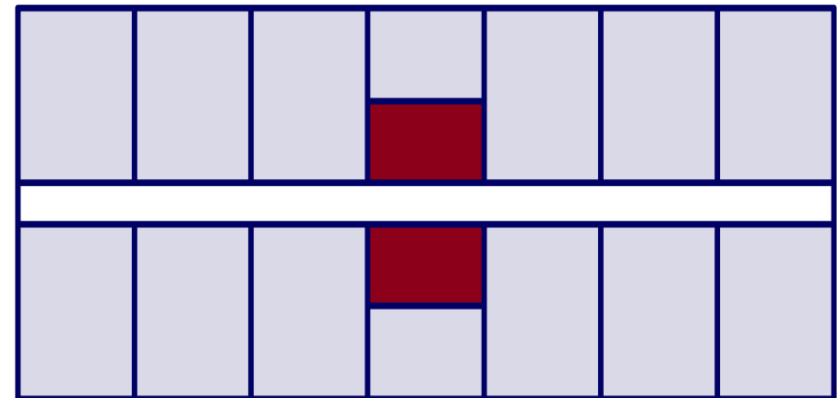
March 22, 2012

Nursing Facility Program

- The Medicare and Medicaid systems and nursing facility entitlements were created by Congress in 1965.
 - The first nursing facility rules were created by the federal government in 1967.
- The Nursing Facility program provides institutional care to individuals whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the total medical, social and psychological needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items. Components of the nursing facility program include:
 - Nursing facility care
 - Rehabilitative services
 - The Medicaid Swing Bed Program
 - Hospice services
 - Emergency dental services
 - Specialized services

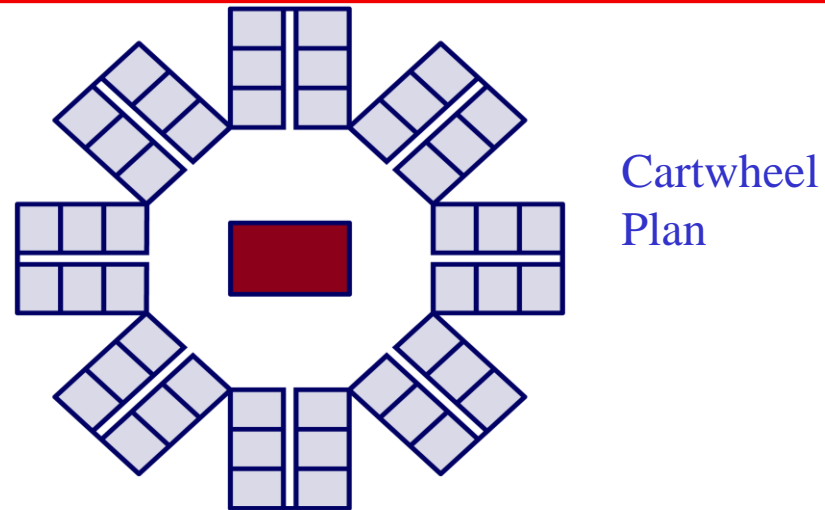
Nursing Facility Design Progression

- Institutional Model
 - Concept based on then-existing hospital and institutional plans
 - Built prior to the 1970s and continues to present day
 - Bedrooms on both sides of the hallways; rooms are double occupancy
 - Nurses' station in the middle of the building

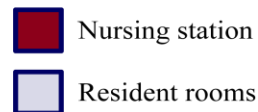


Nursing Facility Design Progression

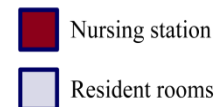
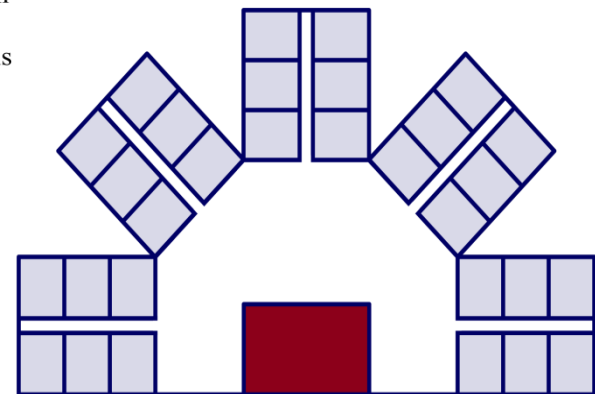
- Cartwheel and “K” plans
 - Concept started in 1960s and continues to present day
 - Hallways with bedrooms on both sides and rooms double occupied
 - Nurses’ station in the middle for observation of all corridors from a single nurse station



Cartwheel Plan

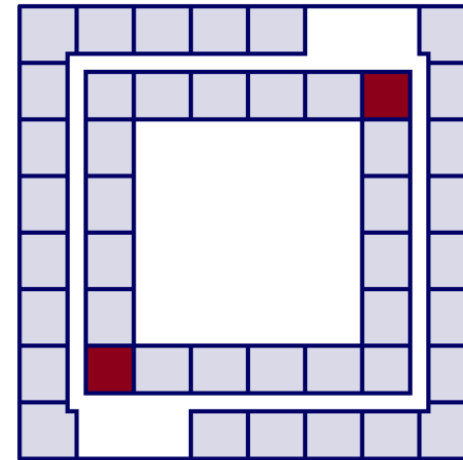


K Plan

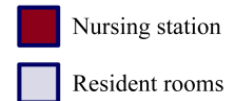


Nursing Facility Design Progression

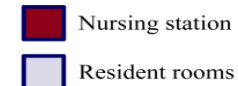
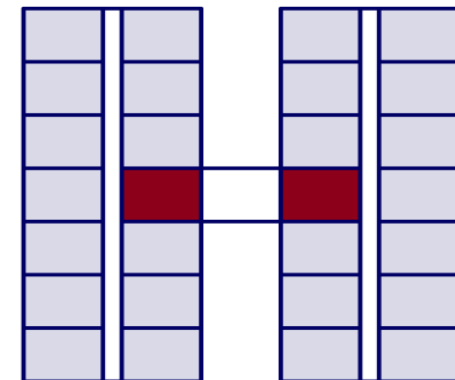
- Courtyard and “H” plans
 - Concept started in the 1980’s and continues to the present day
 - Design provides more living space for residents
 - Rooms are double occupancy, larger number of residents made it difficult for residents to get to know each other
 - Two nurses’ stations at opposing ends



Courtyard Plan

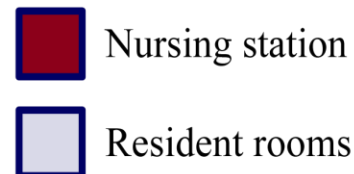
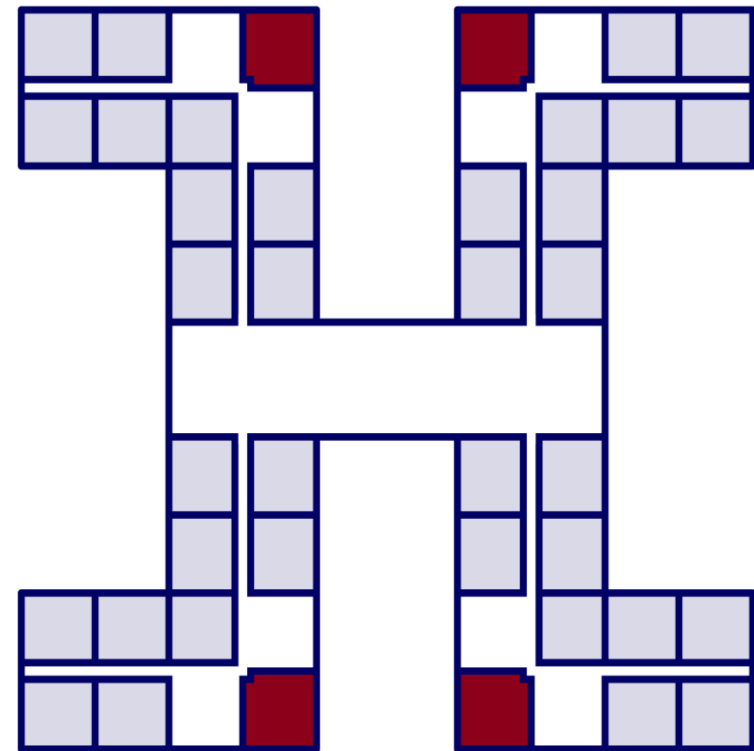


H Plan



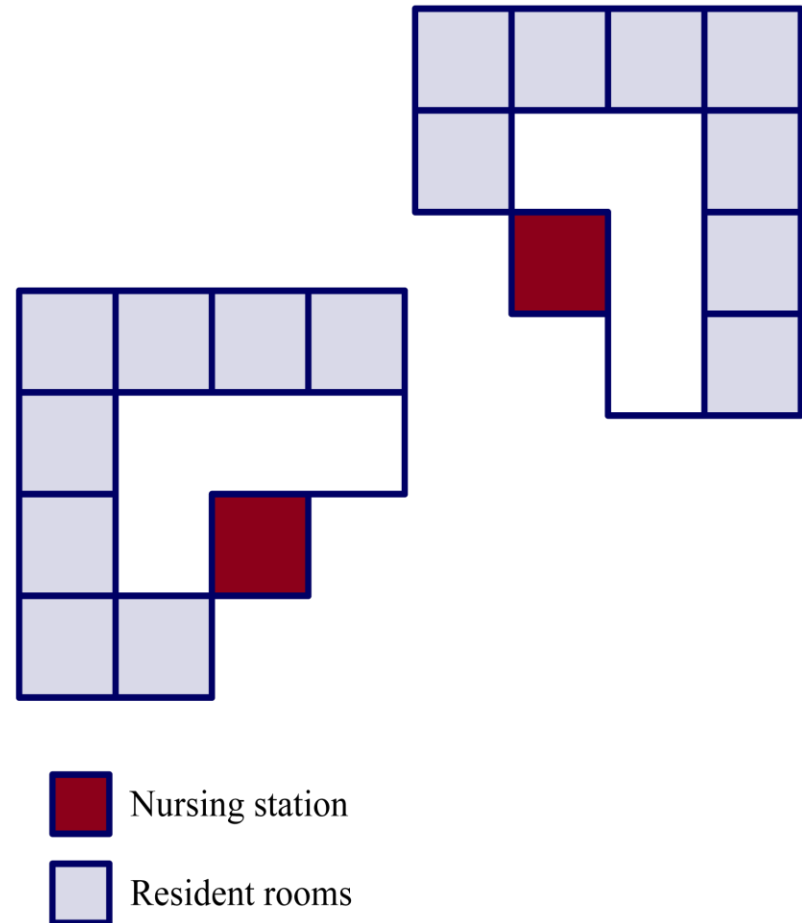
Nursing Facility Design Progression

- Neighborhood plans
 - Concept started in the 1990s and continues to the present day
 - Nursing facility is divided into “neighborhoods” or bedroom groups
 - Plan allows for resident interaction and increased staff visibility (ex. Staff may eat with the residents)
 - Dining and living is communal, with bedrooms grouped around open residential kitchens serving as nurses’ stations



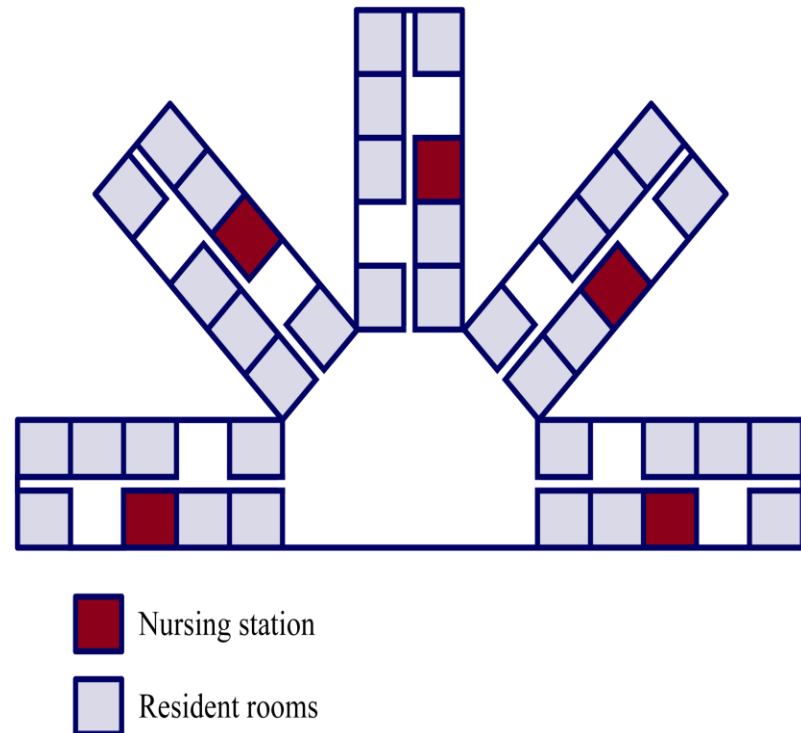
Nursing Facility Design Progression

- Small house plans
 - Concept began in the 2000's and continues to the present day
 - 10 to 12 bedroom house with communal living/dining area
 - Plan encourages small group resident interaction for dining and socialization, including staff
 - Nurses' station looks like and functions as a kitchen



Nursing Facility Design Progression

- Wings of existing plans can be remodeled as neighborhoods with:
 - Bedroom groups
 - Dining and living within that neighborhood
 - New nurse station that looks and functions as a kitchen



Nursing Facilities in Texas

- The Long-term care Quality Reporting System (QRS) provides quality and investigation and inspection scores for nursing facilities.
- The overall score is calculated from the inspection score and the investigation score.
 - The inspection score is based on the findings of the most recently conducted inspection.
 - The investigation score is based on the findings of all DADS surveys and investigations conducted in the facility during the last six months.
- Current investigation and inspection scores for all nursing facilities average 67 (scores range from 0-100).
 - 65 percent of facilities have a score of 75 or higher.
 - 26 percent of facilities have scores between 50 and 63.
 - 9 percent of facilities have scores lower than 50.

Nursing Facilities in Texas

- Based on quality indicators from 2001-2010, Texas nursing facilities:

... improved for	... remained the same for	... worsened for
Behavioral Symptoms	Incidence of New Fractures	Falls
Indwelling Catheter	Incontinence	Symptoms of Depression
Weight Loss	New Onset Cognitive Impairment	Depression with no Medication Treatment
Prevalence of Bedfast Residents	Incontinence and No Toileting Plan	Use of 9 or more Medications
Tube Feeding	Fecal Impaction	Urinary Tract Infection
Decline in ROM	Dehydration	Anti-Anxiety/Hypnotic Use
Anti-psychotic Use	Decline in ADLs	Hypnotics Use > 2 days
Physical Restraints		
Little or No Daily Activity		
Pressure Ulcers		

Nursing Facilities in Texas

- 2011 State Long-Term Services and Supports (LTSS) Scorecard for Texas (data is from 2008):
 - 11.8 percent of high-risk nursing home residents with pressure sores (ranked 34th)
 - 2.9 percent of long-stay nursing home residents who were physically restrained (ranked 22nd)
 - 25 percent of long-stay nursing home residents with hospital admission (ranked 42nd)



Legislative Committee on Aging Part 2

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March 22, 2012

Culture Change in Nursing Facilities

- In November 2010, DADS established the Culture Change Initiative to promote consistent communications and collaborative activities among DADS and stakeholders, including residents, providers and other entities involved in the Texas nursing facility industry to foster and support real and lasting culture change.
- DADS Culture Change website was launched September 1, 2011.
- DADS has hosted webinars and symposiums related to culture change.
- An article related to person-directed/centered care was published in the Regulatory Services newsletter to nursing facility administrators.
- Various outreach efforts were made at conferences, training events and regional provider meetings in 2011, to an audience of providers, surveyors and other stakeholders.
- Some culture change can be made at no cost, examples include:
 - Nursing facilities planning their menus with significant resident input, including featuring a family recipe on the printed menu.
 - A nursing facility serving as an election polling site to give residents easy voting access and help the neighborhood recognize residents as part of the community.

Financial Feasibility for Program Improvements

- Nursing facility providers could accept an additional payment on an “at-risk” basis – guaranteeing savings through decreased acute care costs.
 - Centers for Medicare and Medicaid Services (CMS) is encouraging states to participate in a new demonstration program to provide more integrated health services to dual Medicare and Medicaid enrollees.
 - The state and CMS would negotiate an agreement in which each would share a portion of the savings achieved through improved coordination of benefits and alignment of goals.
- Civil Monetary Penalties – To assist in funding small house and other culture change models.
 - Arkansas – three grants (two nursing facilities and one assisted living facility) for a total of \$1,225,000.
- Center for Medicare & Medicaid Innovation Grants – CMS Health Care Innovation Challenge Grant.
 - Funded compelling new models of service delivery and payment.
 - Cooperative agreement for three years. Award \$1 million to \$30 million.