

RIGHT PLACE, RIGHT TIME, RIGHT CARE: AN EVALUATION OF OHIO'S NURSING HOME DIVERSION AND TRANSITION INITIATIVE

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Key Findings

- During the 15-month study, 3799 at-risk Ohioans were identified to participate in the initiative (2244 diversions and 1555 transitions).
- All of the transition consumers had been nursing home residents (most for at least three months) and about one quarter of the diversion group was in a nursing home prior to the initiative.
- On average, diversion consumers recorded just under two reasons for needing the intervention; health deterioration was the most common reason, followed by caregiver stress.
- On average, transition consumers received between one and two interventions; the most common were a referral to PASSPORT or the Assisted Living Waiver Program or caregiver education.
- After six months, about four-fifths (78%) of individuals who were still alive were residing in the community (80% of diversions and 74% of transitions).
- Collaborations with hospitals and partnerships with health networks and nursing facilities are among the most important and innovative approaches taken by PAAs towards reducing long-term nursing facility stays.

Background

As a state with more than two million individuals over the age of 60 (7th largest in the U.S.), Ohio faces challenges developing a long-term care system that both meets the needs of its citizens and is affordable to the state. By 2020, the older population is projected to increase by 25% and to more than double by 2040. Ohio has one of the highest nursing home bed capacities and utilization rates in the country (Houser, Fox-Grage, & Gibson, 2009*). With Medicaid accounting for one-quarter of Ohio's state general revenue expenditures, the large number of older people and high nursing home utilization rates represent a difficult combination for policy makers. In response to these challenges, the General Assembly (as part of the 2010/2011 budget) asked the Ohio Department of Aging (ODA) to create a diversion and transition initiative.

The Nursing Home Diversion and Transition Initiative

The initiative was designed to achieve two distinct goals: to prevent unnecessary long-term nursing facility placement (diversion), and to provide community-based alternatives for long-stay nursing home residents who preferred and were able to live in a community setting (transition). The initiative was implemented as part of the PASSPORT program, Ohio's Medicaid waiver program designed to provide in-home services to older Ohioans. The PASSPORT Administration Agencies (PAAs) began the diversion and transition initiative in March 2010; this report includes data collected through May 2011. During that 15-month period, 3799 high-risk Ohioans were identified to participate in the intervention (2244 diversions and 1555 transitions). All transition consumers resided in a nursing home for at least 3 months before their intervention.

Figure 1
Six-Month Status of Diversion Participants

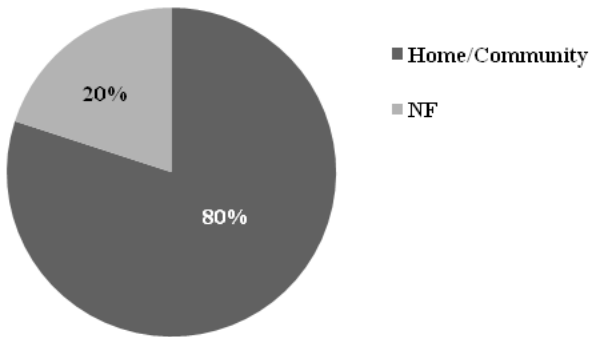
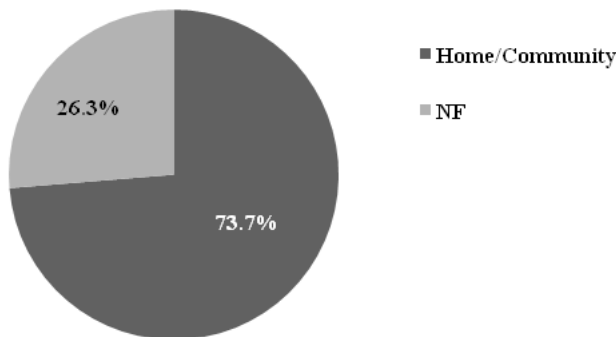


Figure 2
Six-Month Status of Transition Participants



Findings

To assess the effectiveness of the initiative, the evaluation followed up with consumers six-months after their initial intervention date. Results for the surviving sample showed that 80% of those diverted and 74% of those transitioned from Ohio nursing homes were in the community after six months. For those transitioning from nursing homes, the most common intervention was being referred to PASSPORT or the Assisted Living Waiver Program (86%).

About one-third of transition consumers also received caregiver training and education. Diversion consumers were divided into two categories, those already in a waiver program and those not enrolled prior to the intervention. For waiver consumers, the most widely used diversion intervention was increasing the type and intensity of care plan services, reported in two-thirds of the cases. For non-waiver consumers, the most common strategy was a referral to PASSPORT or the Assisted Living Waiver Program, reported for three-quarters of individuals. By the six-month time period, almost 80% of individuals who either remained in the community or transitioned back into the community from a nursing facility were enrolled in one of the two Medicaid waiver programs.

Recommendations

Based on the evaluation results we offer the following recommendations as Ohio moves to state-wide implementation of the initiative.

- Refine targeting criteria for transition to better identify which short stay residents are most vulnerable to an unnecessary long stay.
- Improve linkages to the HOME Choice program. HOME Choice was used in a small number of instances (7%), but given the enhanced federal match that could be received on this program, we recommend that ODA explore why this intervention is not more widely used.
- The diversion and transition initiative represents a shift in practice for the PAAs and for ODA. It will now be important for the aging network to refine its business model to match the expanded scope and mission of the PAAs.

*Houser, A., Fox-Grange, W., & Gibson, M. (2009). *Across the States: Profiles of Long-Term Care and Independent Living*. Washington, DC: AARP Public Policy Institute.



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