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# A New Group of Long-Stay Medicaid Nursing Home Residents: The Unexpected Trend of Those Under Age 65 Using Nursing Homes in Ohio

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## **Background**

Nursing homes serve a population with substantial medical and long-term services and supports needs. Typically thought of as a long-term care option for those age 65 and over, the proportion of nursing home residents under the age of 65 on Medicaid has nearly tripled in the last two decades (Mehdizadeh, Nelson, Applebaum, & Straker, 2017). Ohio's proportion of long-stay Medicaid residents under age 65 is higher than the nation overall. In 2015, Ohio ranked 11th nationwide in the proportion of Medicaid residents under age 65 with a nursing home stay of 100 or more days. Little is known about this younger group of Medicaid nursing home residents and their impact on long-term care costs and quality. This brief uses national data from the Minimum Data Set (MDS) for years 2011, 2013, and 2015, in combination with the Certification and Survey Provider Enhanced Reporting (CASPER) system to compare two groups of Medicaid long-stay nursing home residents: those who are under age 65 and those who are age 65 and over. A closer look at these residents in both Ohio and nationally indicate that these younger residents are different than their older counterparts on demographic characteristics and care needs. In the years ahead, policymakers will face continued challenges to meet the growing need for long-term services and supports. A better understanding of this high-risk population can help inform discussions around Medicaid eligibility, coverage design, quality, and costs.

## 1 in 5

Ohio Long-Stay Medicaid Nursing Home Residents **are Under Age 65** 

## llth

Ohio's rank in U.S. Proportion of Medicaid residents under age 65 staying in Nursing Home for 100 or more days (2015)

# **Nearly 50%**

Of Ohio Medicaid Nursing Home Residents Under Age 65 have Severe Mental Illness

## Results

While the vast majority of the Medicaid nursing home population is age 65 and over, nearly one in five of Ohio's Medicaid nursing home residents were under age 65 in 2015 (Table 1). Ohio's Medicaid program served a higher proportion of under age 65 residents compared to the nation overall (19.9% versus 17.4% in 2015). Following national trends, Ohioans between ages 55 and 64 made up 59.0% of the under age 65 population in 2011, but this increased to 64.5% in 2015. In terms of other demographics, Ohio's younger long-stay residents are more likely to be male, minority, nevermarried, or divorced/separated compared to older residents. These demographic characteristics mirror national data.

Table 1: Age Distribution of Medicaid Long-Stay Nursing Home Residents, Ohio Compared to the Nation

	Age 0-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85-94	Age 95+	Age Under 65	Age 65 and Over
2011									
Ohio (N=53,989)	2.3%	5.6%	11.3%	14.9%	26.6%	32.6%	6.7%	19.2%	80.8%
National (N=877,279)	2.2%	4.5%	9.8%	14.6%	26.9%	34.0%	8.0%	16.5%	83.5%
2013									
Ohio (N=54,067)	2.2%	5.4%	12.4%	15.8%	25.8%	31.5%	6.9%	20.0%	80.0%
National (N=904,256)	2.1%	4.3%	10.4%	15.8%	26.1%	33.2%	8.1%	16.9%	83.1%
2015									
Ohio (N=53,901)	2.0%	5.1%	12.8%	17.5%	25.2%	30.5%	7.0%	19.9%	80.2%
National (N=928,300)	2.1%	4.2%	11.1%	17.0%	25.6%	31.9%	8.2%	17.4%	82.6%

There are differences in care needs between younger and older Medicaid residents (Table 2). Younger Medicaid residents were less disabled than older residents, having reported being able to perform one additional activity of daily living (ADL) task, such as dressing or transferring from bed. Moreover, younger residents were more likely to have one or zero ADL impairments in comparison to older adults. In 2011, more than one-quarter (25.6%) of Ohio's long-stay Medicaid residents under age 65 reported one or zero ADL impairments, compared to 8.6% of those 65 and over. By 2015, the proportion of younger residents with one or zero ADL impairments grew to 28.0%, and for the 65 and over population to 10%. These findings are contrary to national trends which show a shrinking proportion of residents in nursing homes with one or zero ADL impairments in both the younger and older populations.

Because individuals with mental health disorders and neurological disorders are more likely to have low incomes, Medicaid is a primary source of coverage for these individuals. In 2015, just under half of the Ohio Medicaid population under 65 had a diagnosis of severe mental illness (e.g., schizophrenia, bipolar disorder, psychotic disorder, or post-traumatic stress disorder). Ohio's 2015 prevalence rate of 47.5% was considerably higher than the nation (38.4%) and Ohio's prevalence rate grew faster than the nation. The proportion of Ohio's under 65 Medicaid population that had a diagnosis of severe mental illness increased from 42.8% to 47.5%, a 4.7 percentage point increase, between 2011 and 2015. This compares to a 1.5 percentage point increase from 36.9% to 38.4% for the same period nationally. The younger Medicaid population is also more likely to have diagnosis of paralysis, seizure disorder or epilepsy, or traumatic brain injury than older residents. For these diagnoses, Ohio's residents are comparable to the nation.

Table 2: Activities of Daily Living and Select Diagnoses of the Long-Stay Medicaid Population

	Age Under 65			Age 65 and Over			
Activities of Daily Living (ADL)	2011	2013	2015	2011	2013	2015	
Number of ADL Impairments (out of 6)	)						
Ohio	3.7	3.7	3.6	4.7	4.7	4.6	
National	3.9	4.0	3.9	4.7	4.8	4.7	
% with 1 or 0 ADL Impairments							
Ohio	25.6%	25.6%	28.0%	8.6%	8.6%	10.0%	
National	24.6%	22.5%	23.1%	9.7%	8.9%	9.1%	
Diagnoses							
Severe Mental Illness							
Ohio	42.8%	45.9%	47.5%	21.4%	25.4%	26.0%	
National	36.9%	38.4%	38.4%	19.4%	21.0%	20.4%	
Paralysis (Hemi, Para, or Quadriplegia)							
Ohio	21.4%	22.2%	22.2%	9.6%	10.2%	10.5%	
National	22.0%	23.0%	23.4%	9.3%	9.9%	10.2%	
Seizure Disorder or Epilepsy							
Ohio	24.8%	26.9%	28.0%	8.2%	8.9%	9.6%	
National	27.7%	29.3%	29.0%	8.5%	9.4%	9.9%	
Traumatic Brain Injury (TBI)							
Ohio	6.0%	6.5%	3.2%	0.5%	0.8%	0.5%	
National	5.2%	5.6%	4.1%	0.4%	0.5%	0.4%	

Table 3 shows the proportion of Medicaid residents that report having one or zero ADL impairments by diagnosis. In Ohio and nationally, the percentage of Medicaid residents under 65 with low ADL needs and a severe mental illness was substantially higher than the 65 and over group. Of those Ohio Medicaid residents under age 65 with one or zero ADL impairments, 53.7% had a severe mental illness in 2011 compared to 60.6% in 2015. Nationally, these proportions were relatively stable at 56.5% in 2011 and 56.9% in 2015. For other diagnoses examined, the prevalence and trends over time in Ohio tend to mirror the nation.

Table 3: Select Diagnoses of the Long-Stay Medicaid Population with 1 or 0 ADL Impairments

		Age Under 6	5	Age 65 and Over			
	2011	2013	2015	2011	2013	2015	
Severe Mental Illness							
Ohio	53.7%	55.1%	60.6%	26.5%	30.6%	33.2%	
National	56.5%	57.6%	56.9%	23.1%	24.9%	25.6%	
Paralysis (Hemi, Para, or Quadriplegia)							
Ohio	4.8%	5.4%	5.4%	2.2%	2.9%	3.0%	
National	4.8%	5.2%	5.5%	2.0%	2.2%	2.3%	
Seizure Disorder or Epilepsy							
Ohio	17.3%	20.0%	20.2%	7.3%	8.4%	9.1%	
National	17.8%	19.1%	18.2%	6.5%	7.5%	7.9%	
Traumatic Brain Injury (TBI)							
Ohio	4.2%	4.3%	2.2%	0.6%	0.8%	0.5%	
National	3.5%	3.7%	2.7%	0.4%	0.5%	0.4%	

### Conclusion

The purpose of this brief is to build on the limited information available regarding younger residents residing in Ohio's nursing homes on a long-term basis and to compare Ohio's experience to the nation. Currently, one in five long-stay residents on Medicaid in the state are under the age of 65. Almost three in ten younger residents have fewer than two activities of daily living impairments, the typical indicator of nursing home level of care criteria. Five in ten of the under 65 group have a diagnosis of severe mental illness. To serve adults under age 65 with severe mental illness effectively requires extending the capacity of the current mental health system and coordinating with the existing long-term services and supports delivery system. While Ohio has taken steps to move individuals of all ages with lower care needs out of nursing homes and into the community over the last decade (Mehdizadeh et al., 2017), the differences in the younger population highlights the need for programs that are tailored to this specific target group. For example, assessment and care management of high-risk individuals could identify such needs as housing stability, community support needs, and physical safety. Nursing homes are a costly care alternative compared to other settings such as group homes, residential care facilities, or mental health services in the community. However, a shortage of those options may result in younger adults inappropriately being placed or unable to return to the community. Given the growth in the younger long-stay population, further research is needed to understand what contributes to young low-care residents remaining in nursing homes on a long-stay basis and to examine what steps need to be taken to provide appropriate services to this group.

## References

Mehdizadeh, S., Nelson, M., Applebaum, R., & Straker, J. K. (2017). *Policy Does Matter: Continued Progress in Providing Long-Term Services and Supports for Ohio's Older Population*. Oxford OH: Scripps Gerontology Center. Available at: http://bit.ly/2yt0cyg

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