A Synopsis of Findings from the Detroit Long Term Care System Change Task Force

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Long Term Care (LTC):

Range of medical and/or social services designed to help people who have disabilities or chronic care needs.

Services may be short- or long term and may be provided in a person's home, in the community, or in residential facilities (e.g., nursing homes or assisted living facilities).

The long term care system in Detroit is in crisis.

Nursing home closures, lack of funding to support urban long term care facilities, and a perception of substandard care in Detroit nursing homes have created one of the most racially segregated long term care systems in the nation; one that is failing Detroit older adults and individuals with disabilities—threatening their quality of life to age with grace and dignity.

They need our help.

To foster the transformation that is needed in Detroit's long term care system, the Detroit Area Agency on Aging (DAAA) established the Detroit Long Term Care System Change Task Force and utilized a grant from the Michigan Department of Community Health to launch the Nursing Facility Enhancement Project, a multi-faceted initiative designed to address systemic issues negatively impacting the quality of care. Under this important project, academic experts, consumers and long term care stakeholders examined ways to create an environment that promotes a better quality of life; improve access and level of services for consumers, and improve direct care competencies and staffing levels. The Task Force was charged with developing recommendations to target the most pressing issues that threaten the quality of life for older adults and individuals with disabilities through the analysis of primary and secondary data. This research resulted in a Resident Profile, Quality of Life Study and a Clinical Analysis of Detroit nursing facilities under the direction and leadership of the University of Michigan Institute of Gerontology.

Dying Before Their Time

Research teams from the Wayne State University's Center for Urban Studies (WSU/CUS) and the Detroit Medical Center / Wayne State University (DMC / WSU) Community Health Institutes concluded that older Detroiters are dying at a dramatically higher rate than their counterparts who live in other parts of the state. These grim findings were documented in the 2004 *Dying Before Their Time Study: The Startling Truth of Senior Mortality in Michigan.* The pattern is repeated in other urban areas in the state.

Specifically, Dying Before Their Time reported that approximately 1,700 Detroit seniors die each year because they do not have access to quality long term care that would extend their lives. The causes for this accelerated mortality rate include limited access and delays in seeking care for chronic and other conditions by those who cannot afford health care. Residents in the city have limited access to home and community-based services and affordable senior housing that is available to non-Detroiters to enable them to maintain a better health status before they need a more acute level of care.

Long Term Care in Detroit Today

Building on the 2004 *Dying Before Their Time* report which found that the Detroit area lost 33% of its senior population from 1990 – 2000 due to premature deaths associated with poor access to care, the Detroit Long Term Care Task Force unearthed additional dismal statistics that are contributing to the long term care crisis in Detroit today:

- 16 nursing homes have closed in the city of Detroit in the past 13 years and no new replacement facilities are planned;
- Detroit has one of the most racially segregated long term care systems in the nation, according to Researcher David Barton Smith, Ph.D. of Drexel University;
- Michigan's long term care delivery system perpetuates a cycle of financial distress, lower staffing levels and perceived poor quality that ultimately leads to the demise of long term care facilities in Detroit. The resulting gaps in service delivery and inconsistent levels of quality deprive Detroit older adults and individuals with disabilities of the ability to live out their later years in a manner that respects their dignity and is consistent with the values our society holds for them.
- The quality of services in Detroit nursing facilities are of much better quality than other parts of the state, but are perceived as poorer because of the physical conditions of Detroit facilities. There has not been a new nursing facility built in Detroit since 1968.

- Detroit's long term care system does not have the components necessary to provide the quality services needed by the city's older adults and individuals with disabilities to enable them to age with grace and dignity. Research by the University of Michigan discovered that, in 2008 alone, approximately 3,000 Detroit residents sought long term care services in facilities located outside Detroit because long term care facilities in the city are not effective in meeting the needs of individuals seeking long term care services.

The downward spiral of Detroit long term care facilities is well past what can be corrected with an incremental approach to improvement. The nursing care facilities are challenged by many unique factors that are beyond the direct control of the providers. The resources available to meet the needs of this vulnerable population are woefully inadequate; other systemic factors severely limit the ability of providers to operate out of a context of rational business principles.

Ultimately, improving the status of these facilities will be dependent upon committing more resources – time, money and expertise. It will also be critically dependent upon an urgent and comprehensive intervention by federal, state and local government, in partnership with the private sector and consumer advocates. The system will continue to operate in a failed state if there is no such commitment.

They need our help.

"A nation's greatness is measured by how it treats its weakest members."

— *Mahatma Ghandi*

Why Is DAAA Involved?

Mahatma Ghandi once said, *"A nation's greatness is measured by how it treats its weakest members."*

The mission of Detroit Area Agency on Aging is to educate, advocate and promote healthy aging to enable people to make choices about home and community-based services and long term care that will improve their quality of life. We believe older adults and individuals with disabilities, who in many cases are among the most vulnerable members of our society, have the same right to quality care, and informed choice in health care and long term care services. Our advocacy includes promoting an effective and comprehensive system of service and care for this population, providing information about available services, creating access to services, and raising awareness among decision-makers and the general public when changes to the system are needed.

In furthering this mission, the DAAA has long recognized the many challenges facing consumers seeking appropriate care within the local aging network and its service delivery system in the city of Detroit. This synopsis of findings by the agency's Task Force is meant to serve as a voice for older adults and individuals with disabilities who lack access to the full continuum of long term care services.

The Core Problems

The long term care system in Detroit is plagued by three core problems that are contributing to the crisis. First, 16 nursing homes in the city have closed in the last 13 years—that's roughly one home per year. There are no plans for replacement facilities to be built. Second, Detroit nursing homes are heavily dependent on Medicaid funding that often leaves facilities in financial constraints caring for the poorest of the poor. Third, Detroit nursing homes are battling an image problem: the perception that long term care in Detroit is second-rate at best. As a result, they are unable to retain Detroit residents and to attract suburban residents to facilities in the city.

Problem #1: *Detroit nursing homes are closing at a high rate of roughly one facility per year with no new construction on the horizon*

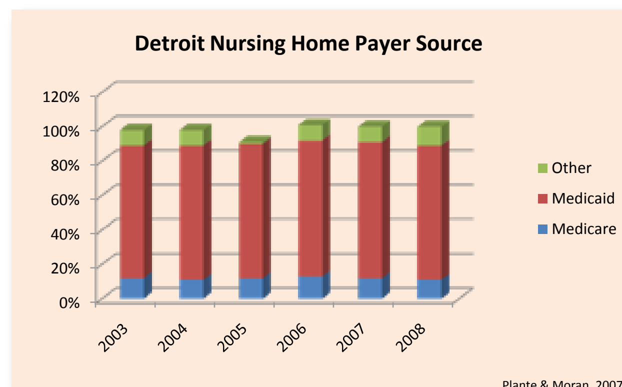
Nursing home closures have exacerbated the long term care crisis in Detroit. From 1997 to 2003, 10 nursing homes closed in Detroit, with another six closures between 2003 to 2008. Given current low occupancy levels in a number of Detroit facilities, it is likely that there will be additional closures in the near future. According to research conducted by Citizens for Better Care in 2004, the three leading causes of closure were:

1. Financial difficulties, often due to low reimbursement rates;
2. Understaffing due to those financial difficulties which in turn leads to turnover and poor quality of care; and
3. Serious physical plant and/or environmental problems that put residents at risk for serious injury.

Residents of closed facilities who are forced to transfer abruptly face the additional risk of suffering "transfer trauma" which often results in depression, serious illness, and elevated mortality risk.

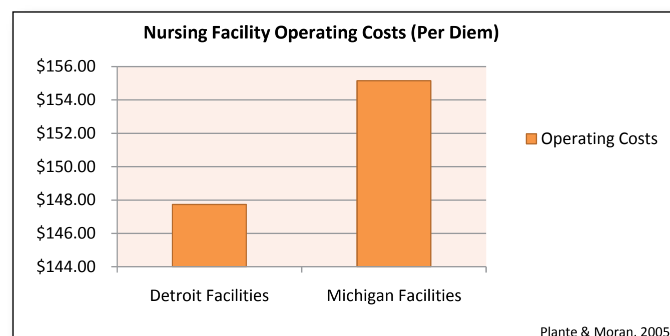
Problem #2: *Detroit nursing homes are highly dependent on Medicaid funding, placing long term care facilities in financial constraint*

The majority of residents in Detroit nursing facilities are the poorest of the poor. Typically, these individuals directly enter the facility with Medicaid as their initial source of payment. For the state of Michigan as a whole, approximately 68% of nursing facility residents are Medicaid dependent. A facility in Detroit, however, has an average of 82% nursing facility residents covered by Medicaid.



According to a series of studies conducted from 2002 through 2004 by A. Stevens, Predictors of Time to Nursing Home Placement in White and African American Individuals with Dementia; Amy J. Schulz, Racial and Spatial Relations as Fundamental Determinants of Health in Detroit; and Richard Douglass, M.P.H., Ph.D., The Least Among Us: An Analysis of Medicaid-Intensive Nursing Homes in Detroit and the Patients They Serve, long term care facilities in Detroit struggle financially due to the high number of Medicaid residents. Because Medicaid reimbursement rates are less than those disbursed by private pay and Medicare rates, facilities with a higher than average percentage of Medicaid residents have fewer resources than the average nursing facility.

Based on 2005 Medicaid cost reports, 7 long term care facilities in Detroit had 90% or more of their residents covered by Medicaid with another 13 facilities with 80 % to 89% of residents with this payer source. This results in long term care nursing facilities incurring costs in excess of revenue from Medicaid, which further perpetuates the lack of funding for long term care facilities in urban areas.



Characteristics of Medicaid-dependent Facilities

According to the 2004 study The Least Among Us: An Analysis of Medicaid-Intensive Nursing Homes in Detroit and the Patients They Serve by Richard Douglass, M.P.H., Ph.D., nursing facilities whose primary source of revenue is Medicaid often lack:

- Subsidies from other revenue generating operations such as assisted living or senior apartments;
- Resources available to non-profits through gifts and grants; and
- Administrative depth or the capacity to successfully manage all business and patient care components with sufficient expertise.

In addition, Medicaid-dependent facilities are often unable to collect patient pay amounts and other charges that are the responsibility of the resident because they are treating individuals with little or no income. These bad debts go unreimbursed in the Medicaid payment system and represent an additional burden for Medicaid-dependent facilities.

The high Medicaid population in Detroit facilities is a direct result of the lack of personal resources held by many older adults and individuals with disabilities living in the city. Poverty, combined with urban settings and minority status, is also associated with slow nursing home placements, predictably lower quality nursing care and higher risk of facility closures, terminations or sudden transfers to other facilities. (Stevens, A. 2004)

Medicaid Reimbursement Rules

Other rules built into the Medicaid reimbursement system further penalize providers and increase the pressures on facilities that are already suffering financially.

One of the most significant examples of this is the 85% occupancy rule. Under this rule, a facility whose occupancy rate is less than 85% for the year has its per diem operating costs calculated as if it was operating at 85% occupancy. The result is a lower Medicaid reimbursement rate for facilities that can least afford it.
The total loss of revenue for Detroit facilities in 2005 as a result of this rule was approximately $1.4 million. A second reimbursement rule, the support to base ration limit, cost Detroit providers an additional $700,000.

Many Detroit facilities carry another financial burden as a result of the Quality Assurance Add-on program of the State of Michigan (also known as the Provider Tax System). This program was instituted to allow the state to access federal dollars in lieu of funding long term care with state general fund revenues. Tax revenues are collected from providers and then supplemented by federal matching funds with the total being distributed back to facilities proportionate to their Medicaid reimbursement rates. This system, however, has had a negative effect on facilities with low cost and high Medicaid utilization. During 2008, 10 facilities in the city received less Medicaid funds under the Provider Tax System than the amount they paid in tax. The result is another financial burden on facilities that were already in a tenuous financial situation.

Another complication is the fact that financial challenges experienced by Medicaid-dependent facilities in Detroit severely limits access to funds for reinvestment in the physical plant of these facilities.

Typically in Detroit older adults and individuals with disabilities enter the long term care facilities with Medicaid as their initial source of payment.

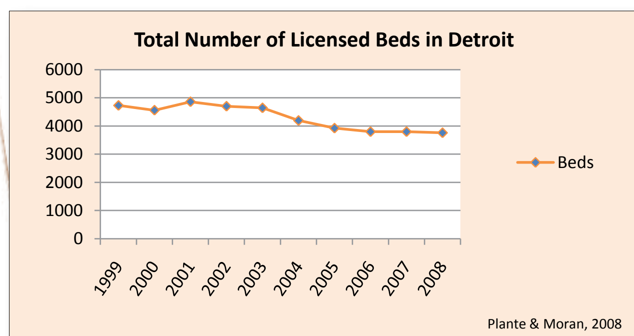
Michigan Medicaid Reimbursement System

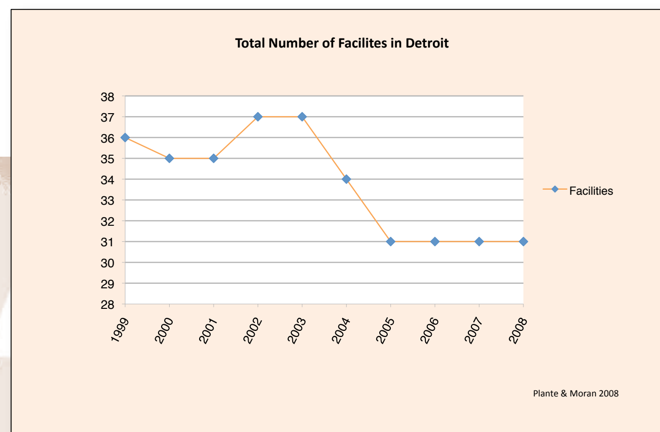
The Michigan Medicaid reimbursement system limit on the total amount of capital spending that is eligible for reimbursement was $50,000 per bed in 2005. However, the new cost of constructed facilities is typically well in excess of $100,000 per bed.

A lack of cash flow and an inability to obtain access to capital from local financial institutions severely restrict funds for additional investment in physical plants. The result is that Detroit facilities are outdated and are not attractive to prospective residents, their families or to referral sources. Lack of access to capital, high Medicaid utilization and low Medicaid reimbursement have also been mentioned by providers as significant factors as to why there have been no new freestanding nursing homes or replacement facilities built in the city since 1968.

In direct contrast to the financial status of Detroit Medicaid-dependent facilities is the experience of Michigan's County Medical Care Facilities (MCFs). There are 35 such facilities operated under the auspice of local county governments in the state. They are characterized by high Medicaid utilization (78% in 2005), well maintained facilities, relatively low employee turnover, and high quality of care.

These facilities have two distinct advantages that enable them to remain successful in spite of the high percentage of Medicaid residents: a higher Medicaid reimbursement rate and, in many cases, local millage support. The higher reimbursement rate is in recognition that these facilities are required by Public Act to admit all individuals regardless of ability to pay or health status. As a result, they are considered to be the facility of the last resort. The difference in the Medicaid reimbursement rate can be upwards of $50 to $60 per day. Public support through millage or other county allocations to the 26 MCFs receiving such support ranges from $140,000 to $4.4 million with an average of $1.3 million. Wayne County currently does not have a county medical facility.





Problem #3: *Detroit nursing homes are battling an image problem: the perception that long term care in Detroit is second-rate at best*

The unappealing aesthetic nature of many Detroit facilities along with a variety of other factors such as proximity of family, perception of lack of quality care, limited access to convenient parking and security concerns has accelerated the loss of residents to suburban facilities. In 2008 alone approximately 3,000 Detroit residents were discharged to skilled nursing care in facilities in the surrounding suburbs. Whereas many suburban residents choose to receive care in hospitals located in the city of Detroit, few non-Detroit residents choose Detroit nursing homes for their long term care needs.

In 2008, there were 5,341 Detroit residents admitted to a nursing home. Of these, 2,351 (44%) were admitted to a Detroit facility; 2,990 (56%) were admitted to a non-Detroit facility. There were 583 non-Detroit residents admitted to Detroit facilities.

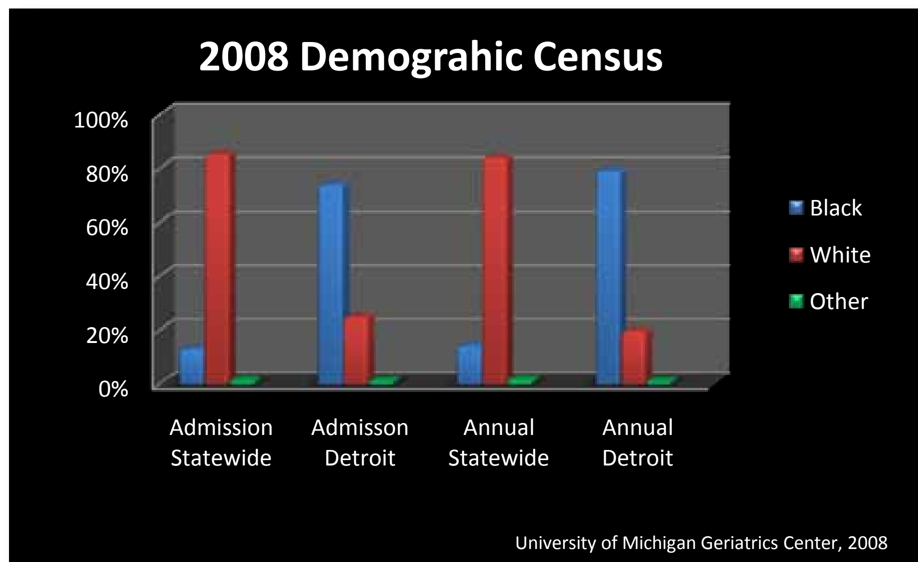
Lost Revenue for Detroit

This outflow of nursing home residents also has a negative economic impact on the city of Detroit, its residents and the owners of Detroit long term care facilities. It costs the city taxes on employee wages and business income that would have been earned in the city, property taxes that would be generated if new facilities were built in the city to accommodate additional residents and spending in the local neighborhoods by facility employees. It is estimated that city income tax revenue lost on wages of nursing home staff ranged from approximately $900,000 to $1.5 million. Total additional revenue from residents through Medicaid, Medicare, and private funds that would flow through Detroit facilities if those individuals resided in Detroit, rather than suburban facilities, would have been approximately $118 million in 2008.

Segregation Compounds the Problem

A 2008 study by the University of Michigan Institute of Gerontology, Persons Using Nursing Home Services in Michigan: A Comparison of Detroit and the State of Michigan, led by Mary James (Principal Investigator), reported 79% of Detroit nursing facility residents are African American compared to 14.2% of residents in statewide nursing facilities.

The 2004 study, Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care, by David B. Smith, Ph.D., Vincent Mor, Ph.D. and their associates concluded Detroit was among the most nursing home-segregated Metropolitan Statistical Areas (MSA) in the nation. According to the authors, "in cities that are highly segregated, good LTC (long term care) is scarce in the urban core, where low-income elderly are concentrated." The study found that, "the Midwest, the most segregated region in the country, was also the region with the greatest racial disparities in nursing home quality." The study also determined that Detroit is among the top four MSAs with the greatest Black/White disparity on a composite measure of nursing home quality deficiencies.



79% of Detroit nursing facility residents are African American compared to 14.2% of residents in statewide nursing facilities.

As noted by Mor and his colleagues there is a two-tiered system of care in the United States.

"The lower tier consists of facilities housing mainly Medicaid residents and, as a result, has very limited resources. The nearly 15 percent of U.S. nonhospital-based nursing homes that serve predominantly Medicaid residents have fewer nurses, lower occupancy rates and more health-related deficiencies. They are more likely to serve African-American residents than other facilities. . . Our findings document the stratification of the nursing home industry and uncover highly suggestive evidence that the poor, frail, and minority residents served by 'lower-tier' providers are particularly likely to receive substandard care."

Financial Pressures Force Detroit Facilities to Mix Seniors with Non-seniors

Because Detroit facilities have difficulty in maintaining occupancy levels with traditional frail elderly residents, they often admit Medicaid-

eligible adults who do not fit the traditional "elderly nursing home resident" profile. These include individuals who have a mental illness, are developmentally disabled or younger chronically ill adults with diagnoses such as Multiple Sclerosis, Parkinson's Disease, HIV-AIDS and who have different activity levels, behaviors and personal needs. This growing burden of Medicaid's various dependent populations can present a clinical case-mix within a nursing home that is very challenging. Detroit operators indicate anecdotally that local hospitals send to them patients that are difficult to place due to behavioral issues and other complicated health issues beyond those of traditional long term care residents.

Such clinical case-mixes increase the technical and training needs of the nursing staff beyond the staff training expectations of most nursing homes. The professional staff in these facilities is unable to focus on geriatric needs as they might have been trained to do because a large proportion of their patients do not have geriatric problems.

Can We Transform Detroit's Long Term Care System?

Federal, state and local governments must come forward now if this delivery system is to be saved and these vulnerable individuals needing long term care are to receive the quality care that is consistent with our values as a society. To that end, the Detroit Long Term Care System Change Task Force offers the following recommendations to transform the long term care system in Detroit.

Problem #1: *Detroit nursing homes are closing at a high rate of roughly one facility per year with no new construction on the horizon.*

The Transformation: Support the development of new facilities, including continuing care retirement communities in order to elevate expectations of consumers and increase the competitive pressure on existing providers to reinvest.

Problem #2: *Detroit nursing homes are dependent on Medicaid funding, placing long term care facilities in financial constraint.*

The Transformation: Create a disproportionate share payment mechanism for those facilities who serve a higher proportion of Medicaid residents, similar to that provided to hospitals. Eliminate or modify reimbursement regulations to encourage spending on operations and reinvestment in facilities. Enhance the efficiency and response time of the Medicaid eligibility approval process, there by speeding up the receipt of payment.

Problem #3: *Detroit nursing homes are battling an image problem: the perception that long term care in Detroit is second-rate at best.*

The Transformation: Increase resources available for training direct care staff as well as management staff. Establish a system of oversight for guardians to ensure older adults and individuals with disabilities are represented appropriately and funds are spent properly. Create a community advocacy network to educate and engage the community as a whole on issues related to long term care services.

More Challenges to the Long Term Care System

While these three financial and environment issues impacting nursing homes in the city remain the core problems, the Detroit Long Term Care System Change Task Force found four additional challenges that contribute to the long term care crisis in Detroit. The Task Force believes there are several steps that can be taken immediately that would offer hope to Detroit older adults, individuals with disabilities and stakeholders that will open the system to necessary change.

The Challenge: *Many aspects of day-to-day management of facilities need to be revised to improve the financial situation of Detroit facilities. Many of these would apply to facilities in other urban areas in the state as well.*

The Transformation: A series of steps including:

- Providing case management services for older adults and individuals with disabilities accessing the system and financial assistance to nursing homes for inappropriate placements;
- Improving care coordination for Medicaid eligible older adults and individuals with disabilities;
- Modifying the bad debt reimbursement policy; and
- Establishing a special population group category within the Medicaid reimbursement system for residents with atypical needs.

The Challenge: *Detroit older adults and individuals with disabilities do not have access to the full continuum of services they need to receive the appropriate care in an appropriate setting.*

The Transformation: Develop residential care options with supportive services, develop an affordable assisted living option, and expand the Program of All Inclusive Care for the Elderly (PACE).

The Challenge: *Nursing homes in general and urban facilities in particular struggle with recruiting and retaining a qualified work force.*

The Transformation: A series of training initiatives to strengthen the capabilities of direct care staff and to provide on-going support including:

- CNA/Hospice aide training;
- Expanding regular in-service education for nurse aides;
- Increasing the involvement of Michigan Works! Agencies in supporting long term care employers; and
- Developing peer mentoring programs for direct care staff.

A better trained and supported work force will result in better care for residents and will provide better job opportunities for individuals in core urban areas.

The Challenge: *There are other impediments to quality care related to issues of responsibility on the part of care givers and eligibility for coverage on the part of patients.*

The Transformation: A series of steps including:

- Regulating companies or individuals who provide guardianship services for individuals in a long term care setting;
- Eliminating the significant delay in establishing Medicaid eligibility for beneficiaries;
- Streamlining the Medicaid redetermination process and extending the time for submitting the redetermination application; and
- Increasing the Medicaid asset and the personal spending limits.

These recommendations seek to address the unique needs of individuals needing long term care who reside in urban areas by providing the assistance they need to find appropriate care and to assist facilities with the additional financial burden that occurs when dealing with this population.

The environment in which Detroit providers operate presents greater challenges than those experienced by providers in other areas of the state. Taking these actions will help to lessen this additional burden.

The Task Force believes there are several steps that can immediately transform long term care in Detroit.

Conclusion

The findings from studies of long term care in urban nursing homes are consistent. Medicaid-dependent, urban nursing homes in general, and those in the city of Detroit—in particular—are challenged to be able to provide a better quality of life and better quality of care that is consistent with that of other nursing facilities in other communities.

Challenges they face include:

- An atypical and more difficult resident population;
- Gaps in the service delivery system that reduce options;
- A Medicaid payment system that does not reimburse full cost;
- Environmental issues that affect the ability to attract potential residents and staff;
- Outdated facilities and limited access to capital for reinvestment; and
- An inefficient and ineffective Medicaid administrative system that serves as an impediment rather than a support to placement of residents and securing payment in a timely manner.

These challenges all contribute to a situation that is intolerable for this vulnerable population of older adults and individuals with disabilities.

Despite current political and economic realities in the near term, there is room for significant improvement in the existing delivery system. The disparities that exist are not necessarily systemic or unalterable, but it will take desire and commitment to bring about desperately needed change.

The recommendations being made in this synopsis of findings address baseline issues and need to be implemented in order to stabilize the current system. In addition, more thought and creativity will need to be given to reexamining this system in a comprehensive way to identify other means to support older adults and adults with disabilities in a manner that respects their dignity and reflects the best values of our society.

Detroit Area Agency on Aging

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The recommendations being made in this synopsis of findings address baseline issues and need to be implemented in order to stabilize the current system.

We believe older adults and individuals with disabilities, who in many cases are among the most vulnerable members of our society, have the same right to quality care, and informed choice in health care and long term care services.

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