



Florida Association Directors of Nursing Administration/LTC

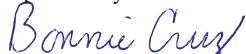
Position Statement (03/18/2010)

The Florida Association Directors of Nursing Administration/LTC (FADONA) supports the goal that care of the elderly should be individualized and provided in the least restrictive environment, consistent with best practices. Representing nurse administrators in the LTC continuum, FADONA is supportive of expanding programs that protect patients' right to choose home- and community-based services (HCBS) when they can be safely cared for in the community. We do, however, have concerns that the number of persons currently living in Florida's nursing homes that could safely be transitioned to HCBS settings have been significantly over-estimated and lack supporting evidence, for the following reasons:

1. Florida's Department of Elder Affairs (DOEA) performs a federally-mandated function of conducting nursing home pre-admission screening and assessment for Medicaid long-term care programs. The CARES program, or Comprehensive Assessment and Review for Long-Term Care Services, is conducted statewide for all persons who are applying for Medicaid nursing home care and are assessed by either a CARES nurse or social worker, with medical review by a physician prior to approval. The objectives of the CARES program include the prevention of unnecessary or premature admission to a nursing home; more effective coordination of an individual's medical, social and psychological needs and resulting level of care; referral and assistance in obtaining in-home and community services to avoid nursing home care; and education of the public, particularly health care providers, about less costly alternatives to long-term care (source: <http://elderaffairs.state.fl.us/english/cares.php>).
2. The CARES team estimates that there are only about 864 residents in skilled nursing facilities that could be cared for in a less restrictive setting. Many intermediate-care residents are chronically ill and extremely debilitated; often, they would not meet minimum assisted living facility (ALF) admission criteria even if allowed to "age in place."
3. Although American Eldercare estimates that about 40%, or about 30,000 of all nursing home residents, could be returned to community settings, it incorrectly grouped all Intermediate I residents into this category. We know this is not the case.
4. The data that American Eldercare collected was not collected by a nurse and was not prepared in a consistent format as directed by our federaly-mandated resident assessment instrument.
5. When SB1202 was passed by the legislature, it enforced tougher regulations that have led to improved quality of care and life for our residents. Unfortunately, this bill also resulted in duplicative requirements and regulations, including biohazard inspections, annual ombudsman inspections, pharmacy reviews by the Department of Health, and kitchen inspections every quarter by the Department of Health. The elimination of these inspections, which are already conducted annually by Florida's Agency for Health Care Administration, would save the state a significant amount of money.
6. Many of our residents are admitted under Medicare Part A. The rehabilitation goal for these short-term patients is usually to discharge them home.
7. Statistics show that Florida has the lowest number of licensed nursing home beds in the country at 21 per 1,000 persons over 65 years old. Nationally, it is almost 50 per 1,000.

FADONA has one additional concern. Strong evidence indicates that many frail seniors who are transferred from one setting to another are adversely impacted by the move itself. As such, it is FADONA's opinion that, based on these serious, potentially negative outcomes and our research, Florida does not have a significant number of SNFs residents who could be more appropriately cared for in an assisted living setting.

Respectfully submitted,


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