



Long Term Care in Iowa

presented by
Iowa Health Care Association
Iowa Center for Assisted Living



Introduction:

- Mary Jane Venteicher, R.N. L.N.H.A.
President, Iowa Health Care Association
- IHCA/ICAL members:
 - Skilled Nursing Facilities (SNF) 318
 - Assisted Living Programs (AL) 201
 - Senior Housing Communities 59
 - Residential Care Facilities (RCF) 26
- 75 percent of Iowa nonprofit LTC organizations
- 80 percent of Iowa proprietary LTC organizations



Mary Jane Venteicher:

- Administrator at Thomas Rest Haven Nursing Facility and Park View Assisted Living, Coon Rapids, Iowa
- 20 years as public health and home health nurse.
- Currently operates a city owned 57 bed facility established in 1968; with attached medical clinic, outpatient therapy and new 12 unit assisted living.
- One of the largest employers in the community
- Governor's Quality Award Winner
- AHCA Bronze Quality Award Winner



Long Term Care Today

- We are not the homes of yesterday
- Today's Goal – Rehab and Home
 - Shorter resident stays
 - Average Medicare residents stay is 30 days or less
 - Approximately 60 percent of NF residents rehab and go home
- Resident Centered Care



Quality Care in Action

2010 National Quality Measures

- Iowa is a national leader in providing quality nursing home care
- Iowa exceeds national average in 8 measures
- Ranks #1 for residents not being bedfast
- Ranks #2 in residents not losing weight

2010 AHCA NCAL Quality Awards

- 2 Silver award recipients, 6 Bronze award recipients
- 29 total IHCA ICAL recipients

2010 National Center for Assisted Living Award

- National Assisted Living Week Programming Award
Park Place Estates, Le Mars, Iowa

- 5 of last 9 national award winners were Iowa programs



Mental Health challenges in LTC:

- Residents previously in RCF's now being admitted to NH's due to aging – many with mental health diagnoses and co-morbidities
- Dementia residents often diagnosed with co-existing mental illness and prescribed anti-psychotic medications which requires expertise of mental health professionals.
- 75% of my residents suffer from some type of dementia



Mental Health Challenges in LTC:

- Lack of mental health professionals, including psychiatrists, who have geriatric specialty or experience.
- Lack of geriatric psychiatric units that serve residents who need more than nursing facilities can provide.
- Often the wait is 1 – 3 weeks before a resident receives in-patient treatment.



Mental Health Challenges in LTC:

Regulatory Environment:

- Providers that take geriatric psych residents are at greater risk for fines and citations.
- Healthcare workers at greater risk for dependent adult abuse allegations.
- 74% of IHCA members have denied admission to residents who have history of aggressive behaviors or a risk for falls.



Mental Health Challenges in LTC:

- Transfer agreements with psychiatric units require that the nursing facility take the resident back even if the facility expresses concerns about safety or being able to provide treatment needs.
- Insufficient reimbursement to take care of these individuals who often need 1:1 care. (24 hour C.N.A. care in my facility is \$288/day, roughly double my Medicaid daily rate).
- Difficulty recruiting workforce to work with this population



- Despite these challenges, many small rural providers are trying to serve residents that have lived in their communities because we are committed to having families who have limited resources or travel abilities to be able to visit their loved ones as much as possible.



Kathy Gabel, R.N., L.N.H.A.

- C.E.O, Iowa Skilled and Home Services, Keokuk, Iowa.
- Administrator, Lexington Square Nursing Home
- Experience – Mental Health Nursing and Skilled Nursing



Mental Health Challenges in LTC:

- Obstacles of serving the seriously mentally ill in a typical nursing facility:
 - Personalities, differing diagnoses and aggressive behaviors
 - Lack of geriatric mental health professionals
 - Regulatory environment



Dave's Place

- 57 bed skilled nursing facility for persons with mental illnesses
- Named after one of my first patients who would have benefited from a facility like this.
- Needed because persons with medical issues and mental health have difficulty finding placement in Iowa in a typical skilled nursing facility.



Dave's Place

- Specialized staff –
 - Psychiatrist as Medical Director
 - Qualified Mental Health Professionals
- Will create approximately 70 new jobs in Keokuk.
- www.davesplacecares.com



Iowa's LTC profession

\$1.7 billion economic impact to Iowa; 1.7% of GDP

- 428 Iowa nursing facilities annually
 - Employ 32,315 Iowans
 - Total Payroll and Benefits (\$895M estimated 2010)
 - Property Tax (\$15.4 M estimated 2010)
 - Care for and serve 42,000+ residents
- 296 Iowa assisted living programs
 - Employ approximately 8500 Iowans
 - Total Payroll approx \$230 M
 - Property Tax approx \$10.2M
 - Care for and serve 10,612 tenants
 - 9,826 apartments (with 92% occupied with one person, and a 94% occupancy rate average)

Iowa ranks 3rd
in population
age 85 and
older

- Iowa DOA



Iowa's LTC profession

Quality care in action

Resident and employee satisfaction

- In a 2009 resident and family satisfaction survey, more than 86% (6206 of 7217) of the respondents were satisfied with the overall services in their nursing facilities.
- 81 percent of employees would recommend their facility as an *excellent* or *good* place to receive care.
- 77% of staff would recommend their facility for future employment.



Nursing facilities in Iowa

- Skilled nursing facility (SNF) admissions
 - 33,117 in 2004
 - 41,500 in 2009
- Residents are admitted from
 - 90% hospitals
 - 5% home
 - 3% assisted living
 - 2% other facility



Nursing Facility Funding

- 5th Lowest Payment Rate In Nation (Nat'l Average = \$178.92)
- Rebasing Scheduled for FY 2012
- Quality Assurance Fee – A tool to assist with rebasing
 - Implemented in 2009 – 3% of Non-Medicare Revenue



Quality Assurance Program

- 9 Month Estimates
 - Generated \$21M In General Fund Revenues
 - Restored Some Of FY 2010 Cuts
 - However, not bed hold or Accountability Measure Program
 - Estimated Employment Cost Growth Of \$28M
 - Wages, Staffing, Benefits, Etc.
 - \$13M For Direct Care Workers
- Key Reason For Rebasing



IHCA ICAL 2011 Legislative Forum

If you have questions or concerns

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