

Factors related to a successful transition in the Ohio Medicaid Assisted Living Waiver Program: A Provider's Perspective

Prepared for Hope Roberts and the Ohio Department of Aging, Community Long Term Care Division

Principal Investigator: Noelle L. Fields, MSW, LISW-S
Co-investigator: Holly Dabelko-Schoeny, Ph.D
The Ohio State University College of Social Work

February 2010

Acknowledgments

Many thanks to Hope Roberts at the Ohio Department of Aging for sharing her insights during the survey process and for her assistance with information on participating providers in the Ohio Medicaid Assisted Living Waiver Program. Thanks also to Sheri Kaiser at the Ohio Department of Aging for her support of this study. We are also deeply grateful for the assisted living providers who took the time to participate in the survey. All of their comments will help the Ohio Department of Aging to further develop and refine the waiver program.

Executive Summary

The Medicaid Assisted Living Waiver Program began operations in July 2006 as an effort to address the growing need for long-term care service options in the state of Ohio. This study examines the perceptions and observations of participating providers in the Ohio Medicaid Assisted Living Waiver Program and their perspective of the consumer transition experience. This report focuses on several areas of study. We begin by presenting a profile of those Ohio Medicaid Assisted Living Waiver providers who participated in this study. Second, data is presented on successful transition indicators and the level of importance of these indicators as reported by surveyed providers. Third, we include an analysis of data on the frequency of education that waiver residents receive before admission to participating assisted living facilities as well as the importance of such education from the perspective of participating providers. Finally, we examine additional aspects of a successful transition based on participating providers' written survey responses.

The quantitative survey used a state-wide, purposive sample of Medicaid Assisted Living Waiver providers in facilities with the highest census of Medicaid Waiver consumers in each designated aging service area. Key findings include:

- Participants agreed with previous research on indicators of successful transitions including the importance of resident awareness of what to expect from the transition, level of expectation, physical and cognitive functional limitations, mental health and level of resident self-confidence in his or her abilities to adapt to a new situation.
- The availability of a licensed social worker within the assisted living facility was perceived as having little importance for transition success.
- The areas of education received least frequently by waiver residents prior to admission, service tier assignment, purpose and elements of a resident care plan and bowel and bladder training programs
- The two areas of education that were perceived as least important were service tier assignment and purpose and elements of a resident care plan.

- Providers indicated that issues around payment structure and financial liability, psychosocial needs, and communication were additional aspects of a successful transition for waiver residents.

The final section of the survey asked participants to write in what additional aspects of a successful transition were important for waiver residents. Key qualitative findings include:

- The most frequent response made by providers involved suggestions and comments around financial policies of the waiver program and the impact of these policies on waiver residents.
- There were several responses associated with the psychosocial needs of assisted living residents including the need for social service and psychological assessments.
- Participants suggested improved communication between the waiver case manager, waiver resident, and assisted living staff is needed.

Participating providers in this study had a great deal of insight into the contributing factors and barriers to a successful transition for waiver residents. Overall, participants agreed with previous research on indicators of successful transitions, however, the degree to which these indicators for transition success are actually implemented and by whom should be considered for future research. We recommend that the ODA re-examine the financial limitations on personal allowance for waiver residents and consider the financial burdens for many individuals in the program. In addition, we recommend that the ODA and providers work on revisions to pre-admission screening and continuity of health care information between waiver case managers and facility staff. Finally, we recommend that providers and the ODA carefully consider the value of social workers in assisted living facilities in addressing the education and psychosocial needs of waiver residents.

Factors related to a successful transition in the Ohio Medicaid Assisted Living Waiver Program: A Provider's Perspective

Noelle L. Fields
Holly Dabelko-Schoeny

Background

According to the Centers for Disease Control, the number of Americans over 65 will be 1 in 5 by the year 2030. As Americans grow older, there are a myriad of issues to address including healthcare and healthcare service delivery, mental health, care giving, end of life issues, and housing. In the last decade, the concept of assisted living has risen as an alternative to the medical model of care provided in traditional nursing homes. Assisted living facilities offer residential long-term care for persons with mild or moderate disabilities who cannot live alone but who do not require a nursing home level of care (Hawes, Phillips, & Rose, 2000). Based from a hospitality model rather than medical model, assisted living is now one of the fastest growing types of senior housing in the United States (Spitzer, 2004). Despite the growing popularity of providing care for older adults in assisted living communities and the increased numbers of older adults moving to assisted living, there is limited research on residents in these settings (Cummings, 2002). Furthermore, there is no federal regulation of assisted living and a lack of knowledge among researchers and policymakers about issues of quality of life in these facilities (Hawes & Phillips, 2007). Although definitions of what constitutes assisted living vary, the assisted living model of residential long-term care in assisted living settings continues to garner attention as state policy makers look for alternatives to costly nursing home placement. Generally, the assisted living includes a single occupancy room or apartment, three meals a day served in a common area such as a dining room, spaces for residents' socialization,

and staff available to provide scheduled and unscheduled assistance with activities of daily living (Assisted Living Federation of America [ALFA], 2009).

The transition to assisted living is of growing interest as policy makers search for cost effective ways of providing long-term care and consumers demand care options which maximize choice and autonomy. Research suggests that community relocation is an increasingly common life transition experienced among older adults, however, existing literature around successful transitions to assisted living communities is limited (Smider, Essex, & Ryff, 1996). A review of existing literature around theories of transition reveals that relocation regardless of age is a significant life challenge that requires many skills and resources (Kling, Ryff, Love, & Essex, 2003). Level of expectation, knowledge of and about the transition, awareness of the meaning of the transition, and level of emotional, physical and environmental stress contribute to the outcome of a transition experience (Schumacher & Meleis, 1994). Research on transitions from a hospital to community settings suggests that a lack of communication around the patient's care plan and inadequate preparation for care during the transition creates difficulties for patients and caregivers (Coleman, 2003). Recent literature on relocating and transitioning to assisted living communities suggests that "there are strategies to promote a 'good fit' between an assisted living facility's culture and a potential resident" (Kennedy, Sylvia, Banni-Issa, Khater, & Forbes-Thompson, 2005, p. 23) including the provision of comprehensive information around staff, activities, and other residents in the assisted living community.

As the number of older adults moving into assisted living continues to grow as these communities increasingly become the alternative to care in nursing homes, there is a trend in many states to provide Medicaid reimbursement to assisted living facilities. Roughly 41 states have implemented Medicaid coverage in residential care settings including assisted living

(Mollica & Johnson-Lamarche, 2005). The Ohio legislature approved the development of the Ohio Assisted Living Waiver Program in 2005 to address alternatives to costly and often restrictive, nursing home placement. Research conducted by the Scripps Gerontology Center at Miami University in Oxford, Ohio in 2007 provided the first look at consumers involved in the waiver program. The report generated from this research provided a profile of consumers both enrolled and not enrolled in the program as well as the demographic and functional health of consumers. In addition, researchers found that on average, residents reported high levels of satisfaction with the transition process to assisted living (Kart, Wellin, & Kinney, 2007). The most recent state-wide evaluation of the waiver program conducted by the Scripps Gerontology Center indicated that as of February 1, 2009, there were 169 certified providers and over 1000 active participants in the program. However, 40 percent of Ohio's counties do not have a facility participating in the waiver program (Applebaum et. al, 2009). To further explore the transition experience of waiver residents this study asked participating providers in the waiver program to respond to questions on the frequency and importance of pre-admission education and factors which may contribute to a successful transition.

Methodology

The purpose of this study is to examine successful transition of consumers in the Ohio Medicaid Assisted Living Waiver Program from the perspective of participating providers. Our study of these transitions is focused on the question: What do participating providers in the Ohio Medicaid Assisted Living Waiver Program identify as contributing factors and barriers to a successful consumer transition?

To investigate the factors that may help or hinder consumer transition in the program, a written survey was administered to a state wide, purposive sample of Medicaid Assistant Living

Waiver providers in facilities with the highest census of Medicaid Waiver consumers in each designated aging service area. The providers with the highest census of Medicaid Waiver consumers were selected because of they have the highest frequency of experiences serving this population. Surveys were distributed by mail between April and May of 2009. Twenty-eight providers agreed to participate in the survey (out of 37 sampled), for a survey response rate of 76%. The survey included items that measured the level of importance of successful transition indicators, the frequency of consumer education prior to admission, and the level of importance of consumer education prior to admission. In addition, qualitative questions were included to offer providers the opportunity in their own words to identify aspects important for a successful consumer transition.

Results

Profile of facility and provider characteristics

Participants in this study represent a sample of participating providers in the assisted living waiver program with the highest census throughout the state of Ohio. Of the providers surveyed, 21 (75%) reported a for-profit status, six (21%) described their facility as free standing, and seven (25%) described their facility as a Continuing Care Retirement Community (CCRC). The average census of assisted living facilities participating in the survey was 15.5 residents with an overall range of four to 38. The majority of survey respondents (71.4%) described their job title as general manager followed by executive director (10.7%). We also examined the educational background and field of study of survey participants. The majority of survey participants held bachelor's (32.1%) and master's degrees (28.6%). Nursing was reported as the most common field of study (42.9%) followed by social work (17.9%), business (14.3%),

and gerontology (10.7%). Table 1 presents the job title and educational background of participants broken down by degree and field of study.

Table 1
Job title and educational background of participants

	Providers (N=28)	
	Percent	n
Profit status		
For profit	75	21
Not for profit	25	7
Facility type		
Free standing	21	6
CCRC	25	7
Missing	54	15
Job title		
General Manager	71.4	20
Director of Nursing	7.1	2
Admissions Director	3.6	1
Resident Care Director	7.1	2
Executive Director	10.7	3
Education		
High School diploma/GED	3.6	1
Some college	14.3	4
Associate's degree	21.4	6
Bachelor's degree	32.1	9
Masters degree	28.6	8
Field of study		
Nursing	42.9	12
Social Work	17.9	5
Marketing	3.6	1
Business	14.3	4
Education	7.1	2
Psychology	3.6	1
Gerontology	10.7	3

Indicators important to transition success

Existing research on transitions reveals indicators important to success including awareness of what to expect from the transition, level of realistic expectation on the transition, functional limitations, social support, and level of confidence. Other indicators important to success include support from the assisted living staff and the waiver case manager as well as the availability of a licensed social worker within the assisted living setting. To explore the significance of each of these indicators, survey participants were asked to rate the importance of these indicators to the transition of Medicaid Assisted Living Waiver residents (1 = Very Important, 2 = Important, 3 = Little Importance, 4 = No Importance). The responses are presented in Table 2.

The data suggests that on average, participants agreed that these indicators are important to a successful transition:

- Awareness of what to expect from the assisted living transition
- Level of expectation (realistic)
- Social support from family/friends
- Social support from assisted living staff
- Social support from the waiver case manager
- Functional limitations (physical and cognitive)
- Mental health problems
- Feeling that the transition is his/her “choice”
- Level of self-confidence of resident in his or her ability to adapt to a new situation
- Ability to communicate needs

However, the availability of a licensed social worker within the assisted living setting was perceived as having little importance ($m = 2.74$) in the successful transition of waiver residents. In for-profit facilities, 55% ($n=11$) reported that having a social worker in AL was of little

importance as well as 42.9% (n=3) of non-profit facilities. Among respondents working in a free standing AL facilities, 23.1% (n=3) reported that having a social worker was of little importance while 23.1% (n=3) of CCRC respondents reported that having a social worker was important in an AL setting.

Table 2
Indicators important to transition success

	M	SD
Awareness of what to expect from AL transition	1.14	.36
Level of expectation (realistic)	1.32	.48
Social support from family/friends	1.43	.57
Social support from AL staff	1.29	.46
Social support from Waiver case manager	1.64	.68
Availability of licensed AL social worker	2.74	.81
Functional limitations (physical)	1.57	.63
Functional limitations (cognitive)	1.50	.58
Mental health problems	1.56	.64
Feeling that transition is his/her "choice"	1.39	.63
Level of self-confidence	1.63	.56
Ability to communicate needs	1.50	.58
1 = Very important		
2 = Important		
3 = Little importance		
4 = No importance		

Frequency of education prior to admission

To assess the amount of education that waiver residents receive during the transition process to assisted living, participants were asked to indicate the frequency of which waiver residents receive education about the waiver program and specific facility policies prior to admission to their facility. Participants reported whether waiver residents Always, Often, Rarely, or Never received education prior to admission to the assisted living (1 = Always, 2 = Often, 3 = Rarely, 4 = Never). (See Table 3.)

On average, participants indicated that most of the time waiver residents receive education prior to admission on most aspects of the waiver program and assisted living policies.

However, the areas of education least frequently (rarely to often) received included:

- bowel and bladder training programs (m = 2.48)
- service tier assignment (m = 2.40)
- purpose and elements of a resident care plan (m = 2.30)

The areas of education indicated as often received by waiver residents prior to admission included:

- eviction notices and appeals (m = 2.07)
- role of the waiver case manager (m = 2.04)
- meal tray delivery policy (m = 2.04)
- part-time intermittent skilled nursing care (2.04)

Table 3
Frequency of which waiver residents receive education

	M	SD
Bowel and/or bladder training programs	2.48	.85
Service tier assignment	2.40	.84
Purpose and elements of a resident care plan	2.30	.78
Eviction notices/appeals	2.07	1.03
Role of the Waiver case manager	2.04	.59
Meal tray delivery policy	2.04	.90
Part-time intermittent skilled nursing care	2.04	.92
Role of AL management	1.96	.76
On-site ancillary services (podiatry, optometry)	1.96	.85
What waiver does/does not pay for at the AL	1.92	.92
Reasons justifying eviction	1.92	.96
Non-medical scheduled transportation	1.82	.89
Role of AL nursing staff	1.81	.56
Pet policies	1.81	.96
Maintenance services	1.79	.88
Changes in eligibility for AL care	1.79	.88
Role of AL direct care staff (nurses aids)	1.78	.58
Visitor and guest guidelines/policies	1.75	.89
Religious activities/church	1.74	.76
Scheduled transportation for medical reasons	1.71	.81

Meal preferences (selective menu, food choices)	1.70	.77
Laundry services	1.64	.87
Self-administration of medication	1.63	.84
Dining room policies (seating times, meal options)	1.62	.74
Assistance with ambulation	1.62	.69
Smoking policies	1.61	.83
Call light/emergency pull cord systems	1.61	.79
Activity programs (outings, bingo)	1.60	.75
Types of care the facility can/cannot provide	1.60	.79
Furniture provided/not provided by the AL	1.57	.79
Assistance with personal hygiene/dressing	1.57	.63
Assistance with toileting	1.57	.63
Where to express concerns/make complaints	1.56	.75
Monthly allowable funds as per waiver guidelines	1.53	.74
Assistance with bathing/showering	1.50	.64
Room amenities (cable, phone, air/heat)	1.46	.69
Medication administration (by nursing staff)	1.25	.44

1 = Always

2 = Often

3 = Rarely

4 = Never

Frequency of resident visitation prior to admission

To examine the frequency of which waiver residents visited the participating assisted living facilities prior to admission, participants responded to questions around whether waiver residents toured the facility, toured an apartment, met with assisted living management/staff, met with other residents, and had a meal in the assisted living dining room. On average, participants indicated that most waiver residents met with assisted living staff ($m=1.86$), toured an apartment ($m=1.79$), and toured the assisted living facility ($m=1.75$) prior to admission. Participants also indicated that waiver residents often had a meal in the dining room ($m=2.50$) and met with other assisted living residents ($m=2.25$) prior to admission. The responses are presented in Table 4.

Table 4
Frequency of facility visitation prior to admission

	M	SD
Had a meal in the AL dining room	2.50	.69
Met with other AL residents	2.25	.70

Met with AL management and staff	1.86	.85
Toured an apartment at your AL	1.79	.79
Toured your AL	1.75	.75

1 = Always
2 = Often
3 = Rarely
4 = Never

Importance of education prior to admission

Participants were asked to indicate the level of importance for waiver residents to receive education prior to admission around various aspects of the waiver program and policies specific to the provider's assisted living facility. Participants rated the level of importance of education that waiver residents receive prior to admission (1 = Very Important, 2 = Important, 3 = Little Importance, 4 = No Importance). The responses are presented in Table 5. On average, participants indicated that education around most aspects of the waiver program and assisted living policies were very important for waiver residents to receive prior to admission to their facility. The two areas of education with the lowest average scores around level of importance were service tier assignment ($m = 2.04$) and purpose and elements of a care plan ($m = 1.78$).

Table 5
Level of importance of education

	M	SD
Service tier assignment	2.04	.89
Bowel and/or bladder training programs	1.93	.86
AL building/room design	1.79	.57
Purpose and elements of a resident care plan	1.78	.89
Location of AL	1.71	.66
Pet policies	1.68	.72
Visitor and guest guidelines/policies	1.64	.68
Role of the Waiver case manager	1.63	.74
Role of AL management	1.54	.64
Laundry/maintenance policies	1.53	.64
Room amenities (furniture, phone, tv)	1.46	.51
Activity/religious programs	1.43	.50

Dining room/meal policies	1.43	.57
Eviction policies	1.40	.63
Smoking policies	1.39	.74
Transportation policies	1.36	.56
Role of AL nursing staff	1.29	.46
Role of AL direct care staff (nurses aids)	1.29	.46
Nursing policies (medication, nursing care)	1.25	.52
Call light/emergency pull cord systems	1.25	.52
Changes in eligibility for AL care	1.18	.48
Monthly allowable funds as per waiver guidelines	1.14	.36
Type of care the facility can/cannot provide	1.07	.26
What waiver does/does not pay for at the AL	1.07	.26

1 = Very important

2 = Important

3 = Little importance

4 = No importance

Correlations

Correlations based on variability and conceptual meanings in participants' responses were investigated to explore the relationships between variables. In the discussion of these statistics, Gay and Airasian (2003) are referenced to define low ($r < 0.35$), moderate ($0.35 \leq r \leq 0.65$), and high ($r > 0.65$) correlations. The correlation matrix is presented in Appendix A. The correlation coefficients suggested a positive and moderate relationship ($r = .608, p < .05$) between the frequency of education around bowel and bladder training programs and the frequency of education around eviction notice policies. In other words, when education is provided around bowel and bladder training it is also provided around eviction notice policies. Frequency of education around intermittent part-time skilled nursing care and frequency of education around eviction notice policies were strongly positively correlated ($r = .827, p < .01$). This suggests that when education around intermittent skilled nursing care is provided then education around eviction notice policies is also provided. Frequency of education around the role of the waiver case manager and the importance of education around what the waiver pays for were moderately positively correlated ($r = .473, p < .05$). This suggests that when education

is provided around the role of the waiver case manager the importance of education around what the waiver pays for increases.

The correlation coefficients suggested a moderate negative correlation between the frequency of education around what the waiver pays for and the importance of education around changes in eligibility ($r = -.402, p < .05$). This suggests that as the frequency of education around what the waiver pays for increases, there is a decrease in the level of importance of education around changes in eligibility. The importance of education around the resident care plan and the importance of service tier education were strongly positively correlated ($r = .731, p < .01$). The importance of the availability of a licensed social worker within the assisted living facility was moderately positively correlated with frequency of education around service tier assignment ($r = .393, p < .05$), importance of education around the resident care plan ($r = .553, p < .01$), and the importance of education around service tier assignment ($r = .648, p < .01$). This suggests that having a licensed social worker within the assisted living is related to the frequency of education around service tier assignment and that greater value is placed on the importance education around the service tier assignment and care plan when a social worker is involved.

Qualitative findings

In addition to information on the frequency and importance of education of waiver residents prior to admission to assisted living, the final section of the survey asked participants to write in what additional aspects of a successful transition were important for waiver residents. These written responses provided additional insights about the design and implementation of the waiver program as well as ways to enhance the transition experience of waiver residents. Both authors independently coded responses to identify categories and sort responses into common themes. Authors were in agreement about the main themes and with discussion, came to

agreement regarding the comments that were categorized under each theme. The three main themes that emerged from the data include: payment structure and financial liability, psychosocial needs, and communication. An illustration of these themes can be found in Figure 1.

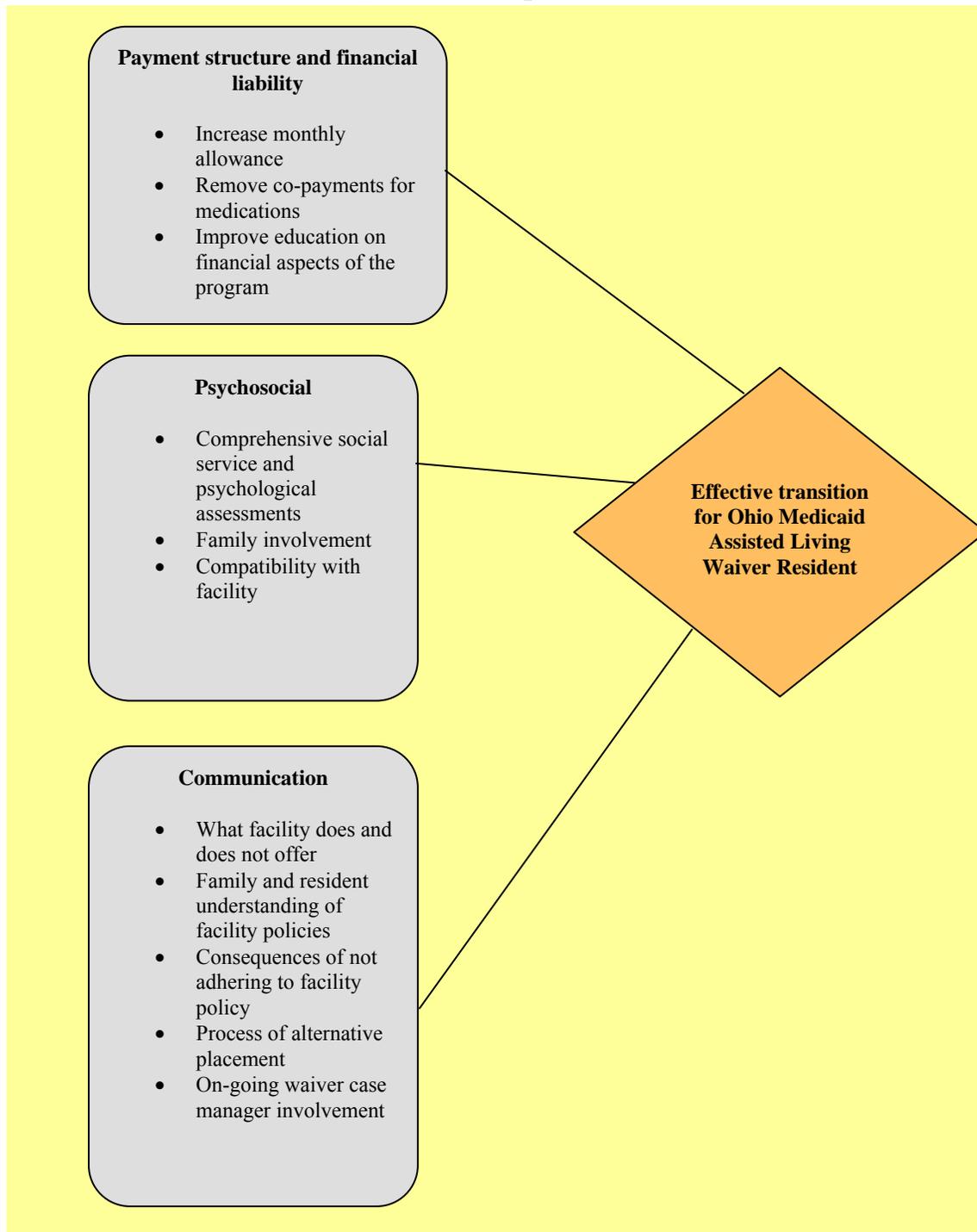
The most frequent response made by providers involved suggestions and comments around financial policies of the waiver program and the impact of these policies on waiver residents. Several participants indicated a need to increase the monthly allowance of waiver residents since these residents have to pay premiums or co-pays for their prescription drug plans out of this allowance. One participant commented, “if we assume that an assisted living resident is higher functioning then we can assume that they might also occasional like to do something (like go out to eat or get their hair done) and every 10 dollars really matters.” Several participants advocated for a change in the financial policy in order to allow residents to keep more of their monthly allowance as well as stated a need for increased funds to help residents transition in to the facility (e.g. furniture purchases, items to make the apartment more “homelike”). Other participants stressed the need for residents to better understand the monthly liability and payment structure due to resident and family confusion.

There were several responses associated with psychosocial needs of assisted living residents. Responses suggested a social service assessment of waiver residents to address the possibility of “many underlying issues” as well as suggested that the assisted living needed a complete psychological history of waiver residents. Other providers indicated a need for assessing the “physical and psychological compatibility” of the waiver resident with the assisted living facility. Another psychosocial issue was around family visitation and support during the transition to assisted living and the need for overall family involvement in the transition process.

Providers also indicated that ensuring that waiver residents feel that the assisted living is “homelike” and providing support to promote comfort and independence were important aspects of a successful transition.

The theme of communication centered on the relationships between the waiver case manager, waiver resident, and assisted living staff. Several providers suggested that improved communication was needed for residents to understand what assisted living does and does not offer. Improved communication also included family involvement in learning and understanding the waiver program for residents. One provider remarked “make sure that the family and resident are on board with the policies and rules of the facility” while another stated “residents need to know the consequences of not adhering to assisted living rules.” The participant responses further suggested that residents need better information about the waiver program including what was described by one participant as the “process of alternative placement when AL can no longer meet a resident’s needs” and for residents to better “understand limitations of level of care.” One provider suggested that waiver case management involvement was not adequately continuing after a resident’s admission to the assisted living in order to assist with transition.

Figure 1
Qualitative responses



Discussion and Recommendations

This study provides insight into the indicators of a successful transition of Ohio Medicaid Assisted Living Waiver residents from the perspective of participating providers as well as information on the frequency and importance of education prior to admission to assisted living. From existing literature, we identified several indicators as important to a successful transition for a waiver resident including awareness of what to expect from the transition, level of realistic expectation on the transition, functional limitations, social support, and level of confidence. Other indicators important to success included support from the assisted living staff and the waiver case manager as well as the availability of a licensed social worker within the assisted living setting. We then explored the frequency and level of importance of pre-admission education of waiver residents from the perspective of providers.

Indicators of transition success. Participants agree with previous research on indicators of successful transitions including the importance of resident awareness of what to expect from the transition, level of expectation, physical and cognitive functional limitations, mental health and level of resident self-confidence. A resident feeling that the transition is his or her “choice” was an important indicator for transition success by providers. Our findings suggest that providers perceive these indicators as important, however, the degree to which these indicators for transition success are actually implemented and by whom should be considered for future research. We recommend that the ODA further explore ways in which case managers can support the AL philosophy of care that promotes dignity, independence, and privacy for residents through the waiver transition experience and specifically review how this philosophy is implemented and by whom.

Social workers in facilities and waiver case managers. The importance of the availability of a licensed social worker within the assisted living facility was the one indicator that providers perceived as having little importance for transition success. However, the data also suggested a positive relationship between the availability of a social worker and frequency and importance of education around service tier assignment and the importance of education around the resident care plan. In addition, written responses to the open-ended questions identified the need for strong communication and additional psycho-social support for residents to ensure a successful transition. These are areas in which social workers can be helpful. The need for social workers in assisted living has been cited by Williams (2002) as important and fundamental as residents move into these settings with greater and more complex needs. Related research suggests that residents in assisted living need to have broad supports in place to assist with physical, mental, and social functioning declines and those assisted living facilities employing social workers were significantly more likely to offer services such as bereavement, crisis intervention, family counseling and support groups (Vinton, 2004). We recommend that providers and the ODA carefully consider the value of social workers in assisted living facilities in addressing the education and psychosocial needs of waiver residents. In addition, we recommend that the ODA and providers work on revisions to pre-admission screening and continuity of health care information between waiver case managers and facility staff. Finally, participants reported a need for improved communication between waiver residents, waiver case managers, and assisted living staff. We recommend that the ODA consider improving channels of communication by strengthening the role of the waiver case manager in the transition experience of waiver residents.

Frequency of education prior to admission. The areas of education that providers perceived as least frequently received among waiver residents prior to admission included service tier assignment, the purpose and elements of a care plan, and bowel and bladder training programs. These findings are noteworthy and suggest that the ODA increase efforts to provide training around the importance of these aspects during the waiver application process and resident transition into assisted living. These particular areas of education may have impact on service delivery and the ability for waiver residents to remain in their assisted living residences. We recommend that the ODA consider creating a uniform pre-admission program for AL waiver residents that ensures collaboration and a sense of shared responsibility between waiver case managers and AL providers. For example, waiver case managers and providers might better delineate their roles in promoting a successful resident transition by purposefully discussing any anticipated problems with service tier assignments or care plans during the pre-admission planning.

Importance of education prior to admission. Providers indicated that educating residents on the waiver program and their facilities' policies prior to admission were important in the transition process. However, while providers suggested that it is important to educate waiver resident about changes in assisted living eligibility, they also indicated a lower frequency of actually educating waiver residents around what the waiver pays for and provides. These findings suggest a gap between the actual education and importance of education in an area that potentially impacts resident, family, and provider expectations about the waiver program and its services. Assisted living waiver eligibility is linked to levels of impairment in activities of daily living (ADL) and ultimately to the amount of services provided to waiver residents. If there is disagreement or misunderstanding around services that the waiver pays for and a decline or

change in waiver residents' functional status this may lead to disenrollment in the waiver program for nursing home placement. We recommend that the ODA find ways to further promote the use of the *Understanding the Assisted Living Waiver Program: A Consumer's Guide* (Ohio Department of Aging, 2008) by waiver case managers to provide information to residents during the transition experience to AL. Tools within this consumer's guide include a facility tour checklist, application and enrollment information as well as ways for consumers to review resident satisfaction reports of participating AL waiver providers.

Payment structure and financial liability. Participants indicated in their written responses that issues around payment structure and financial liability were contributing factors and barriers to a successful consumer transition. We recommend that the ODA re-examine the financial limitations on personal allowance for waiver residents and consider the financial burden of Medicare Part D requirements for many individuals in the program. Residents of assisted living facility have different financial needs and demands than nursing home residents.

Conclusion

Participants in this study had a great deal of insight into the contributing factors and barriers to a successful transition for waiver residents. Participants reported that waiver residents are frequently educated prior to admission on various aspects of the waiver program and further indicated the importance of pre-admission education for waiver residents. Participants affirmed previous research on indicators contributing to a successful resident transition and offered comments on additional factors important for waiver residents moving into assisted living settings. In summary, the experiences of participants suggest that further developing a pre-admission program to aid in the successful transition of residents would likely address the concerns identified by participating providers in the Ohio AL waiver program. The early

cooperation and collaboration between waiver case managers and providers may result in better overall program outcomes, including improvements in the transition experience of residents. Finally, it is our hope that the insights provided by this study will assist the ODA in further developing and refining the waiver program to ensure the successful transition of waiver residents both now and in the future.

References

- Applebaum, R.A., Wellin, V., Mehdizadeh, S., Brown, J.S, McGrew, K.B., Manning, L., Menne, H., Brown Wilson, K., Johnson, J., Baker, H., & Chow, K. (2009). An evaluation of the Assisted Living Medicaid Waiver Program. Scripps Gerontology Center, Miami University, Oxford, Ohio.
Retrieved May 2, 2009 from <http://www.scripps.muohio.edu/research/publications/documents/AssistedLivingMedicaidWaiverProgramfinal.pdf>
- Assisted Living Federation of America. (2009). *What is assisted living?* Retrieved May 2, 2009 from www.alfa.org
- Bull, M., & McShane, R. (2008). Seeking what's best during the transition to adult day health services. *Qualitative Health Research*, 18(5), 597-605.
- Coleman, E. (2003). Falling through the cracks: Challenges and opportunities for improving transitional care for persons with continuous complex care needs. *Journal of the American Geriatrics Society*, 51(4), 549-555.
- Cott, C., Wiles, R., & Devitt, R. (2007). Continuity, transition and participation: Preparing clients for life in the community post-stroke. *Disability and Rehabilitation*, 29(20), 1566-1574.
- Cummings, S. (2002). Predictors of psychological well-being among assisted living residents. *Health and Social work*, 27(4), 293-302.
- Gay, L. R., & Airasian, P. (2003). *Educational research: Competencies for analysis and applications* (7th ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- George, L. (1993). Sociological perspectives on life transitions. *Annual Review of Sociology*, 19, 353-373.
- Hawes, C., & Phillips, C.D. (2007). Defining quality in assisted living: comparing apples, oranges, and broccoli. *Gerontologist*, 57(3), 40-50.
- Hawes, C., Phillips, C. D., & Rose, M., (2000). *A national study of assisted living for the frail elderly: Assisted living residents, staff and facilities, data from a national sample*. Retrieved May 6, 2009, from <http://aspe.hhs.gov/daltcp/reports/hshp.htm>
- Hedrick, S., Sales, A., Sullivan, J., Gray, S., Tornatore, J., Curtis, M., & Zhou, X. (2003). Resident outcomes of Medicaid-funded community residential care. *The Gerontologist*, 43(4), 473-482.

- Kart, C., Wellin, V., & Kinney, J. (2007). Evaluation of Ohio's Assisted Living Waiver Program: Consumer Access and Satisfaction. Scripps Gerontology Center, Miami University, Oxford, Ohio. Retrieved February 2, 2009 from <http://www.scripps.muohio.edu/research/currentresearch.html>.
- Kennedy, D., Sylvia, E., Banni-Issa, W., Khater, W., & Forbes-Thompson, S. (2005). Beyond the rhythm and routine: Adjusting to life in assisted living. *Journal of Gerontological Nursing*, 31(1), 17-23.
- Kling, K., Ryff, C., Love, G., & Essex, M. (2003). Exploring the influence of personality on depressive symptoms and self-esteem across a significant life transition. *Journal of Personality and Social Psychology*, 85(5), 922-932.
- Meleis, A., Sawyer, L, Im, E., Messias, D., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advanced Nursing Science*, 23(1), 12-28.
- Miller, N., Harrington, C., & Goldstein, E. (2002). Access to community-based long term care: Medicaid's Role. *Journal of Aging Health*, 14(1), 138-159.
- Mollica, R., & Johnson-Lamarche, H., (2005). *State residential care and assisted living policy: 2004*. Research Triangle Park, NC: RTI International.
- Murphy, S. (1991). Human responses to transitions: A holistic nursing perspective. *Holistic Nursing Practice*, 4(3), 1-7.
- Ohio Department of Aging. (2008). *Understanding the Assisted Living Waiver Program: A Consumer's Guide*. Retrieved January 5, 2010 from http://aging.ohio.gov/resources/publications/al_consumer_guide.pdf
- Schumacher, K., & Meleis, A. (1994). Transitions: A central concept in nursing. *IMAGE: Journal of Nursing Scholarship*. 26(2), 119-127
- Sikorska, E. (1999). Organizational determinants of resident satisfaction with assisted living. *The Gerontologist*, 39(4), 450-456.
- Smider, N, Essex, M., & Ryff, C. (1996) Adaptation to community relocation: The interactive influence of psychological resources and contextual factors. *Psychology and Aging*, 11(2), 362-372.
- Spitzer, W. (2004). The coming of age for assisted living care: New options for senior housing and social work practice. *Social Work in Health Care*, 38, 21-45.
- Vinton, L. (2004). Perceptions of the need for social workers in assisted living. *Journal of Social Work in Long-term Care*, 3(1), 85-100.
- Williams, H. M. (2002). Social work skills in assisted living. *Journal of Social Work in*

Long-Term Care, 1(3), 3-4.

Williams, K., & Warren, C. (2008). Assisted living and the aging trajectory. *Journal of Women and Aging*, 20(3/4), 309-327.

Appendix A: Correlations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Importance of AL social worker availability	--																
2. Actual care plan education	.352	--															
3. Actual meal tray delivery education	-.307	.200	--														
4. Actual Bowel/bladder education	-.140	.126	.574*	--													
5. Actual of eviction notice education	-.251	.310	.599*	.608**	--												
6. Actual part-time skilled nursing education	-.239	.347	.728*	.545**	.827**	--											
7. Actual what waiver pays for education	-.131	.405*	.258	.430*	.415*	.419**	--										
8. Actual monthly allowable funds education	-.070	.499*	.253	.047	.291	.241	.453*	--									
9. Actual service tier assignment education	.393*	.631**	-.093	-.070	-.148	.009	.240	.357	--								
10. Actual role of Waiver case manager education	-.059	.482*	.159	.271	.381	.352	.514**	.300	.356	--							
11. Importance of care plan education	.553**	.321	-.081	-.158	-.184	-.120	-.302	.134	.381	-.204	--						
12. Importance of what waiver pays for education	-.085	.262	.149	.176	.397*	.295	.180	.176	.032	.473*	.072	--					
13. Importance of eviction policy education	.138	.214	.242	.264	.361	.368	-.078	.008	.037	.164	.437*	.497**	--				
14. Importance of monthly allowable funds education	.266	.112	.101	.009	-.030	-.129	-.082	.120	-.079	-.027	.344	.283	.236	--			
15. Importance of changes in eligibility education	.225	-.049	.161	.149	.202	.238	-.402*	.280	.091	-.161	.367	-.106	.624**	.156	--		
16. Importance of bowel/bladder education	.080	.075	.208	.503**	.261	.237	.185	.170	.022	.156	-.112	-.141	.329	.208	.486**	--	
17. Importance of service tier education	.648**	.205	-.360	-.125	-.216	-.284	-.332	.139	.436*	-.149	.731**	-.172	.242	.219	.427*	.102	--

Participant ID _____

Successful Resident Transitions: A Study of the Ohio Medicaid Assisted Living Waiver Program

You are being asked to participate in a research project conducted by Holly Dabelko-Schoeny, Ph.D., Assistant Professor in Social Work at The Ohio State University, Noelle Fields, MSW, LISW-S, a doctoral student in social work at The Ohio State University in collaboration with the Community Long Term Division at the Ohio Department of Aging.

This survey seeks to better identify and understand factors related to the successful transition of Medicaid Assisted Living Waiver consumers into assisted living settings. For the purpose of this study, a successful transition is when the expectations and needs of Medicaid Assisted Living Waiver residents match the needs and expectations of the participating Medicaid Waiver Assisted Living providers.

Specifically, this is a survey for participating assisted living waiver providers to give feedback around the transition process of consumers upon admission to assisted living. Your feedback will remain confidential and will assist the Ohio Department of Aging in improving the pre-admission process of Medicaid Assisted Living Waiver consumers. **Please return your survey in the enclosed pre-addressed and pre-stamped envelope by Friday, May 1, 2009.**

First, we would like to know some basic information about your background and experience. This information will not be used to identify you but rather to help us understand the workforce characteristics of the participating providers in the Ohio Medicaid Assisted Living Waiver Program.

1. Please check any of the following which best describe your facility:

- For profit
- Not for profit
- Free-standing assisted living
- Continuing Care Retirement
Community (CCRC)
- Other

2. Please check your current job title:

- General Manager/Administrator
- Director of Nursing
- Marketing Director
- Admissions Director
- Resident Care Director
- Other: (please specify) _____

3. Please check your highest level of education:

- High School Diploma (or GED)
- Some College
- Associates Degree
- Bachelor's Degree
- Masters Degree
- Doctoral Degree
- Other: (please specify) _____

4. If applicable, please check your field of study in your educational program:

- Nursing
- Social Work
- Human Services
- Marketing
- Business
- Education
- Rehabilitation
- Psychology
- Other: (please specify) _____

5. Previous research on transitions reveals indicators such as those listed below as important to success. Please circle the <u>level of importance</u> of these indicators to the transition of Medicaid Assisted Living Waiver residents:	Very important	Important	Little importance	No importance
1. Awareness of what to expect from AL transition	1	2	3	4
2. Level of expectation (realistic)	1	2	3	4
3. Social support from family/friends	1	2	3	4
4. Social support from AL staff	1	2	3	4
5. Social support from Waiver case manager	1	2	3	4
6. Availability of a licensed AL social worker	1	2	3	4
7. Functional limitations (physical)	1	2	3	4
8. Functional limitations (cognitive)	1	2	3	4
9. Mental health problems	1	2	3	4
10. Feeling that transition is his/her "choice"	1	2	3	4
11. Level of self-confidence	1	2	3	4
12. Ability to communicate needs	1	2	3	4

6. Prior to admission to your facility, please circle the frequency of which Medicaid Program Waiver residents receive education around:	Always	Often	Rarely	Never
1. Service Tier assignment	1	2	3	4
2. Purpose and elements of a resident care plan	1	2	3	4
3. Role of the Waiver care manager	1	2	3	4
4. Role of AL nursing staff	1	2	3	4
5. Role of AL direct care staff (nurses aids)	1	2	3	4
6. Role of AL management	1	2	3	4
7. What waiver does/does not pay for at the AL	1	2	3	4
8. On-site ancillary services (podiatry, optometry)	1	2	3	4
9. Activity programs (outings, bingo)	1	2	3	4
10. Religious activities/church	1	2	3	4
11. Dining room policies (seating times, meal options)	1	2	3	4
12. Meal tray delivery policy	1	2	3	4
13. Meal preferences (selective menu, food choices)	1	2	3	4
14. Pet policies	1	2	3	4
15. Visitor and guest guidelines/policies	1	2	3	4
16. Laundry services	1	2	3	4
17. Maintenance Services	1	2	3	4
18. Furniture provided/not provided by the AL	1	2	3	4
19. Smoking policies	1	2	3	4
20. Room amenities (cable, phone, air/heat)	1	2	3	4
21. Monthly allowable funds as per waiver guidelines	1	2	3	4
22. Medication administration (by nursing staff)	1	2	3	4
23. Self-administration of medication	1	2	3	4
24. Bowel and/or bladder training programs	1	2	3	4
25. Call light/emergency pull cord systems	1	2	3	4
26. Reasons justifying eviction	1	2	3	4
27. Eviction notices/appeals	1	2	3	4
28. Assistance with ambulation	1	2	3	4

	Always	Often	Rarely	Never
29. Assistance with personal hygiene/dressing	1	2	3	4
30. Assistance with toileting	1	2	3	4
31. Assistance with bathing/showering	1	2	3	4
32. Where to express concerns/make complaints	1	2	3	4
33. Types of care the facility can/cannot provide	1	2	3	4
34. Non-medical scheduled transportation	1	2	3	4
35. Scheduled transportation for medical reasons	1	2	3	4
36. Part-time intermittent skilled nursing care	1	2	3	4
37. Changes in eligibility for AL care (increased nursing needs, behaviors, dementia)	1	2	3	4

7. Prior to admission to your facility, please circle the frequency of which Medicaid Program Waiver residents have:	Always	Often	Rarely	Never
1. Toured your AL	1	2	3	4
2. Toured an apartment at your AL	1	2	3	4
3. Met with AL management and staff	1	2	3	4
4. Met with other AL residents	1	2	3	4
5. Had a meal in the AL dining room	1	2	3	4

8. Prior to admission to your facility, please circle <u>how important</u> it is for Medicaid Program Waiver residents to receive education around:	Very important	Important	Little importance	No importance
1. Location of AL	1	2	3	4
2. AL building/room design	1	2	3	4
3. Room amenities (furniture, phone, tv)	1	2	3	4
4. Service tier assignment	1	2	3	4
5. Purpose and elements of a resident care plan	1	2	3	4
6. Types of care the facility can/cannot provide	1	2	3	4
7. Role of the Waiver case manager	1	2	3	4
8. Role of AL nursing staff	1	2	3	4
9. Role of AL direct care staff (nurses aids)	1	2	3	4
10. Role of AL management	1	2	3	4
11. Nursing policies (medication, nursing care)	1	2	3	4
12. Bowel and/or bladder training programs	1	2	3	4
13. Call light/emergency pull cord systems	1	2	3	4
14. Activity/Religious programs	1	2	3	4
15. Dining room/meal policies	1	2	3	4
16. Pet policies	1	2	3	4
17. Visitor and guest guidelines/policies	1	2	3	4
18. Laundry/maintenance policies	1	2	3	4
19. Smoking policies	1	2	3	4
20. Transportation policies	1	2	3	4
21. Monthly allowable funds as per waiver guidelines	1	2	3	4
22. What waiver does/does not pay for at the AL	1	2	3	4
23. Eviction policies	1	2	3	4
24. Changes in eligibility for AL care (increased nursing needs, decline in cognition)	1	2	3	4

9. What additional (3) aspects of a successful transition do you think are important for Medicaid Assisted Living Waiver residents?

1. _____
2. _____
3. _____

We really appreciate your willingness to share your expertise by responding to this survey. If you have any additional comments, please include them below:

Additional comments:

Your opinion counts! Thank you for participating in this important survey. Please return your survey in the enclosed pre-addressed and pre-stamped envelope by Friday, May 1, 2009.