



# Nursing Home Surveillance in 10 States - A Comparison of Resources & Financing

## EXECUTIVE SUMMARY

### Goals

This study was conducted to gather financial and programmatic information on the nursing home surveillance systems of a select sample of states across the U.S. The study also aimed to gain insights into the challenges facing the state offices responsible for ensuring quality and safety in our nation's nursing homes and other settings.

### Methodology

Ten states (including New York State), one from each of the Center for Medicare and Medicaid Services (CMS) regional offices, were selected. Through the use of an on-line survey ([click here](#) for a copy of the survey) and follow-up phone interviews, Medicaid directors and heads of state nursing home surveillance agencies were asked to provide both quantitative data on state spending on oversight in fiscal year 2010 and the amount and breakdown of survey staff as well as qualitative data related to obstacles they have identified to effective oversight. If responses were not forthcoming after a number of follow up requests, another state from that region was selected. We were able to obtain information for a state in each of the regions except for Region V. Thus, two states from Region III were included. Data on the number of state nursing homes and residents were obtained from The Henry J. Kaiser Family Foundation's State Health Facts website (its latest data are from 2010). Finally, under the Freedom of Information Act, copies of each state's CMS-435 form for fiscal year 2010 (required by the Federal Government) were obtained and used to gather information on state Medicare and Medicaid expenditures related to nursing home oversight.

### Findings

The study focused solely on nursing home oversight. Our data indicated that there are notable differences between states in the number of total staff dedicated to nursing home oversight, the breakdown of staff, and overall spending for nursing home oversight. Although states were asked to provide information on any additional funds they added to the amount for LTC oversight, a number of the states were unable to give this information. Thus, this information has not been included. The study also identified a number of state-reported barriers to meeting federal performance guidelines.

## INTRODUCTION

### Goals

This study was conducted to gather financial and programmatic information on the nursing home surveillance systems of a sampling of states across the country. The study also aimed to gain insights into the challenges facing state survey offices from the state staff responsible for ensuring quality and safety in our nation's nursing homes and other settings.

### Methodology

1. Ten states were selected, one from each Centers for Medicare and Medicaid Services (CMS) region. When state staff from a region was unresponsive after reminder emails and telephone calls, alternatives were chosen.
2. An online survey was developed asking state officials to provide the following demographic information: the number of survey staff for all survey activities, the makeup of the survey staff, and the number of survey staff assigned to nursing home oversight. The form also asked state officials to provide the following financial information for the 2010 fiscal year:<sup>1</sup> state spending for all survey activities for which the state is under contract to CMS, additional funds that the state added to the total survey budget, state spending on nursing home oversight for which the state is under contract to CMS, and additional funds that the state added to the nursing home survey budget. (As noted above, data from this last question was not included in this report due to incomplete information).
3. Quantitative data were collected from the ten states (including New York State) through the online survey and follow up phone calls.
4. LTCCC compiled the information received from state officials and identified any missing data and responses that required clarification.
5. LTCCC contacted state officials by telephone and email to both obtain outstanding data and clarify any ambiguous answers given on the online survey.
6. Data on the number of nursing homes per state, the total number of nursing home residents, and the range of nursing home size in 2010 were obtained from The Henry J. Kaiser Family Foundation's State Health Facts website.
7. Under the Freedom of Information Act (FOIA), the 2010 annual state Medicare and Medicaid expenditures were obtained from each state's CMS-435 form.

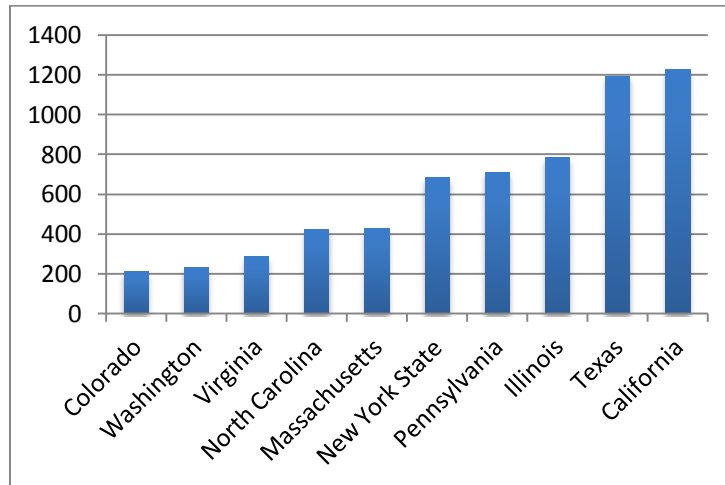
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<sup>1</sup> 2010 was used since the latest data on numbers of homes and residents were for the year 2010 on The Henry J. Kaiser Family Foundation's State Health Facts website.

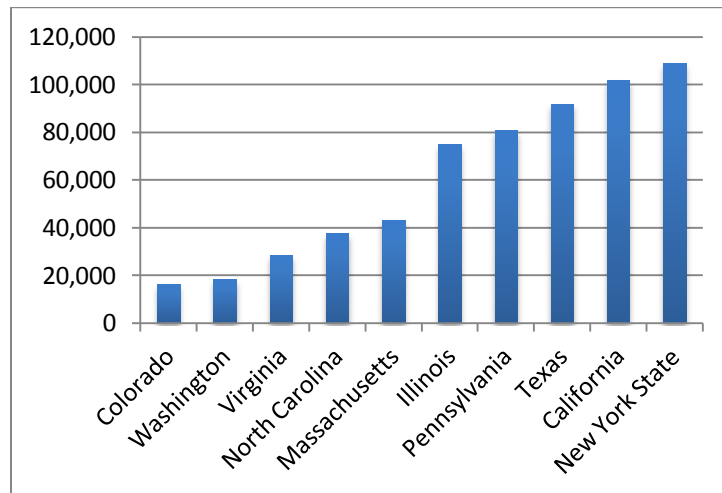
## FINDINGS

### Surveillance Staff

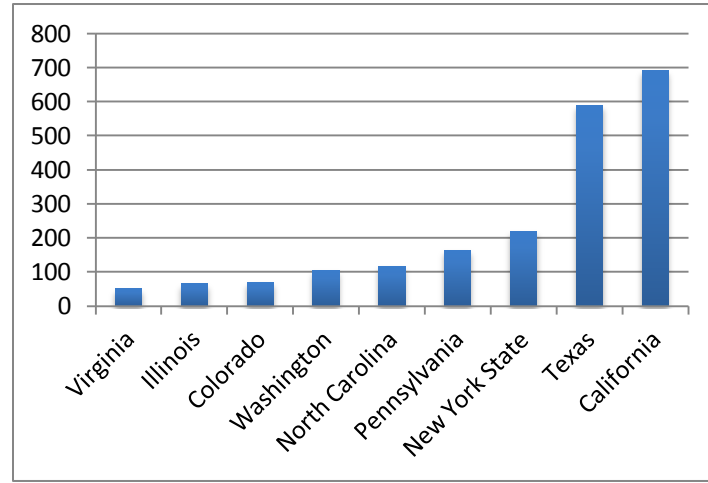
**Graph 1: Total Number of Nursing Homes**



**Graph 2: Total Number of Nursing Home Residents**

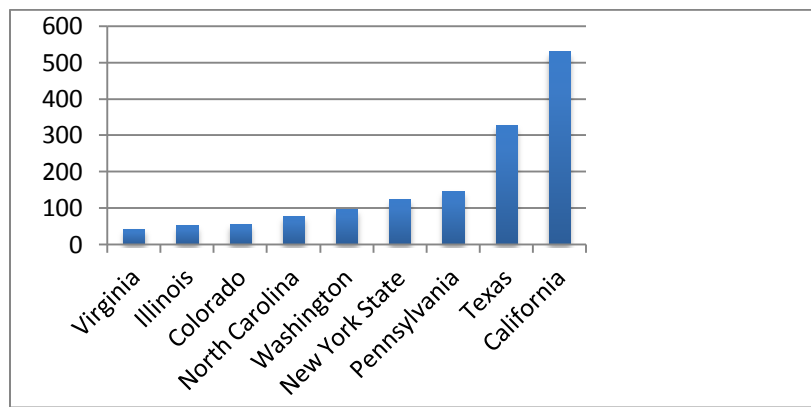


**Graph 3: Total Staff for Nursing Home Surveillance<sup>2</sup>**



This graph shows total staffing of the selected states' surveillance offices, including surveyors, professional and support staff. Since California has the largest number of nursing homes to monitor (see Graph 1), it is not surprising that the state had the highest number of total staff. However, since New York State has the highest total number of nursing home residents whose care it must oversee (see Graph 2), it was surprising that the state had much less total staff for nursing home oversight activities than California and Texas. Also noteworthy is the fact that, while Colorado had the lowest numbers of nursing home residents (see Graph 2), the state ranked above both Virginia and Illinois in its number of total state staff dedicated to nursing home oversight.

**Graph 4: Total Number of Nursing Home Surveyors<sup>3</sup>**



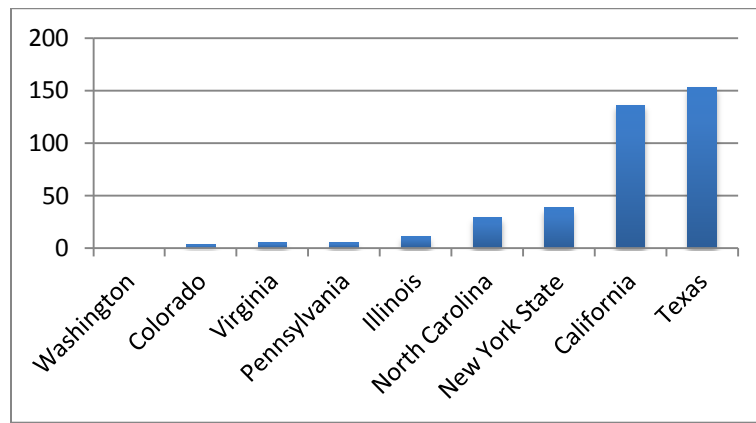
<sup>2</sup> Massachusetts was excluded from this assessment, since necessary data were inaccessible.

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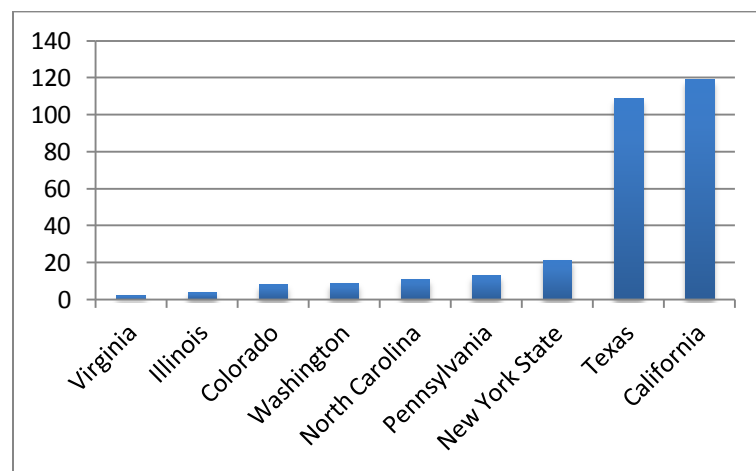
This graph focuses on the surveyor (inspector) staffing for the selected states. Similar to the findings related to all staff involved in nursing home oversight, New York, despite having the highest number of nursing home residents whose care they are responsible for overseeing (see Graph 2), did not have the highest number of surveyors. In fact, New York ranked fourth in number of surveyors in the field. While Illinois has the third highest number of nursing homes (see Graph 1), the state had one of the lowest numbers of nursing home surveyors.

This mirrors the findings for non-surveyor and clerical staff, as the following two graphs indicate.

**Graph 5: Total Number of State Agency Nursing Home Non-Surveyor Professional Staff<sup>4</sup>**



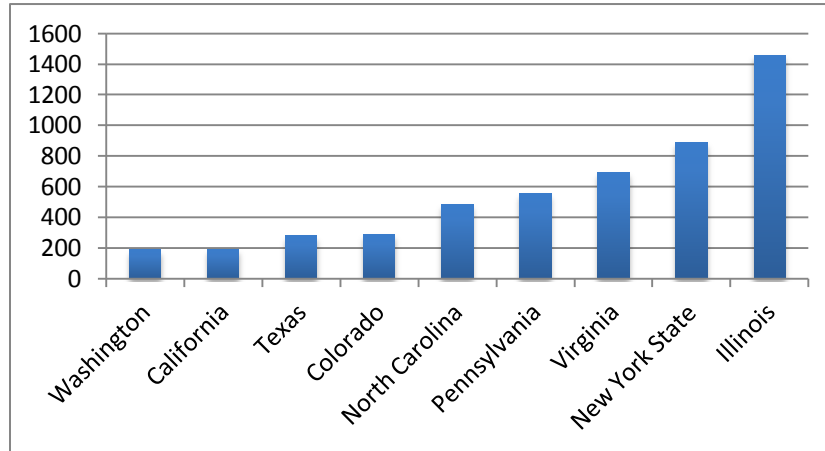
**Graph 6: Total Number of State Agency Nursing Home Clerical Staff<sup>5</sup>**



<sup>4</sup> Massachusetts was excluded from this assessment, since necessary data were inaccessible.

<sup>5</sup> Massachusetts was excluded from this assessment, since necessary data were inaccessible.

**Graph 7: Average Number of Residents Per Nursing Home Surveyor<sup>6</sup>**



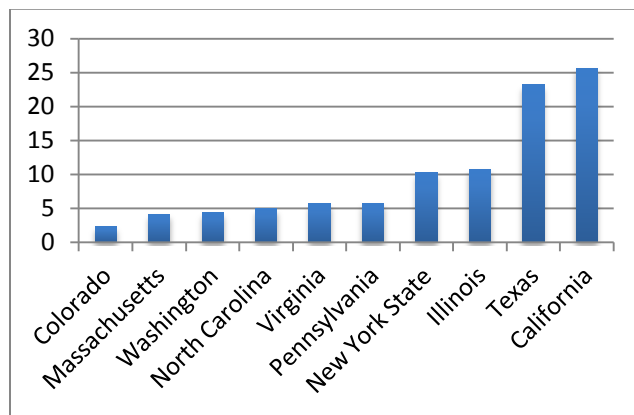
Given its relatively low number of surveyors (see Graph 4), Illinois having the highest ratio of residents to surveyors was not surprising. New York was second to Illinois in terms of worst ratios of residents to surveyors, with a ratio of one surveyor to 889 residents. Washington had the best ratio, with one surveyor for 188 residents, while North Carolina fell in the middle with 485 residents per surveyor. Of the nine states studied, the average ratio of the four states which performed better than the middle state (North Carolina) was 237 residents per surveyor. Thus, with a ratio of 889 to one, New York surveyors have responsibility for close to four times as many nursing home residents as those in states performing above the median level (i.e., having lower ratios). In fact, if Illinois is removed from the equation, New York surveyors have responsibility for more than twice as many residents as the average for surveyors for all of the other states studied.<sup>7</sup>

<sup>6</sup> Massachusetts was excluded from this assessment, since necessary data were inaccessible.

<sup>7</sup> The average number of residents per surveyor for all states studied besides New York and Illinois was 383.

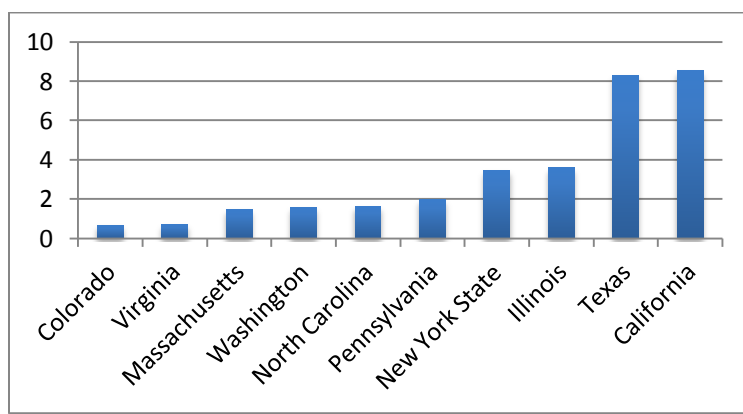
## Surveillance Expenditures

**Graph 8: Total Federal Medicaid LTC Expenditures (in millions)<sup>8</sup>**



The Medicaid program is financed through a combination of federal and state funding. This chart shows the federal portions of each of the states' funding for 2010 in millions of dollars. Since Colorado has the least number of nursing homes of the states studied (see Graph 1) and the smallest resident population (see Graph 2), it is not surprising that the state also has the lowest federal Medicaid LTC expenditures. However, given that New York State has the highest number of nursing home residents' care to monitor (see Graph 2), it was unexpected that the state did not rank at the top in terms of federal Medicaid LTC expenditures. In fact, both California's and Texas's federal Medicaid LTC expenditures were well over double those for New York.

**Graph 9: Total State Match Medicaid LTC Expenditures (in millions)<sup>9</sup>**



New York State's match in Medicaid funding closely tracks its level of federal Medicaid funding (Graph 8) relative to the other states studied.

<sup>8</sup> Derived from 2010 CMS-435 forms for each state.

<sup>9</sup> Derived from CMS-435.

## **Obstacles to Meeting Federal State Performance Guidelines**

State survey officials cited a variety of state issues that they believe affect their state's ability to meet federal performance mandates:

- Insufficient number of surveyor positions allowed for the agency;
- Inadequate salary to attract and retain surveyors;
- High turnover of surveyor staff;
- Staff shortages;
- Challenges related to training of new survey staff;
- Lack of upward mobility in management positions; and
- Legislative limitations on the number of allowed full-time equivalent employees (FTE).

Some state officials also pointed to the issues related to the federal process and federal requirements as areas that impedes states' fulfillment of performance guidelines. Specifically, officials noted:

- Continued increasing expectations by CMS without commensurate reimbursement;
- Federal funding delays which limit ability to implement changes which would improve ability to meet performance standards; Lack of clarity or reasonability in performance measure calculations (e.g.no triage time for timeliness of complaint determination); and
- QIS [Quality Indicator Survey]survey process takes too long and is too resource intensive.