



Service Use for Nursing Home Diversion Waiver Clients Depends on Living Situation

at a glance

The Nursing Home Diversion program uses a managed care delivery system to assist elders who qualify for nursing home placement to remain in the community for as long as possible. The typical diversion participant in 2004 was a widowed, white, female who was age 85 or older.

The program offers a variety of services such as personal care, homemaker, and meal delivery to help clients living at home. Long-term residential services in assisted living facilities or nursing homes are provided for clients no longer able to live at home or with a caretaker. The diversion program also provides medical services such as emergency care, doctor visits, and rehabilitation services.

The most frequently used diversion services in 2004 were case management, prescribed drugs, and assisted living facility services. The mix of services depended primarily on whether clients lived at home or in a facility. Service mix also differed based on age and frailty level. As older and more frail clients were more likely to live in a facility, they were more likely to receive bundled services provided by facilities. In contrast, the younger and less frail were more likely to receive services in their homes.

Scope

As required by Chapter 2005-133, *Laws of Florida*, OPPAGA reviewed the Nursing Home Diversion program. This is the first of two reports; it describes nursing home diversion waiver participant characteristics, the services they most frequently used, and differences in service use based on living situation or client characteristics. A subsequent report will address the effectiveness of the nursing home diversion program in diverting participants from nursing home placement and the cost-effectiveness of the program compared to other diversion programs.

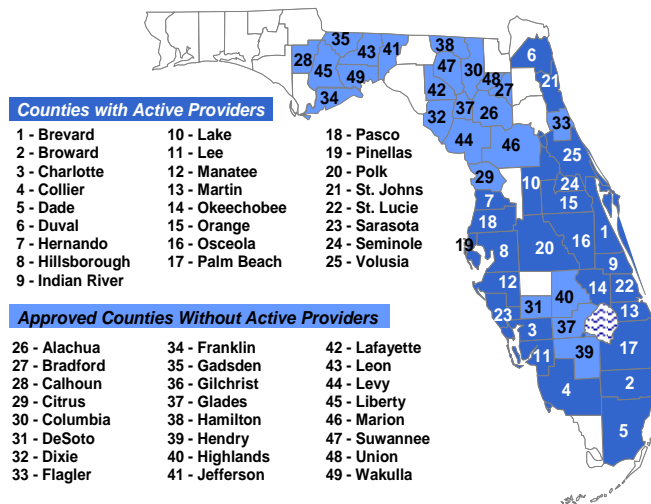
Background

The Legislature created the Long-Term Care Community Diversion pilot project (commonly referred to as the Nursing Home Diversion Program) in 1997.^{1,2} Originally the pilot project operated in three counties (Orange, Osceola, and Seminole), but it has been expanded and program services are currently available in 25 counties (see Exhibit 1). The federal Centers for Medicaid and Medicare Services has approved expansion to another 24 counties.

¹ A Medicaid waiver for nursing home diversion was approved by the federal Health Care financing Administration (now the Centers for Medicare and Medicaid Services) in 1998.

² Chapter 97-87, *Laws of Florida*.

Exhibit 1 **The Nursing Home Diversion Program** **Currently Operates in 25 Counties**



Source: Department of Elder Affairs.

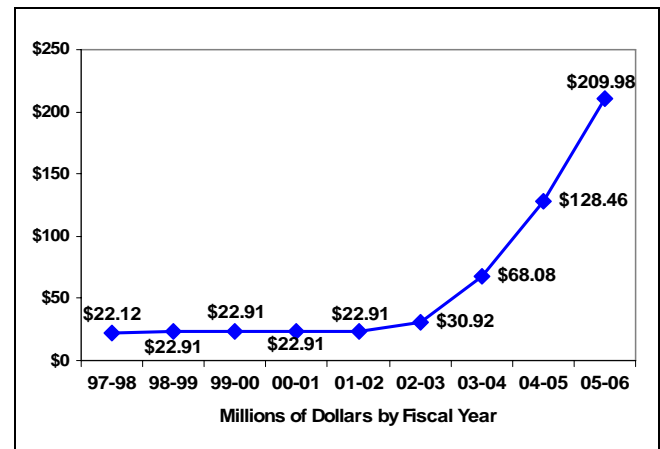
Participation in the program has increased significantly in recent years, growing from 977 participants in July 2003 to 6,323 in January 2006. The program is expected to continue growing as the 2005 Legislature authorized the program to expand enrollment up to 9,000 participants.

As seen in Exhibit 2, funding for the Nursing Home Diversion program has increased dramatically since Fiscal Year 1997-98. For Fiscal Year 2005-06, the Legislature appropriated \$209.9 million to the program; 59% of the program's funding comes from federal Medicaid dollars and 41% from state general revenue.

The Nursing Home Diversion program uses a managed care delivery system to assist elders who qualify for nursing home placement to remain in the community for as long as possible. The Department of Elder Affairs (DOEA) contracts with managed care organizations to coordinate and provide services to meet the individual needs of participants. These providers are paid a capitated rate for the clients they serve. Since it is far more costly to pay for nursing home care than to pay for services needed to keep participants in the community, diversion providers have an incentive to ensure that participants receive the services they need to avoid nursing home placement for as long as possible. (See Appendix A for a description of

the services available to nursing home diversion participants.)

Exhibit 2 **Funding for the Nursing Home Diversion Program** **Over Time**



Source: Department of Elder Affairs.

DOEA currently contracts with 11 providers. These providers are paid a per-member per-month fee that varies by geographical area. Current providers receive a capitated rate ranging from \$1,374 to \$1,837 per month for each participant. The per-person per-month rate covers all the service needs of diversion participants that are not covered by Medicare. This includes individual services such as home-delivered meals that help clients live at home as well as bundled services provided by assisted living facilities and nursing homes for clients who can no longer stay at home. The monthly payment also covers Medicare co-payments, premiums, and deductibles as well as medical services provided under the state's Medicaid plan.

To enroll in the Nursing Home Diversion Program an individual must meet certain eligibility criteria. To qualify, applicants must be 65 years of age or older, reside in an area of the state that offers program services, be eligible to receive both Medicare and Medicaid benefits and must require 24-hour medical supervision, or assistance with activities of daily living.³ (See Exhibit 3.)

³ Activities of daily living are defined as basic personal tasks which include bathing, eating, dressing, walking, transferring from bed to chair, and toileting. Elders are assessed on their ability to perform these basic tasks with or without assistance.

Exhibit 3

Nursing Home Diversion Participants Must Meet Eligibility Criteria

- To enroll in the Nursing Home Diversion Program, individuals must be:
- 65 years of age or older.
 - Medicare Parts A & B eligible.
 - Medicaid eligible for the Institutional Care Program level.
 - Residing in a program service area.
 - At risk of nursing home placement and meet one or more of the following clinical criteria:
 - require assistance with five or more activities of daily living (ADLs),
 - require assistance with four ADLs as well as require supervision or administration of medication,
 - require total help with two or more ADLs,
 - diagnosed with Alzheimer's disease or another type of dementia and require help with three or more ADLs, or
 - diagnosed with a degenerative or chronic condition that requires daily nursing services
 - On the effective date of enrollment, capable of being safely served with home and community-based services.

Source: Department of Elder Affairs.

Both the Department of Children and Families and DOEA assist in determining eligibility. The Department of Children and Families conducts financial assessments to ensure that applicants meet the income and asset requirements to qualify for Medicaid benefits. DOEA conducts medical assessments to ensure that applicants meet the state's criteria for nursing home placement as well as the additional requirements for this program.

Questions and Answers —

To describe nursing home diversion clients and their service use, we used two major data sources, the most recent Comprehensive Assessment and Review for Long-Term Care Services (CARES) assessment information and encounter data for the 2004 calendar year.⁴ CARES assessment data is maintained at DOEA and contains information related to client demographics as well as information related to medical, social, and physical needs. Encounter data is maintained by

⁴ Analyses of participant characteristics were based on 6,494 clients while service use was based on 6,687 clients. This difference occurred because for some of the clients social security and Medicaid identification numbers in the encounter data did not match with those in the assessment data.

the Florida Policy Exchange Center on Aging at the University of South Florida. This data includes service use information reported quarterly by diversion providers. We used 2004 calendar year encounter data as this was the most recent year (calendar or fiscal) with sufficient data to run these analyses.

It should be noted that problems with the nursing home diversion encounter data are widely known and documented.⁵ To the extent possible, we adjusted for or otherwise corrected problems we identified in the data. The department's new contract for nursing home diversion providers requires them to provide both service unit and cost information for all services they provide. DOEA is working with providers to help them improve their reporting which should lead to better information related to service use and costs.

Using the data available, we addressed three questions.

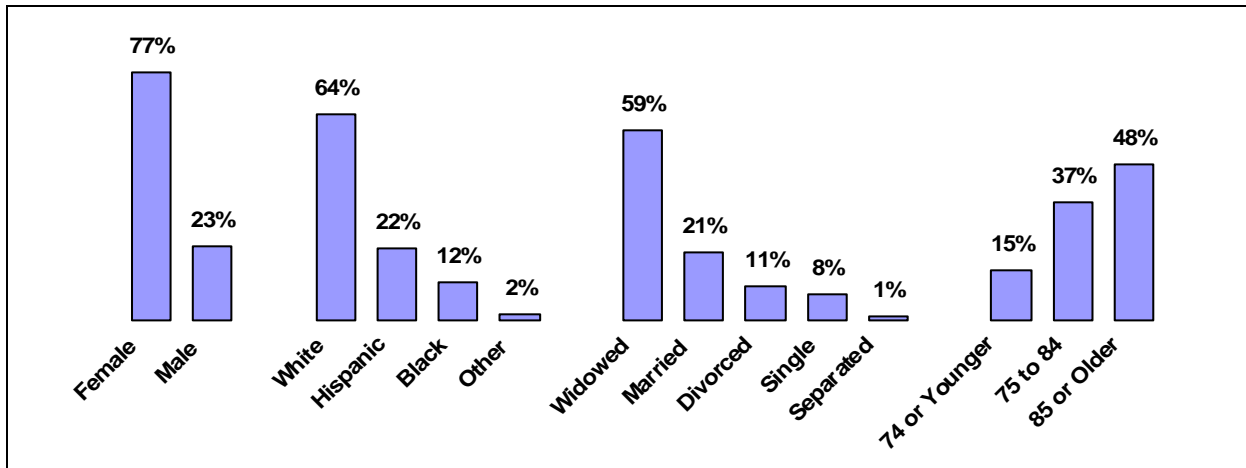
- What are the characteristics of Nursing Home Diversion participants?
- What types of services are available to Nursing Home Diversion participants and which services are the most used?
- Does service use differ depending on living situation or client characteristics?

What are the characteristics of Nursing Home Diversion participants?

In calendar year 2004, the typical person served by the program was a widowed, white female age 85 or older (see Exhibit 4). Overall, 77% of the participants were women and 64% were white. Forty-eight percent of the participants were age 85 and older, while 37% were age 75 to 84, and 15% were under age 75. Fifty-nine percent of the participants were widowed and 21% were married.⁶

⁵ Concerns about the reliability of the encounter data have been reported by consultants and actuaries working for DOEA who have identified problems related to inconsistencies in how providers report service data, incomplete data received from some providers, no data reported by other providers, and erroneous data such as extremely high ALF or prescription drug costs reported for a client in a month.

⁶ No information on marital status was available for 764 clients.

Exhibit 4**Long-Term Care Community Diversion Clients Are Mostly Female, White, Widowed, and Over Age 85¹**

¹ Demographic information for clients is based on the most recent complete CARES assessment available.

Source: OPPAGA analysis of DOEA CARES assessment data.

All participants were frail; at least half of the clients needed some or total assistance with three or more of the six activities of daily living and some or total assistance with seven of the eight instrumental activities of daily living.⁷ In addition, 53% of the participants suffered from dementia and 62% were incontinent.

Although most program participants need assistance, the degree to which they need assistance varies. Exhibit 5 shows the percentage of participants needing different levels of assistance for activities of daily living and instrumental activities of daily living in Calendar Year 2004. Almost 90% of program participants needed some or total help with bathing and over three-quarters (76.6%) needed some or total help with dressing. Nearly all participants needed assistance with housework, meals, and shopping.

In contrast, some participants needed less assistance. Exhibit 5 shows that while 44.9% of program participants needed some or total help with walking, other participants needed little or no assistance. About one-third (32.3%) needed to be supervised while walking and 22.8% did not need any assistance or needed an assistive device such as a walker.

Exhibit 5**Long-Term Care Community Diversion Participants Needed Assistance with Various Daily Activities in Calendar Year 2004**

	Needed Some or Total Assistance	Needed Supervision or Coaching	Did Not Need Help or Used Assistive Devices
Activities of Daily Living (ADLs)			
Bathing	89.5%	7.3%	3.2%
Dressing	76.6%	14.5%	8.9%
Eating	30.1%	25.6%	44.3%
Toileting	55.5%	22.7%	21.8%
Transferring	45.0%	30.0%	25.0%
Walking	44.9%	32.3%	22.8%
Instrumental ADLs (IADLs)			
Heavy Housework	99.7%	0.2%	0.1%
Light Housework	98.7%	0.6%	0.7%
Meals	96.8%	1.6%	1.6%
Medication	78.0%	11.8%	10.2%
Money	86.9%	2.9%	10.2%
Shopping	98.2%	0.9%	0.9%
Telephone	55.3%	9.8%	34.9%
Transportation	95.2%	2.9%	1.9%

Source: OPPAGA analysis.

⁷ While activities of daily living are related to personal care, instrumental activities of daily living are activities related to independent living and include activities such as performing light or heavy housework, preparing meals, managing money, and shopping for groceries or personal items.

What types of services are available to Nursing Home Diversion participants and which services are the most used?

In Calendar Year 2004, roughly 40 services were available to nursing home diversion participants. These services were purchased by the diversion providers on behalf of clients and included services such as personal care, homemaker, and home-delivered meals intended to assist clients to live at home; long-term residential services for clients no longer able to live at home or with a caretaker (assisted living facilities and nursing homes); and medical services such as emergency care, doctor visits, and rehabilitation services intended to address the individual health care needs of clients. (See Appendix A for a description of the services available to nursing home diversion participants.)

Of these services, only three were used by half or more of the nursing home diversion participants in Calendar Year 2004. These services were case management (used by 89%), prescribed drugs (87%), and assisted living facilities (52%).⁸

About 40% of participants received consumable medical supplies, while 29% received personal care assistance, 26% home delivered meals, and 22% homemaker and chore services. While these percentages are relatively small, such services are covered by the bundled services provided to clients living in assisted living facilities or nursing homes. During 2004, more than half the program's clients lived one or more months in an assisted living facility or a nursing home. Nursing Home Diversion providers pay assisted living facilities and nursing homes monthly fees that include bundled services. Thus, participants residing in facilities receive an array of services which include personal care, meals, social and recreational activities, and medication oversight.

⁸ These percentages reflect the clients who had one or more months of a service during 2004. Clients are counted the same whether they had one month or six months of a service. The duration of services is presented in Appendix B which shows the average number of months clients received each service during 2004. However, average months of service should be interpreted with caution because the typical client was enrolled for between six and seven months during that year.

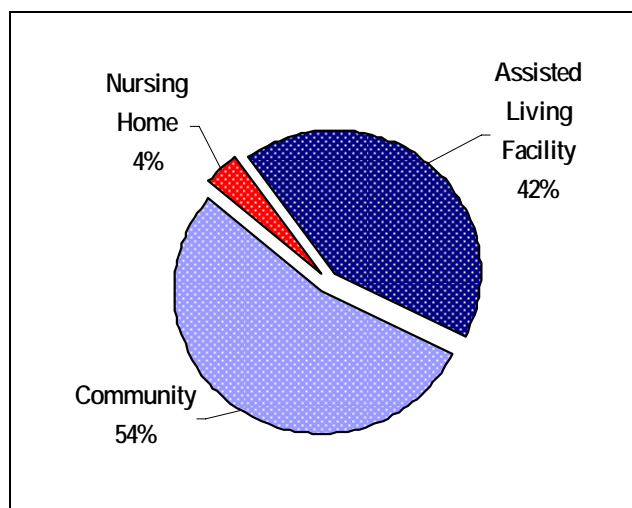
Most of the other services available to nursing home diversion participants were used by only a few participants. (See Appendix B.) For example, in 2004, based on reported encounter data, 10% of program participants went to a hospital emergency room for medical attention and 8% participated in adult day health services in their communities. In addition, less than 5% of diversion clients received physical, speech or occupational therapy; and less than 1% received community mental health, financial assessment, or family training services. Even though only a small proportion of clients use these services, they are available to those who need them. Specific services are provided to clients based on their medical and social needs, the extent to which they have a support system, and whether they live in the community or in a facility.

Does service use differ depending on living situation or client characteristics?

As previously discussed, nursing home diversion clients can receive services in the community (either in their own homes or with a caretaker) or in a facility (either in an assisted living facility or a nursing home). These settings can vary for clients during the year based on their personal needs. For example, clients residing in the community may move into an assisted living facility or a nursing home because their frailty levels have deteriorated and their caretakers can no longer meet their needs at home.

To determine the extent to which services might vary depending on living situation, we analyzed services used during the months participants lived in the community compared to months they lived in a facility. According to reported encounter data, in Calendar Year 2004, the diversion program served participants in their communities a little more than half the time (54% of the case months), in assisted living facilities 42% of the time, and in nursing homes 4% of the time. (See Exhibit 6.)

Exhibit 6
During Calendar Year 2004, Diversion Providers
Served Clients in Their Communities a Little More
Than Half the Time



Source: OPPAGA analysis.

Our analyses showed some differences in the frequency of and pattern of service use depending on where clients live. For example, as shown in Appendix C, even though case management and prescription drugs were the two most frequently used services regardless of where clients lived, a higher proportion of clients used case management services when living in the community (91%) than clients living in a facility (83%). In contrast, a higher proportion of clients living in a facility had prescribed drugs (87%) than those living in the community (77%). Differences also existed for some of the lesser used services. Home health, for example, was used by 23% of clients while living in the community and by 7% while living in a facility. Since home health includes private duty nursing, this difference is not unexpected.

In addition, some services are used primarily by community participants. During 2004, while living in the community, 44% of diversion participants used consumable medical supplies, and about 40% received assistance with personal care, help with installing or maintaining a personal emergency response system, and/or had meals delivered to their homes.⁹ These services are intended to help participants live in their communities in their homes or with relatives.

Although we also found meaningful differences in the frequency of or pattern of service use based on age and frailty level, these differences tended to be similar to the differences related to their living situation.^{10, 11} To illustrate this, 64% of clients 85 years of age or older and 62% of the very frail spent time living in a facility in 2004. Because the older and more frail clients are more likely to live in a facility, they are more likely to receive bundled services provided by the facility. In contrast, the younger and less frail are more likely to live in the community where services are provided in their homes. As such, they are more likely to receive services such as home delivered meals and personal care assistance.

⁹ As shown in Appendix C, our analyses of provider encounter data indicates that some facility residents had units or costs reported for individual services such as personal care or other services normally bundled under assisted living or nursing home service. These may be instances where the client needed an unusually high level of care or simply may be due to data error.

¹⁰ To assess differences in service use based on age, we categorized clients as under 85 or 85 and older. To assess differences based on frailty, we categorized clients as frail and very frail. For each client, we constructed a frailty score based on the presence of dementia, incontinence, and the need for assistance with activities of daily living and instrumental activities of daily living. Clients were considered very frail if their score was above the average.

¹¹ We also examined differences in service use based on gender and race/ethnicity. While 58% of white participants spent some time in a facility, this difference is likely not meaningful as nearly two-thirds of the participants in 2004 were white. Similarly, 58% of women spent some time in a facility and women comprise more than three-fourths of participants in 2004.

Appendix A

The Nursing Home Diversion Program Offers an Array of Long-Term and Acute Care Services¹²

Long-Term Care Services

Adult Companion Services. Companions assist or supervise the enrollee with tasks such as meal preparation or laundry and shopping, but do not perform these activities as discreet services.

Adult Day Health Services. Services are furnished in an outpatient setting and encompass a broad range of health and social services needed to ensure optimal functioning of an enrollee.

Assisted Living Services. Service includes personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility.

Case Management Services. Services that facilitate enrollees gaining access to other needed services regardless of the funding source for the services, and which contribute to the coordination and integration of care delivery.

Chore Services. Services needed to maintain the home as a clean, sanitary, and safe living environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, and moving heavy items of furniture in order to provide safe entry and exit.

Consumable Medical Supply Services. Disposable supplies provided to the enrollee and caregiver, which are essential to adequately care for the needs of the enrollee. Consumable medical supplies include adult disposable diapers, tubes of ointment, cotton balls and alcohol for use with injections, medicated bandages, gauze and tape, colostomy and catheter supplies, and other consumable supplies.

Environmental Accessibility Adaptation Services. Physical adaptations made to the home to allow the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies.

Escort Services. Escort providers assist enrollees in gaining access to services. Escorts may provide language interpretation for people who have hearing or speech impairments or who speak a language different from that of the provider. Escort providers assist enrollees in gaining access to services.

Family Training Services. Training and counseling services provided to the families of enrollees. Training includes instruction and updates about treatment regimens and use of equipment specified in the plan of care to safely maintain the enrollee at home.

Financial Assessment/Risk Reduction Services. Financial assessment and guidance provided to the caregiver and enrollee. This service provides instruction for and/or actual performance of routine, necessary, monetary tasks for financial management such as budgeting and bill paying. In addition, this service also provides financial assessment to prevent exploitation by sorting through financial papers and insurance policies and organizing them in a usable manner. This service provides coaching and counseling to enrollees to avoid financial abuse, to maintain and balance accounts that directly relate to the enrollee's living arrangements at home, or to lessen the risk of nursing home placement due to inappropriate money management.

Home Delivered Meals. Nutritionally sound meals delivered to the residences of enrollees who have difficulty shopping for or preparing food without assistance. Each meal must provide one-third of the Recommended Dietary Allowance (RDA) and may be hot, cold, frozen, dried, canned or a combination of hot, cold, frozen, dried, or canned with a satisfactory storage life.

Homemaker Services. General household activities (meal preparation and routine household care) provided by a trained homemaker.

Nutritional Assessment/Risk Reduction Services. Nutritional assessment and guidance for both caregivers and enrollees.

¹² There are additional services that fall under the broad categories listed in this appendix. For example, durable medical equipment is included under Home Health Services. Assisted living includes many services that can be provided individually, for example personal care or companion services.

Nursing Facility Services. Services furnished in a health care facility licensed under Chapter 395 or Chapter 400, *Florida Statutes*. Care is provided 24-hours a day in a nursing facility and includes all services necessary to meet client needs.

Occupational Therapy. Therapy provided to restore, improve or maintain impaired functions to increase or maintain the enrollee's ability to perform tasks required for independent functioning as determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.

Personal Care. Assistance provided to the enrollee to eat, bathe, dress, maintain personal hygiene, and participate in activities of daily living. This service includes assistance with meal preparation, but does not include the cost of the meals. This service may also include housekeeping chores such as bed-making, dusting and vacuuming, which are essential to the health and welfare of the enrollee, rather than the enrollee's family.

Personal Emergency Response Systems (PERS). The installation and monitoring of electronic devices that allow enrollees at high risk of institutionalization to secure help in an emergency.

Physical Therapy. Therapy provided to restore, improve or maintain impaired functions determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.

Respite Care Services. Short term relief provided to an enrollee's caregiver. Respite care is provided in the home/place of residence, Medicaid licensed hospital, nursing facility, or assisted living facility.

Speech Therapy. The identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, or neurological conditions that affect oral motor functions to improve an enrollee's capability to live safely in the home setting.

Transportation Services. Transportation may be provided within Medicaid guidelines at the option of the contractor. These services cover arranging and providing appropriate modes of transportation for participants to receive necessary medical services.¹³

Acute Care Services

Community Mental Health Services. Community-based psychiatric rehabilitative services provided by a psychiatrist or other physician.

Home Health Care Services. Intermittent or part-time nursing services provided by a registered nurse or licensed practical nurse, or personal care services provided by a licensed home health aide, with accompanying necessary medical supplies, appliances, and durable medical equipment.

Independent Laboratory and Portable X-ray Services. Medically necessary and appropriate diagnostic laboratory procedures and portable x-rays ordered by a physician or other licensed practitioner.

Inpatient Hospital Services. Medically necessary services provided under the direction of a physician or dentist in a hospital maintained primarily for the care and treatment of patients with disorders other than mental diseases.

Outpatient Hospital/Emergency Medical Services. Medical services provided in an outpatient center or emergency department necessary to maintain the health of the enrollee. These services include outpatient preventive, diagnostic, therapeutic, or palliative care provided under the direction of a physician at a licensed hospital and supplies necessary for the clinical treatment of a specific diagnosis or treatment.

Physician Services. Those services and procedures rendered by a licensed physician at a physician's office, patient's home, hospital, nursing facility or elsewhere when dictated by the need for preventive, diagnostic, therapeutic or palliative care, or for the treatment of a particular injury, illness, or disease.

Prescribed Drug Services. This service provides medications ordered by physicians. These services include all legend drugs dispensed (including Medicaid-reimbursable psychotropic drugs) to enrollees in outpatient settings.

¹³ Transportation is an optional rather than a required services. If they choose, providers can also offer expanded services such as vision and hearing services.

Appendix B

Services Used by Nursing Home Diversion Recipients

The following table provides (1) the percentage of nursing home diversion participants who used services purchased by program providers during Calendar Year 2004 and (2) the average number of months the service was provided for clients who received the service. The percentage of clients who received a service is based on 6,687 unique clients who participated in the program during 2004 according to provider encounter data. If a client received a particular service during any month of the year, the client was counted as having received the service in 2004. Thus, for example, 5,928 or 88.7% of the 6,687 clients had one or more months of case management during the year. Average months of service is based on the total number of months a service was provided to clients divided by the total number of clients who received a service. Thus, the 5,928 clients who received case management got that service for an average of 6.6 months.

Table B-1
Prescribed Drugs and Case Management Were the Most Used Services in 2004

Long-Term Care	Percentage of Clients	Average Months of Service	Acute Care Services	Percentage of Clients	Average Months of Service
Adult Day Health Services	7.9%	5.0	Community Mental Health	0.6%	1.9
Case Management			Home Health (durable medical equipment and private duty nursing)	18.6%	2.1
Diversion Case Management	88.7%	6.6	Independent Laboratory or Portable		
Mental Health Case Management	1.4%	1.9	Xray Services	4.2%	1.4
Consumable Medical Supplies	39.7%	3.5	Hospital Services		
Environmental Accessibility Adaptations	4.6%	1.1	Inpatient Hospital Services	24.2%	1.3
Escort Services	1.0%	2.1	Outpatient Hospital Services	19.1%	1.6
Facility Services			Emergency Room Services	10.3%	1.3
Assisted Living Services	52.3%	5.4	Prescribed Drugs	87.0%	5.7
Nursing Facility Services- Long-Term	8.6%	2.8	Physician Services		
Family Training Services	0.2%	1.1	Medical Doctor	22.9%	1.9
Financial Services			Nurse Practitioner Services	9.5%	2.4
Financial Assessment/Risk Reduction Services	0.2%	2.5	Physician Assistant	3.3%	1.6
Financial Maintenance/Risk Reduction Services	0.1%	1.2	Skilled Nursing Facility Services (short-term rehabilitation)	2.9%	1.7
Home Delivered Meals	26.3%	5.8	Expanded Services ¹		
Housekeeping Services			Dental Services	0.4%	1.3
Homemaker Services	19.8%	5.2	Hearing Services including hearing aids	11.3%	4.7
Chore Services	2.2%	2.0	Visual Services including eyeglasses	5.8%	2.2
Nutritional Assessment/Risk Reduction Services	0.0%	1.0			
Personal Care Services	29.1%	5.2			
Personal Emergency Response System					
Installation	6.0%	1.5			
Maintenance	22.4%	6.4			
Respite Care	9.3%	3.5			
Therapy Services					
Occupational Therapy	1.2%	1.2			
Physical Therapy	2.7%	1.3			
Speech Therapy	0.4%	1.1			
Transportation Services ²	1.7%	2.8			

¹ Nursing Home Diversion providers may offer certain additional services, such as dental, hearing, or ophthalmology services, for enrollees, but must first have written approval from the department.

² Transportation is an optional service rather than a required service for nursing home diversion providers.

Source: OPPAGA analysis of 2004 encounter data.

Appendix C

Services Used by Participants Living in the Community or a Residential Facility in 2004

The following table gives the percentage of nursing home diversion participants who used provider purchased services while living in the community compared to living in a facility. Based on 2004 encounter data, a total of 4,576 clients received one or more months of diversion services in the community in 2004 while a total of 3,848 clients received one or more months of service in an assisted living facility (ALF) or nursing home (NH). A client who received some services at home prior to moving to an assisted living facility would be included in both the analysis of community services and the analysis of facility services.

Table C-1
Service Use Differs for Nursing Home Diversion Participants Living in the Community Compared to Living in an Assisted Living Facility or Nursing Home

Long-Term Care Services	Percentage of Community Clients	Percentage of ALF/NH ¹ Clients	Acute Care Services	Percentage of Community Clients	Percentage of ALF/NH Clients
Adult Day Health Services	11.5%	1.2%	Community Mental Health	0.5%	0.4%
Case Management			Home Health (durable medical equipment and private duty nursing)	22.5%	7.0%
Diversion Case Management	90.5%	83.2%	Hospital Services		
Mental Health Case Management	1.8%	0.3%	Inpatient Hospital Services	20.4%	20.1%
Consumable Medical Supplies	44.4%	21.0%	Outpatient Hospital Services	18.1%	13.4%
Environmental Accessibility Adaptations	6.5%	0.2%	Emergency Room Services	6.9%	10.8%
Escort Services	1.3%	0.3%	Independent Laboratory or Portable X-ray Services	3.2%	3.8%
Facility Services			Prescribed Drugs	76.5%	87.0%
Assisted Living Services	0.0%	90.9%	Physician Services		
Nursing Facility Services- Long-Term	0.0%	15.0%	Medical Doctor	21.1%	18.3%
Family Training Services	0.1%	0.3%	Nurse Practitioner Services	5.9%	10.3%
Financial Services			Physician Assistant	2.5%	3.1%
Financial Assessment/Risk Reduction Services	0.3%	0.2%	Skilled Nursing Facility Services (short-term rehabilitation)	2.6%	2.6%
Financial Maintenance/Risk Reduction Services	0.1%	0.1%	Expanded Services ²		
Home Delivered Meals	38.0%	3.2%	Dental Services	0.3%	0.4%
Housekeeping Services			Hearing Services including hearing aids	3.7%	17.1%
Homemaker Services	28.6%	2.1%	Visual Services including eyeglasses	5.3%	4.1%
Chore Services	3.1%	0.2%			
Nutritional Assessment/Risk Reduction Services	0.1%	0.0%			
Personal Care Services	41.1%	6.0%			
Personal Emergency Response Services					
Installation	8.4%	1.4%			
Maintenance	32.4%	4.5%			
Respite Care	13.2%	1.1%			
Therapy Services					
Occupational Therapy	0.7%	1.2%			
Physical Therapy	1.9%	2.9%			
Speech Therapy	0.2%	0.8%			
Transportation Services ³	2.0%	0.7%			

¹ Our analyses of provider encounter data indicate that some facility residents had units or costs reported for individual services such as personal care or other services normally bundled under assisted living or nursing home service. These may be instances where the client needed an unusually high level of care or may simply be due to data error.

² Nursing Home Diversion providers may offer certain additional services, such as dental, hearing, or ophthalmology services, for enrollees, but must first have written approval from the department.

³ Transportation is an optional service rather than a required service for nursing home diversion providers.

Source: OPPAGA analysis of 2004 encounter data.

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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- [Performance-based program budgeting \(PB²\) reports and information](#) offer a variety of tools. Program evaluation and justification reviews assess state programs operating under performance-based program budgeting. Also offered are performance measures information and our assessments of measures.
- [Florida Government Accountability Report \(FGAR\)](#) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.
- [Best Financial Management Practices Reviews of Florida school districts](#). In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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