

DOH Report Identifies Residents Who are At Increased Risk of Discharge from Nursing Homes

Residents with Greater Care Needs, Residents with Psychiatric or Mood Disorders, and Residents Transitioning to Medicaid at Higher Risk of Nursing Home Discharge.

In September 2022, the United States Department of Health and Human Services (HHS) published its [final report](#) on risk factors that increase a nursing home resident's risk for discharge from nursing facilities. The report analyzed data on resident characteristics and resident discharges using Medicare enrollment data and Master Beneficiary Summary File claims.

By looking at the available data from 2012 to 2017, the authors of the HHS report identified resident characteristics that might put them at increased risk of a facility-initiated discharge. The characteristics include "severe behavioral symptoms,"¹ psychiatric and mood disorders, and impairments requiring more staff time. The characteristics are considered risk factors because the report found that, despite these being things that nursing homes are required to treat, they were more prevalent in residents who were discharged than those who were not. The report found that risk factors varied depending on the state and the type of facility. Additionally, the report found that residents transitioning to Medicaid were also at higher risk of discharge.

Below is a summary of the report.

"Severe Behavioral Symptoms"

Severe physical, verbal, or otherwise disruptive behaviors were found to be a risk factor for discharge. Often these "behaviors" can be signs that residents are receiving inadequate care or that residents are not having their mental health needs met. "Behavioral symptoms" that became more severe during the year prior to discharge were more prevalent in residents who had been discharged than those who had not. The report found that residents with "severe behavior symptoms" were hospitalized 11-18% more often than residents without "severe behavior symptoms." Residents with these symptoms also had higher rates of acute care, which is defined as hospitalizations, and outpatient acute care use, which was defined as emergency room visits or observation stays.

Psychiatric and Mood Disorders

Residents diagnosed with manic depression or post-traumatic stress disorder experienced an increased risk of discharge compared to residents who did not have those diagnoses. The report found that new diagnoses of *any* psychiatric or mood disorder within the year prior to discharge were more prevalent

¹ The HHS report uses the term "severe behavioral symptoms" to categorize resident actions they define as disruptive, whether they be physical or verbal. This term comes from the Minimum Data Set (MDS) information submitted by facilities to CMS. Frequently, what CMS categorizes as behaviors, are attempts by residents to communicate needs or desires. These expressions can be common among residents with dementia, communicative impairments, or other conditions that limit expressive behavior. However, because the HHS study uses the term "behavioral symptoms" throughout its report, and it is a technical term in the MDS, we use this term throughout the summary.

among discharged patients. Residents with psychiatric or mood disorders had higher rates of acute care use shortly after discharge than residents without those disorders.

Impairments Requiring More Staff Time

Impairments requiring more staff time include incontinence, cognitive impairments, and functional dependencies. The report found that those impairments were only more prevalent among discharged residents when the impairment was new or had become more severe during the year prior to discharge. The report additionally found that residents with incontinence were much more likely to be hospitalized or receive outpatient acute care after discharge than those without incontinence.

Transition to Medicaid

Medicaid eligibility only became a risk factor when the resident had transitioned to Medicaid in the three or six months prior to discharge. Medicaid pays for most residents who reside in nursing homes long-term (over three months). Residents that have transitioned to Medicaid within the last three to six months had higher hospitalization rates and lower outpatient acute care rates than those who have not recently transitioned to Medicaid eligibility.

Facility Type

The report found that residents with risk factors were more likely to be discharged from for-profit and government facilities than from non-profit facilities. Additionally, residents with risk factors were more likely to be discharged from rural facilities, facilities that are part of a chain, mid-size or small facilities, and facilities with two or more ownership changes than facilities that do not fit in those categories.

Summary

The authors of the report note that their findings confirms other [recent research](#) that shows that residents with greater care needs are often more likely to be discharged from nursing homes. Additionally, it reflects the trend that many nursing homes do not want to care for residents covered by Medicaid, but prefer to have Medicare residents, and will push Medicaid residents out, despite the residents needing care.

In order to involuntarily discharge a nursing home resident, a nursing home must show that it cannot meet the resident's needs, the resident's condition has improved and they no longer need care, the resident is a risk to the safety or health of other residents, the resident has not paid for their care, or the facility has closed.² If a facility is unable to demonstrate that one of these situations exist, the facility may not discharge the resident.

It is common for facilities to claim they cannot meet a resident's needs or that a resident is a threat to the health and well-being of other residents. Often, the real reason is that the facility does not want to provide the care necessary to meet the resident's needs.

Involuntary nursing home discharge is the number one complaint to long-term care ombudsmen offices across the country. Despite significant protections in the law and regulations, every day residents face illegal discharge from nursing home facilities. This report provides insight on the factors that might be putting residents at risk of involuntary discharge. You can go [here](#) for more information on discharge rights and learn how to fight back against illegal discharges.

² 42 C.F.R. § 483.15(c)(1)(A)-(F)