

Correction to the 2007 Connecticut Long-Term Care Needs Assessment Part I: Survey Results

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Julie Robison, PhD
Noreen Shugrue, JD, MBA, MA

University of Connecticut
Health Center

In Table III-9 and its accompanying text, the Needs Assessment reported projected need for nursing facility care in Connecticut from 2006 to 2030. The projections were done for each age group (<65, 65-74, 75-84, 85+) and for the total population under two scenarios. Scenario 1 assumed that the only factors affecting the need for nursing facility beds were overall population changes (an increase) and the continuation of the trend of slight reductions in nursing facility beds (an offsetting decrease). The projections started with the known 2006 nursing home current population and used US Census population projections to estimate expected growth for each age group. Factored into the equation, and slightly offsetting the population change, was a 0.4% annual structural decrease in the nursing home population to capture a trend already underway from 2004-2006. The result in scenario 1 would be an overall increase in nursing facility population of 43 percent from 2006 to 2030.

In Scenario 2, the projections shown in Table III-9 showed a projected change in nursing home population based on the same assumptions from scenario 1 PLUS an *additional* 1% yearly decrease (i.e. assuming a 1.4% yearly structural decrease). The numbers in Table III-9 for scenario 2, showing an overall increase in nursing facility population of 25 percent from 2006 to 2030 under these assumptions remain correct. However the labels in the original table and the accompanying text were not correct. The original labels and text indicated that the first set of projections were analogous to no change in the HCBS/institutionalization ratio and the second set of projections applied the goal of 1% rebalancing to this ratio. Corrected labels appear in the revised table below.

In other words, the additional 1% structural decrease in the nursing facility population is not the same thing as a 1% change in the HCBS/institutional ratio commonly used to measure rebalancing progress in the state, as was implied by the original labels.

Table III-9 revised. Need for nursing facility care in Connecticut 2006 – 2030*

Age group	NF 2006 current population	<i>With current 0.4% yearly decrease in NF population</i>		<i>Applying additional 1% yearly decrease in NF population</i>	
		NF 2030 population	NF percent pop. change 2006-2030	NF 2030 population	NF percent pop. change 2006-2030
<65	3178	2737	(14)	2117	(33)
65 - 74	3088	5151	67	4549	47
75 - 84	8062	11,501	43	9881	23
85+	13,361	20,246	51	17,641	32
Total	27,689	39,635	43	34,188	25

*NOTE: All figures take into account the current 0.4% yearly decrease in NF population.

Given the objective in the state Long Term Care Plan to rebalance the system by decreasing the percentage of persons cared for in institutional settings, it may be useful to explore the hypothetical effect of even greater structural reductions to offset the population increases. Table III-9a provides three additional scenarios, showing the effect of further decreases in the percentage of people in various age groups living in nursing homes. Due to the large increases in older age groups projected by the US Census Bureau, based on the aging of the baby boom cohort, decreasing the percent of each age group residing in nursing facilities will not result in absolute decreases in the number of people in nursing homes until the annual decrease reaches approximately 4%, which is 10 times greater than the structural decrease experienced from 2004-06. At a 4% annual decrease, CT would see a 10% reduction in the number of nursing home residents by 2030. At a 6% annual decrease, CT would see a 25% reduction in the number of nursing home residents by 2030.

Table III-9a. Projected need for nursing facility care in Connecticut in 2030 with varying levels of structural decrease

Age group	Applying 2% yearly decrease in NF population		Applying 4% yearly decrease in NF population		Applying 6% yearly decrease in NF population	
	NF 2030 population	NF percent pop. change 2006-2030	NF 2030 population	NF percent pop. change 2006-2030	NF 2030 population	NF percent pop. change 2006-2030
<65	1808	(43)	1044	(67)	570	(82)
65 - 74	4248	38	3506	14	3046	(1)
75 - 84	9100	13	7162	(11)	5962	(26)
85+	16,338	22	13,126	(2)	11,136	(17)
Total	31,494	14	24,838	(10)	20,715	(25)

Predicting the change in the number of nursing home residents for various combinations of the HCBS/institutional ratio is considerably more challenging due to the many additional required assumptions. A rough estimate can be made, with significant caveats. The current number of nursing home residents differs from the institutional resident part of the ratio in three ways. The 2006 number of nursing home residents (27,689 in Table III-9 revised, above) includes *all* residents with all payor sources (not only Medicaid), and both sub-acute and long term residents. It does not include residents of other types of institutions such as ICFs-MR. Beyond these differences between the populations, more refined projections might take other factors into consideration such as differences in acuity or level of need.

Given these caveats, one can assume that the number of nursing facility residents in 2006 represented the institutional piece of the HCBS/institutional ratio, which was 49% in 2006. Simply based on predicted population growth and the 0.4% historical structural reduction already underway, Table III-9 as revised projects a nursing home population of 39,635 in 2030. Assuming that this number still represents 49% of the total receiving care (i.e., no further rebalancing occurs), the total number of people receiving care will equal 80,888 (49% of 80,888=39,635). If the rebalancing goal of having a 75% HCBS/25% institutional care ratio were reached by 2030, the nursing facility population would decrease to 20,222 (25% of 80,888), representing a 27% decrease from the 2006 resident population total. This 27% decrease is roughly analogous to a 6% structural decrease in the number of people living in nursing facilities from 2006 to 2030.

For the reasons noted above, this estimate is highly speculative and does not account for non-Medicaid payors, sub-acute beds, non-nursing facility institutional care, or possible changes in acuity. Nevertheless, it is instructive to note that even under these imperfect assumptions, the structural rate of decrease in nursing facility beds would need to be about 15 times higher (6% vs. 0.4%) than it was during the years 2004-06 to approximate the rebalancing goal of the Long Term Care Plan. The policy implications of effecting such a change will need to be carefully considered.