

## **Chartbook Number 6**

### **Assessment Data on HCBS Participants and Nursing Home Residents in 3 States**

(6<sup>th</sup> in a series of 6 special quantitative reports)

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## Preface

In 2003, Congress directed the Centers for Medicare & Medicaid Services (CMS) to commission a study in up to 8 States to explore the various management techniques and programmatic features that States have put in place to rebalance their Medicaid long-term care (LTC) systems and their investments in long-term support services towards community care. The States of Arkansas, Florida, Minnesota, New Mexico, Pennsylvania, Texas, Vermont, and Washington are participating in this 3-year Rebalancing Study. For the study, CMS defined rebalancing as reaching “a more equitable balance between the proportion of total Medicaid long-term support expenditures used for institutional services (i.e., Nursing Facilities [NF] and Intermediate Care Facilities for the Mentally Retarded [ICFs-MR]) and those used for community-based supports under its State Plan and waiver options.” CMS further clarified that a balanced LTC system “offers individuals a reasonable array of balanced options, particularly adequate choices of community and institutional options.”

The products for the entire study include 3 iterations of State-specific case studies that qualitatively and quantitatively examine each State’s management approaches to rebalance its long-term care systems; 6 cross-cutting topic papers on issues in rebalancing; and a series of 6 Chartbooks with special quantitative analyses. A list of all products with web links for completed documents is provided in the Appendix. Various products are posted on <http://www.hcbs.org>, on the CMS website at [http://www.cms.hhs.gov/NewFreedomInitiative/035\\_Rebalancing.asp#TopOfPage](http://www.cms.hhs.gov/NewFreedomInitiative/035_Rebalancing.asp#TopOfPage), and on the study director’s website at University of Minnesota at <http://www.hsr.umn.edu/LTCResourceCenter>. The special quantitative work was performed under the direction of Robert L. Kane. We thank Glenn Mitchell and Su Wang (in Florida), Mike Baldwin and Bob Myers (in Minnesota), Kathy Leitch, Bill Moss, Patricia Richards, and Terry Rupp (in Washington) and Bill Clark and Karyn Anderson (at CMS) for their cooperation and assistance but the responsibility for all material rests with the authors.

The special quantitative studies for this project used secondary data from State and Federal sources to explore enrollment, service utilization, and expenditures for state LTC program recipients. In general, they compared Medicaid expenditures for participants in HCBS and nursing homes, as well as Medicare expenditures for individuals dually eligible for Medicaid and Medicare. This quantitative paper, Chartbook Number 5, presents analyses based on clients assessment data collected in three states: Florida, Minnesota, and Washington. The goal is to compare the nature of the clients and, where possible, to compare them nursing home residents using MDS data.

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## **Executive Summary**

The initial goal of this report was compare the composition of long-term care users across programs (both state plan and waiver) and across sites of care. We used data from three states in the Rebalancing Project ( Florida, Minnesota and Washington). Each state brought a different perspective. The CARE system in Washington permitted comparisons between the MR/DD and the ageing and disabled clientele because the same assessment form was use for both groups. That was not the case in the other two states. As a result, the comparisons are largely restricted to the aging and disabled population.

In Florida data were available for the aging waiver and aging disabled group as well as those from a specific nursing home diversion waiver, and from nursing home residents. The nursing home sample was more disabled that either the aging or disabled waiver group. The nursing home diversion waiver group more closely approximated the nursing home residents.

In Minnesota the ICF sample was older and tends to require a little more assistance with various tasks than the MR/DD population, but the two groups were generally comparable. Nursing home residents were much more disabled than those in the Elderly Waiver Almost 20% of the EW group had no ADL impairments.

In Washington the Aging and Disabled (AD) recipients had lower rates of severe continence problems than either nursing home residents or DD waiver recipients. Nursing home residents had greater ADL disabilities than either waiver group, but the disability patterns in the AD and DD groups were quite similar. By contrast the DD waiver group showed poorer cognitive function than either the AD waiver group or nursing home residents, who are more cognitively impaired than the AD group.

This analysis illustrates the lack of data to facilitate careful comparisons among client groups. Community client assessments are inconsistently and incompletely recorded. Comparisons across waiver groups are likewise impeded by the use of different instruments.

Nonetheless, some conclusions can be drawn. In Florida and Minnesota elderly persons living in the community and covered by waivers seem considerably less disabled than those in nursing homes. In contrast, the disability level in Washington nursing homes is on a par with that of elderly people in adult foster homes. Older people living at home or in assisted living seem less disabled than those in nursing homes.

## **Assessment Data on HCBS and Nursing Home Participants in Three States**

### **Introduction and Background**

This paper presents analyses based on client assessment data collected in three states: Florida, Minnesota and Washington. The goal is to compare the nature of the clients and, where possible, to compare them to nursing home residents using MDS data.

In order to understand better some of the effects of Rebalancing, we sought to examine the composition of persons receiving long-term supportive services (LTSS) from different venues. We wanted to compare client composition across programs and, where feasible, between comparable community dwelling and institutional populations. For nursing home samples comparative data came from MDS records. For ICF/MR we had to rely on the same data bases used for community samples.

### **Methods**

We identified three states where assessment data was collected on persons living in the community, usually as part of the waiver eligibility determination process (Florida, Minnesota, Washington). Each state agreed to share one year's worth of de-identified assessment data; we knew to which program the subject belonged, but not his/her specific identity. Thus, it is not feasible to link this information with other data on service utilization.

The non-MDS data available varied considerably. Florida uses two different forms for different groups covered. Many of the items are designed to match MDS elements but the proportion of clients with assessments in various programs was often very low. Table 1 shows that only two groups (ADA Waiver Aged and Nursing Home Diversion Waiver) had missing data rates of 25% or less. The next most complete data set

was the ADA Waiver Disabled with 45% missing cases. As a result the analysis had to be limited to a few client groups.

The situation in Minnesota was somewhat better, but that state uses two separate assessment approaches for its MR/DD waiver population and its AD waiver population. The former assessment tool provides little information about actual needs and tends to couch needs in terms of service deficits. The emphasis is on behavioral and educational needs. As can be seen in Table 2, completion rates were low for home care and personal care assistance clients.

We therefore confined our analyses to those programs where the coverage was adequate enough to reflect the population it them. Wherever possible, we contrast the waiver enrollees' characteristics with those of corresponding persons in institutions (based on MDS data).

**Table 1: Assessment Coverage in Florida**

<i>Program</i>	<i>% Missing</i>
Nursing Facilities	60%
Developmentally Disabled	99%
ADA Waiver - Aged	9%
ADA Waiver - Disabled	45%
Consumer Directed Waiver	92%
Home Health Services	91%
Hospice	75%
Adult TCM	95%
Assistive Care Services	71%
Channeling Waiver	55%
Nursing Home Diversion Waiver	25%
TBI Waiver	95%
Developmental Services Waiver	99%

**Table 2: Assessment Coverage in Minnesota**

<i>Program</i>	<b>% Missing</b>
A/D Waiver	6.2%
MRRC	6.0%
Home Care	97.7%
ICF	13.6%
PCA	87.9%

**Florida**

In Florida it was not possible to study the MR/DD population because the assessment data were not available. The analysis is thus limited to the elderly and adult disabled population. Table 3 shows the comparisons of disability levels based on assessments done using state assessors. The nursing home data is based on the same assessment form, not the MDS, and hence addresses items like IADLs that are not in the MDS data. The groups compared include both aging and disabled waiver enrollees (separately) and those in the Nursing Home Diversion waiver. The Diversion waiver sample is much closer to the disability profile of the nursing home residents than is the aging waiver sample. Moreover, they are composed of more women and are older than the nursing home sample. The MDS data show somewhat higher levels of disability than the nursing home data derived directly from the state, but the patterns for those items that can be compared are generally comparable.

**Table 3: Florida Assessments, 2005**

<b>N</b>	<b>ADA Waiver - Aged</b>	<b>ADA Waiver - Disabled</b>	<b>Nursing Home Diversion Waiver</b>	<b>Nursing Facilities</b>	<b>MDS</b>
	<b>12087</b>	<b>2008</b>	<b>9289</b>	<b>78009</b>	<b>175939</b>
<b>ADL Dependencies</b>					
0	8%	10%	2%	5%	3%
1	10%	11%	2%	4%	2%
2	26%	21%	5%	6%	2%
3	12%	13%	9%	7%	3%
4	10%	9%	13%	8%	6%
5	14%	16%	24%	19%	36%
6	21%	20%	45%	52%	48%
<b>IADL Dependencies</b>					
0	0%	0%	0%	0%	
1	0%	0%	0%	0%	
2	1%	1%	0%	0%	
3	2%	4%	0%	1%	
4	6%	9%	1%	2%	
5	19%	26%	3%	4%	
6	18%	18%	6%	6%	
7	20%	19%	20%	15%	
8	35%	23%	70%	72%	
<b>Mental Health Score</b>					
0	62%	67%	32%	48%	
1	4%	6%	6%	6%	
2	23%	19%	35%	27%	
3	9%	7%	20%	14%	
4	2%	1%	5%	5%	
5	0%	0%	1%	1%	
6	0%	0%	0%	0%	
<b>Cognitive Performance Score</b>					
0					35%

1					9%
2					13%
3					21%
4					8%
5					6%
6					8%
<b>Gender</b>					
Female	79%	63%	77%	67%	65%
Male	21%	37%	23%	33%	35%
<b>Age</b>					
Under 18	0%	0%	0%	0%	0%
18 - 24	0%	2%	0%	0%	0%
25 - 44	0%	13%	0%	2%	1%
45 - 54	0%	18%	0%	5%	3%
55 - 64	0%	59%	0%	9%	6%
65 - 74	27%	9%	16%	15%	15%
75 - 84	39%	0%	36%	30%	35%
85+	34%	0%	48%	39%	39%

### **Minnesota**

Tables 4 and 5 show the assessment data for MR/DD and Elderly Waiver populations, respectively. In each case, the waiver groups are contrasted with corresponding institutional groups, where feasible. All values are taken from the last assessment in the calendar year. Buckets are assigned based on preponderance of months during the calendar year being assigned to that bucket.

Table 4 contrasts the MR/DD population with those still in MR ICFs. The ICF sample is older and tends to require a little more assistance with various tasks, but the two groups are generally comparable.

Table 5 contrasts those in the Elderly Waiver with MDS data on nursing home residents. The latter are much more disabled. Almost 20% of the EW group had no ADL impairments.

**Table 4: MN MR/DD waiver enrollees compared to ICF residents, 2004**

Variable	Value	MR/DD Waiver	ICF
<b>Age</b>	< 18	27%	3%
	18-24	16%	6%
	25-44	33%	42%
	45-54	13%	26%
	55-64	7%	13%
	65+	4%	11%
<b>Community Living</b>	Independent	1%	0%
	Minimal supervision	7%	2%
	Instructions required	28%	20%
	Participates with assistance	54%	71%
	Unable to participate	10%	8%
<b>Fine Motor Skills</b>	Normal function	40%	35%
	Minimal effect	16%	15%
	Occasional assistance	14%	15%
	Frequent assistance	15%	17%
	Constant assistance	10%	13%
	Overriding medical condition	3%	5%
<b>House Management</b>	Independent	1%	0%
	Minimal supervision	9%	4%
	Instructions required	39%	30%
	Participates with assistance	38%	54%
	Unable to participate	13%	12%
<b>Leisure Recreation</b>	Independent	3%	0%
	Minimal supervision	17%	8%
	Instructions required	34%	31%
	Participates with assistance	42%	58%
	Unable to participate	4%	3%
<b>Level Support Services</b>	Accesses supports	0%	0%
	Requires some service	0%	0%
	Requires 24 hour care	83%	34%
	Requires 24 hour awake care	17%	66%
<b>Medical Need</b>	No special medical needs	23%	14%
	Needs office visits only	66%	60%
	Needs on-call med attention	7%	12%
	Needs on-site LT 24 hour	4%	12%
	Needs on-site 24 hrs/day	1%	2%

<b>Mobility</b>	No impairment	61%	45%
	Walks short distances	16%	17%
	Walks aided	8%	13%
	Bears weight for transfer	2%	4%
	Total assistance with transfer	1%	4%
	Uses electric wheel chair	2%	2%
	Unable to propel wheel chair	6%	13%
	Not mobile for medical reason	3%	2%
<b>Mental Health Services</b>	Not Required	59%	58%
	Required	41%	42%
<b>Money Management</b>	Independent	0%	0%
	Minimal supervision	2%	0%
	Instructions required	20%	11%
	Participates with assistance	48%	52%
	Unable to participate	29%	37%
<b>Receptive Communication</b>	Conversation	57%	46%
	Phrases	22%	24%
	Limited	12%	16%
	Signs	5%	6%
	None	3%	6%
<b>Self Care</b>	Independent	8%	1%
	Minimal supervision	23%	10%
	Instructions required	28%	26%
	Participates with assistance	34%	42%
	Unable to participate	8%	6%

**Table 5: MN Elderly Waiver Enrollees Compared to Nursing Home Residents, 2004**

Variable	Value	EW Waiver	MDS
<b>Age</b>	< 18	0	
	18-24	0	
	25-44	0	1%
	45-54	0	3%
	55-64	0	5%
	65-74	30%	10%
	75-84	41%	29%
	85+	28%	52%
<b>Case Mix (lower less severe)</b>	A	57%	
	B	13%	
	C	2%	
	D	9%	
	E	9%	
	F	1%	

	G	2%	
	H	1%	
	I	1%	
	J	1%	
	K	1%	
<b>Gender</b>	F	75%	69%
	M	25%	31%
<b>ADL Condition Present</b>	No ADL condition	19%	
	ADL condition	81%	
ADL Score (lower is better)	0-10		29%
	11-20		45%
	21-28		25%
<b>Bathing</b>	Without any help	29%	2%
	Minimal supervision	4%	
	Supervised only	3%	2%
	Needs/receives help in/out tub	4%	5%
	Needs/receives help washing	53%	61%
	Bathes by others (can't help)	6%	27%
	Bed mobility without help	83%	29%
<b>Bed Mobility</b>	Sits with occasional help	8%	15%
	Sits always with help	6%	44%
	Turns always needs help	2%	12%
<b>Behavior</b>	No intervention	52%	
	Occasional intervention	20%	
	Regular intervention	23%	
	Verbal abusive	4%	
	Physical abuse	1%	
<b>Clinical Monitoring</b>	Once per day	82%	
	1 or 2 a shift	12%	
	Every shift	6%	
<b>Cognition Impaired</b>	No impaired cognition	66%	
	Impaired cognition	34%	
<b>Dressing</b>	Without help	57%	12%
	With others' help	10%	18%
	By others	28%	70%
	Never dresses	5%	

<b>Eating</b>	Without help	64%	53%
	Minimal supervision	11%	18%
	With assistance	20%	8%
	With partial feeding	4%	12%
	With total feeding	1%	9%
<b>Grooming</b>	Without help	64%	14%
	With supervision	11%	7%
	With others' help	21%	59%
	By others	3%	20%
	Needs no help/supervision	2%	
<b>Heavy Housekeeping</b>	Needs some help	5%	
	Needs a lot help, constant supervision	16%	
	Cannot do it at all	77%	
<b>Light Housekeeping</b>	Needs no help/supervision	8%	
	Needs some help	21%	
	Needs a lot help, constant supervision	29%	
	Cannot do it at all	41%	
<b>IADL Condition Present</b>	Has no IADL condition	1%	
	Has IADL condition	99%	
<b>Laundry</b>	Needs no help/supervision	13%	
	Needs some help	12%	
	Needs a lot help, constant supervision	19%	
	Cannot do it at all	55%	
<b>Meal Preparation</b>	Needs no help/supervision	17%	
	Needs some help	26%	
	Needs a lot help, constant supervision	23%	
	Cannot do it at all	34%	
<b>Medication Management</b>	Needs no help/supervision	30%	
	Needs some help	20%	
	Needs a lot help, constant supervision	26%	
	Cannot do it at all	23%	
<b>Mental Health Status Evaluation 1- 28 (score based on interview)</b>			
	0-10	55%	
	11-20	7%	
	21-28	3%	

	Refused to Cooperate	9%	
	N/A	24%	
Cognitive Performance Scale (higher is better)	0		18%
	1		13%
	2		16%
	3		31%
	4		7%
	5		9%
	6		6%
<b>Money Management</b>	Needs no help/supervision	30%	
	Needs some help	18%	
	Needs a lot help, constant supervision	19%	
	Cannot do it at all	33%	
<b>Health Self Evaluation</b>	No response	8%	
	Poor	10%	
	Fair	42%	
	Good	38%	
	Excellent	3%	
<b>Toileting</b>	Independent	58%	18%
	Needs help	7%	
	Occasional incontinent	13%	
	Night incontinent	2%	
	Bladder incontinent	15%	
	Bowel incontinent	2%	
	Both incontinent	4%	
<b>Transferring</b>	Without help	75%	24%
	With guidance	9%	5%
	With help of one	13%	47%
	With help of two	3%	
	Remains bedfast	0%	14%
<b>Transportation</b>	Needs no help/supervision	17%	
	Needs some help	20%	
	Needs a lot help, constant supervision	21%	
	Cannot do it at all	41%	
<b>Walking</b>	Without help	32%	25%
	With help of device	49%	36%
	With help of one person	15%	
	With help of 2 people	1%	
	Unable to walk	3%	39%

## Washington

The CARE system in Washington allows comparisons across Aged and Disabled waiver recipients and Developmentally Disabled waiver recipients because the same instrument is used for both groups (although the proportion of DD covered in 2005 was still limited). Table 6 summarizes the contrasts. MDS data on nursing home residents is provided as a comparison to the AD waiver group.

The AD recipients have lower rates of severe continence problems than either nursing home residents or DD waiver recipients. Nursing home residents have greater ADL disabilities than either waiver group, but the disability patterns in the AD and DD groups are quite similar. By contrast the DD waiver group shows poorer cognitive function as reflected in the CPS score than either the AD waiver group or nursing home residents, who are more cognitively impaired than the AD group. The MMSE scores reflect the same pattern among the waiver groups.

**Table 6: CARE Assessment Data for AD and DD Waiver Recipients Compared to NH Residents (MDS, 2005)**

Waiver Type	AD	DD	
<b>Facility Type</b>			<b>NF</b>
N	277794	3032	110751
<b>Age Band</b>			
<18	4%	28%	0%
18-24	3%	18%	0%
25-44	10%	35%	3%
45-54	12%	12%	4%
55-64	13%	4%	8%
65-74	17%	2%	13%
75-84	23%	0%	32%
85+	18%	0%	41%
<b>Gender</b>			
Female	68%	43%	66%
Male	32%	57%	34%

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<b>Bowel Control</b>			
<b>Continent</b>	63%	44%	49%
<b>Usually continent</b>	13%	13%	8%
<b>Occasionally incontinent</b>	10%	13%	7%
<b>Frequently incontinent</b>	6%	7%	11%
<b>Incontinent all or most of the time</b>	8%	23%	25%
<b>Bladder Control</b>			
<b>Continent</b>	38%	36%	40%
<b>Usually continent</b>	14%	13%	7%
<b>Occasionally incontinent</b>	16%	14%	9%
<b>Frequently incontinent</b>	17%	13%	19%
<b>Incontinent all or most of the time</b>	14%	24%	26%
<b>N/A</b>			40%
<b>Bowel/Bladder Management</b>			
<b>Does not need or use</b>	41%	49%	
<b>Does not use, has leakage</b>	7%	6%	
<b>Uses independently</b>	21%	4%	
<b>Uses, no leakage, needs assist</b>	9%	7%	
<b>Uses, has leakage, needs assist</b>	22%	34%	
<b>In Home Classification</b>			
<b>A High (3)</b>	6%	2%	
<b>A Med (2)</b>	12%	4%	
<b>A Low (1)</b>	11%	3%	
<b>B High (6)</b>	1%	2%	
<b>B Med (5)</b>	16%	23%	
<b>B Low (4)</b>	9%	8%	
<b>C High (9)</b>	13%	8%	
<b>C Med (8)</b>	17%	8%	
<b>C Low (7)</b>	1%	1%	
<b>D High (12)</b>	7%	18%	
<b>D Med (11)</b>	3%	11%	
<b>D Low (10)</b>	3%	9%	
<b>E High (14)</b>	1%	2%	
<b>E Med (13)</b>	0%	0%	
<b>ADL Score (higher score implies great disability)</b>			
<b>0</b>	4%	1%	3%
<b>1-10</b>	48%	48%	18%
<b>11-20</b>	38%	38%	29%
<b>21-28</b>	11%	11%	30%
<b>CPS Score (higher score implies better function)</b>			
<b>0</b>	14%	2%	19%
<b>1</b>	26%	15%	10%
<b>2</b>	27%	8%	16%
<b>3</b>	17%	21%	30%
<b>4</b>	8%	34%	12%
<b>5</b>	6%	13%	6%

	6	2%	7%	7%
<b>Depression Score</b> (higher scores are worse)				
	0	5%	8%	
	1-8	53%	43%	
	9-16	28%	14%	
	16-22	6%	2%	
<b>(blank)</b>				
<b>Behavior Score</b>				
	0	48%	21%	
	1	52%	79%	
<b>MMSE Score</b> (higher score implies better function)				
	0-10	5%	3%	
	11-20	21%	14%	
	21-30	56%	13%	
<b>(blank)</b>				
<b>Clinically Complex</b>				
	0	56%	48%	
	1	44%	52%	
<b>Super Clinically Complex</b>				
	0	99%	98%	
	1	1%	2%	

### **Comparisons of Nursing Home Activity in Three States**

As seen in Table 7, the level of dependency in both physical and cognitive function among residents in nursing homes in the three states is generally comparable. Hence, any differences in relationships between institutional and community acuity should reflect the nature of community actions such as targeting waiver clients.

**Table 7: Comparison of Nursing Home Acuity across the Three States based on 2005 MDS Data**

#### **ADL Deficiencies**

<b># of Deficiencies</b>	<b>FL</b>	<b>MN</b>	<b>WA</b>
0	3%	8%	3%
1	2%	4%	2%
2	2%	5%	2%
3	3%	6%	3%
4	6%	6%	5%
5	36%	30%	32%
6	48%	41%	52%

	100%	100%	100%
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### Cognition

CPS Score	FL	MN	WA
0	35%	23%	25%
1	9%	15%	13%
2	13%	17%	17%
3	21%	26%	26%
4	8%	7%	10%
5	6%	7%	5%
6	8%	5%	6%
	100%	100%	100%

### Conclusions

- Community client assessments are inconsistently and incompletely recorded. Efforts to compare the levels of need between waiver clients and institutional residents are generally impeded by the lack of consistent measures and incomplete data.
- Comparisons across waiver groups are likewise impeded by the use of different instruments. Washington has shown that it is feasible to use a common instrument, indeed one that allows cross-walks to the MDS.
- In Florida and Minnesota elderly persons living in the community and covered by waivers seem considerably less disabled than those in nursing homes. In contrast, the disability level in Washington nursing homes is on a par with that of elderly people in adult foster homes. Older people living at home or in assisted living seem less disabled than those in nursing homes.
- Because this data is cross-sectional, care must be taken in drawing etiological conclusion. The nursing home residents could be more disabled because

community care is picking up the less disabled persons, or the two sites could simply be serving different populations.

- Efforts to assess the nature of the populations served and the impact of rebalancing would be greatly enhanced if some consistent measures were employed. Although there is a federal mandate for nursing home assessments, there is no comparable mandate for community care or waiver programs.